

SNF CALIFORNIA STATE STANDARDS

STATE SNF SURVEY FIELD NOTES

DATE(S) OF SURVEY:

License Number	Facility Name & Address (City, State, Zip)
Type of Survey: <input type="checkbox"/> CONCURRENT WITH FEDERAL SURVEY <input type="checkbox"/> Not CONCURRENT WITH FEDERAL SURVEY	
Name of Team Leader Evaluator & Professional Title	
List Additional Evaluators & Titles	
List Additional Evaluators & Titles	List Additional Evaluators & Titles

SURVEY TEAM COMPOSITION (indicate the number of Evaluators according to discipline) Total # of Evaluators Onsite: _____

	HFEN		
	HFE		
	Dietitian		
	Pharmacist		
	Physician		
	Life Safety Code Surveyor		
	Records Administrator		
	Infection Control Specialist		
	Occupational Therapist		
	Consultant		

LICENSING SURVEY RECOMMENDATIONS

#1

The recommended licensing survey patient sample is based on the facility census and as follows:

- A census up to 59, recommend 5 patient records reviewed.
- A census from 60 to 99, recommend 6 patient records reviewed.
- A census over 100, recommend 8 patient records reviewed.

Note: A patient/resident record could be utilized for both the recertification and licensing survey. If additional patients are chosen for review for the State licensing survey process, this additional group of patients is not entered onto the Federal “Roster Sample Matrix.” This additional group of patients is entered onto the State licensing confidential names list document which is attached to the back of the “State Survey Tool.”

#2

The recommended licensing survey employee file review is as follows:

- Five direct care staff including one terminated employee plus three supervising licensed nurses.

#3

The recommended staffing sample to evaluate the minimum hours per patient day (3.2) is as follows:

- Choose 12 consecutive days, which includes two weekends, within the last three months of the survey utilizing the “Computation of Nursing Hours Per Patient Day in Health Care Facilities” policy and procedure number 301.33.20.

TABLE OF CONTENTS

PHYSICAL PLANT	4
NURSING SERVICE	8
PATIENT RIGHTS	21
STAFF DEVELOPMENT	24
ACTIVITY PROGRAM	27
PHARMACEUTICAL SERVICE	29
DIETETIC SERVICE	40
ADMINISTRATIVE SERVICE	45
OTHER APPROVED SERVICES (OPTIONAL SERVICES).....	64
PHYSICAL THERAPY SERVICE UNIT - EQUIPMENT	64
OCCUPATIONAL THERAPY SERVICE UNIT – EQUIPMENT.....	64
SPEECH PATHOLOGY AND/OR AUDIOLOGY SERVICE UNIT – SERVICES	64
SOCIAL WORK SERVICE UNIT – SERVICES.....	65
SPECIAL TREATMENT PROGRAM SERVICE – SERVICES.....	66

PHYSICAL PLANT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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PHYSICAL PLANT					
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.				Smart Tool available-posting
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.				Conduct offsite facility file review to assure this information.
	(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.				Smart Tool available-posting
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.				Smart Tool available for 72503 (a) (1-9)-posting
	(2) A listing of all services and special programs provided in the facility and those provided through written contracts.				Applies to all services provided through a contract
	(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.				
	(5) Most recent licensing visit report supported by the related follow-up plan of correction visit reports.				
	(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				Conduct offsite facility file review to assure this information

PHYSICAL PLANT

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	<p>subsidiary of the parent corporation.</p> <p>(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.</p> <p>(9) A notice of the name, address, and telephone number of the District Office of the L&C Division, DPH, having jurisdiction over the facility.</p>				
PATIENT ROOMS					
72609	<p>(a) Each patient room shall be labeled with a number, letter or combination of the two for identification.</p> <p>(b) Patients' rooms shall not be kept locked when occupied except in rooms approved by the Department for seclusion of psychiatric patients.</p> <p>(c) Only upon the written approval of the Department may any exit door, corridor door, yard enclosures or perimeter fences be locked to egress.</p> <p>(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.</p>				
SPACE AND EQUIPMENT FOR AUTOCLAVING, STERILIZING AND DISINFECTING					
72619	<p>(a) A facility shall:</p> <p>(1) Maintain disposable sterile supplies in the amount necessary to meet the anticipated needs of the patients, or</p> <p>(2) Maintain autoclave equipment, or</p> <p>(3) Make contractual arrangements for outside autoclaving and sterilizing services.</p> <p>(b) If a facility maintains a central supply and sterilizing area, it shall include but not be limited to:</p> <p>(1) An autoclave or sterilizer, which shall be maintained in operating condition at all times.</p> <p>(A) Autoclaves shall be equipped with time recording thermometers in addition to the standard mercury thermometers, except for portable sterilizers and autoclaves.</p> <p>(B) Instructions for operating autoclaves and sterilizers shall</p>				

PHYSICAL PLANT

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	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. (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.				If the facility uses an outside laundry, onsite visit to that laundry site is required.
	(c) Laundry areas shall have, at a minimum, the following: (1) Separate rooms for the storage of clean linen and soiled				

PHYSICAL PLANT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
AIR FILTERS					
72639	(a) The licensee shall be responsible for regular inspection, cleaning or replacement of all filters installed in heating, air conditioning, and ventilating systems, as necessary to maintain the systems in normal operating condition.				

