CARERULEBOOK CALIFORNIA ASSISTED LIVING MANUAL

Intake questionnaire

This questionnaire lists every question the CareRulebook California assisted living manual builder asks: 30 decisions and 71 details, 101 questions in all, including the ones the builder only asks after certain answers. Use it to collect everything from the facility before you open the builder. You do not need to buy the manual first.

How to use it

1. Settle the decisions in Part 1 with the facility's licensee first. They change what the manual says, not just the names in it.
2. Collect the details in Part 2. Questions marked "Only asked if" depend on an earlier answer; skip them when that answer does not apply.
3. Type the answers into the builder at https://www.carerulebook.com/us/california/assisted-living/manual. The builder asks the questions in the same order, step by step: each step asks its decisions first, then its details. The question numbers (Q1, Q2 and so on) are this questionnaire's own, to help you keep track.
4. Part 3 shows a completed example for a fictional facility and what those answers do to the manual.

Good to know

- Every question carries the same help text as the builder, including the rule references the builder gives.
- You can pay before every answer is in. Only the facility's name is needed, and the builder checks a few things first: Type phone numbers in full, with the area code. Type day counts as whole numbers. Any other required answer left blank prints as a gap in square brackets (for example [Licensee (the person, company or partnership that will hold the license)]) for you to fill in later, and the order page lists them. A question that says what prints if left blank is never a gap.
- After buying, you can change your answers and download again for 12 months, so a new manager or phone number does not mean buying again. One purchase covers one facility, so its name, address can only take small corrections, such as a typo.
- Whatever the manual says, the facility is expected to do. Choose what the facility will really do, not what sounds best.
- This questionnaire and the manual are not legal advice.

- This agreement template was written from the California rules it cites. It is not legal advice. Have a California lawyer review it before residents sign it. (Policy 1.2, the admission agreement.)
- California's RCFE rules need no nurse. Where a resident has a restricted health condition or receives hospice care, a licensed professional trains staff and sets that resident's plan, as the rules require; this manual gives the framework, not clinical instructions.

Names to have ready

The manual names these people, so agree who they are before you start:

- Licensee (the person, company or partnership that will hold the license)
- Administrator
- Facility manager
- Who will train your staff
- Pharmacy (name and phone)

PART 1

Part 1. Decisions to settle first

These 30 questions change what the manual says. Each one shows the options the builder offers (the builder's default is marked), when it is asked, and which policies it changes. Tick one option for each. The question numbers follow the builder, so they skip where a step asks its details (Part 2) between its decisions and the next step's.

Builder step: Your facility

Q1. Are you applying, changing ownership, or already licensed?

A new owner applies for its own license, so a change of ownership files a plan of operation like a new facility. Already licensed? Policy 4.8 then ends with the LIC 9242 entrance checklist index and a What changed checklist, and Policy 1.0 explains which changes to an approved plan go to CDSS for approval (22 CCR 87208(a)).

☐ Applying for a new license (builder default)
☐ Buying an existing RCFE (change of ownership)
☐ Already licensed (updating an approved plan)

What it changes:

- Changes the wording of 7 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.2 Admission agreement

    - Policy 2.1 Emergency and disaster plan
    - Policy 3.3 Hospice care waiver and hospice residents
    - Policy 4.1 Administrator: certificate, duties, presence and renewal
    - Policy 4.7 Inspections, plans of correction and appeals
    - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed
- Decides whether the builder asks Q14 and Q59.

Q2. How many residents will you be licensed for?

CDSS fees and a few rules depend on size. A facility of six or fewer whose owner does not live there has a neighborhood complaint procedure (HSC 1569.175). Rules that start at 16 residents are not in this manual.

☐ 4 to 6 residents (builder default)
☐ 1 to 3 residents
☐ 7 to 15 residents

What it changes:

- Policy 2.7 Neighborhood incident and complaint procedure applies only when Q2 is not "7 to 15 residents" and Q4 is "No". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 6 policies:
    - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
    - Policy 1.1 Statement of purposes and program goals, and program description
    - Policy 3.5 Planned activities
    - Policy 4.5 Building, safety and the pre-licensing walk-through
    - Policy 4.6 License, postings and notices to CDSS
    - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed
- Decides whether the builder asks Q4 and Q73.

Q3. Who will hold the license?

A partnership, corporation or LLC sends its partnership agreement or articles with the application (LIC 281 B1).

☐ An individual (builder default)
☐ A limited liability company (LLC)
☐ A corporation
☐ A partnership

What it changes:

- Changes the wording of 5 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.4 Administrative organization and control of the property
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 2.7 Neighborhood incident and complaint procedure
  - Policy 4.6 License, postings and notices to CDSS
- Decides whether the builder asks Q8.

Q4. Does an owner live at the facility?

Only asked if Q2 is not "7 to 15 residents".

Our reading: for an LLC or corporation, an owner lives at the facility only if an owner who is a person lives there. Answer No if no owner lives there: the manual then includes the neighborhood complaint procedure (HSC 1569.175; LIC 281 B15).

