



The

VOICE

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PINS Update

The Community Care Licensing Division (CCLD) uses Provider Information Notices (PINs) to formally communicate important license-related information to CCLD-licensed providers. Click [here](#) to view PINS by program.

PIN 20-14-CCLD: Guidance for sanitizing laundry and a limited waiver of hot water temperature limits in care facilities
Provides sanitizing laundry options at facilities when there are positive COVID-19 residents. Specifically, washing laundry at lower and higher temperatures, additional measures in handling laundry so as not to spread virus and bacterial. And what to do in case the facility washing machine can't reach higher temperatures. Although not mandatory, licensed care facilities are recommended to adapt standard options.

Status: CCLD notice on March 6, 2020 in line with Gov. Gavin Newsom's COVID-19 proclamation

PIN 20-15-CCLD: Statewide waivers for Administrator Certification Program due to COVID-19
Due to rapidly changing COVID-19 situation, this supersedes PIN 20-09-CCLD and PIN 20-04-CRP in regards the Administrator Certification Program and updates guidance to Residential Care Facilities for the Elderly (RCFEs), Adult Residential Facilities (ARFs), Group Homes, short-term Residential Therapeutic Program administrators and administrator certification program training vendors. The statewide updates allow waivers without individual requests, subjects to terms and conditions.

Status: Initial Certification Training Program, Continuing Education Training Program and other Department-approved course may now be live-streamed through Skype, Go-to-Webinar, Zoom, Teams, Collaborate, Snagit and other platforms through December 31, 2020.

PIN 20-17-CCLD Federal relief available to licensees during COVID-19 emergency
Information about Coronavirus Aid, Relief and Economic Security (CARES) Act, listing the Small Business Administration (SBA) now offers Paycheck Protection Program, Economic Injury Disaster Loan, SBA Express Bridge Loans and SBA Debt Relief and the IRS, Employee Retention Tax Credit and Payroll Tax Deferral that can provide licensees and businesses economic relief. PIN includes FAQ.

Status: IRS tax credits and deferrals good through December 31, 2020

PIN 20-18-CCLD: Food and Drug Administration (FDA) safety notice regarding hand sanitizers containing methanol
Notice to Adult and Senior Care (ASC) Program licensees and Home Care Organization (HCO) licensees to stop using hand sanitizers labeled as containing ethanol (or ethyl alcohol) but tested positive for methanol contamination. Warning includes safety precautions.

Status: FDA website contains update, latest on 7/31/2020

PIN 20-18-ASC: COVID-19 stimulus checks for persons in care
Guidance to facility licensees whose clients/residents (including SSI/SSP benefits recipients) received CARES Act-authorized stimulus checks by mail or direct deposit that are tax refund advances for 2020.

Status: As per Gov. Newsom's Executive Order issued April 23, 2020, no CARES Act stimulus payment may be attached, garnished or used to satisfy a debt owed by a resident to a licensee

PIN 20-20-ASC: Guidance for decontamination and reuse of N95 Filtering Facepiece Respirators
Directions for ASC licensees on how to sign up for the Battelle Critical Care Decontamination System, how to collect, properly pack and ship out used N95 FFR to Battelle for decontamination and then reuse to replenish depleted supplies.

Status: FDA gave Battelle emergency authorization on March 29, 2020. CDC released guidance on decontamination and reuse of N95 FFRs on March 31, 2020. ASC licensees should check out FDA website for any emergency use authorization.



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Insufficient sleep due to health problems mostly overlooked

By Harvey Barkin

It's a fundamental health truth that good sleep promotes good health. Yet 70 million Americans suffer from insufficient sleep and as a group, elderly more commonly experience sleeping problems.

With sleep as vital as air and food, you need to recognize the warning signs attributed to most common sleep disorders. 6Beds, Inc. has gathered information from nationally recognized and reliable sources to make you aware of this common health deficiency.

Why? Health problems related to insufficient sleep are usually overlooked. National surveys have shown that more than 60 percent of adults have never been asked about the quality of their sleep by a physician.

There are many ways to spot the signs and symptoms of sleep disorders including excessive daytime sleepiness, irregular breathing or increased movement during sleep. Other signs and symptoms include an irregular sleep and wake cycle and difficulty falling asleep.

Suspected sleep disorders should be discussed with the doctor and the really good news is that doctors can usually treat most sleep disorders effectively once they're correctly diagnosed.

