

**CCLD Senior Care Policy Interpretations**  
*Prepared for California Assisted Living Association (CALA)*  
*and California Hospice and Palliative Care Association (CHAPCA)*  
*In Response to Questions Presented*  
*at CALA/CHAPCA Conferences - Spring 2009*

---

**Q1. What is the difference between an exception and a waiver?**

A1. "Exception" means a variance to a specific regulation based on the unique needs or circumstances of a specific resident or staff person. Requests for exceptions are made to the licensing agency by an applicant or licensee. They may be granted for a particular facility, resident or staff person, but cannot be transferred or applied to other individuals.

"Waiver" means a variance to a specific regulation based on a facility-wide need or circumstance which is not typically tied to a specific resident or staff person. Requests for waivers are made to the licensing agency, in advance, by an applicant or licensee. Typically waivers are granted to allow for program flexibility related to the entire facility.

**Q2. Is it a breach of confidentiality if a hospice care nurse signs in at a facility?**

A2. Licensees are required to develop and implement policies and procedures related to the protection of confidential resident information. If the licensee determines that a visitor's presence in the facility may compromise the confidentiality of a resident's care, the facility may choose to develop a separate sign-in/sign-out for medical professionals that is maintained in a non-public area. The licensee may consider other options as well. Policies developed, however; must not infringe on the personal rights of residents to receive visitors.

**Q3. What is the CCLD policy related to physician's e-communication orders?**

A3. Electronic physician orders are allowed. The electronic order must have the name, address and license number of the physician.

**Q4. Specific to hospice care, can a RCFE accept an order given by the physician and written by the hospice nurse for change in dose for medication?**

A4. Yes. The order indicating the change in medication must be subsequently faxed to the facility and placed in the resident's record. This applies to all changes in medication orders, including new medications. It is, however; incumbent of the hospice care nurse to explain the changes in medication, reason for change, side effects, contraindications, etc. to the resident or the resident's responsible person, and the licensee/care provider.

**Q5. Is an exception required for hospice resident medications to be crushed?**

A5. No exception is necessary in order to crush a resident's medication to enhance swallowing or taste. There are certain conditions under which medications may be crushed, and specific documentation must be placed in the resident's file [Refer to Regulation and Regulation Interpretation Section 87465(a)(6)(D)].

**Q6. Are pre-filled syringes allowed for medications?**

A6. Medications may be set up in advance for a period not to exceed 24 hours. For any medication that needs to be pre-drawn into an individual syringe or oral dosing unit, at a RCFE, the following shall apply:

- Only a licensed nurse can perform this function. (\*\*NOTE: CCLD is currently only allowing registered nurses to perform this function. The policy is under review. Updated by CALA May 3, 2010\*\*)
- The medication may not be drawn up in a syringe to be used for an injection.
- The pre-drawn medication in the individual syringe or oral dosing unit must be properly labeled and stored.

**Q7. What is the update on administration of medications for hospice care residents?**

A7. See Evaluator Manual, Section 87633 (b)(5)

A relative or friend NOT receiving monetary or any other form of compensation for their services, and who is trained by the hospice agency may administer medications through a route, (e.g. oral, sublingual, subcutaneous, etc.) to his/her relative or friend in a residential care facility for the elderly provided it is specified in the hospice care plan; the hospice agency provides a statement for the licensee's records that the relative or friend has been trained; and there is a plan in place to ensure that the resident can receive the needed medication by a licensed health professional if the relative or friend fails to arrive at the appointed time. Licensees must maintain documentation on procedures and on the training activities.

**Q8. Can a medical technician administer medications to a hospice care resident?**

A8. No.

**Q9. Can an exception be requested to provide total care to hospice care residents?**

A9. Yes, an exception or waiver can be requested to any regulation. Currently, guidelines are being developed to allow terminally-ill residents who are receiving services through a licensed hospice agency to remain in the facility after they become dependent on others for all activities of daily living.

**Q10. Who is allowed to stage a Pressure Ulcer, Stage 3-4?**

A10. Only a physician or registered nurse may stage a pressure ulcer.

**Q11. Can a hospice aide be prohibited from entering certain areas of the facility?**

A11. Yes. A licensee may have policies and procedures related to visitors. They should not, however, be contrary to a resident's needs and services plan.

**Q12. If a resident's oxygen cannula falls out or is removed by a resident and the caregiver puts it back on the resident, is this considered administering medication?**

A12. Trained direct care staff may assist with the self-administration of oxygen to include the repositioning of a nasal cannula or mask.

**Q13. Under what circumstances can a spouse, who is also a resident of the facility, administer medications to his/her spouse who is a resident at the facility and receiving licensed hospice care at the facility?**

A13. Specific to hospice care residents only, an uncompensated spouse who is also a resident of the care facility may administer medications to a resident who is receiving licensed hospice care services under the following conditions:

The facility requests an exception to allow the resident's spouse to administer medications.

The request shall include:

- A statement that all conditions of the hospice waiver are being met by the facility or through the services provided by a licensed hospice care agency.
- A statement that all conditions of the hospice care plan are being met by the facility or through the services provided by a licensed hospice care agency. This includes provision for an alternate caregiver in the event that the spouse is no longer willing or able to assist with the administration of medications.
- A statement that the facility will obtain a physician order or like documentation that the spouse of the resident has the mental and physical capacity to administer and handle the resident's medication.
- A statement that the facility will ensure that the hospice agency provides sufficient and on-going training to ensure appropriate administration and handling of medication.

**Q14. Can a hospice care resident store medication in his/her room at the facility, including use of small refrigerator?**

A14. This depends on the facility's policy related to medication management. Licensees must ensure that medications are inaccessible to other residents if they pose a danger. A licensee may require a locked storage device or locked resident rooms.

**Q15. Is consent required if a hospice care roommate is a spouse?**

A15. Yes, the regulations do not distinguish the relationship of resident roommates. Regulations do, however, require roommate consent for hospice care services.

**Q16. Do hospice care volunteers need to be fingerprinted?**

A16. If the volunteer is a member of interdisciplinary hospice team and is working under the auspices of a licensed hospice agency, the licensee does not need to fingerprint the volunteer.