☐ No (builder default)
☐ Yes, an owner lives there

What it changes:

- Policy 2.7 Neighborhood incident and complaint procedure applies only when Q2 is not "7 to 15 residents" and Q4 is "No". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 2 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.1 Statement of purposes and program goals, and program description
- Decides whether the builder asks Q73.

Q5. Where does the facility's drinking water come from?

Where water for human consumption is from a private source, the facility provides, as a condition of initial licensure, evidence of an on-site inspection of the source and a bacteriological analysis that establishes the safety of the water (22 CCR 87303(e)(1)(A)). LIC 281 item B12 asks for that analysis with the application.

☐ A public water system or water company (builder default)
☐ A private source, such as a well

What it changes:

- Changes the wording of 2 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 4.5 Building, safety and the pre-licensing walk-through

Builder step: People

Q15. Will the licensee also be the administrator?

An individual licensee and the administrator may be the same person, who then meets every licensee and administrator requirement (HSC 1569.2(a)).

☐ Yes, the licensee (or its owner) is the certified administrator (builder default)
☐ No, we will employ an administrator

What it changes:

- Changes the wording of 4 policies:
  - Policy 1.4 Administrative organization and control of the property
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 2.7 Neighborhood incident and complaint procedure
  - Policy 4.1 Administrator: certificate, duties, presence and renewal

Q16. Will you have a facility manager?

A facility manager takes charge when the administrator is temporarily absent (HSC 1569.618(a)). Without one, your designated substitutes cover.

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.4 Administrative organization and control of the property
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 4.1 Administrator: certificate, duties, presence and renewal
- Decides whether the builder asks Q21.

Q17. Will you employ a cook or housekeeper?

Yes adds job descriptions for those positions (LIC 281 B4 asks for a job description for each position).

☐ No, direct care staff do the cooking and cleaning (builder default)
☐ Yes

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.4 Administrative organization and control of the property
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 2.4 Food service and sample menu

Q18. Which route qualifies your staff trainer?

Pick the route your trainer actually meets: the plan states it, and CDSS holds the facility to the plan. Training is conducted by a person who is knowledgeable in the subject and meets at least one of the routes in 22 CCR 87411(c)(4). A new administrator usually does not meet the route for two years as an RCFE administrator; an outside trainer, such as a licensed nurse, can meet the health care license route.

☐ A license to work as a health care provider in California (builder default)
☐ A four-year, graduate or professional degree and two years' experience caring for the elderly
☐ Two years as an RCFE administrator in California in the last eight, in substantial compliance

What it changes:

- Changes the wording of Policy 1.6 Plan for training staff.

Builder step: Residents and services

Q26. Will you admit or keep residents with dementia?

Yes adds Policy 3.4 and the dementia rules for training, exit alerts and night supervision (22 CCR 87705; HSC 1569.626).

☐ Yes (builder default)
☐ No

What it changes:

- Policy 1.13 Dementia special care, programming and environments (addendum) applies only when Q26 is "Yes" and Q27 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Policy 3.4 Care of residents with dementia applies only when Q26 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 14 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.1 Statement of purposes and program goals, and program description
  - Policy 1.2 Admission agreement
  - Policy 1.3 Admission policies and procedures
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 1.6 Plan for training staff
  - Policy 1.11 How we address behavioral expression
  - Policy 1.15 Emergency adult protective services placements (addendum)
  - Policy 2.1 Emergency and disaster plan

    - Policy 3.1 Pre-admission appraisal, needs and services plan, reappraisals and observation
    - Policy 3.5 Planned activities
    - Policy 4.2 Personnel records and criminal record clearances
    - Policy 4.3 Reporting elder and dependent adult abuse
    - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed
- Decides whether the builder asks Q27 and Q28.

Q27. Will you advertise or promote dementia special care, programming or environments?

Only asked if Q26 is "Yes".

Yes adds a narrative to your plan of operation (22 CCR 87208(b), 87706) and an advertising file.

☐ No (builder default)
☐ Yes

What it changes:

- Policy 1.13 Dementia special care, programming and environments (addendum) applies only when Q26 is "Yes" and Q27 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 5 policies:
    - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
    - Policy 1.1 Statement of purposes and program goals, and program description
    - Policy 1.6 Plan for training staff
    - Policy 4.2 Personnel records and criminal record clearances
    - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed
- Decides whether the builder asks Q45.

Q28. Will you use delayed egress devices or lock exterior doors or gates?

Only asked if Q26 is "Yes".

Both need fire clearance approval and must meet 22 CCR 87705(e) or (f). Locking also needs a court order for each conserved resident, or each other resident's signed consent.

☐ Neither (builder default)
☐ Delayed egress devices
☐ Locked exterior doors or perimeter gates

What it changes:

- Changes the wording of 6 policies:
  - Policy 1.2 Admission agreement
  - Policy 1.11 How we address behavioral expression
  - Policy 1.13 Dementia special care, programming and environments (addendum)
  - Policy 2.1 Emergency and disaster plan
  - Policy 3.4 Care of residents with dementia
  - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed

Q29. Will you accept or keep bedridden residents?

Yes adds a statement to your plan of how their needs are met (22 CCR 87208(c), 87606), the fire authority notice and room designations on your sketch.

