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July 12, 1990

Ms. Lynn Robie, Chair  
Joint Committee on Transportation  
and Community Development  
Sacramento City Council  
915 I Street  
Sacramento, CA 95814

Dear Lynn:

We are pleased to submit the enclosed "Enhanced Standards for Residential Care" and the "Memorandum of Understanding" established by the Standards Enhancement for Residential Care Homes (SERCH) Committee. These Standards are the most stringent assurances for quality of care for residential care services in the country. Enclosed are newspaper articles reporting on the impact of these Standards locally and nationwide.

By way of background, the SERCH Committee was organized by the Senior Ombudsman/Advocacy Project (SOAP) through a grant from The Sierra Foundation. The facts are, however, that your leadership and intervention with The Sierra Foundation was the pivotal link in obtaining this funding.

We and the SERCH Committee members are grateful for your commitment on behalf of the people living in Residential Care Facilities. We are also pleased that your committee and the City Council continue to be interested in the quality of life of our citizens in Residential Care Facilities.

Under separate cover, the SERCH Committee is requesting the Council's review and endorsement, in concept, for Residential Care Standards and for the Memorandum of Understanding.

In a related matter, The Sierra Foundation grant also provided funding for a booklet entitled, "Advice on Selecting a Residential Care Facility". This booklet, written by Prudy Rees Coonan with technical assistance from a variety of staff from public and

Senior Ombudsman/Advocacy Project  
Long-Term Care Ombudsman

Sacramento County Office of Patients' Rights  
Medically Indigent Advocacy  
Mental Health Advocacy

Senior Community Ombudsman Project

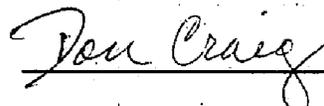
Ms. Lynn Robie, Chair  
Joint Committee on Transportation  
and Community Development  
Sacramento City Council  
July 12, 1990  
Page 2

private agencies, is an invaluable resource for selecting Residential Care Facilities. Therefore, as a result of this grant, the SERCH Committee was formed -- and continues, even though its funding through The Sierra Foundation has ended. The booklet, "Advice on Selecting a Residential Care Facility", will continue to be useful for years to come. On behalf of the residents of Long-Term Care Facilities, Long-Term Care Ombudsmen, and members of the SERCH Committee, we want to express to you our deepest appreciation for your support and commitment to this project.

Very truly yours,



Michael F. Coonan  
Director



Don Craig, Chairperson  
SERCH Committee

MFC:rkv

Enclosures

## PIONEER RESOURCES

"Seniors Financial Services"  
2775 Cottage Way, Suite 4  
Sacramento, California 95825

D.B. Craig, Jr., Owner  
Patricia McCarley, Associate

Telephone:  
(916) 489-7492

July 12, 1990

Ms. Lynn Robie, Chair  
Joint Committee on Transportation  
and Community Development  
Sacramento City Council  
915 I Street  
Sacramento, CA 95814

Dear Councilmember Robie:

The SERCH Committee continues. Despite a lull in funding, the charter members of the SERCH Committee have agreed to continue to meet to keep the spirit of the Standards Enhancement for Residential Care Homes concept alive. The SERCH Committee members are committed for the long run. We will be seeking additional funds, including looking toward the state legislature to support enhanced standards.

We are pleased with the enclosed "Quality of Care Standards" and the "Memorandum of Understanding (MOU)". We know that we will be refining both instruments. We are convinced that these Quality of Care Standards and the formalized relationships (MOU) between those of us who provide Residential Care services and those who make arrangements for placing people into Residential Care will be the foundation for improved care and accountability. In the meantime, we will continue the struggle by meeting with policy makers and opinion leaders who are interested in improving the quality of life for the residents in our facilities.

Thank you for your interest and commitment. We look forward to meeting with you and your committee.

Very truly yours,

  
Donald Craig, Chair  
SERCH Committee

DC:rkv  
Enclosures  
cc: SOAP  
SERCH Committee members

**MEMORANDUM OF UNDERSTANDING**

between the

**STANDARDS ENHANCEMENT FOR RESIDENTIAL CARE HOMES COMMITTEE**

and the

**PLACEMENT AGENCIES AND HOSPITAL DISCHARGE PLANNERS  
IN SACRAMENTO**

for

**Implementation of a Coordinated system of placement  
of persons into Residential Care Facilities**

Proposed Effective July 1, 1990

This document will become effective upon  
the approval of both Signators.

