

## 85065 Personnel Requirements

### Planned Group Activities

Number of Clients	Primary Responsibility	Full Time Responsibility
16 - 49	6 months organizing providing group activities	
50 or more		1 Year Experience providing group activities

### Food Service Personnel








Number of Clients	Primary Responsibility	Full Time Responsibility
16 - 49	On the job training or related experience	
50 or more  Must be nutritionist, dietician or home economist. Or receive consultation from one		1 Year Experience in food prep accommodating 50 or more persons.  Or 2 years experience accommodating 16-49 persons

### Written Plan of Activities

Number of Clients	Activity Plan	Retained
7 or more	Notice of planned activities posted.	Copy retained in facility file for 6 months
50 or more	Written program of activities planned in advance and made available to all clients.	

# 85065 Personnel Requirements

Night Supervision 10PM to 7AM

No Clients	one person on call on the premises	one person on duty on the premises and awake	one person on call responding within 30 minutes
15 or less			
16 -100			
100 -200	 <p>for each additional 100 add one more staff</p>		
7 or more with clients who rely on others for all tasks of daily living. Regional Center Clients		 <p>for each additional 14 add one more staff</p>	

### 80030 Provisional License

<b>Provisional License</b>	<b>6 months</b>	<b>12 months</b>	<b>90 days</b>
Full compliance within 6 months.	Good for maximum 6 months		
More than 6 months for full compliance beyond control of applicant.		Good for maximum 12 months	
Provisional License is not renewable.			
<b>Issuance of New License 80031</b>			CCL must respond within 90 days with approval, denial or corrections.

### 80068.5 Eviction Procedures

<b>30 day notice</b>	<b>3 day notice</b>
Non payment within 10 days of due date	CCL grants prior written approval
Failure to comply with law	Behavior is threat to mental or physical health of others.
Failure to comply with facility policy	( licensing shall reply within 2 days to request if no response is approval)
Clients needs cannot be meet	Written report stating reasons for eviction by US Mail to clients representative
Change of use of facility	
Written report to CCL within 3 days	Written report sent to CCL within 5 days

**80078 Care and Supervision**

80078 Relocation plan shall not exceed	30 days or 30 days after client's appeal of the relocation order.	
80094.5 Client may request review of <b>health condition</b> relocation order by submitting to licensee a written, signed, dated request for review by IDT. <i>Interdisciplinary Team</i>	10 days from receipt of health relocation order	

## 80088 Fixtures, Furniture, Equipment and Supplies

### Temperatures

Maintain house for comfort	68 - 85 Fahrenheit
In Extreme Heat	maximum temp 30 degrees below outside temp
Hot Water Temp	105 - 120 Fahrenheit warning signs posted if at or above 125
<b>80076 Food Service Dishwasher</b>	165 Fahrenheit
Freezer	Zero degree Fahrenheit
Refrigerators	45 Fahrenheit

### 80076 Food Supply Storage Requirements

Nonperishable foods on the premises for: e.g. canned goods.	Minimum one week. For example, you have at least a one-week supply of non-perishable foods. Such as canned goods, pasta, rice beans. These are items you would store in your pantry.
Fresh perishable food. e.g. milk, vegetables	Minimum 2 days. For example, you would have a supply of fruit, vegetables, bread, eggs that would last at least two days.

*Supplies of staple nonperishable foods for a minimum of one week and fresh perishable for a minimum of two days shall be maintained on the premises.*

**No more than 15 hours shall elapse between the third meal of one day and the first meal of the following day**

**80054 Penalties**

	<b>Penalty</b>	<b>Subsequent Violations</b>
Serious deficiencies not corrected by date specified.	\$50.00 per violation per day and may be up to \$150 a day.	
Individuals did not obtain fingerprint clearance or exemption or transfer request prior to working in facility.	\$100.00 per violation	
Immediate penalty for sickness, injury-or death as a result of deficiency	\$150.00 per day	\$100.00 per violation for up to 30 days that occur within 12 month period
Deficiency that violates same regulation within 2 months.	\$150.00 for one day only.	\$150.00 per day on the second day and all days thereafter until corrected.

**80053 Followup Visit To Determine Compliance/Review**

<b>Visit or Review</b>	<b>No of Days</b>	<b>Action</b>
Followup visit by department correction has been made.	Within 10 days of correction.	
License may request review of deficiency or penalty.	Within 10 working days of receipt of notice	
		The Department has the authority to deny or revoke and license for failure to pay civil penalties.

<b>Admission Agreements</b>	
80068 Modifications to admission agreement	30 days
80068 Admission agreements signed and dated no later than seven days following admission. (with ARF restricted health condition)	7 days
Admission agreement terminated on death of client. No liability or debt shall accrue after date of death.	

### **80061 Reporting Requirements**

Incident Reports	By phone or fax within next working day during normal business hours.	Written report within seven days following occurrence.
Incident Reports Death of Client	Maintain copy of death certificate and send to CCL and Regional Center.	Report to Authorized Representative
Poisoning	Report to State Fire Marshall	Report to Authorized Representative
Unusual incident or client absences	Local Health Officer (pursuant to title 17)	Report to Authorized Representative
Abuse	Local Health Officer (pursuant to title 17) APS	Report to Authorized Representative
Epidemic outbreaks	Local Health Officer	Report to Authorized Representative

**85064 Administrator Qualifications**

<b>Qualifications</b>	<b>1 - 6</b>	<b>7- 15</b>	<b>16 - 49</b>	<b>50 or more</b>
21 years of age	yes	yes	yes	yes
High School Diploma or GED	yes	yes	yes	yes
one year experience in residential care		yes		
one year experience in residential care  or  passing grade of 15 continuing education semester or equivalent quarter units three of which in nutrition human behavior, administrator or staff relations			yes	
Completion with passing grade of 60 college or continuing education semester or equivalent quarter units, six of which must be in administration or staff relations.  or  Three years work experience in residential care, one year of which must have been providing direct care to clients or assisting in facility administration.				yes



**See Technical Support Manual PAGE 146  
Waivers**

<b>Request for Waiver</b>	<b>Licensing Response</b>	
Written 30 days of receipt of written request for waiver.	Received and accepted for consideration	
	Request is deficient additional time and information	
	Failure to comply with time specified result in denial	