

PROPOSED REGULATION TEXT
Special Incident Reporting

California Code of Regulations
Title 17. Public Health
Division 2. Health and Welfare Agency -
Department of Developmental Services Regulations
Chapter 3. Community Services

Amend Sections 54327, 54327.1, 56002, 56026, 56038, 56059, and 56093 to read as follows:

[NOTE: The proposed amendments are shown in underline to indicate additions and ~~strikeout~~ to indicate deletions. The symbol “# # #” means that intervening text is not proposed for amendments and is not shown.]

Subchapter 2. Vendorization
Article 2. Vendorization Process

§ 54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.

(a) Definitions: The following definitions apply to sections 54327 through 54327.2:

(1) “Abandonment” means when a person having care or custody of an individual served fails to be present or leaves the individual without necessary supports and services required for the individual when under circumstances in which a reasonable person would continue to provide care and custody.

(2) “Aggravated Assault” means a willful, intentional attempt to violently injure another person using a firearm, a deadly weapon, or by means of force likely to produce great bodily injury, or that places an individual served in imminent fear of bodily injury, coupled with a present ability to commit the act. Aggravated assault does not necessarily involve any actual contact or injury. Aggravated assault includes assault on a particularly vulnerable victim or an assault that causes serious injury.

(3) “Battery” means as defined in Penal Code section 242.

(4) “Burglary” means as defined in Penal Code section 459.

(5) “Chemical Restraint” means an involuntary use of medication to sedate or otherwise control the behavior of an individual served and is not a

standing medication, regularly prescribed, for the individual's medical or psychiatric condition.

(6) "Emotional or mental abuse" means intimidating behavior, threats, harassment, deceptive acts or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress.

(7) "Exploitation" means forcing, compelling, or exerting undue influence over an individual to engage in, or assist others to engage in, prostitution, a live performance involving obscene sexual conduct, or to pose or model for a film, photograph, drawing, painting, or other depiction involving obscene sexual conduct.

(8) "Financial Abuse" means:

(A) When a person or entity takes, obtains, or retains the assets, money, or property of the individual served:

1. For a wrongful use, not for the individual's benefit, or with intent to defraud the individual; or

2. By undue influence or excessive persuasion that causes the individual served to act, or refrain from acting, against their free will and results in inequity; or

(B) Mismanagement of income, including Social Security Assistance or other government benefits or Personal and Incidental (P&I) funds, by the individual's representative payee.

(9) "Fraud" means intentional deception or misrepresentation made by an individual with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

(10) "Hate Crime" means as defined in Penal Code section 422.55.

(11) "Hospitalization" means when an individual has been admitted to a hospital for an inpatient stay, regardless of the duration.

(12) "Human Trafficking" means as defined in Penal Code section 236.1.

(13) "Identify Theft" means as defined in Penal Code section 530.5

(14) "Individual Served" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code section 4512, and of title 17, sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility.

(15) "Internal Bleeding" means hemorrhage from an internal organ or site, but does not include bruising, contusions, or hematomas.

(16) "Isolation" means:

(A) Intentionally preventing an individual served from receiving personal mail or telephone calls;

(B) Telling a caller or prospective visitor that an individual served is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the individual served, whether the individual is competent or not, and is made for the purpose of preventing the individual from having contact with family, friends, or concerned persons; or

(C) False imprisonment.

(17) "Larceny" means as defined in Penal Code section 484.

(18) "Mechanical Restraint" means the use of a mechanical device, material, or equipment attached or adjacent to the person's body that they cannot easily remove and that restricts the freedom of movement of all or part of a person's body or restricts normal access to the person's body.

(19) "Medical Attention" means when an individual served is assessed and/or under the observation of a trained medical professional.

(20) "Medical Treatment Beyond First Aid" means when an individual served receives treatment by a trained medical professional beyond the one-time, short-term treatment administered immediately after the injury occurs and at the location where it occurred.

(21) "Neglect" means:

(A) When a person responsible for the care or custody an individual served negligently fails to exercise the care that a reasonable person, in a like position, would exercise.

(B) When the individual served fails to exercise the degree of self-care that a reasonable person, in a like position, would exercise.