\_\_\_\_\_  
Chairperson  
Sacramento Residential Care  
Peer Review Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator/Hospital  
Discharge Planner

\_\_\_\_\_  
Date



MEMORANDUM OF UNDERSTANDING - GOALS

The goal of this Memorandum of Understanding is to combine the resources of the SERCH Committee with those of the Placement Agencies and Discharge Planners to arrange placements. This coordinated effort will ensure that these combined resources are used to secure the most appropriate placement possible. Specific program goals are to:

1. Provide Discharge Planners and Placement Agency staff information to make informed decisions about placements into Residential Care Facilities.
2. Prevent inappropriate placements into Residential Care Facilities and to ensure continuity of care.
3. To recognize the membership of the SERCH Committee who pledged to abide by the established quality of care standards.
4. Provide a means for complaints to be addressed by an independent forum (Grievance Committee), consisting of members from the SERCH Committee, a Discharge Planner and/or Placement Agency staff and the Long-Term Care Ombudsman.

WORKING AGREEMENT

**PLACEMENT AGENCIES/  
DISCHARGE PLANNERS**

1. Placement agencies endorse the concept of enhanced standards for Residential Care Facilities, and the SERCH Committee is an organization pledged to meet these enhanced standards.
2. Prior to admission, Placement Agencies/Discharge Planners will provide complete and accurate information about the medical, social, vocational and psychological history for the prospective resident to the Residential Care Operator/Administrators.

**STANDARDS ENHANCEMENT FOR  
RESIDENTIAL CARE HOMES COMMITTEE**

1. The Operator/Administrator who are members of the SERCH Committee pledge to meet the established standards.
2. SERCH Committee members will provide the Placement Agency information about the types of services provided, the characteristics of the existing residents, the costs for services and other specialized programs and limitations, which might impede the successful integration of a resident. (See Item 1).

**Memorandum of Understanding**  
**Page Seven**

7. The SERCH Committee members will contribute a one page profile to all Placement Agencies and Discharge Planners, describing the scope of services, nature of their clients geographic location, cost of services and other unique characteristics to help expedite and improve placement arrangements. This profile will be updated bi-annually.

RESIDENTIAL CARE STANDARDS

A. FINANCIAL

YES NO

- \_\_\_ \_\_\_ A1. There shall be an insurance program that provides for the full coverage of the physical plant and residents person and property.
- \_\_\_ \_\_\_ A2. There shall be a Security Bond to protect the residents' funds when appropriate.

B. PERSONNEL

YES NO

- \_\_\_ \_\_\_ B1. There shall be current written policies that reflect competent personnel management systems.
- \_\_\_ \_\_\_ B2. There shall be available to the public in the facility, in writing, clearly defined terms of employment and job descriptions for each position within the facility, including that of Administrator, which state the duties, responsibilities, education, experience, and personal qualifications required for the position.
- \_\_\_ \_\_\_ B3. There shall be available to the public in the facility an organizational chart which reflects lines of authority and channels of communication, as well as supervisory patterns.
- \_\_\_ \_\_\_ B4. There shall be available to the public a list of all personnel with their area of responsibilities identified.
- \_\_\_ \_\_\_ B5. There shall be written provisions for adjudication of employee complaints.
- \_\_\_ \_\_\_ B6. Personnel records shall contain, as required, a completed application, written verifications of reference checks, physical examination including TB tests, records of disciplinary actions, regular performance evaluations, verification of fingerprint recording, terms of employment, first aid training certificate and a reason for termination.
- \_\_\_ \_\_\_ B7. Copies of diplomas and licenses shall be on file as required by law and regulation.

C. PROGRAM (Continued)

- — C4. There shall be strict adherence to prescription instructions and clear written records governing the controls on usage, storage, dispensing and disposal of medication. Clear records concerning the above shall be maintained. There shall be strict adherence to Title 22 regulations in regard to prescription medication.
- — C5. The use of psychotropic medication shall be highly controlled and such medication shall be used only after medical diagnosis by the appropriate physician indicates that it would be of value. (The Standards Enhancement for Residential Care Homes Committee opposes the use of psychotropics as a chemical restraint).
- — C6. If psychotropic medication is used, the physician's statement shall include:
1. A thorough diagnosis and prescription.
  2. Established time parameters for psychiatric or neurological review.
  3. A statement of anticipated results.
  4. A statement of any significant potential side effects.
- — C7. The facility's policy, procedure, and systems regarding the use of psychotropic medication:
1. Statement of overall philosophy.
  2. Prohibition against the use of such medication for the purpose of discipline.
  3. That resident receiving such medication have been informed of the projected benefits and potential significant side effects.
  4. Monitoring procedures including a minimum of monthly review by the prescribing specialist and weekly notations of staff observations.
  5. Procedures for reporting and follow-up on reports of suspected undesirable side effects.
  6. Written policies and procedures for administration of psychotropic medication.
- — C8. There shall be a current written roster of all residents in the facility who are receiving psychotropic medication. This list shall include resident's name and age, medication and dosage

D. PHYSICAL PLANT AND EQUIPMENT (Continued)

conducted on a rotating schedule to include day, evening, and sleep time drills. The facility shall conform to all Fire Marshall standards within that jurisdiction.