Some common types of primary sleep disorders include:

- Insomnia, in which you have difficulty falling asleep or staying asleep throughout the night is a problem for 10 percent of adults.
- Sleep apnea, in which you experience abnormal patterns in breathing while you are asleep. There are several types of sleep apnea impacting one out of five adults.
- Restless legs syndrome (RLS), a type of sleep movement disorder. Restless legs syndrome, also called Willis-Ekbom disease, causes an uncomfortable sensation and an urge to move the legs while you try to fall asleep. Five percent of people over 65 are affected by RLS.
- Narcolepsy, a condition characterized by extreme sleepiness during the day and falling asleep suddenly during the day.

Most likely there are existing but unrecognized sleep disorders among your residents as many disorders appear for the first time at age 50-60. Also, persons and especially elderly, with chronic conditions, underlying diseases or compromised immune systems are more likely to develop sleep disorders.

Once recognized, treatment choices include (1) medication, (2) behavioral therapy/good sleeping habits and (3) other tools.

1. **Medication:** When there's an underlying disease, doctors may prescribe medications like Melatonin and sleeping pills. The medication prescribed to address underlying diseases including drugs for high blood pressure or glaucoma, drugs for chronic obstructive pulmonary diseases (COPD), drugs (like Tagamet) for peptic ulcers or gastro esophageal reflux disease (GERD), drugs for asthma attacks or cardiac arrests, drugs for rheumatoid arthritis (like Prednisone) and antidepressants.

When medication are used to treat sleep disorders they should not be taken as long term solutions. Aside from nausea and headaches that can come as side-effects, sleep disorder medicines may cause depression and the risk of falling.

2. **Behavioral therapy/good sleeping:** For seniors, these treatments may be preferred for treatment over pharmaceutical and pills. The wisdom behind this recommendation is that most senior adults already take multiple medications.

"Good sleeping habits" can be developed by exercising every day, keeping regular bed time and waking-up hours, avoiding naps, reading before going to bed (not television), avoiding caffeine and excessive alcohol, limiting liquid intake before sleep, allowing three to four hours after eating and taking a warm bath before bed time.

Doctors often say the best way to get quality sleep is still to control sleeping habits.

3. **Other treatments include:** Continuous positive airway pressure (CPAP) devices used for sleep apnea; anti-depressants, insomnia; dopamine agents, periodic limb movement disorder; and iron replacement therapy, restless leg symptoms.

Getting a better handle on sleep disorders and perhaps some behavioral recommendations may provide you/your staff with solutions to improve resident's health and perhaps reduce night time wake-up calls.

Sources include:

https://www.cdc.gov/sleep/data_statistics.html

<https://www.sleepassociation.org/about-sleep/sleep-statistics/>

<https://www.sleepapnea.org>

<https://www.myClevelandclinimn.org/health/articles/11429-connomsleepdisorders>

PINS Update *(Continued from page 1)*

PIN 20-22-ASC: Facility COVID status survey sent via Everbridge

Information on licensee COVID status survey to be disseminated through the Everbridge Mass Notification System. Using the system, CCLD will send link to an ongoing survey for ASCP licensees to share information on COVID-19 positive staff or resident cases, challenges, and PPE needs. Survey works with Google chrome, Firefox, Safari but not Explorer or Microsoft Edge.

Status: Survey link sent on Mondays at 10 a.m. beginning June 29, 2020 until further notice

PIN 20-23-ASC: ASC updated guidance on COVID-19 related to the critical role of testing, modification of visitation guidelines, need for infections prevention and control, and use of face coverings in adult and senior care facilities

Updates for ASC about Polymerase Chain Reaction (PCR) and antibody test and test schedules for staff, new visitation guidelines, strict adherence to infection control and prevention, and mandatory use of face masks to prevent COVID-19 spread.

Status: State of California set up online Resilience Roadmap on March 19, 2020 and continuously updated. Licensees should monitor covid19.ca.gov for developments.

PIN 20-24-ASC: Updated statewide waivers for licensing requirements for adult and senior care facilities due to COVID-19

Informs ASC licensees of updates to PIN 20-09-CCLD (licensing requirements related to visitation, buildings and grounds/capacity, staffing ratios, staff training, TB testing, staff age and medical assessments) and PIN 20-12-ASC which expired on June 30, 2020.

Status: Statewide waivers expire on September 30, 2020

Not a 6Beds Member? Join Today!





Provider Profile: Sierra Professional Insurance Services GUIDE TO THE TOP

By Harvey Barkin

Many nurses and healthcare providers have sterling professional reputations. But even an outstanding reputation is not enough preparation to be owners and managers of their own care homes or facilities.