☐ No (builder default)
☐ Yes

What it changes:

- Policy 1.14 Care of bedridden residents (addendum) applies only when Q29 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 11 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.2 Admission agreement
  - Policy 1.3 Admission policies and procedures
  - Policy 1.6 Plan for training staff
  - Policy 1.7 Sketches of the building and grounds
  - Policy 2.1 Emergency and disaster plan
  - Policy 3.2 Allowable, restricted and prohibited health conditions
  - Policy 3.3 Hospice care waiver and hospice residents
  - Policy 3.8 Resident records and the register
  - Policy 4.5 Building, safety and the pre-licensing walk-through
  - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed

Q30. Will residents receive hospice care at your facility?

Hospice care in an RCFE needs a facility hospice care waiver from CDSS (22 CCR 87632). Yes adds the waiver request and Policy 3.3. California's RCFE rules need no nurse. Where a resident has a restricted health condition or receives hospice care, a licensed professional

trains staff and sets that resident's plan, as the rules require; this manual gives the framework, not clinical instructions.

☐ No (builder default)
☐ Yes

What it changes:

- Policy 3.3 Hospice care waiver and hospice residents applies only when Q30 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of 13 policies:
  - Policy 1.1 Statement of purposes and program goals, and program description
  - Policy 1.2 Admission agreement
  - Policy 1.3 Admission policies and procedures
  - Policy 1.6 Plan for training staff
  - Policy 1.14 Care of bedridden residents (addendum)
  - Policy 2.1 Emergency and disaster plan
  - Policy 2.8 Plan for incidental medical and dental care
  - Policy 2.9 Assisting residents with self-administered medication
  - Policy 3.1 Pre-admission appraisal, needs and services plan, reappraisals and observation
  - Policy 3.2 Allowable, restricted and prohibited health conditions
  - Policy 3.6 Advance directives, DNR forms and emergency response
  - Policy 3.7 Eviction, relocation and closure
  - Policy 4.4 Incident and unusual occurrence reports
- Decides whether the builder asks Q44.

Q31. Will you accept residents with restricted health conditions?

Restricted health conditions (22 CCR 87612) are oxygen, catheter care, colostomy or ileostomy care, contractures, diabetes, enemas, suppositories or fecal impaction removal, incontinence of bowel or bladder, injections, intermittent positive pressure breathing machine use, stage 1 and 2 pressure injuries, and wound care. They are allowed only under the conditions in 22 CCR 87612 to 87631. Answering No means your plan says you do not accept residents with any of them, including residents who are incontinent. California's RCFE rules need no nurse. Where a resident has a restricted health condition or receives hospice care, a licensed professional trains staff and sets that resident's plan, as the rules require; this manual gives the framework, not clinical instructions.

☐ Yes (builder default)
☐ No

What it changes:

- Changes the wording of 7 policies:
  - Policy 1.2 Admission agreement
  - Policy 1.3 Admission policies and procedures
  - Policy 1.6 Plan for training staff
  - Policy 1.12 Infection Control Plan
  - Policy 1.15 Emergency adult protective services placements (addendum)
  - Policy 2.8 Plan for incidental medical and dental care
  - Policy 3.2 Allowable, restricted and prohibited health conditions

Q32. Will you store residents' medications centrally?

Medications that are centrally stored follow 22 CCR 87465(h): locked storage, labels and records. Staff assist with self-administered medication only.

☐ Yes (builder default)
☐ No, residents keep their own

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.1 Statement of purposes and program goals, and program description
  - Policy 2.1 Emergency and disaster plan
  - Policy 2.9 Assisting residents with self-administered medication

Q33. How will residents get to appointments?

The plan states transportation arrangements for residents who do not have their own (22 CCR 87208(a)(8)). A facility vehicle adds the motor vehicle rules (22 CCR 87312).

☐ We arrange transport with others (builder default)
☐ We drive residents in a facility vehicle
☐ Both

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.1 Statement of purposes and program goals, and program description
  - Policy 1.8 Transportation arrangements
  - Policy 2.1 Emergency and disaster plan
- Decides whether the builder asks Q46.

Q34. Does the facility have internet service?

A facility with internet service provides at least one video-capable device for residents (HSC 1569.319(a)).

☐ Yes (builder default)
☐ No

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.2 Admission agreement
  - Policy 1.10 Visiting and communication
  - Policy 2.3 Rules of discipline and personal rights

Q35. Will you keep an automated external defibrillator (AED)?

Yes adds the AED rules in 22 CCR 87607 to the plan for incidental medical care and the incident reports.

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of 2 policies:
  - Policy 2.8 Plan for incidental medical and dental care
  - Policy 4.4 Incident and unusual occurrence reports

Q36. Will you accept emergency placements from adult protective services?

Yes adds an addendum to your plan of operation with intake procedures and how you will meet the resident's needs (22 CCR 87222).

☐ No (builder default)
☐ Yes

What it changes:

- Policy 1.15 Emergency adult protective services placements (addendum) applies only when Q36 is "Yes". Otherwise it prints as a one-line "Not applicable" statement, so numbering stays the same.
- Changes the wording of Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index.