- \_\_\_ \_\_\_ D8. Vehicles used for transporting residents shall be properly maintained and equipped with seat belts.
- \_\_\_ \_\_\_ D9. Facility has insured vehicles which meet the transportation needs of the residents.

E. CARE AND SUPERVISION

YES NO

- \_\_\_ \_\_\_ E1. There shall be evidence that staff have the capacity to carry out the treatment goals. (Refer to personnel standards and in-service training program).
- \_\_\_ \_\_\_ E2. Staffing patterns and ratio of staff to residents shall comply with Licensing regulations.
- \_\_\_ \_\_\_ E3. Residents records shall include, as required:
- \_\_\_ \_\_\_ A. Name (Nickname)
  - \_\_\_ \_\_\_ B. Date of birth
  - \_\_\_ \_\_\_ C. General physical characteristics
  - \_\_\_ \_\_\_ D. Social and legal information
  - \_\_\_ \_\_\_ E. Family history
  - \_\_\_ \_\_\_ F. Current photo of resident
  - \_\_\_ \_\_\_ G. Progress behavior notes
  - \_\_\_ \_\_\_ H. Incident reports on serious behavior problems, illnesses or injuries.
  - \_\_\_ \_\_\_ I. Medical examination.
  - \_\_\_ \_\_\_ J. Authorization for medical care.
  - \_\_\_ \_\_\_ K. Placement authorization (see Appendix 1)
  - \_\_\_ \_\_\_ L. Treatment plan
  - \_\_\_ \_\_\_ M. Progress reports
  - \_\_\_ \_\_\_ N. Family or surrogate family contacts
  - \_\_\_ \_\_\_ O. Admission agreement
- \_\_\_ \_\_\_ E4. Progress reports shall be completed on a quarterly basis.
- \_\_\_ \_\_\_ E5. There shall be use of community resources to enhance the residents relationship with the community.
- \_\_\_ \_\_\_ E6. Residents shall be accepted for placement according to their needs.

**E. CARE AND SUPERVISION (Continued)**

- G. Residents have a right to see visitors. The residents have an absolute right and are entitled to private visits with the Long-Term Care Ombudsman and/or Patients' Rights Advocate at any reasonable hour and in private.
- H. Residents shall be allowed to wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and allowed to spend his/her own money.
- I. Residents shall have access to individual storage space for private use.
- J. Residents shall have reasonable access to telephones, to both make and receive confidential calls. The Licensee may require reimbursement for long distance calls.
- K. Residents shall be allowed to mail and receive unopened correspondence.
- L. Residents shall be allowed to receive or reject medical care, or other services.
- M. Residents shall be allowed to move from the facility.

- \_\_\_ E9. The facility shall not retaliate or discriminate in any manner against any resident or employee for presenting a grievance or complaint.
- \_\_\_ E10. Recreational and program opportunities shall be made available to each resident according to his/her interests and needs.
- \_\_\_ E11. Residents shall be encouraged to participate in activities planning.
- \_\_\_ E12. Practices in regard to nutrition shall be in compliance with Title 22.
- \_\_\_ E13. The physical environment, including decorations and furnishings shall be adequate, attractive, and in good repair.