NURSING SERVICE

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NURSING SERVICE					
TITLE 22	NURSING SERVICE – GENERAL				
72311	<p>(a) Nursing service shall include, but not be limited to, the following:</p> <p>(3) Notifying the attending physician promptly of:</p> <p>(A) The admission of a patient.</p> <p>(D) A change in weight of five pounds or more within a 30-day period unless a different stipulation has been stated in writing by the patient's physician.</p> <p>(F) Any error in the administration of a medication or treatment to a patient which is life threatening and presents a risk to the patient.</p> <p>(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.</p>				SMART TOOL AVAILABLE FOR MOST OF THE PATIENT CARE AND NURSING REQUIREMENTS IN THIS SECTION
	<p>(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).</p>				
NURSING SERVICE - ADMINISTRATION OF MEDICATIONS AND TREATMENTS					
72313	<p>(a) Medications and treatments shall be administered as follows:</p> <p>(4) Preparation of doses for more than one scheduled administration time shall not be permitted.</p> <p>(5) All medications and treatments shall be administered only by licensed medical or licensed nursing personnel with the following exceptions:</p> <p>(A) Students in the healing arts professions may administer medications and treatments only when the administration or medications and treatments is incidental to their course of study as approved by the professional board or organization legally authorized to give such approval.</p> <p>(B) Unlicensed persons may, under the direct supervision of licensed nursing or licensed medical personnel, during training or</p>				

NURSING SERVICE

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	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 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	(c) Each patient, upon admission, shall be given orientation to the skilled nursing facility and the facility's services and staff.				
	(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'				

NURSING SERVICE

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	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.
NURSING SERVICE – RESTRAINTS					
72319	(a) Written policies and procedures concerning the use of restraints and postural supports shall be followed.				
	(b) Restraints shall only be used with a written order of a physician or other person lawfully authorized to prescribe care. The order must specify the duration and circumstances under which the restraints are to be used. Orders must be specific to individual patients. In accordance with Section 72317, there shall be no standing orders and in accordance with Section 72319(i)(2)(A), there shall be no P.R.N. orders for physical restraints.				
	(c) The only acceptable forms of physical restraints shall be cloth 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.				
	(f) Seclusion, which is defined as the placement of a patient alone in a room, shall not be employed.				
	(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.				
	(h) Physical restraints shall be applied in such a manner that they can be speedily removed in case of fire or other emergency.				
	(i) The requirements for the use of physical restraints are:				

NURSING SERVICE

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72319	<p>(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.</p>				
	<p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>				
	<p>(j) When drugs are used to restrain or control behavior or to treat a disordered thought process, the following shall apply:</p> <p>(1) The specific behavior or manifestation of disordered thought process to be treated with the drug is identified in the patient's health record.</p> <p>(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.</p> <p>(3) The data collected shall be made available to the prescriber in a consolidated manner at least monthly.</p> <p>(4) PRN orders for such drugs shall be subject to the requirements of this section.</p>				

NURSING SERVICE

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NURSING SERVICE – PATIENTS WITH INFECTIOUS DISEASES					
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					
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.				
	(e) Electronic thermometers shall be cleaned and disinfected according to the manufacturer's instructions.				
	(f) Individual patient care supply items designed and identified by the manufacturer to be disposable shall not be reused.				
NURSING SERVICE – SPACE					
72325	(a) An office or other suitable space shall be provided for the director of nursing service.				
72325	(b) A nursing station shall be maintained in each nursing unit or building.				
PATIENT CARE POLICIES AND PROCEDURES					
72523	(c) Each facility shall establish and implement policies and procedures, including but not limited to:				

NURSING SERVICE

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	<p>(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.</p>				
INFORMED CONSENT REQUIREMENTS					
72528	<p>(a) It is the responsibility of the attending physician to determine what information a reasonable person in the patient's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. Information that is commonly appreciated need not be disclosed. The disclosure of the material information and obtaining informed consent shall be the responsibility of the physician.</p> <p>(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:</p> <p>(1) The reason for the treatment and the nature and seriousness of the patient's illness.</p> <p>(2) The nature of the procedures to be used in the proposed treatment including their probable frequency and duration</p> <p>(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment.</p> <p>(4) The nature, degree, duration and probability of the side effects and significant risks, commonly known by the health professions.</p> <p>(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment.</p> <p>(6) That the patient has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.</p> <p>(c) Before initiating the administration of psychotherapeutic drugs, or physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily</p>				

NURSING SERVICE

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	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.				
PATIENTS' HEALTH RECORDS					
72543	<p>(a) Records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all patients admitted or accepted for care. All health records of discharged patients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until 1 year after the minor has reached the age of 18 years, but in no case less than 7 years. All exposed X-ray film shall be retained for seven years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the facility staff or any authorized officer, agent, or employee of either, or any other person authorized by law to make such request.</p> <p>(d) The Department shall be informed within three business days, in writing, whenever patient health records are defaced or destroyed before termination of the required retention period.</p> <p>(e) If the ownership of the facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:</p> <p>(1) That the new licensee shall have custody of the patients' health records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or</p> <p>(2) That other arrangements have been made by the licensee for the safe preservation and the location of the patients' health records, and that they are available to both the new and former licensees and other authorized persons; or</p> <p>(3) The reason for the unavailability of such records.</p> <p>(f) All entries in the health record shall be authenticated with the date, name, and title of the persons making the entry.</p> <p>(h) Patient health records shall be filed in an accessible manner</p>				Smart Tool available for 72543