Yes, nurses and healthcare givers know their way around the medical aspect of the residential care industry. Many, however, would still need a “Sherpa guide” to navigate around the steep costs of workers’ comp and the sheer edge of risk liability.

Enter Sierra Professional Insurance Services and Dave Wertzberger, your “Sherpa guide.” Wertzberger, the business unit manager, recalls there was a mountain of challenges to scale for his insurance clients. He was learning from case workers, occupational therapy assistants that facilities could not get liability insurance.



Wertzberger recounts “I conducted a study and found insurance companies were confusing care homes with nursing homes in 2005. When I was able to get them to change, I also found most insurance offices had difficulty communicating with owners. So, I created an office staff to focus on care homes/RCFEs only.”

Sierra Professional Insurance Services was then expanded to serve Incline Valley, Nevada. But Wertzberger still needed to tweak his branding noting: “We do not work for insurance companies; we negotiate the best coverage for your specific business.”

“When I started in Vegas, 80 percent of the homes were Filipino owned. I asked one of my Filipino customers what word should I put in my company name that would reflect special/good services. And he suggested, ‘Mabuhay.’”

So in 2005 the company became Sierra Professional Mabuhay Insurance Services. Sierra is a specialized commercial insurance services agency providing only senior living insurance products and risk services for eldercare providers.

Sierra’s services include liability insurance and surety bond documentation for board and care licensing requirements; workers’ comp documentation for the Attorney Generals’ office, and a special fire/hazard policy (a version of the regular homeowner’s insurance) available with commercial coverages as required when property has more than four residents.

Sierra’s unique skill set is simplifying insurance processes thereby negotiating special coverages and premiums. Unlike your garden variety insurance agent who buries you in superlatives and numbers from a prepared script, Sierra will analyze policy underwriting. Owners are equipped to compare real numbers with actual policies. As a consequence of Sierra’s specialization skills, two of their carriers have reduced premium twice in the recent years. Sierra positions their clients to pay lower insurance premiums.

Wertzberger said, “I am told no other insurance agent offers risk advice to improve facility operations and caregiver training. Owners who reduce workplace risks and improve caregiver training become eligible for lower insurance rates. The advice Sierra provides is based on my research identifying the top 10 causes of lawsuits in a facility. Sierra’s advice to owners includes how to show improvement when there is a bad survey. Insurance companies require new training to give their best rate and Sierra will help owners show they’ve improved.”

Sierra also helps owners with continuing education. Many owners are busy professionals and don't relish going back to school to upgrade their training and skills. Much like any industry, the healthcare industry needs continuing education for professionals to maintain their edge and be updated.

Sierra is uniquely equipped to train owners on insurance as it applies to their industry. In 2018 for example, owners learned alternative dispute resolution methods to avoid lawsuits, an understanding of safety procedures recommended by insurance agencies to keep insurance costs low and earned continuing education units (CEUs) by attending Sierra's "Reducing RCFE/ARF Insurance Cost & Dispute Resolution."

Sierra's peers include, Perlas Insurance, Identity, NEK, Morris & Garritano and Protégé. But Wertzberger says one thing that puts Sierra on top of the heap is, "none offer CEU classes nor advice on how to improve caregiver training or operations."

Wertzberger first met the founders of 6Beds in 2014. "I recall when (then) Gov. Brown was starting new regulations and I suggested to 6Beds that I could help (their) members with my classes."

This is also why Sierra's clientele include industry support providers like: Senior Community Learning, all 130 sites of Beehive Homes, ECHO & AHONN (Nevada RCFE associations), Eldercare Training Academy and DocuWhiz.

This past April, the California Department of Insurance reacted to COVID-19 by announcing some moratoria on insurance payments. New York and other states enacted laws providing legal protection for doctors, nurses and carehomes from COVID-19 fatalities. As of press time, California Gov. Gavin Newsom is considering a similar law.

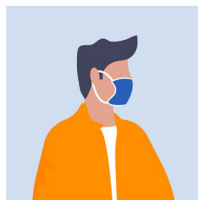
Wertzberger says, "In light of the pandemic and the likely risk of huge increases to care home owner liability policy costs, perhaps the 6Beds Board should consider adopting a policy that recommends a High Risk Pool open to care home owners so as to be able to continue to do business in California. Such a pool should have state subsidies to keep the rates more reasonable much like the California Earthquake Insurance operations."

Mr. Wertzberger and Sierra Professional Insurance Services are vendors who support the organization - 6Beds, Inc.. As a non-profit, 6Beds, Inc. is not an insurance company and the material and information provided in this article is for general information purposes only. You should not rely upon the material or information as a basis for making any business, legal or any other decisions.