**E. CARE AND SUPERVISION (Continued)**

- \_\_\_ \_\_\_ E27. Lunch containers shall be sanitary and non-breakable.
- \_\_\_ \_\_\_ E28. The provider shall seek to establish regular mealtimes (breakfast, lunch, dinner, snacks) to suit the household member's individual schedules.
- \_\_\_ \_\_\_ E29. Residents shall be permitted to occasionally take their meals at times other than those regularly scheduled due to special events or activities.
- \_\_\_ \_\_\_ E30. The provider shall assure that a responsible staff is at the facility any time one or more residents are present.
- \_\_\_ \_\_\_ E31. The provider and staff shall have and understand procedures governing emergencies and special incident report including, but not limited to:
- A. Death of a resident.
  - B. Any serious injury to a resident.
  - C. Any unusual incident which threatens the health or well being of the resident, such as physical abuse, psychological abuse, or self abuse.
  - D. The assault by a resident of another person, resulting in serious injury.
  - E. Any unexplained absence of the resident.
  - F. Any unusual occurrence such as an epidemic outbreak, a poisoning, a catastrophe, or a major accident which threatens the resident's health and well being.
  - G. Any fire or explosion which occurs at the facility.
- \_\_\_ \_\_\_ E32. The facility administrator or designee shall be available at all hours in response to any emergency involving a resident.
- \_\_\_ \_\_\_ E33. The facility shall have procedures for protecting resident's personal property from theft and loss, and the resident shall have easy access to his or her personal property.
- \_\_\_ \_\_\_ E34. Residents who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.), shall be given assistance in obtaining evaluations to determine their specific need and in securing and maintaining these devices.

E. CARE AND SUPERVISION (Continued)

- \_\_\_ \_\_\_ E45. Each resident shall have his/her own personal grooming items such as:
- A. Hair brush
  - B. Comb
  - C. Toothbrush and toothpaste
  - D. Shaving equipment
  - E. Deodorant
  - F. Personal cosmetic items
- \_\_\_ \_\_\_ E46. All residents, to the greatest extent of their ability, shall be encouraged to perform the following activities and determine when it is appropriate and necessary to do so:
- A. Bathe or shower
  - B. Wash hair
  - C. Shave
  - D. Complete dental hygiene
  - E. Use deodorant
  - F. Obtain haircuts/grooming as appropriate
  - G. Nail Care
- \_\_\_ \_\_\_ E47. Each resident shall have a bath/shower schedule that will result in cleanliness and prevent body odor and skin irritation.
- \_\_\_ \_\_\_ E48. Each resident shall be encouraged to display good hygiene with regard to skin, nail, teeth, hair, and clothing.
- \_\_\_ \_\_\_ E49. Residents are taught to the maximum extent of their abilities to develop independent recreation and leisure skills.
- \_\_\_ \_\_\_ E50. In large facilities, the provider shall encourage resident's participation in every day community activities individually or with six or fewer residents.
- \_\_\_ \_\_\_ E51. The provider shall insure that recreational and leisure activities for residents occur on a regular basis:
- A. With groups or individuals who are not disabled.
  - B. With others of similar skills and abilities

**G. ACCEPTANCE AND RETENTION (Continued)**

**G4. MEDICAL ASSESSMENT**

- A. Within 5 working days of a person's acceptance, the facility shall obtain and keep on file, evidence of a physical examination made within the last year which shall include but not be limited to:
1. Establishing whether there are findings of communicable tuberculosis, other infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.
  2. Recording of prior medical services and history and current medical status including but not limited to height and weight.
  3. Providing a record of current prescribed medications.
  4. Identifying physical limitations of the person to determine his/her capability to participate in the programs provided by the licensee, including any medically necessary diet limitations.
  5. Making a determination of the person's ability to ambulate without assistance.

**G5. PRE-ADMISSION APPRAISAL**

- A. Prior to admission, the applicant and his/her responsible person, if applicable, shall be interviewed by the person responsible for facility admissions.
1. Sufficient information about the facility and its services shall be provided to enable all persons involved in the placement to consider the plan fully.
  2. The applicant's desire regarding entrance and his/her background, including any specific service needs, medical background and functional limitations shall be discussed.

**G. ACCEPTANCE AND RETENTION (Continued)**

**G7. REAPPRAISAL**

A. The pre-admission appraisal shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisals shall document changes in the resident's physical, mental and/or social condition. Significant changes shall include but not be limited to:

1. A physical trauma such as a heart attack or stroke.
2. A mental/social trauma such as the loss of a loved one.

B. The licensee shall immediately bring any such changes to the attention of the resident's physician and his family or responsible person.

**G8. FUNCTIONAL CAPABILITIES**

A. The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:

1. Bathing, including need for assistance:
  - a. In getting in and out of the bath.
  - b. In bathing one or more parts of the body.
  - c. Through use of grab bars.
2. Dressing and grooming, including the need for partial or complete assistance.
3. Toileting, including the need for:
  - a. Assistance equipment.
  - b. Assistance of another person.
4. Transferring, including the need for assistance in moving in and out of a bed or chair.

## H. GRIEVANCE (Continued)

### H2. PURPOSE:

A. The purpose of this procedure is;

1. to resolve grievances informally at the lowest level;
2. to provide an orderly procedure for reviewing and resolving grievances promptly.