Builder step: Admission agreement and rates

Q47. Will the facility handle residents' money or valuables?

The plan states whether the facility will handle residents' money or valuables (22 CCR 87208(a)(9)). Yes adds safeguards, records and a surety bond (87215 to 87217; LIC 400 and LIC 402).

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of 6 policies:
  - Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index
  - Policy 1.2 Admission agreement
  - Policy 1.3 Admission policies and procedures
  - Policy 1.9 Residents' money and valuables
  - Policy 2.6 Theft and loss policy and program
  - Policy 4.8 Inspection readiness: CARE tool crosswalk, entrance checklist and what changed
- Decides whether the builder asks Q62 and Q63.

Q48. Will you accept residents who receive SSI/SSP?

The agreement then covers SSI/SSP rate changes. Residents who receive SSP are never charged a preadmission fee (HSC 1569.651), and the level of care rate notice does not apply to them (HSC 1569.657(b)).

☐ Yes (builder default)
☐ No

What it changes:

- Changes the wording of 2 policies:
  - Policy 1.1 Statement of purposes and program goals, and program description
  - Policy 1.2 Admission agreement

Q49. Will you charge a preadmission fee?

A preadmission fee is allowed only as HSC 1569.651 sets out. This agreement template was written from the California rules it cites. It is not legal advice. Have a California lawyer review it before residents sign it.

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of Policy 1.2 Admission agreement.
- Decides whether the builder asks Q56.

Q50. May residents keep firearms at the facility?

The admission agreement states your policy on residents keeping firearms (22 CCR 87507(g)(8)(C)). No facility has to accept, store or keep firearms (HSC 1569.280(b)). If you allow them, they are centrally stored unloaded in a locked gun safe, with ammunition locked separately (HSC 1569.282), and HSC 1569.283 limits which firearms you may accept.

☐ No: residents may not keep firearms or ammunition at the facility (builder default)
☐ Yes: the facility centrally stores them as HSC 1569.282 requires

What it changes:

- Changes the wording of Policy 1.2 Admission agreement.

Builder step: Emergency plan

Q79. Does the facility have a backup generator?

The emergency and disaster plan provides for emergency power. If a permanently installed generator is used, the plan includes its location and how it will be used; a portable generator is run by the manufacturer's operating instructions (HSC 1569.695(a)(7)(A)).

☐ No (builder default)
☐ Yes, a portable generator
☐ Yes, a permanently installed generator

What it changes:

- Changes the wording of Policy 2.1 Emergency and disaster plan.
- Decides whether the builder asks Q92.

Q80. Does the facility have a stairwell residents would use in an evacuation?

A facility has "An evacuation chair at each stairwell" (HSC 1569.695(f)(1)).

☐ No, all resident areas are on one level (builder default)
☐ Yes

What it changes:

- Changes the wording of Policy 2.1 Emergency and disaster plan.

Builder step: Insurance and staffing

Q93. How will you staff the day?

The work hours and shifts in your personnel policies must match your personnel report (LIC 500). Live-in staff raise wage and hour questions this manual does not cover: LIC 281 says "CCLD does not enforce other agencies regulations", so check with the agencies that do.

☐ Three shifts (builder default)
☐ Two 12-hour shifts
☐ Live-in staff

What it changes:

- Changes the wording of 2 policies:
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions

- Policy 2.2 Personnel policies

Q94. Who covers the night?

In a facility under 16 residents, a qualified person is on call on the premises at night, and awake if a resident with dementia needs awake supervision (22 CCR 87415(a); 87705(b)).

☐ A qualified person on call on the premises (builder default)
☐ An awake staff member

What it changes:

- Changes the wording of 2 policies:
  - Policy 1.5 Staffing plan, qualifications, duties and job descriptions
  - Policy 3.4 Care of residents with dementia

Builder step: Records and dates

Q98. How will you keep records?

Resident records are kept for at least three years after a resident's service ends, and personnel records for three years after employment ends (22 CCR 87506(e); 87412(h)), available to CDSS on demand.

☐ Paper and electronic (builder default)
☐ Paper only
☐ Electronic only

What it changes:

- Changes the wording of 2 policies:
  - Policy 3.8 Resident records and the register
  - Policy 4.2 Personnel records and criminal record clearances

Q99. Include Recommended practice?

Recommended practice sections give good practice beyond the rules. Each is labelled as guidance, not part of the plan of operation, and none goes in the CDSS application copy.

☐ Include (builder default)
☐ Leave it out

What it changes:

- Keeps or removes the "Recommended practice" section at the end of 38 policies. Once adopted, recommended practices are the facility's own commitments, so only keep them if the facility will follow them.
- Changes the wording of Policy 1.0 About this plan of operation: adoption, keeping it current, significant changes and the application index.

Also decide: commitments you write in Part 2

These details are commitments too: the manual prints them as what the facility will do, and the regulator can check that it does. Agree them at the same time.