CORONAVIRUS SAFETY ADVICE

SAFE SHOPPING Infographics template



WEAR A MASK



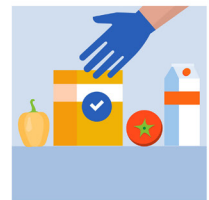
USE HANDSANITIZER BEFORE
AND AFTER SHOPPING



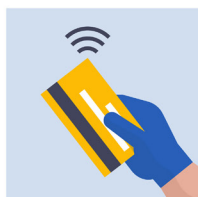
WEAR A DISPOSABLE
GLOVES



KEEP SAFE DISTANCE



TOUCH ONLY YOU
WANT TO BUY



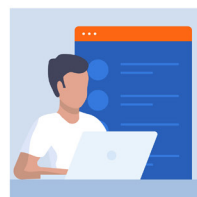
PAY WITH CARD,
AVOID USING CASH



PUT USED GLOVES
IN TRASH



WASH YOUR HANDS
AFTER SHOPPING



IF YOU FEEL SICK,
ORDER ONLINE



WAIT FOR DELIVERY

6Beds COVID-19 Survey highlights

In previous weeks, nursing homes nationwide were reported to have unfortunate and some suggest excessively high numbers of positive cases and deaths from COVID-19.

Like the “novel” coronavirus, so much is up in the air and few ‘experts’ agree except for the immediate need for hard and fast data. The paucity of data hampers the search for best practices and an effective cure.

With this in mind, 6Beds Inc. fielded a survey in July to collect information from both members and non-members to evaluate the impacts of COVID-19 in RCFEs, ARFs and Developmentally Disabled (DD) homes.

It was the hope that the survey data would show infection and death rates in RCFEs and ARFs were not as high as what was publicized for nursing homes. It was also assumed that 6Beds members who were more informed would be better prepared and could quickly respond with updated practices.

And that, once reported to the Board, the data results would dictate legislative policies dealing with COVID-19. If the Board gets member-guidance and solid data, it would also be shared with the Department of Health, the Department of Aging, the Department of Social Services, the Department of Developmental Services and other regulatory agencies in both the State and Federal levels.

Almost 100 responses to the survey were received on July 10. Slightly more than half identified themselves as 6Beds members. Raw numbers of reported positive COVID-19 tests were twice as common among residents as with staff, however, the pool of residents could be in a ratio of 6 residents to 1 staff. We don’t have enough raw data to arrive at an accurate ratio, thus an assumption is made that there were approximately 500 residents represented in the survey, as few as 3.75 percent of surveyed residents tested positive. Seventy-three percent (73%) of the surveyed 6Beds members indicated they planned for another round of COVID-19 or antibodies test as against forty-percent (40 %) of the non 6Beds members who planned for the same.

Responding 6Beds members listed eighteen percent (18%) of their staff as calling in sick due to the coronavirus and fifty-eight percent (58%) of non-members reported staff who did the same. The reasons given for calling in were (in order of most listed:) to care for a love one or children after schools closed, exposed to person who tested positive and quarantined for 14 days, colds or sick, with symptoms but no COVID-19, tested positive for COVID-19 and burn out.

Fifty-seven percent (57%) indicated they had adequate Personal Protective Equipment (PPEs) while thirty-six percent (36%) listed that they did not have enough. Masks and gloves were the most common PPEs available. There were also varying availability of these in combination with gowns and goggles. A number also deployed shoe covers, head covers, face shields, and disposable gowns. One reported their only PPE was masks and another, just gloves.

Gowns were stated to be the most needed PPE supply. Also listed (from most desired:) goggles, gloves, sanitizers, shoe covers and n95 masks.

RCFEs, ARFs and DD forty-seven percent (47%) indicated they had difficulty shopping for food and supplies. The most reported reason being shortage of supplies or that the store limited the quantity per buyer. Three (3) indicated they experienced delay in getting prescriptions for their residents. Overwhelmingly ninety-nine percent (99%) indicated that the shelter-in-place did protect their residents from exposure. Nearly half forty-two percent (42%) respondents indicated that the limitation on family visits to residents did not impact their homes. But those that did observed that the effects on residents include depression, moodiness and sadness.

Fifty-three percent (53%) state their staff members worked in more than one home, fifty-four percent (54%) of those who provided a survey answer to this question used PPEs, two (2) listed they did not and the rest did not reply.