B. This procedure shall be used to process and resolve grievance arising under the M.O.U. and any system related complaint.

### H3. PRESENTATION

Any party shall have the right without prejudice to bring complaints to the attention of the Grievance Committee or its designee, where effort will be made to resolve them informally and promptly. At any step of the Grievance Procedure, the committee representative may determine it desirable to hold a Grievance Conference. If a Grievance Conference is scheduled, the grievant or his/her advocate should attend. The committee representative or designee shall be unbiased and previously uninvolved and does not stand to give any direct financial benefit from the outcome. The grievant shall be given a reasonable opportunity to question and the right to challenge the impartiality of the member or representative.

### H4. TIME LIMITS

Each party involved in a grievance shall act quickly so that grievances may be resolved promptly. Every grievance should be made to the Grievance Committee in writing within 14 days of the occurrence.

# Board-and-care facility reforms pushed

By Phyllis Benson  
Senior Spectrum

Political leaders met recently with long-term care ombudsmen and care providers to discuss the residential care industry's funding concerns.

Speaking to residential care operators, Rep. Vic Fazio said the industry has been negatively impacted by cases like boarding home operator Dorothea Puente.

He added that federal regulations have not been effective in stopping abuses of SSI recipients.

Fazio said reports done by such agencies as the GAO and the Select Committee on Aging document that the Department of Health and Human Services does little more than file an annual piece of paper it receives from the states stating it has received information certifying in a routine bureaucratic way that there has been some relationship between the board-and-care facilities and the state.

"The government is not ignoring the problem," said Fazio, and the aging committee has recommended the federal government develop minimum national standards for board-and-care facilities.

Fazio expects legislation first carried by Rep. Claude Pepper before his death will be revived

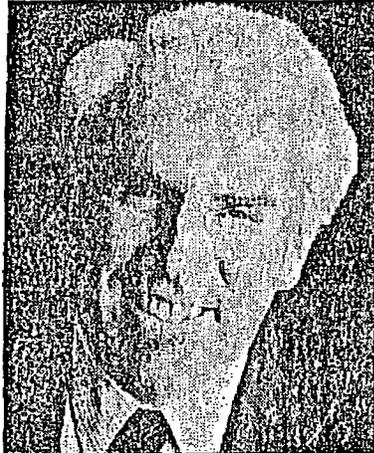


**LLOYD CONNELLY**  
'Worst budget year'

by California Rep. Edward Roybal to strengthen the federal government's standards and enforcement.

Key points of that legislation, called the National Board and Care Reform Act of 1989, would require any board-and-care home caring for two or more SSI recipients to meet the new national standards.

The standards would include guaranteed basic rights to residents, admission requirements, adequate staff, physical structure and fire standards, sanitation, proper diet, and resident activities.



**VIC FAZIO**  
Regulations ineffective

Each state would oversee the program and investigate all complaints. The federal government would reimburse the states for 90 percent of the costs for inspections and training.

Legislation would also put sanctions on violating facilities including emergency removals, fines, and a prohibition of admitting residents under Social Security and SSI. It would require li-

See STATE/page 20

## Advocacy/Ombudsman changes SOAP to CAOS

The Advocacy/Ombudsman program, formerly called Senior Ombudsman/Advocacy Project Foundation (S.O.A.P.) is now called Center for Advocacy/Community Services (C.A.O.S.). The acronym is pronounced "chaos."

The name change does not affect any contract or function of the programs. This agency provides a range of advocacy and ombudsman services for Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties.

Volunteers investigate and resolve complaints for residents of long-term care facilities. The program monitors legislation to assure the rights of patients.

The Center for Advocacy/Community Services office has moved to:

9343 Tech Center Drive, #195

P.O. Box 227878

Sacramento, CA 95827-7878

Telephone: (916) 366-5554 (24 hours)

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# State, national leaders pressing board-and-care facility reforms

FROM PAGE 9

censing of all board-and-care homes with a \$5,000 fine for non-compliance.

RSSI reforms are also part of this package, said Fazio.

To raise facility improvement funding, the monthly SSI benefits for eligible residents would be increased by 20 percent. The federal minimum benefit would be increased by 10 percent and the state would be required to match the increase.

The legislation would include representative payee reforms. The Social Security Administration would be required to maintain adequate staff to specifically oversee the representative payee system. Medicare hospitals would not be allowed to discharge patients to unlicensed board-and-care homes.

The comprehensive national legislation would include funding for board-and-care training. Fazio expects the legislation to be introduced by 1992.

Lloyd Connelly, California assemblyman, had no encouragement for facilities expecting increased state funding in the immediate future.