(22) "Physical Abuse" means any intentional act of bodily contact that causes injury or trauma.

(23) "Physical Restraint" means use of a manual hold to restrict freedom of movement of all or part of the body of an individual served, or to restrict normal access to the individual's body, and that is used as a behavioral restraint.

(24) "Rape" means as defined in Penal Code section 261.

(25) "Robbery" means as defined in Penal Code section 211.

(26) "Sexual Abuse" means:

(A) Touching an intimate part of an individual if the touching is against the will of the person, the person is unlawfully restrained, or the person lacks capacity to give consent to the touching, and the touching is for the purpose of sexual arousal, sexual gratification or to cause injury or trauma;
or

(B) Manipulating, threatening, or coercing an individual into engaging in sexual acts.

(27) "Simple Assault" means a willful, intentional attempt to injure another person or place them in imminent fear of bodily harm, coupled with a present ability to commit the act and that does not involve the use of a firearm, a deadly weapon, or by means of force likely to produce great bodily harm. Simple assault does not necessarily involve any actual contact or injury.

(28) "Stalking" means as defined in Penal Code section 646.9.

(29) "Verbal Abuse" means the use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.

(ab) Parent vendors, and ~~consumers~~ individuals vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

(b)(c) All vendors and long-term health care facilities shall report to the regional center the following special incidents regardless of when or where they occurred:

~~(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:~~

~~(A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;~~

~~(B) Reasonably suspected abuse/exploitation including:~~

- ~~1. Physical;~~
- ~~2. Sexual;~~
- ~~3. Fiduciary;~~
- ~~4. Emotional/mental; or~~
- ~~5. Physical and/or chemical restraint.~~

~~(C) Reasonably suspected neglect including failure to:~~

- ~~1. Provide medical care for physical and mental health needs;~~
- ~~2. Prevent malnutrition or dehydration;~~
- ~~3. Protect from health and safety hazards;~~
- ~~4. Assist in personal hygiene or the provision of food, clothing or shelter or~~
- ~~5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.~~

~~(D) A serious injury/accident including:~~

- ~~1. Lacerations requiring sutures or staples;~~

~~2. Puncture wounds requiring medical treatment beyond first aid;~~

~~3. Fractures;~~

~~4. Dislocations;~~

~~5. Bites that break the skin and require medical treatment beyond first aid;~~

~~6. Internal bleeding requiring medical treatment beyond first aid;~~

~~7. Any medication errors;~~

~~8. Medication reactions that require medical treatment beyond first aid; or~~

~~9. Burns that require medical treatment beyond first aid.~~

~~(E) Any unplanned or unscheduled hospitalization due to the following conditions:~~

~~1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;~~

~~2. Seizure-related;~~

~~3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;~~

~~4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;~~

~~5. Diabetes, including diabetes-related complications;~~

~~6. Wound/skin care, including but not limited to, cellulitis and decubitus;~~

~~7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or~~

~~8. Involuntary psychiatric admission;~~

~~(2) The following special incidents regardless of when or where they occurred:~~

~~(A) The death of any consumer, regardless of cause;~~

~~(B) The consumer is the victim of a crime including the following:~~

~~1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;~~

~~2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;~~

~~3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;~~

~~4. Burglary, including forcible entry; unlawful non forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein;~~

~~5. Rape, including rape and attempts to commit rape.~~

(1) The death of an individual served, regardless of cause.

(2) The individual served is the victim of any crime including, but not limited to, the following:

(A) Robbery;

(B) Aggravated assault;

(C) Larceny;

(D) Burglary;

(E) Rape, including attempts to commit rape;

(F) Simple assault;

(G) Battery;

(H) Fraud;

(I) Identity or credit theft;

(J) Attempted or actual homicide or manslaughter;

(K) Human Trafficking;

(L) Stalking; or

(M) Hate Crime.