Forty-one percent (41%) of survey participants indicated one-hundred percent (100%) of their residents were over 65. The numbers ranged from zero to 100 percent (0-100%) of residents over 65 years old in their homes. Twelve percent (12%) of respondents indicated their residents did not have underlying health conditions while a few did not reply. The commonly indicated illnesses (most mentioned to least included:) chronic lung disease, heart disorder, diabetes, obesity, asthma and cancer.

What was a “good source” for pandemic information? Most responders listed CCLD, DSS, the county, CDSS, CDC, WHO, Public Health department and the governor’s office.

6Beds, Inc appreciates the time and efforts of the survey participants. One of the issues, (limit of supplies/food to only one per customer) was addressed early on by the 6Beds Board with the result of responses/co-operation from the Governor’s office/agencies and the CA Grocers Association. It is too soon to comment but early analysis suggests that indeed, the numbers of cases and deaths in 6Beds homes are fewer and the communication for assistance is available and used by members and followers. (Harvey Barkin)

6Beds, Inc. Priority Bills

(as of 8/31/2020)

AB 2926 (Calderon)—Referral agencies for RCFEs: Support

Enacts disclosure requirements for referral agencies designed to make their practices more transparent to consumers. Our previous position was oppose unless amended, and amendments have been adopted addressing our concerns. Specifically, the author amended the bill to require the disclosures occur before a referral is completed, and at our strong urging the Senate Human Services Committee under the chairmanship of Senator Melissa Hurtado (D-Sanger) insisted that a recipient of referral services be allowed to terminate the contract. That amendment was accepted. We have moved our position to SUPPORT, capping a five-year effort to bring reform to this area.

AB 685 (Reyes)—Requires employers to notify employees and Cal-OSHA of exposure of employees to COVID 19, makes failure a misdemeanor — oppose unless amended to exclude licensed facilities already required to notify state regulatory agencies.

This bill establishes onerous reporting requirements that largely duplicate what RCFEs already have to do. It raises questions of employee privacy and the penalties could put 6beds facilities out of business. We are working with a coalition of nursing homes and large RCFEs to be excluded from the bill and with the California Chamber of Commerce on amendments to make the bill less onerous. Failing that, we will join a very large business coalition in seeking a veto. Pending in Senate Appropriations.

AB 2377 (Chiu)—extend RCFE closure requirements to ARFs — oppose unless amended.

This bill was amended to add a requirement that an ARF owner seeking to sell or close a facility must give the city or county a “right of first refusal” to purchase the property at “fair market value.” This provision could deprive an ARF owner of the ability to get a fair price for the ARF not just as a property but as a business, is discriminatory against ARF owners and would discourage investments in much-needed ARFs. We are asking for this provision to be deleted. Pending in Senate Appropriations.

AB 1796 (Levine) — Bars hiring of employee until criminal background clearances are received from BOTH CA Department of Justice and FBI: Formerly oppose.

The author elected to gut this bill and take up the subject of domestic restraining orders. We are no longer involved with this bill.

SB 1259 (Hurtado) — Would require Department of Social Services to do report on how to meet the housing and care needs of SSI/SSP recipients. Support.

The bill passed the Senate and is awaiting action in Assembly Appropriations.

SB 1264 (Senate Human Services Committee)—Extend RCFE emergency and disaster plan requirements to ARFs: Support.

Passed the Senate, awaiting action in Assembly Appropriations. (Robert Naylor)

Who Is 6Beds?

6Beds, Inc. promotes affordable, quality care for California seniors and adults with disabilities in a safe home-like environment.



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6 Reasons to Join or Renew Your Membership



6Beds is the first and only residential care provider-based organization in California's history that is officially recognized as a DSS, DDS and DOL stakeholder.



6Beds is the first and only residential care provider-based organization in California's history that contracts top-notch professionals — lobbyists, lawyers, IT, PR — to protect and advance California's residential care industry.



6Beds is the first and only residential care provider-based organization in California's history to establish a mutually respectful, working relationship with both DLSE and DOL.



6Beds leadership is comprised of a staunch, motivated and highly educated group of volunteer care home owners — such as yourself — with MBAs, PhDs, JDs, RNs and MDs, with a combined industry experience of over 200 years in RCFE and ARF.



6Beds boasts a membership representing almost 2000 facilities throughout California. 6Beds also has a growing number of diverse Affiliate Members who provide key products and services to our community of care home owners.



Since its inception in July of 2014, 6Beds has achieved unprecedented political victories, saving California's residential care industry from what would have been an unfortunate and disastrous demise.