"This is the worst budget year since 1983," said Connelly. "There truly is a \$3-3½-billion shortfall."

He indicated the governor's platform has two positions from which he will not move: no new taxes and no COLA increases for SSI. Connelly estimated that the COLAs would cost \$125 million, a mere three to four percent of the budget problem, but he predicts the governor will not give in.

Connelly believes two possible tax sources could ease the problem. One would be to add an extra one percent tax on all incomes over \$200,000 per year, generating an estimated billion dollars a year. Another would be to deduct 50 percent of the value of a business lunch instead of deducting 80 percent, saving about \$250 million a year.

"Legislators are restoring many funds slated for budget cuts. I would guess we'll get about one-third to one-half of them," said Connelly. "The rest we'll lose on the governor's blue pencil."

Ron Waters of the Consumer Self-Help Center in Sacramento addressed a particular problem of low funding.

After paying board-and-care rent, many disabled people are left with little money for the month.

Disabled people who come to his center indicate they are

forced by care operators to leave their residential care homes for hours at a time.

"Not a day goes by that we don't have a complaint that somebody in board and care is either forced to leave the house at a certain time or can't come back until 4 or 5 p.m.," said Waters. "The food is inadequate. Because of the money involved, they are forced to eat rice or noodles day after day, or high cholesterol diets.

"Many of them have no activities at their facility and no funds to find activities outside the facility.

"You'll see these people downtown or in outlying areas," said Waters. "They are heavily medicated, panhandling, trying to make up for the lack of money."

Waters, who has previously been in residential care, believes more funds targeting board-and-care activities would ease these problems.

# SERCH formed to monitor residential care facilities

By Phyllis Benson  
Senior Spectrum

SERCH is a new name in Sacramento. It will soon be part of the vocabulary of older adults and those who have disabled friends or relatives.

SERCH (Standards Enhancement for Residential Care Homes) is one of the first peer review groups in this country to set stringent standards for residential care facilities.

Residential care facilities are licensed facilities that do not provide medical or nursing care, but do provide room, board, assistance with personal chores, hygiene, transportation, and other activities.

According to Michael Coonan, director of the Center for Advocacy/Ombudsman Services, Sacramento County has more than 6,000 elderly, developmentally disabled, mentally disabled and other residents living in more than 450 licensed residential care facilities.

Unfortunately, although these are licensed facilities, many are inadequate, substandard, and dangerous. Only minimum standards are required to obtain a license and continue to operate a facility.

Over half the people placed in these homes are placed by discharge planners and social workers. Many more placements are made by families on the basis of recommendations by these agencies.

Discharge planners at hospitals frequently place clients in facilities without knowing whether the residential care facility is good or bad.

Social workers often favor residential care facilities, regardless of quality, if the facilities will accept difficult clients when other operators are more selective in screening out these clients.

Coonan estimates both good and bad facilities in Sacramento have a 15- to 20-percent vacancy factor. As a result, many facilities must close because they cannot meet their costs of operation.

SERCH, the peer review organization of residential care facility operators, was established to address these and other problems. The SERCH Committee has 15 charter members, residential care operators and administrators representing the diverse elements of residential care in Sacramento.

In the first months of operation, SERCH has adopted strict

residential care quality standards and developed ways of informing placement agencies and discharge planners of those facilities that meet the new guidelines.

The standards include records requirements for employees and volunteers; written plans to cover resident problems such as disabilities, allergies, social history, and goals; drug policies including strict adherence to prescription instructions and rigid control of psychotropic medications.

The SERCH Committee is opposed to using psychotropics as a chemical restraint and sets detailed guidelines for the use of such drugs.

Resident rights and written records are emphasized in the standards, as are individualized plans to meet each resident's needs. Personal hygiene, often a problem in people who are no longer independent, is encouraged through resident education and staff assistance.

Of prime importance is the successful matching of the applicant's needs to the facility's services. The SERCH standards outline evaluation factors including mental and physical condition, social factors, pre-admission appraisal, periodic reappraisal, and functional capabilities assessment.

With the current NIMBY (not in my back yard) attitude of many neighborhoods which oppose residential care facilities, SERCH standards require member facilities to develop a good relationship with their neighborhood.

Coonan believes that the standards are not a panacea, and that more work is needed to improve care for residents. It is, however, what he calls an opportunity for quality, a step to improve Sacramento County facilities.

The SERCH Committee's work is under review and will be presented to the City Council and the Sacramento County Board of Supervisors for their endorsement.