- Q23. Position of the Infection Control Lead (pre-filled: Administrator)
- Q37. Breakfast time
- Q38. Lunch time
- Q39. Dinner time
- Q40. Snack times
- Q44. Most residents receiving hospice care at one time
- Q54. Day of the month payment is due
- Q55. How residents can pay
- Q56. Preadmission fee: amount and what it covers
- Q57. Notice a resident gives before moving out, and the refund of prepaid fees
- Q58. House rules, if any (pre-filled: None)
- Q60. How soon you answer a resident's grievance
- Q75. Poison control: phone (optional) (pre-filled: None listed)
- Q76. County Office of Emergency Services: phone (optional) (pre-filled: None listed)
- Q77. Local Red Cross: phone (optional) (pre-filled: None listed)

PART 2

Part 2. Facility details

These 71 answers fill in the names, contacts, dates and numbers the manual prints. Write each answer exactly as it should appear.

Builder step: Your facility

Q6. Facility name

Required.

As it appears on your license application (LIC 200). It prints on the cover, on the header of every page and on every form.

Example: Sample Assisted Living
Prints in: the cover page and 41 policies (including 1.0, 1.1, 1.2 and 1.3)

Answer: _____

Q7. Licensee (the person, company or partnership that will hold the license)

Required.

The licensee has and follows the plan of operation and may be cited for not following it (22 CCR 87208(a)). An individual licensee and the administrator may be the same person (HSC 1569.2(a)).

Example: Jordan Lee
Prints in: the cover page and 29 policies (including 1.0, 1.2, 1.4 and 1.5)

Answer: _____

Q8. Owners, officers or partners

Only asked, and then required, if Q3 is not "An individual".

A partnership, corporation or LLC sends its partnership agreement or articles with the application (LIC 281 B1), and shows its administrative organization on LIC 309 (A4).

Example: Jordan Lee, managing member; Alex Kim, member
Prints in: policy 1.4

Answer: _____

Q9. Facility address

Required.

The street address of the facility, as on your application.

Example: 1200 Oak Street, Sacramento, CA 95814
Prints in: the cover page and 10 policies (including 1.0, 1.2, 1.4 and 2.1)

Answer: _____

Q10. County

Required.

Your local contacts (adult protective services, the long-term care ombudsman and the fire authority) are county services.

Example: Sacramento
Prints in: policies 1.0, 1.12, 1.15, 2.1 and 2.6

Answer: _____

Q11. Facility phone

Required.

Format: a full phone number, with area code
Example: (916) 555-0100
Prints in: 9 policies (including 1.2, 1.10, 2.1 and 2.6)

Answer: _____

Q12. Facility email address

Optional.

Optional. Leave blank if you do not want an email address in the manual.

Example: office@sampleassistedliving.com
Kept with your answers; the manual does not print it at the moment.

Answer: _____

Q13. Licensed or requested capacity (number of residents)

Required.

From 1 to 15. This manual is written for privately operated RCFEs licensed for 15 or fewer residents; rules that start at 16 residents are left out. The application states the capacity you request; it must match the size you choose in this step and your facility sketch (LIC 999).

Example: 6
Prints in: the cover page and policies 1.0, 1.1, 1.7 and 2.1

Answer: _____

Q14. CDSS facility number

Optional; only asked if Q1 is not "Applying for a new license".

Optional. A licensed facility's number, or the number of the facility you are buying. Leave blank if you do not have one: the cover then has no row for it.

Example: 347001234
Prints in: the cover page and policies 2.1 and 4.1

Answer: _____

Builder step: People

Q19. Administrator

Required.

The administrator holds a CDSS administrator certificate, renewed every two years with 40 hours of continuing education (HSC 1569.616), and is present in the facility during normal working hours (HSC 1569.618(a)).

Example: Jordan Lee
Prints in: the cover page and 38 policies (including 1.0, 1.1, 1.3 and 1.4)

Answer: _____

Q20. Administrator's usual days and hours at the facility

Required.

The administrator is present at the facility during normal working hours (HSC 1569.618(a)). Use the same days and hours as on your personnel report (LIC 500). Facilities for fewer than 16 residents may give a list of positions and the times each will be providing services at the facility instead of an organization chart (22 CCR 87155(a)(11)). These hours print in that list (Policy 1.4).

Example: Monday to Friday, 8:00 a.m. to 5:00 p.m.
Prints in: policies 1.4, 1.5 and 4.1

Answer: _____

Q21. Facility manager

Only asked, and then required, if Q16 is "Yes".

A facility manager takes charge when the administrator is temporarily absent (HSC 1569.618(a)).

Example: Maria Gomez
Prints in: policies 1.4, 1.5 and 4.1

Answer: _____

Q22. Designated substitutes (LIC 308)

Required.

List everyone who will be in charge when the administrator is away, on any shift: they are your designated substitutes (HSC 1569.618(b)) and your LIC 308 designees. Each is at least 21 years old and trained to deal with emergency personnel and to give them a resident's medical records (HSC 1569.618(b)(3)). LIC 281 says "A LICENSEE CANNOT DESIGNATE HIM OR HERSELF" on LIC 308.

Example: Maria Gomez; Sam Patel
Prints in: policies 1.4, 1.5, 1.15 and 4.1

Answer: _____

Q23. Position of the Infection Control Lead

Pre-filled if left blank.