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
ADMISSION RECORDS					
72545	<p>(a) For each patient a facility shall complete an admission record which shall include the following:</p> <p>(1) Name and Social Security number.</p> <p>(2) Current address.</p> <p>(3) Age and date of birth.</p> <p>(4) Sex.</p> <p>(5) Date of admission.</p> <p>(6) Date of discharge</p> <p>(7) Name, address and telephone number of guardian, authorized representative, person or agency responsible for patient and next of kin.</p> <p>(8) Name, address and telephone number of attending physician and the name, address and telephone number of the podiatrist, dentist or clinical psychologist if such practitioner is primarily responsible for the treatment of the patient.</p> <p>(9) Name, address and telephone number of the designated alternate physician.</p> <p>(10) Admission diagnoses, known allergies and final diagnoses.</p> <p>(11) Medicare and Medi-Cal numbers when appropriate.</p> <p>(12) An inventory including but not limited to:</p> <p>(A) Items of jewelry.</p> <p>(B) Items of furniture.</p> <p>(C) Radios, television and other appliances.</p> <p>(D) Prosthetic and orthopedic devices.</p> <p>(E) Other valuable items, so identified by the patient, family or authorized representative.</p>				Smart Tool available for 72545
CONTENT OF HEALTH RECORDS					
72547	<p>(a) A facility shall maintain for each patient a health record which shall include:</p> <p>(1) Admission record.</p>				Smart Tool available for 72547

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>(2) Current report of physical examination, and evidence of tuberculosis screening.</p> <p>(3) Current diagnoses</p> <p>(4) Physician orders, including drugs, treatment and diet orders, and progress notes, signed and dated on each visit. Physician's orders shall be correctly recapitulated.</p> <p>(5) Nurses' notes which shall be signed and dated.</p> <p>(A) Records made by nurse assistants, after proper instruction, which shall include:</p> <ol style="list-style-type: none"> 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. <p>(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.</p> <p>(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.</p> <p>(D) Justification for the results of the administration of all PRN medications and the withholding of scheduled medications.</p> <p>(E) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for postural supports used for the support and protection of the patient.</p> <p>(F) Medications and treatments administered and recorded as prescribed.</p> <p>(G) Documentation of oxygen administration.</p> <p>(6) Temperature, pulse, respiration and blood pressure notations when indicated.</p>				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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. (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.				
HEALTH & SAFETY CODE					
1254.7 (HSC)	Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
1276.5 (HSC)	Notwithstanding Section 14110.7 of the W&I Code or any other provision of law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section 1276.9.				
1418.81 (HSC)	<p>(a) In order to assure the provision of quality patient care and as part of the planning for that quality patient care, commencing at the time of admission, a skilled nursing facility, as defined in subdivision (c) of Section 1250, shall include in a resident's care assessment the resident's projected length of stay and the resident's discharge potential. The assessment shall include whether the resident has expressed or indicated a preference to return to the community and whether the resident has social support, such as family, that may help to facilitate and sustain return to the community. The assessment shall be recorded with the relevant portions of the minimum data set, as described in Section 14110.15 of the W&I Code. The plan of care shall reflect, if applicable, the care ordered by the attending physician needed to assist the resident in achieving the resident's preference of return to the community.</p> <p>(b) The skilled nursing facility shall evaluate the resident's discharge potential at least quarterly or upon a significant change in the resident's medical condition.</p>				
PROBATE CODE					
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				

NURSING SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
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.				
4736	A health care provider or health care institution that declines to comply with an individual health care instruction or health care				

NURSING SERVICE

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

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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	PATIENT RIGHTS				
HEALTH & SAFETY CODE					
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.				
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.				Smart Tool available for admission contracts. Using a standard admission agreement requirement currently not enforceable, but all specified inclusions must be in the facility's admission agreement contract See DOM-06-12.
	(b) (1) No facility shall alter the standard agreement unless so directed by the department. This comprehensive Patients' Bill of Rights shall be a mandatory attachment to all skilled nursing facility, intermediate care facility, and nursing facility contracts as specified in Section 1599.74 of this chapter.				
	(d) 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.				
1599.62. (HSC)	(a) Contracts of admission shall not include unlawful waivers of facility liability for the health and safety or personal property of				

PATIENT RIGHTS

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

PATIENT RIGHTS

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	pay for up to seven bedhold days.				

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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STAFF DEVELOPMENT					
TITLE 22					
72517	<p>(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:</p> <ul style="list-style-type: none"> (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. 				Smart Tool available for this staff development section
	(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.				
HEALTH & SAFETY CODE					
1263 (HSC)	<p>(a) This section shall be known and may be cited as the Dementia Training Standards Act of 2001.</p> <p>(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.</p> <p>(2) The facility shall develop a dementia-specific training component within the existing orientation program, to be implemented no later than July 1, 2002.</p> <p>(3) The facility's modified orientation program shall be reviewed by the department in a phase in schedule that begins no later</p>				This HSC does not apply to pediatric skilled facilities.

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>than July 1, 2002, and is completed no later than July 1, 2005.</p> <p>(c) Any certified nursing assistant employed by a skilled nursing facility or intermediate care facility shall participate in a minimum of five hours of dementia-specific in-service training per year, as part of the facility's in-service training.</p>				
1337.1 (HSC)	<p>A skilled nursing or intermediate care facility shall adopt an approved training program that meets standards established by the state department. The approved training program shall consist of at least the following:</p> <p>(a) An orientation program to be given to newly employed nurse assistants prior to providing direct patient care in skilled nursing or intermediate care facilities.</p>				Applies only to a facility that has a State-approved certified nursing aide training program.
	<p>(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).</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>				