Implementation is tentatively planned for July 1. Because the standards are a self-policing action by residential care facilities, they are not part of the Community Care Licensing regulations. SERCH members cannot carry out legal penalties against substandard facilities.

The goal is to encourage the community to place clients in good, high standard facilities.

This results in enforcement through the marketplace, keeping good facilities full and in operation while forcing substandard facilities to either improve their level of care or go out of business.

## Care Facilities Definitions

- ▲ Residential Care Facility for the Elderly - provides 24-hour care for adults 60 years of age and older
- ▲ Adult Residential Facility - provides 24-hour care for adults who are 18-59 years old
- ▲ Adult Day Care Facility - provides care for adults on less than a 24-hour per day basis

# SERCH Committee agrees to provide information

The newly established SERCH Committee has outlined an agreement to provide information to placement agencies about members. Pledged to meet SERCH standards.

This agreement also establishes procedures to prevent placing people in facilities that do not meet their social and medical needs.

The agreement coordinates efforts between placement agencies and discharge planners with the SERCH Committee to improve Sacramento County's residential care system.

Under the proposed program, placement agencies agree to:

- Endorse higher residential care standards.

- Provide complete, accurate information about the prospective resident's medical, social, vocational and psychological history.

- Contact the facility at least 24 hours prior to making a placement.

- Arrange for the prospective resident or a representative to visit the facility.

- Maintain responsibility for the client for the first 72 hours after placement and, if the placement is not suitable, accept the client back or arrange for placement into another facility.

- Participate in developing a grievance committee composed of placement staff, a SERCH Committee member, and a long-term care ombudsman.

The agreement specifies that SERCH members:

- Pledge to meet the higher SERCH standards.

- Provide advance information about services and their costs, characteristics of existing residents, and other special programs and limitations which affect the successful placement of a resident.

- Have an operator/administrator available during regular working hours to receive proposed placement information.

- Ensure the facility will give the prospective resident or representative an opportunity to visit prior to placement.

- Make every effort to ensure the placement is a success and inform the placement agency within the first 72 hours if the placement is not appropriate.

- Participate in a grievance committee to review placement disputes.

- Provide a current one-page profile describing the type and cost of services, nature of their clients, and other facility information.

This coordinated system of placement is spelled out in an agreement signed by both the placement agency and the SERCH committee representative — By Phyllis Benson.

# Board-care operators to police selves

By Peter Vilbig  
Maturity News Service

In Sacramento County, where a board-and-care operator is charged with killing one of her boarders, advocates for the aging are setting up a peer review system they hope will become a national model for better care in the homes.

Dorothea Puente, the Sacramento board-and-care operator, is being tried on charges that she murdered one of her boarders in order to keep his Social Security

checks for herself. Law officers dug up the bodies of several elderly people in Puente's back yard late in 1988.

Puente's case led many critics to question safety at board-and-care homes. The often unregulated homes provide room and board for people who don't need skilled nursing home care but can't live alone at home.

With a \$50,000 grant from the philanthropic Sierra Foundation, the Sacramento-based Long-Term Care Ombudsman Program has written a guide for choosing a board-and-care home and has set up standards for a peer review group that would monitor board-and-care homes for adherence to the standards.

Proponents say the review system will help polish the tarnished image of board-and-care homes and calm consumer concern, as it raises quality.

"Up to now, reform has been more punitive," said Michael Coonan, coordinator of the Ombudsman Program. "Legislators become indignant about abuses, and they penalize operators both good and bad. This will help to professionalize and empower the operators."

The project in Sacramento is among the first in what appears to be a growing national trend. A similar peer

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## Board-care home owners set up peer review system

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review mechanism is being set up in North Carolina, and several other states are considering such systems, according to officials with the National Association of Residential Care Facilities, an industry group based in Tilton, N.H., which represents 1,500 board-and-care homes.

The association favors peer review, saying it is an idea whose time has come.

"I think we have to police ourselves," said association President Winona Hardy. "We need to talk to ourselves and decide what meets our standards."

The Sacramento project is now seeking additional funds to begin a one-year pilot project of the peer review organization. The organization would be made up of board-and-care operators, hospital officials and community placement officials.

The pilot program would accredit 100 board-and-care homes in Sacramento County. There are 400 such homes in the county. There are about 70,000 unlicensed board-and-care homes nationally.

The Sacramento standards would require employee-training programs; written monitoring of medication use; safety plans; regular meals and recreational activities. The standards also would guarantee residents' rights to make phone calls, see visitors and make decisions about care.

Those board-and-care homes accredited by the peer review organization would be put on a list given to health officials who refer people to board-and-care homes.