The Infection Control Plan identifies a staff position to perform the duties of an Infection Control Lead for the facility (22 CCR 87470(c)(1)(A)). Name the position, not the person.

Example: Administrator
If left blank, prints as: Administrator
Prints in: the cover page and policies 1.4, 1.5, 1.6 and 1.12

Answer: _____

Q24. Who will train the Infection Control Lead

Required.

Name the trainer, for example your county public health department. 22 CCR 87470(c)(1)(A)2 requires the Infection Control Lead to be trained by "a medical professional, local health official, health department, or other research-based medical authority" that provides infection control training that includes enforcement of the Infection Control Plan. Check that the training you choose covers enforcing the plan. We never name a course.

Example: Sacramento County Public Health
Prints in: policies 1.5 and 1.12

Answer: _____

Q25. Who will train your staff

Required.

The person who trains your staff must be knowledgeable in the subject and meet one of the three routes in 22 CCR 87411(c)(4), chosen in this step. A new administrator usually does not meet the route for two years as an RCFE administrator. The trainer's qualification is recorded on the trainer qualification record in Policy 1.6.

Example: Pat Rivera, RN
Prints in: policy 1.6

Answer: _____

Builder step: Residents and services

Q37. Breakfast time

Required.

No rule sets this; it is your facility's choice. It prints in the sample menu and the daily schedule.

Example: 7:30 a.m.
Prints in: policies 1.1 and 2.4

Answer: _____

Q38. Lunch time

Required.

No rule sets this; it is your facility's choice.

Example: 12:00 p.m.
Prints in: policies 1.1 and 2.4

Answer: _____

Q39. Dinner time

Required.

No rule sets this; it is your facility's choice.

Example: 5:30 p.m.
Prints in: policies 1.1 and 2.4

Answer: _____

Q40. Snack times

Required.

No rule sets this; it is your facility's choice.

Example: 10:00 a.m., 3:00 p.m. and on request
Prints in: policies 1.1 and 2.4

Answer: _____

Q41. Usual visiting hours

Required.

Your facility's choice, as a guide for families. Residents' visitors may visit privately "during reasonable hours and without prior notice" (22 CCR 87468.1), so the visiting policy never makes these hours a limit.

Example: 9:00 a.m. to 8:00 p.m. every day
Prints in: policies 1.2 and 1.10

Answer: _____

Q42. Community resources and consultants you will use

Required.

LIC 281 B7 asks the program description for a "Description of community resources and consultants to be used by the facility".

Example: Valley Pharmacy; Dr. A. Chen, physician; Sunrise Home Health; Comfort Hospice
Prints in: policy 1.1

Answer: _____

Q43. Pharmacy (name and phone)

Required.

Example: Valley Pharmacy, (916) 555-0140
Prints in: policies 1.1, 2.1 and 2.9

Answer: _____

Q44. Most residents receiving hospice care at one time

Only asked, and then required, if Q30 is "Yes".

The hospice care waiver request specifies "the maximum number of terminally ill residents which the facility wants to have at any one time" (22 CCR 87632(a)(1)).

Format: a whole number of up to three digits
Example: 2
Prints in: policy 3.3

Answer: _____

Q45. Where in the facility dementia special care is provided

Only asked, and then required, if Q27 is "Yes".

A facility that advertises dementia special care names "the designated areas in the facility where dementia special care is provided, which may be the entire facility or only parts of it" (22 CCR 87706(a)(1)(B)1). Prints in Policy 1.13.

Example: The whole facility
Prints in: policy 1.13

Answer: _____

Q46. Who provides transport you arrange (name and phone)

Only asked, and then required, if Q33 is not "We drive residents in a facility vehicle".

The plan states the transportation arrangements for residents who do not have their own (22 CCR 87208(a)(8)).

Example: Sacramento paratransit service, (916) 555-0160
Prints in: policies 1.1, 1.8 and 2.1

Answer: _____

Builder step: Admission agreement and rates

Q51. Basic monthly rate (or rates by room type)

Required.

This agreement template was written from the California rules it cites. It is not legal advice. Have a California lawyer review it before residents sign it. The admission agreement states the basic services and their rate, and the optional services and their fees (22 CCR 87507(g); HSC 1569.884).

Example: $5,200 a month for a private room; $4,600 a month for a shared room
Prints in: policy 1.2

Answer: _____

Q52. Levels of care and their monthly rates

Required.

A rate increase because a resident's level of care changes needs written notice within two business days after the new level of care starts, with an explanation and itemized charges (HSC 1569.657(a)).

Example: Level 1: included in the basic rate; Level 2: $600 more a month; Level 3: $1,100 more a month
Prints in: policy 1.2

Answer: _____

Q53. Optional services and their fees

Required.

Optional services are listed in the agreement with their fees, and residents may refuse them (22 CCR 87507(g)(3)).

Example: Escort to appointments: $35 an hour; salon visit: $25
Prints in: policies 1.1 and 1.2

Answer: _____

Q54. Day of the month payment is due

Required.

No rule sets this; it is your facility's choice.

Example: 1st
Prints in: policy 1.2

Answer: _____

Q55. How residents can pay

Required.