STAFF DEVELOPMENT

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>(e) (1) The approved training program shall include, within the 60 hours of classroom training, a minimum of six hours of instruction on preventing, recognizing, and reporting instances of resident abuse utilizing those courses developed pursuant to Section 13823.93 of the Penal Code, and a minimum of one hour of instruction on preventing, recognizing, and reporting residents' rights violations.</p> <p>(2) A minimum of four hours of instruction on preventing, recognizing, and reporting instances of resident abuse, including instruction on preventing, recognizing, and reporting residents' rights violations, shall be included within the total minimum hours of continuing education or in-service training required and in effect for certified nursing assistants.</p>				
1337.3 (HSC)	<p>(c) Notwithstanding Section 1337.1, the approved training program shall consist of at least the following:</p> <p>(1) A 16-hour orientation program to be given to newly employed nurse assistants prior to providing direct patient care, and consistent with federal training requirements for facilities participating in the Medicare or Medicaid programs.</p> <p>(2) (A) A certification training program consisting of at least 60 classroom hours of training on basic nursing skills, patient safety and rights, the social and psychological problems of patients, and elder abuse recognition and reporting pursuant to subdivision (e) of Section 1337.1.</p> <p>(B) In addition to the 60 classroom hours of training required under subparagraph (A), the certification program shall also consist of 100 hours of supervised and on-the-job training clinical practice.</p>				
1337.4 (HSC)	<p>Every skilled nursing or intermediate care facility shall designate a licensed nurse as a director of staff development who shall be responsible for the management of the approved training program.</p>				

ACTIVITY PROGRAM

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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ACTIVITY PROGRAM					
TITLE 22	ACTIVITY PROGRAM – REQUIREMENTS				
72381	<p>(c) Activities shall be available on a daily basis.</p>				Smart Tool available for this activity section
	<p>(d) The activity leader, at a minimum, shall:</p> <p>(1) Develop, implement and supervise the activity program.</p> <p>(2) Plan and conduct in-service training of the staff of the facility at least annually.</p> <p>(3) Coordinate the activity schedule with other patient services.</p> <p>(4) Maintain a current list of patients from the nursing service who are not physically able to participate in activities.</p> <p>(5) Post the activity schedule conspicuously, in large visible print, for the information of patients and staff.</p> <p>(6) Request and maintain equipment and supplies.</p> <p>(7) Develop and maintain contacts with community agencies and organizations.</p> <p>(8) Develop and implement activities for patients unable to leave their rooms.</p> <p>(9) Maintain progress notes specific to the patient's activity plan which are recorded at least quarterly, and more frequently if needed, in the patient's health record.</p> <p>(10) Maintain a current record of the type f frequency of activities provided and the names of patients participating in each activity.</p>				
ACTIVITY PROGRAM – STAFF					
72385	<p>(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:</p> <p>(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.</p> <p>(2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist or occupational therapy assistant.</p> <p>(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</p>				

ACTIVITY PROGRAM

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	health care setting.				
	ACTIVITY PROGRAM – EQUIPMENT AND SUPPLIES				
72387	Each facility shall provide equipment and supplies for both independent and group activities and for patients having special needs.				
	ACTIVITY PROGRAM – SPACE				
72389	<p>(a) Each facility shall provide a designated activity area which meets the independent and group activity needs of patients. Such areas shall be:</p> <p>(1) Accessible to wheelchair and ambulatory patients.</p> <p>(2) Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction and supervision.</p> <p>(b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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PHARMACEUTICAL SERVICE					
TITLE 22	PHARMACEUTICAL SERVICE – GENERAL				
72353	<p>(c) If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy and approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of skilled nursing facilities shall be opened for inspection upon the request of an authorized Department representative.</p> <p>(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.</p>				Smart Tool available for pharmacy section for the inspection of the medication storage areas
PHARMACEUTICAL SERVICE – REQUIREMENTS					
72355	<p>(a) Pharmaceutical service shall include, but is not limited to, the following:</p> <p>(1) Obtaining necessary drugs including the availability of 24-hour prescription service on a prompt and timely basis as follows:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(D) Refill of prescription drugs shall be available when needed.</p>				
PHARMACEUTICAL SERVICE – LABELING AND STORAGE OF DRUGS					

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
72357	<p>(j) Storage of nonlegend drugs at the bedside shall meet the following conditions:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(k) Storage of legend drugs at the bedside shall meet the conditions of 72357(j) and shall in addition:</p> <p>(1) Be specifically ordered by the prescriber of the drugs, and</p> <p>(2) Be limited to sublingual or inhalation forms of emergency drugs.</p>				Smart Tool available for pharmacy section for the inspection of the medication storage areas
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					
72361	<p>(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.</p> <p>(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.</p> <p>(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</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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				
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				
72369	(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				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>scheduled basis as part of a unit dose medication system, such records need not be maintained separately.</p> <p>(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.</p>				
PHARMACEUTICAL SERVICE – DISPOSITION OF DRUGS					
72371	<p>(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:</p> <p>(1) The discharging physician specifies otherwise, or</p> <p>(2) The patient leaves or is discharged without a physician's order or approval, or</p> <p>(3) The patient is discharged to a general acute care hospital, acute psychiatric hospital, or acute care rehabilitation hospital or,</p> <p>(4) The drug was discontinued prior to discharge or,</p> <p>(5) The labeled directions for use are not substantially the same as most current orders for the drug in the patient's health record.</p> <p>(b) A record of the drugs sent with the patient shall be made in the patient's health record.</p> <p>(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:</p> <p>(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.</p> <p>(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</p>				