(d) All vendors and long-term health care facilities shall report to the regional center the following special incidents if they occurred during the time the individual was receiving services and supports from any vendor or long-term health care facility:

(1) The individual served is missing and the vendor or long-term health care facility has filed a missing persons' report with a law enforcement agency;

(2) Reasonably suspected abuse or exploitation including, but not limited to, the following:

(A) Physical;

(B) Sexual;

(C) Financial;

(D) Emotional or mental;

(E) Exploitation;

(F) Verbal;

(G) Isolation;

(H) Use of physical, mechanical, or chemical restraint, when:

1. The restraint technique is inconsistent with the program's approved program plan, restraint training curriculum, or restraint policy;

2. Used in response to behavior of the individual and the individual's behavior does not pose an imminent risk of harm;

3. Restraint is a part of an individual's plan and the used restraint is not an approved intervention in the individual's plan; or

4. The chemical or mechanical restraint is inconsistent with the physician's order; or

(I) Any incident of alleged abuse reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code section 11164.

(3) Reasonably suspected neglect including, but not limited to, the negligent failure to:

(A) Provide medical care for physical and mental health needs, including failing to administer required health care interventions;

(B) Prevent malnutrition or dehydration;

(C) Protect from health and safety hazards, including failing to prevent two or more falls in a thirty (30) day period;

(D) Assist in personal hygiene, including failure to assist with toileting or incontinency needs, or the provision of food, fluids, clothing or shelter;

(E) Exercise the degree of care that a reasonable person in a like position of having the care or custody of an individual served would exercise;

(F) Abandonment; or

(G) Any incident of alleged neglect reported pursuant to the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code section 11164.

(4) Any serious injury/accident including:

(A) Lacerations requiring sutures, staples, or wound adhesive or other wound closure beyond first aid;

(B) Puncture wounds requiring medical treatment beyond first aid;

(C) Fractures;

(D) Dislocations;

(E) Bites that break the skin and require medical treatment beyond first aid;

(F) Internal bleeding requiring medical treatment beyond first aid;

(G) Any medication errors;

(H) Medication reactions that require medical treatment beyond first aid;

(I) Burns that require medical treatment beyond first aid;

(J) Injury resulting from a seizure requiring medical treatment beyond first aid;

(K) Bruising, contusions, or hematomas to:

1. The head, eyes, or neck;

2. The breasts, genitals, rectal or anal area;

(L) Bruising, contusions, or hematomas 2 inches or greater;

(M) Injury resulting from aggressive contact from another individual requiring medical treatment beyond first aid;

(N) Pressure injuries stage 2 or greater or unstageable; or

(O) Any head injury, including concussion, requiring medical attention;

(5) Any unplanned or unscheduled hospitalization due to the following conditions:

(A) Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;

(B) Seizure-related;

(C) Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;

(D) Internal Infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;

(E) Diabetes, including diabetes-related complications;

(F) Wound/skin care, including but not limited to, cellulitis and decubitus;

(G) Nutritional deficiencies, including but not limited to, anemia and dehydration;

(H) Bowel obstruction; or

(I) Involuntary psychiatric admission.

(6) Any stay in a hospital emergency room lasting five days or more.

(ee) The report pursuant to subsections (bc) and (d) shall be submitted to the regional center having case management responsibility for the ~~consumer~~ individual served.

(df) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsections (bc), (d) and (g) to both the regional center having case management responsibility and the vendoring regional center.

(eg) The vendor's or long-term health care facility's special incident report to the regional center pursuant to subsections (be) and (f), shall include, but not be limited to:

(1) The vendor or long-term health care facility's name, address, and telephone number;

(2) The date, time and location of the special incident;

(3) The name(s) and date(s) of birth of the ~~consumer~~ individual(s) served involved in the special incident;

(4) A description of the special incident;

(5) A description (e.g., age, height, weight, occupation, relationship to consumer individual served) of the alleged perpetrator(s) of the special incident, if applicable;

(6) The treatment provided to the consumer individual(s) served, if any;

(7) The name(s) and address(es) of any witness(es) to the special incident;

(8) The action(s) taken by the vendor, the consumer individual served or any other agency(ies) or individual(s) in response to the special incident;

(9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and

(10) The family member(s), if applicable, and/or the consumer's authorized representative of the individual served, if applicable, who have been contacted and informed of the special incident.

(~~h~~) The report pursuant to subsections (~~b~~) and (~~d~~) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.

(~~g~~) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (~~e~~). The report pursuant to this subsection may be made by FAX or electronic mail.