"We've established quality-of-care standards," Coonan said. "If (board-and-care homes) meet these standards, the peer review

group would be asking placement agencies and discharge planners to reward them as a priority or first choice for placements."

Staffers for the House Select Committee on Aging say they haven't had time to review the Sacramento plan in detail, but they generally support the idea of peer review — as long as the system doesn't discourage competition by creating a clique that cuts other good board-and-care operators out of the running for clients.

"Certainly, it's good to encourage state homes to police themselves," said committee staffer Kathy Gardner. "The concern I would have is that a monopoly would spring up — where if you didn't belong, you wouldn't get referrals."

But Hardy said that problem wouldn't exist as long as the peer review committees had enough members from different segments of the community.

Congress is expected to consider a bill that would set model standards for board-and-care homes and provide economic incentives for states to adopt those standards.

## Shopping for care home

A Sacramento County advocacy group has written a guide for choosing a board-and-care home. The booklet will be available this summer, and a copy may be obtained by writing to: Center for Advocacy/Ombudsman Services, 9343 Tech Center Drive, 195, Sacramento, CA 95826. The price hasn't been set yet.

Here are some of the suggestions from the guide:

If you're considering a move to a board-and-care home, visit several, or have a friend visit. If you don't have anyone who can help, try your county agency for the elderly or other social agencies or churches in your area.

On a visit, look for signs that the home is attractive, clean and has safety features such as fire alarms. Also check to see if it's close to transportation, doctors and other care providers.

Make sure that your agreement includes regular, nutritious meals.

Staff at the board-and-care home should be courteous and knowledgeable. If they appear angry or defiant, look for another home.

Check the reputations of the board-and-care home by talking with the families of current or former residents and with county officials.

# Board-and-care homes team up

## The goals: Tighter standards and a better match of patient to provider

By Ricci Graham  
Bee Staff Writer

It was 11:30 p.m., and a 37-year-old man who was recovering from a gunshot wound in his stomach had just been released from the hospital.

Because he was in a wheelchair and unable to care for himself, the hospital arranged for the patient to stay at a local board-and-care home, and a cab to take him there. But when the patient arrived at the home that night three months ago, there was no wheelchair ramp. The home was not licensed to care for patients in wheelchairs.

"He had to crawl from the front room to the bedroom," Michael Coonan, a Sacramento County social services ombudsman, recalled. "Then the operators was not told (that) he required a special diet ... because the gunshot went through his stomach. The operator's principal food is greasy, starchy food.

"That's not what you call thoughtful planning."

But Coonan believes a newly formed organization of residential care providers — called Standards Enhancement for Residential Care Homes (SERCH) — will help tighten ties with area hospitals to prevent this type of glitch from happening again.

The group will have no enforcement powers — members must sign a memorandum of understanding — but Coonan has high hopes anyway.

SERCH "is not the answer," Coonan said, "but this is a step in the evolution."

Supported by a \$50,000 grant from the Sierra Foundation, the organization was formed last year after Coonan called care providers in Sacramento County together to discuss developing a peer-review board that would evaluate their operations and help usher in needed reforms.

During the last several months, the organization has worked to develop

placement and operation guidelines that Coonan said could improve the care of an estimated 6,000 elderly and disabled adults who reside in the 450 board-and-care homes throughout Sacramento.

The guidelines are much more stringent than the state's, and Coonan said they will guarantee that patients receive the best care possible.

Each board-and-care home in the organization has also drawn up a profile of their services, how much it costs and its location. The information will be given to area hospitals and social services agencies responsible for placing disabled adults into board and care homes.

The profiles "guarantee that patients are placed in homes best suited to fit their personal needs," Coonan said.

Additionally, the group will establish an independent grievance committee to discuss placement complaints and other problems.

So far, "between 20 to 30" board-

and-care operators have joined the newly formed group, which has won the support of city, county and state officials, said Don Craig, SERCH chairman and operator of a six-bed facility in Carmichael.

Craig said the group is geared to police its own facilities. Craig said the public assumes that patients in board-and-care homes are abused.

He pointed to the Dorothea Puente case as the main reason for the industry's tarnished image. Puente was the landlady of the F Street boarding-house where seven bodies were found buried in the yard.

"We've taken a lot of hits lately because ... part of the community is assuming that we are all the same as Dorothea Puente," he said.

Coonan hopes to have up to 100 of the board and care homes in the area enrolled in the new organization by the end of next year.

But Craig is much more optimistic. "I would project that all of them will get involved," Craig said.