PHARMACEUTICAL SERVICE

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

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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PHARMACEUTICAL SERVICE – EQUIPMENT & SUPPLIES					
72377	<p>(b) Emergency supplies as approved by patient care policy committee or pharmaceutical service committee shall be readily available to each nursing station</p> <p>(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions:</p> <p>(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.</p> <p>(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.</p> <p>(C) Not more than six emergency drugs in solid, oral dosage form or suppository dosage form for anti-infective, antidiarrheal, antinausea, or analgesia use may be stored if in sealed containers. Not more than four doses of any one drug may be stored.</p> <p>(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.</p> <p>(3) The contents of the supply shall be listed on the outside of the container.</p> <p>(4) The supply shall be checked at least monthly by the pharmacist.</p> <p>(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.</p>				
HEALTH & SAFETY CODE					
1261.3 (HSC)	<p>(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</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>pursuant to standing orders and without patient-specific orders if all of the following criteria are met:</p> <p>(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.</p> <p>(2) The standing orders meet the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.</p>				
AUTOMATED DRUG DELIVERY SYSTEMS					
1261.5 (HSC)	<p>(a) The number of oral dosage form or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c) or (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container, pursuant to Section 4119 of the Business and Professions Code, shall be limited to 24. The State Department of Health Services may limit the number of doses of each drug available to not more than four doses of any separate drug dosage form in each emergency supply.</p> <p>(b) Any limitations established pursuant to subdivision (a) on the number and quantity of oral dosage or suppository form drugs provided by a pharmacy to a health facility licensed pursuant to subdivision (c), (d), or both (c) and (d), of Section 1250 for storage in a secured emergency supplies container shall not apply to an automated drug delivery system, as defined in Section 1261.6, when a pharmacist controls access to the drugs.</p>				Only applicable to facilities with automated drug delivery systems.

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1261.6 (HSC)	<p>(a)</p> <p>(1) For purposes of this section and Section 1261.5, an “automated drug delivery system” means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An automated drug delivery system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.</p> <p>(2) For purposes of this section, “facility” means a health facility licensed pursuant to subdivision (c), (d), or (k), of Section 1250 that has an automated drug delivery system provided by a pharmacy.</p> <p>(3) For purposes of this section, “pharmacy services” means the provision of both routine and emergency drugs and biologicals to meet the needs of the patient, as prescribed by a physician.</p>				
	(b) Transaction information shall be made readily available in a written format for review and inspection by individuals authorized by law. These records shall be maintained in the facility for a minimum of three years.				
	(c) Individualized and specific access to automated drug delivery systems shall be limited to facility and contract personnel authorized by law to administer drugs.				
	<p>(d)</p> <p>(1) The facility and the pharmacy shall develop and implement written policies and procedures to ensure safety, accuracy, accountability, security, patient confidentiality, and maintenance of the quality, potency, and purity of stored drugs. Policies and procedures shall define access to the automated drug delivery system and limits to access to equipment and drugs.</p> <p>(2) All policies and procedures shall be maintained at the pharmacy operating the automated drug delivery system and the location where the automated drug delivery system is being used.</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>(e) When used as an emergency pharmaceutical supplies container, drugs removed from the automated drug delivery system shall be limited to the following:</p> <p>(1) A new drug order given by a prescriber for a patient of the facility for administration prior to the next scheduled delivery from the pharmacy, or 72 hours, whichever is less. The drugs shall be retrieved only upon authorization by a pharmacist and after the pharmacist has reviewed the prescriber's order and the patient's profile for potential contraindications and adverse drug reactions.</p> <p>(2) Drugs that a prescriber has ordered for a patient on an as-needed basis, if the utilization and retrieval of those drugs are subject to ongoing review by a pharmacist.</p> <p>(3) Drugs designed by the patient care policy committee or pharmaceutical service committee of the facility as emergency drugs or acute onset drugs. These drugs may be retrieved from an automated drug delivery system pursuant to the order of a prescriber for emergency or immediate administration to a patient of the facility. Within 48 hours after retrieval under this paragraph, the case shall be reviewed by a pharmacist.</p>				
	<p>(f) When used to provide pharmacy services pursuant to Section 4119.1 of the Business and Professions Code, the automated drug delivery system shall be subject to all of the following requirements:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(4) Access to the automated drug delivery system shall be controlled and tracked using an identification or password system or biosensor.</p> <p>(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,</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>the system.</p> <p>(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.</p> <p>(7)</p> <p>(A) Systems that allow licensed personnel to have access to multiple drugs and are not patient specific in their design, shall be allowed under this subdivision if those systems have electronic and mechanical safeguards in place to ensure that the drugs delivered to the patient are specific to that patient. Each facility using such an automated drug system shall notify the department in writing prior to the utilization of the system. The notification submitted to the department pursuant to this paragraph shall include, but is not limited to, information regarding system design, personnel with system access, and policies and procedures covering staff training, storage, and security, and the facility's administration of these types of systems.</p> <p>(B) As part of its routine oversight of these facilities, the department shall review a facility's medication training, storage, and security, and its administration procedures related to its use of an automated drug delivery system to ensure that adequate staff training and safeguards are in place to make sure that the drugs delivered are appropriate for the patient. If the department determines that a facility is not in compliance with this section, the department may revoke its authorization to use automated drug delivery systems granted under subparagraph (A).</p> <p>(C) This paragraph shall remain in effect only until January 1, 2012, unless a later enacted statute is enacted on or before January 1, 2012, deletes or extends that date.</p>				