(~~h~~) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to ~~Title~~ 22, California Code of Regulations, ~~Section~~ 80061 (b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.

(1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.

(~~k~~) When a long-term health care facility reports an unusual occurrence to the Department of ~~Public Health's Services~~ Licensing and Certification Division pursuant to ~~Title~~ 22, California Code of Regulations, ~~Sections~~ 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

(1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Public Health's Services-Licensing and Certification Division.

(~~j~~) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (~~dg~~) (1) through (10).

(~~km~~) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code ~~§~~section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code ~~§~~section 11164.

NOTE: Authority cited: Section 11152, Government Code. Reference: Sections 4500, ~~4501, 4502, 4427.5, 4436.5, 4648, 4648.1, 4659.2, and 4742,~~ and 15600, Welfare and Institutions Code; Section 11164, Penal Code.

§ 54327.1. Requirements for Special Incident Reporting by Regional Centers.

(a) Pursuant to section 54327, The regional center shall submit an initial report to the Department of any special incident, ~~as defined in Section 54327(b),~~ within two working days following receipt of the report ~~pursuant to Section 54327(b).~~

(b) When a regional center has knowledge of a special incident for which the vendor or long-term health care facility is responsible for reporting but has not submitted a report to the regional center within the required time period, the regional center shall submit an initial report to the Department within two working days of learning of the occurrence.

(c) The initial report shall include the following information, to the extent the information is available at the time of the initial report:

(1) The ~~consumer(s)~~ name and date of birth of the individual served;

(2) The vendor's or long-term health care facility's name, address and telephone number;

(3) The name and telephone number of the regional center contact person regarding the special incident;

(4) The ~~consumer(s)~~ Unique Consumer Identifier (UCI) of the individual served;

(5) Name of the ~~consumer's~~ conservator or guardian, if applicable, of the individual served;

(6) Date, time and location of the special incident;

(7) Date the special incident was reported to the regional center;

(8) Name of the person preparing the report;

(9) Date the report was prepared;

(10) Type of special incident as described in section 54327(c) and (d);

(11) Any medical care or treatment required as a result of the special incident;

(12) Relationship of the alleged perpetrator to the ~~consumer~~ individual served;

(13) Identification of any persons or entities notified about the special incident and the date they were notified;

(14) A description of the special incident;

(15) If the special incident was a death, indication if the death was disease related; non-disease related; or, unknown;

(16) A description of any actions/outcomes taken by any of the following persons or entities in response to the special incident:

(A) Regional center(s);

(B) Vendor(s);

(C) Department of Public Health's Services Licensing and Certification Division;

(D) Department of Social Services Community Care Licensing;

(E) Child Protective Services;

(F) Adult Protective Services;

(G) Long Term Care Ombudsman;

(H) Law enforcement; and/or

(I) Coroner.

(17) Any additional information that the regional center determines is necessary to explain or describe the special incident.

(d) Any required information that is not submitted with the initial report in subsection (c) shall be submitted within 30 working days following receipt of the report of the special incident pursuant to §section 54327(b)(c) and (d).

(e) The regional center shall comply with all Department requests for initial and follow-up information pertaining to a special incident.

(f) The report shall be considered complete when the regional center has submitted all the information required by this section.

(g) Effective January 1, 2002, all reports of special incidents prepared by the regional center shall be transmitted to the Department utilizing the Department's Electronic Data Reporting System.

NOTE: Authority cited: Section 11152, Government Code. Reference: Sections 4434, 4500, 4501, 4502, 4629, 4648, 4648.1 and 4742, Welfare and Institutions Code.

Subchapter 4. Residential Services and Quality Assurance Regulations

Article 1. Definitions

§ 56002. Definitions.

(a) The following definitions shall apply to the regulations used in this subchapter:

(1) "Administrator" means the licensee, or the adult designated by the licensee to act in ~~his/her~~ their behalf who assumes responsibility for facility operations.

(2) "Admission Agreement" means the agreement required pursuant to ~~¶~~ title 22, California Code of Regulations, §sections 80068, 85068 and 87568.

#

(5) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code §section 4512, and of Title 17, California Code of Regulations, §sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility.