No rule sets this; it is your facility's choice.

Example: Check, bank transfer or debit card
Prints in: policy 1.2

Answer: _____

Q56. Preadmission fee: amount and what it covers

Only asked, and then required, if Q49 is "Yes".

No rule sets the amount; it is your facility's choice within HSC 1569.651, which also says when it must be refunded. Residents who receive SSP benefits are never charged one (HSC 1569.651).

Example: $500, for the pre-admission appraisal and setting up the resident's file
Prints in: policy 1.2

Answer: _____

Q57. Notice a resident gives before moving out, and the refund of prepaid fees

Required.

No rule sets this; it is your facility's choice, and the agreement labels it so. A resident may move out at any time; the notice only affects charges. No notice is needed when a resident dies (22 CCR 87507(i)) or when CDSS orders a relocation (22 CCR 87507(g)(5)(B)).

Example: 30 days' written notice. Prepaid fees for each day after the notice period ends, or after the room is vacated if that is later, are refunded within 15 days
Prints in: policy 1.2

Answer: _____

Q58. House rules, if any

Optional.

Optional. House rules must be reasonable, and the agreement says there is a procedure for suggesting changes (HSC 1569.885(a)). Leave blank if you have none: the agreement then says "None" and the manual adds no rules of its own.

Example: Quiet hours from 10:00 p.m. to 7:00 a.m.; no smoking indoors
If left blank, prints as: None
Prints in: policy 1.2

Answer: _____

Q59. Average monthly rate increases for each of the last three years

Only asked, and then required, if Q1 is not "Applying for a new license".

By January 31 each year, a licensee prepares a disclosure of its average monthly rate increases for each of the previous 3 years, as an amount and a percentage; newly licensed facilities disclose the years they have served residents (HSC 1569.658(a)). Buying an existing facility? Enter the averages for the time your new license has served residents, or "None yet" (our reading). A new facility's agreement says it has none yet.

Example: 2024: $160 (3.5%); 2025: $190 (4.0%); 2026: $185 (3.8%)
Prints in: policy 1.2

Answer: _____

Q60. How soon you answer a resident's grievance

Required.

No rule sets a time; the licensee responds to grievances promptly (22 CCR 87468.2(a)(9)). It prints in the grievance procedure (Policy 2.3) as your facility's choice. Write it to follow "We answer", for example "within five working days".

Example: within five working days
Prints in: policies 1.2 and 2.3

Answer: _____

Q61. Secured area where residents' property is kept safe on request

Required.

The theft and loss program keeps a secured area for residents' property, available on request (HSC 1569.153(j)).

Example: A locked cabinet in the administrator's office
Prints in: policy 2.6

Answer: _____

Q62. Most residents' money you will handle in any month (all residents together)

Only asked, and then required, if Q47 is "Yes".

The affidavit (LIC 400) states the maximum amount of money handled for all residents in any month, and you may not handle more without a new or revised bond (22 CCR 87216(c)-(d)).

Example: $1,200
Prints in: policy 1.9

Answer: _____

Q63. Surety bond amount

Only asked, and then required, if Q47 is "Yes".

From the 22 CCR 87216(a) schedule for the total safeguarded each month: $750 or less, $1,000; $751 to $1,500, $2,000; $1,501 to $2,500, $3,000; each further $1,000 or part of it adds $1,000. The bond (LIC 402) must match the amount on your LIC 400.

Example: $2,000
Prints in: policy 1.9

Answer: _____

Builder step: Contacts

Q64. Local long-term care ombudsman: phone

Required.

Every admission agreement includes the current telephone number, website and email address of the local long-term care ombudsman (HSC 1569.885(d)).

Format: a full phone number, with area code
Example: (916) 555-0180
Prints in: 8 policies (including 1.1, 1.2, 1.10 and 2.1)

Answer: _____

Q65. Local long-term care ombudsman: website

Required.

Example: www.example-ombudsman.org
Prints in: policy 1.2

Answer: _____

Q66. Local long-term care ombudsman: email

Required.

Example: ombudsman@example.org
Prints in: policies 1.2 and 4.3

Answer: _____

Q67. Local long-term care ombudsman: address

Required.

Residents' rights call for the addresses of the local CDSS and ombudsman offices to be posted (22 CCR 87468.2(a)(10)), and an eviction notice for a closure or change of use gives the local ombudsman's address and telephone number (HSC 1569.682(a)(2)(F)).

Example: 1500 Example Way, Suite 200, Sacramento, CA 95814
Prints in: policies 1.2, 2.3 and 3.7

Answer: _____

Q68. County adult protective services: phone

Required.

Used in the abuse reporting policy and on the postings checklist.

Format: a full phone number, with area code
Example: (916) 555-0190
Prints in: policies 2.1, 2.2 and 4.3

Answer: _____

Q69. Local law enforcement: non-emergency phone

Required.

Format: a full phone number, with area code
Example: (916) 555-0110
Prints in: policies 2.1, 2.6, 2.8, 4.3 and 4.4

Answer: _____

Q70. Fire authority (name and phone)

Required.