PHARMACEUTICAL SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>(g) The stocking of an automated drug delivery system shall be performed by a pharmacist. If the automated drug delivery system utilizes removable pockets, cards, drawers, or similar technology, the stocking system may be done outside of the facility and be delivered to the facility if all of the following conditions are met:</p> <p>(1) The task of placing drugs into the removable pockets, cards, or drawers is performed by a pharmacist or by an intern pharmacist or a pharmacy technician working under the direct supervision of a pharmacist.</p> <p>(2) The removable pockets, cards, or drawers are transported between the pharmacy and the facility in a secure tamper-evident container.</p> <p>(3) The facility, in conjunction with the pharmacy, has developed policies and procedures to ensure that the pockets, cards, or drawers are properly placed into the automated drug delivery system.</p>				
	<p>(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.</p>				
	<p>(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.</p>				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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DIETETIC SERVICE					
TITLE 22	DIETETIC SERVICE – FOOD SERVICE				
72335	<p>(a)</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>				
	<p>(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.</p> <p>(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.</p>				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.
	<p>(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.</p>				
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.				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				
	(e) Hot water at a minimum temperature of 83 degrees C (180 degrees F) shall be maintained at the manifold at the final rinse.				
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				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
	(d) (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) Food in unlabeled, rusty, leaking, broken containers or can 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. (6) Foods held in refrigerated or other storage areas shall be covered. Liquids and food which are prepared and not served shall be tightly covered, stored appropriately, clearly labeled and dated. A written procedure shall be established and followed for the safe use of leftover foods.				
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 for informational purposes only.
	(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 for informational purposes only. Educational requirements listed under H&SC 1265.4 of this Dietary Section
	(d) Current work schedules by job titles and weekly time				

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				NOTE: If further clarification and guidance regarding approved programs is needed, contact the Licensing & Certification Registered Dietitian (RD) Consultant who is assigned to the district office that governs the facility in question.
HEALTH & SAFETY CODE					
HSC 1265.4	(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. (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				Smart Tool available for informational purposes only.

DIETETIC SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>duties as a dietetic services supervisor at the health facility.</p> <p>(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.</p> <p>(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.</p> <p>(7) Received training experience in food service supervision and management in the military equivalent in content to paragraph (2), (3), or (6).</p>				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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ADMINISTRATIVE SERVICE					
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' preemployment 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.				
	(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.				

ADMINISTRATIVE SERVICE

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

ADMINISTRATIVE SERVICE

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

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				1418.6 (HSC), same requirement
PATIENT TRANSFERS					
72519	(a) Facility shall maintain written transfer agreements with nearby facilities to make the services of those facilities accessible and to facilitate the transfer of patients.				
ADMINISTRATIVE POLICIES & PROCEDURES					
72521	(c) Each facility shall establish: (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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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	REQUIRED COMMITTEES				
72525	<p>(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.</p> <p>(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.</p>				Smart Tool available for 72525
	<p>(c) Committee composition and function shall be as follows:</p> <p>(1) Patient care policy committee.</p> <p>(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.</p> <p>(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.</p> <p>(C) The committee shall meet at least annually.</p> <p>(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.</p> <p>(E) The committee shall review patient care policies annually and revise as necessary. Minutes shall list policies reviewed.</p>				
	<p>(2) Infection control committee.</p> <p>(A) An infection control committee shall be responsible for infection control in the facility.</p> <p>(B) The committee shall be composed of representatives from the following services; physician, nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and maintenance.</p> <p>(C) The committee shall meet at least quarterly</p> <p>(D) The functions of the infection control committee shall include, but not be limited to:</p> <ol style="list-style-type: none"> 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. 				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>(3) Pharmaceutical service committee.</p> <p>(A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.</p> <p>(B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician.</p> <p>(C) The committee shall meet at least quarterly.</p> <p>(D) The functions of the pharmaceutical service committee shall include, but not be limited to:</p> <ol style="list-style-type: none"> 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 POLICIES & PROCEDURES					
72529	(a) Each facility to whom a patient's money or valuables have been entrusted shall comply with the following:				Smart Tool available. If facility has any trust accounts for patients, go to Title 22 section 72529 and review entire section or use Smart Tool.
LIABILITY FOR RENT & RETURN OF RENTAL ADVANCE					
72531	<p>(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.</p> <p>(c) Any advance of rent by the renter shall be returned to the heir, legatee or personal representative of the patient no later than two weeks after discharge or death of the patient.</p>				
EMPLOYEE PERSONNEL RECORDS					
72533	<p>(a) Each facility shall maintain current complete and accurate personnel records for all employees.</p> <p>(1) The record shall include:</p> <p>(A) Full name.</p> <p>(B) Social Security number</p>				Smart Tool available for 72533 Review files of 5 DCS (including 1 terminated DCS) and 3 supervising nurses.