#

(8) "Consumers' Rights" means the rights of regional center consumers residing in facilities, as specified in Welfare and Institutions Code §sections 4502, 4502.1, 4503, 4504, 4705 and 4710.6; and Title 17, California Code of Regulations, Division 2, Chapter 1, Subchapter 5, Sections 50510, 50515(a)(2), (b)(2) and (c), 50520(b), 50530, 50532, 50534, 50536, 50540 and 50960.

#

(13) "Director" means the Director of the Department of Developmental Services or ~~his/her~~ their designee.

#

(15) "Facility" means a licensed community care facility as defined in Health and Safety Code §section 1502(a)(1), (4), (5) or (6); or a licensed residential care facility for the elderly as defined in Health and Safety Code §section 1569.2(k), which has been vendorized as a residential facility by a regional center pursuant to the requirements of Title 17, California Code of Regulations, Division 2, Chapter 3, Subchapter 2.

(16) "Facility Liaison" means the person, or ~~his or her~~ their designee, assigned by the regional center as the principal coordinator between the regional center and the facility.

#

(20) "Individual Program Plan (IPP)" means a written plan that is developed by a regional center Interdisciplinary Team, in accordance with the provisions of Welfare and Institutions Code §sections 4646 and 4646.5.

(21) "Interdisciplinary Team (ID Team)" means the group of persons convened, in accordance with Welfare and Institutions Code §sections 4646 and 4645.5, for the purpose of preparing a consumer's IPP.

#

(36) "Regional Center" means a diagnostic, counseling and service coordination center for developmentally disabled persons and their families which is established and operated pursuant to Welfare and Institutions Code Sections 4620 through 4669, by a private nonprofit community agency or corporation acting as a contracting agency. As used in these regulations, any reference to the regional center shall, by reference, be applicable to those agencies or persons with which the regional center contracts or employs to provide service coordination to consumers under the provisions of Welfare and Institutions Code Section 4647.

(37) "Regional Center Director" means the Director of the Regional Center or ~~his/her~~their designee.

#

(41) "Residential Service Provider" means an individual or entity which has been licensed by the Department of Social Services as a community care facility pursuant to Health and Safety Code Section 1502(a)(1), (4), (5) or (6); or is defined as a licensed facility for the elderly in Health and Safety Code Section 1569.2; has completed the vendorization process pursuant to Title 17, California Code of Regulations, Division 2, Subchapter 2; and has been assigned a vendor identification number beginning with the letter "H" pursuant to Title 17, California Code of Regulations, Section 54340(a)(1).

#

(43) "Service Coordinator" means the regional center or designee agency employee, or ~~his/her~~their designee, who has responsibility for providing or ensuring service coordination as specified in Welfare and Institutions Code Section 4647.

#

(47) "Special Incident Report (SIR)" means a special incident report as ~~defined~~described in Title 17, California Code of Regulations, section 54327(~~b~~c) and (d).

#

NOTE: Authority cited: Sections 4681.1, 4695.2(e) and 4748, Welfare and Institutions Code. Reference: Sections 4501, 4502, 4503, 4504, 4646, 4646.5, 4647, 4648, 4681.1, 4695, 4695.2, 4705, 4740 through 4748 and 17710, Welfare and Institutions Code; Sections 1502(a) and 13131, Health and Safety Code.

Article 5. Consumer Services

§ 56026. Consumer Notes, Quarterly and Semi-Annual Reports.

(a) The administrator for each Service Level 2, 3 or 4 facility shall be responsible for ensuring preparation and maintenance of on-going, written consumer notes which shall include:

#

(4) SIRs as ~~defined~~described in ~~§~~section 54327~~(b)~~;

#

(c) The administrator for each Service Level 4 facility shall be responsible for ensuring the preparation and maintenance of a written quarterly report of consumer progress toward achievement of each IPP objective for which the facility is responsible. The report shall include:

(1) A summary of the data collected for each consumer as specified in ~~§~~section 56013(d)(4);

#

NOTE: Authority cited: Sections 4681.1, 4748 and 4791 (i), Welfare and Institutions Code; Chapter 722, Statutes of 1992, Section 147. Reference: Sections 4646, 4646.5, 4681.1, 4742, 4748 and 4791, Welfare and Institutions Code.

§ 56038. Direct Care Staff Qualifications and Continuing Education Requirements.

(a) Service Level 2, 3 and 4 administrators shall ensure that each direct care staff person meets applicable requirements as follows:

(1) Within the first 40 hours of providing consumer services in the facility, all new direct care staff shall complete an on-site orientation which addresses the following:

#

(F) Identification and reporting of Special Incidents, as required by ~~¶~~title 17, California Code of Regulations, ~~§~~section 54327~~(a)~~; and

#

(e) Direct care staff shall complete any additional training in a specific knowledge area(s) which has been identified as needing improvement in the written notification pursuant to §section 56033(d)(2).

(f) Successful completion of the competency-based training and passage of the competency test required by §section 56033(a)(1) or (2) shall satisfy the direct care staff continuing education requirements specified in this section for a direct care staff for the year in which the training is satisfactorily completed.

(g) For direct care staff, passing the challenge test without attending the competency-based training required by §section 56033(a)(1) or (2) shall not satisfy the direct care staff continuing education requirements specified in this section.

NOTE: Authority cited: Sections 4681.1, 4695.2(e) and 4748, Welfare and Institutions Code. Reference: Sections 4648, 4681.1, 4695, 4695.2, 4791, 4833 and 4843, Welfare and Institutions Code.

Article 10. Residential Service Records

§ 56059. Residential Services Records.

#

(b) Individual consumer files shall contain the following:

#

(6) Current IPP in accordance with §section 56022;

(7) Consumer notes pursuant to §section 56026;

(8) Quarterly or semi-annual reports pursuant to §section 56026;

(9) Copies of SIRs prepared as required by Title 17, California Code of Regulations, §section 54327~~(b)~~; and

(10) Current information provided by the regional center pursuant to §section 56017(b).

(c) The facility file shall contain the following:

- (1) All items specified in §section 56013;
- (2) QA Evaluation reports pursuant to §section 56052;
- (3) CAPs, pursuant to §section 56056;

#

(6) Personnel and training records that verify compliance with §sections 56033, 56034 and, if applicable, 56034.1 which shall include, but not be limited to:

#

(7) A copy of any direct care staff's written notification regarding challenge or competency testing pursuant to §section 56033(b) or (d).

(8) Each written approval issued by the Department authorizing the use of Welfare and Institutions Code §section 4681.4(a) or (b) rate increase funds for a purpose other than those specified in §section 56932(a)(1) through (3); and

(9) For a Foster Family Agency (FFA):

(A) A copy of any approved FFA request for a waiver required by §section 56034.1;

(B) A copy of the regional center's written approval of the FFA's request for a waiver; and

(C) A copy of any decision by the Department regarding any FFA appeal pursuant to §section 56034.1(f).

NOTE: Authority cited: Sections 4681.1, 4695.2(e) and 4748, Welfare and Institutions Code. Reference: Sections 4648.1, 4681.1, 4695.2, 4742 and 4745, Welfare and Institutions Code.

Subchapter 4.1 Family Home Agency (FHA) Regulations
Article 11. Abuse and Special Incident Reporting

§ 56093. Abuse and Special Incident Reporting.

(a) The family home provider shall report any occurrence or allegation of consumer abuse to the FHA and either the adult protective services agency or the local law enforcement agency pursuant to Welfare and Institutions Code ~~§~~section 15630.

#

(c) Upon receipt of the report in subsection (b)(1), upon the FHA's independent suspicion or knowledge of abuse, the FHA shall notify:

(1) The regional center pursuant to ~~T~~title 17, California Code of Regulations, ~~§~~section 54327(~~b~~);

#

(f) The Family home provider shall report to the FHA the following special incidents in which consumers are involved:

(1) Incidents as defined in ~~§~~section 54327(~~b~~);

#

(h) Upon receipt of the report in subsection (b)(1), upon the FHA's independent suspicion or knowledge of abuse, the FHA shall notify:

(1) The regional center pursuant to ~~T~~title 17, California Code of Regulations, ~~§~~section 54327(~~b~~);

#

NOTE: Authority cited: Section 4689.1, Welfare and Institutions Code.
Reference: Section 4689.1, Welfare and Institutions Code.