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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. (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.				
	(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.				
	(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.				
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.				Smart Tool available for all of 72551
	(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				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>personnel.</p> <p>(3) Unified medical command. A chart of lines of authority in the facility</p> <p>(4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(8) Procedures for maintaining a record of patient relocation.</p> <p>(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.</p> <p>(10) A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated.</p> <p>(11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.</p> <p>(12) Procedures for providing emergency care to incoming patients from other health facilities.</p> <p>(13) Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.</p>				
	<p>(c) The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist,</p>				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.				
	(d) The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.				
	(e) A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.				
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.				Smart Tool available for all of 72553
	(b) The written plan shall include at least the following: (1) Procedures for the assignment of personnel to specific tasks and responsibilities. (2) Procedures for the use of alarm systems and signals. (3) Procedures for fire containment. . (4) Priority for notification of staff including names and telephone numbers. (5) Location of fire-fighting equipment. (6) Procedures for evacuation and specification of evacuation routes. (7) Procedures for moving patients from damaged areas of the facility to undamaged areas. (8) Procedures for emergency transfer of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation. (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.				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(12) Procedures for handling incoming or relocated patients. (13) Other provisions as dictated by circumstances.				
	(c) Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of patients to safe areas during a drill is optional.				
	(d) The evacuation plan shall be posted throughout the facility and shall include at least the following: (1) Evacuation routes (2) Location of fire alarm boxes (3) Location of fire extinguishers. (4) Emergency telephone number of the local fire department.				
	(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.				
HEALTH & SAFETY CODE					
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.				Smart Tool available for all of HSC 1336.3. (a) (2) not applicable to emergencies.
	(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				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
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	facility or hospital which fails or refuses to enter into such agreements and the stated reason for that failure or refusal.				
TITLE 22	EQUIPMENT & SUPPLIES				
72557	Equipment and supplies in each facility shall be of the quality and in the quantity necessary for care of patients as ordered or indicated				
HEALTH & SAFETY CODE					
1261 (HSC)	<p>(a) A health facility shall allow a patient's domestic partner, the children of the patient's domestic partner, and the domestic partner of the patient's parent or child to visit, unless one of the following is met:</p> <p>(1) No visitors are allowed.</p> <p>(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.</p> <p>(3) The patient has indicated to health facility staff that the patient does not want this person to visit.</p> <p>(b) This section may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.</p> <p>(c) For purposes of this section, "domestic partner" has the same meaning as that term is used in Section 297 of the Family Code.</p>				
1262.7 (HSC)	<p>(a) A skilled nursing facility, as defined in subdivision (c) of Section 1250, shall admit a patient only upon a physician's order and only if the facility is able to provide necessary care for the patient.</p> <p>(b) The administrator or designee of a skilled nursing facility shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide necessary care. The administrator, or his or her designee, shall conduct preadmission personal interviews as appropriate with the patient's physician, the patient, the patient's next of kin or sponsor, or the representative of the facility from which the patient is being transferred. A telephone interview may be conducted when a personal interview is not feasible.</p>				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
1279.6 (HSC)	<p>(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.</p>				<p>Smart Tool available for all of HSC 1279.6 Required committee.</p>
	<p>(b) The patient safety plan required pursuant to subdivision (a) shall, at a minimum, provide for the establishment of all of the following:</p> <p>(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:</p> <p>(A) Review and approve the patient safety plan.</p> <p>(B) Receive and review reports of patient safety events as defined in subdivision (c).</p> <p>(C) Monitor implementation of corrective actions for patient safety events.</p> <p>(D) Make recommendations to eliminate future patient safety events.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(4) A reporting process that supports and encourages a culture of safety and reporting patient safety events.</p> <p>(5) A process for providing ongoing patient safety training for facility personnel and health care practitioners.</p>				
	<p>(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</p>				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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.				
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.				Smart Tool available
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:				Smart Tool available for all of HSC 1289.4
	(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.				
	(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:				

ADMINISTRATIVE SERVICE

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

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	(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.				
	(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.				Smart Tool available
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				Smart Tool available for all of HSC 1318 Bond and patient trust requirements

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	of the money of patients within the health facility.				
	(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.				
1319 (HSC)	The rules of a health facility may include provisions that require every member of the medical staff to have professional liability insurance as a condition to being on the medical staff of the health facility.				
1418.6 (HSC)	No long-term health care facility shall accept or retain any patient for whom it cannot provide adequate care.				
1418.7 (HSC)	(a) Long-term health care facilities, as defined in Section 1418, shall develop and implement policies and procedures designed to reduce theft and loss.				Smart Tool available Theft and Loss – See 1289.4 HSC-same requirements.
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
	<p>(b) All of the following occurrences shall require notification pursuant to this section:</p> <ol style="list-style-type: none"> 1. The licensee of a facility receives a notice that a judgment has been levied against the facility or any assets of the facility or licensee. 2. A check issued by the licensee to its employees for regular payroll has not been honored . 3. Supplies, including food items and perishables, on hand fall below the minimum specified by any regulation. 4. The financial resources fall below and amount needed to operate the facility. The amount is medical daily rate times occupied beds. 5. Licensee fails to make timely payments of any premiums required to maintain required insurance policies or bonds or any tax lien by a government agency. 				
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.
14019.7 (W&I)	<p>(a) Notwithstanding Section 14019.4 and if permitted by federal law, a relative of a skilled nursing facility resident who is a beneficiary under this chapter may pay an additional amount to the facility to enable the resident to obtain requested noncovered services, such as a private room, telephone, or television, or for bed hold days that exceed a period paid for under the state plan.</p> <p>(b) The additional charge for requested noncovered services shall not exceed the amount charged to private pay residents. The additional charge for bed hold days shall not exceed the rate paid for by the Medi-Cal program for a covered bed hold day. The additional charge for a private room shall not exceed the</p>				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>difference between the private pay rate for a semiprivate room and a private room.</p> <p>(c) Prior to accepting supplemental payment for holding a bed for a resident in a facility, a facility shall disclose to the relative the resident's right under federal law to be readmitted without charge upon the first availability of a bed in a semiprivate room in that facility, other state and federal laws regarding bed hold rights, the average number of bed vacancies at that facility for the past month, and the current number of bed vacancies. Written information regarding bed vacancies shall be provided to the relative at the first available opportunity.</p> <p>(d) The ability of a resident's relative to pay an additional amount for non covered services shall not be a condition of admission.</p>				
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.				
14110.4 (W&I)	The facility may not charge for ordinary laundry service or hair trims.				
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.				
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				

ADMINISTRATIVE SERVICE

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	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
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OTHER APPROVED SERVICES (OPTIONAL SERVICES)					
PHYSICAL THERAPY SERVICE UNIT - EQUIPMENT					
72409	Equipment shall be sufficient to provide the physical therapy services offered				
PHYSICAL THERAPY SERVICE UNIT- SPACE					
72411	(a) Adequate space shall be maintained for the necessary equipment needed to provide physical therapy service. (b) A sink shall be provided in the treatment area and shall have controls other than hand controls. (c) The toilet facilities shall be located nearby and equipped with grab bars on both sides of the commode and the space shall be of sufficient size to allow for patient transfer activities.				
OCCUPATIONAL THERAPY SERVICE UNIT – EQUIPMENT					
72419	(a) Necessary equipment shall be available to provide the occupational therapy services offered				
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. (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 physician which provide 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				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

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

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>with participation of the patient, the family, the patient's physician, the director of nursing services and other appropriate staff.</p> <p>(3) Weekly progress reports in the patient's health record written and signed by the social worker, social work assistant or social work aide.</p> <p>(4) Participation in regular staff conferences with the attending physician, the director of nursing service and other appropriate personnel.</p> <p>(5) Discharge planning for each patient and implementation of the plan.</p> <p>(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.</p>				
	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.				
	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.				
1262 (HSC)	(a) When a mental health patient is being discharged from one of				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>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:</p> <p>(1) The nature of the illness and follow up required.</p> <p>(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.</p> <p>(3) Expected course of recovery.</p> <p>(4) Recommendations regarding treatment that are relevant to the patient's care.</p> <p>(5) Referrals to providers of medical and mental health services.</p> <p>(6) Other relevant information.</p> <p>(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.</p> <p>(c) Subdivision (a) applies to all of the following facilities:</p> <p>(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.</p> <p>(d) For purposes of this section, "mental health patient" means a person who is admitted to the facility primarily for the diagnosis or treatment of a mental disorder.</p>				
1276.9 (HSC)	<p>(a) A special treatment program service unit distinct part shall have a minimum 2.3 nursing hours per patient per day.</p> <p>(b) For purposes of this section, "special treatment program service unit distinct part" means an identifiable and physically separate unit of a skilled nursing facility or an entire skilled nursing facility that provides therapeutic programs to an identified mentally disordered population group.</p> <p>(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</p>				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	<p>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</p> <p>(d) A special treatment program service unit distinct part shall also have an overall average weekly staffing level of 3.2 hours per patient per day, calculated without regard to the doubling of nursing hours, as described in paragraph (1) of subdivision (b) of Section 1276.5, for the special treatment program service unit distinct part.</p> <p>(e) The calculation of the overall staffing levels in these facilities for the special treatment program service unit distinct part shall include staff from all of the following categories:</p> <ol style="list-style-type: none"> (1) Certified nurse assistants. (2) Licensed vocational nurses. (3) Registered nurses. (4) Licensed psychiatric technicians. (5) Psychiatrists. (6) Psychologists. (7) Social workers. (8) Program staff who provide rehabilitation, counseling, or other therapeutic services. 				
WELFARE & INSTITUTIONS CODE					
14108.1 (W&I)	<p>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</p>				

OTHER APPROVED SERVICES (OPTIONAL SERVICES)

STATE STANDARD	REQUIREMENT	MET	NOT MET	N/A	LOCATION OF EVIDENCES
	Services by regulation shall not be less than 30 days per year. During these temporary absences, the State Department of Health Services shall reimburse the facility for the cost of maintaining the vacant accommodations at a rate to be determined by the department which shall be less than the normal reimbursement rate.				
14108.2 (W&I)	Except as provided by Section 14108 and Section 14108.1, any recipient of services under this chapter who is residing in a long-term care facility shall be permitted to be temporarily absent from such facilities for up to 18 days per year, not including days of bed hold for acute hospitalization. All such leaves of absence shall be in accordance with an individual patient care plan as approved by the attending physician. The director shall adopt regulations establishing the conditions under which additional leave days shall be authorized. The director may establish reasonable limits on the duration of any period of absence.				

STATE LICENSING SURVEY - SURVEYOR TIME DATA COLLECTION

PROVIDER / SUPPLIER NAME: _____

SURVEYOR NAME: _____

Date								
Time Spent in Licensing Survey Activity								
	Total Time for Day							

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

STATE LICENSING SURVEY - SURVEYOR TIME DATA COLLECTION

PROVIDER / SUPPLIER NAME: _____

SURVEYOR NAME: _____

Date								
Time Spent in Licensing Survey Activity								
	Total Time for Day							

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

STATE LICENSING SURVEY - SURVEYOR TIME DATA COLLECTION

PROVIDER / SUPPLIER NAME: _____

SURVEYOR NAME: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

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STATE LICENSING SURVEY - SURVEYOR TIME DATA COLLECTION

PROVIDER / SUPPLIER NAME: _____

SURVEYOR NAME: _____

Date								
Time Spent in Licensing Survey Activity								
Total Time for Day								

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

STATE LICENSING SURVEY WORKLOAD REPORT

PROVIDER/SUPPLIER NUMBER	PROVIDER/SUPPLIER NAME
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STATE LICENSING SURVEY TEAM AND WORKLOAD DATA
Please enter the workload information for each surveyor. Use the surveyor's state identification number.

State Surveyor ID Number	Date Licensing Survey Began	Date Licensing Survey Ended	Pre-Survey Preparation Hours for Licensing Survey	Number of Hours to complete Title 22 Licensing Part of Survey	Travel Hours	Hours to Prepare Licensing Report
1. Team Leader						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Number of Hours for Supervisory Review.....

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