Your fire authority is told within 48 hours when you accept or keep a bedridden resident (22 CCR 87606), and is listed in the emergency and disaster plan.

Example: Sacramento Metropolitan Fire District, (916) 555-0170
Prints in: policies 1.14, 2.1, 2.8, 3.2, 4.4 and 4.5

Answer: _____

Q71. CDSS Adult and Senior Care Regional Office (name and address)

Required.

The office that licenses your facility after the Centralized Applications Bureau. Notices and reports in this manual go there.

Example: Sacramento Adult and Senior Care Regional Office, 2525 Example Avenue, Sacramento, CA 95833
Prints in: 11 policies (including 1.0, 1.2, 1.12 and 2.1)

Answer: _____

Q72. CDSS Adult and Senior Care Regional Office: phone

Required.

The emergency and disaster plan includes a contact information list with "The Community Care Licensing Division within the State Department of Social Services" (HSC 1569.695(a)(4)(B)).

Format: a full phone number, with area code
Example: (916) 555-0150
Prints in: policies 1.2, 2.1, 2.3, 3.7 and 4.3

Answer: _____

Q73. Weekly time when the owner, licensee or a designee meets neighbors

Optional; only asked if Q2 is not "7 to 15 residents" and Q4 is "No".

A facility of six or fewer whose owner does not live there has a procedure for immediate response to incidents and complaints that includes "a time when the owner, licensee or designee will be available to meet with neighborhood residents" (LIC 281 B15; HSC 1569.175). Your facility's choice of time.

Example: Tuesdays, 6:00 p.m. to 7:00 p.m.
Prints in: policy 2.7

Answer: _____

Q74. Ambulance service (name and phone)

Required.

"The name and telephone number of an ambulance service shall be readily available" (22 CCR 87465(f)(3)). In an emergency, staff still call 9-1-1 first.

Example: Sample Ambulance Service, (916) 555-0134
Prints in: policies 2.1 and 2.8

Answer: _____

Q75. Poison control: phone (optional)

Optional.

Optional. The emergency and disaster plan (CDSS form LIC 610E) has a line for it.

Format: a full phone number, with area code
Example: (800) 555-0122
If left blank, prints as: None listed
Prints in: policies 2.1 and 2.8

Answer: _____

Q76. County Office of Emergency Services: phone (optional)

Optional.

Optional.

Format: a full phone number, with area code
Example: (916) 555-0124
If left blank, prints as: None listed
Prints in: policy 2.1

Answer: _____

Q77. Local Red Cross: phone (optional)

Optional.

Optional.

Format: a full phone number, with area code
Example: (916) 555-0126
If left blank, prints as: None listed
Prints in: policy 2.1

Answer: _____

Q78. County mental health or crisis center number

Required.

Posted next to the facility telephone with the other emergency numbers: 22 CCR 87465(f)(2) names the fire department, "crisis center or paramedical unit or medical resource". Use your county's mental health crisis line or a local crisis center.

Format: a full phone number, with area code
Example: (916) 555-0128
Prints in: policies 2.1 and 2.8

Answer: _____

Builder step: Emergency plan

Q81. First temporary shelter location (name, address and phone)

Required.

The emergency and disaster plan names at least two shelter locations that can house your residents, one of them outside the immediate area (HSC 1569.695(a)(5)); CDSS form LIC 610E has the same lines.

Example: Oak Street Community Center, 1500 Oak Street, Sacramento, CA 95814, (916) 555-0130
Prints in: policy 2.1

Answer: _____

Q82. Second temporary shelter location, outside your area (name, address and phone)

Required.

Example: Sample Assisted Living partner home, 40 Hill Road, Davis, CA 95616, (530) 555-0132
Prints in: policy 2.1

Answer: _____

Q83. First assembly point outside the building

Required.

Example: The front lawn, by the mailbox
Prints in: policies 1.7 and 2.1

Answer: _____

Q84. Second assembly point, away from the building

Required.

Example: The church parking lot across the street
Prints in: policies 1.7 and 2.1

Answer: _____

Q85. Gas shut-off location

Required.

Example: East side of the house, by the meter
Prints in: policies 1.7 and 2.1

Answer: _____

Q86. Electricity shut-off location

Required.

Example: Main panel in the garage
Prints in: policies 1.7 and 2.1

Answer: _____

Q87. Water shut-off location

Required.

Example: Front yard, in the box by the curb
Prints in: policies 1.7 and 2.1

Answer: _____

Q88. Where emergency supplies are kept

Required.

The plan makes the facility self-reliant for at least 72 hours after any emergency or disaster (HSC 1569.695(a)(2)).

Example: Hall closet next to the kitchen
Prints in: policy 2.1

Answer: _____

Q89. Where the evacuation key set is kept

Required.

Staff on each shift need a set of keys for use during an evacuation that opens all occupied resident units, all facility vehicles, all exit doors, and every cabinet, cupboard or file holding parts of the emergency and disaster plan, such as food and shelter supplies (HSC 1569.695(f)(2)).

Example: On the hook inside the office door, with a spare in the emergency supplies
Prints in: policy 2.1

Answer: _____

Q90. Where the first aid kit is kept

Required.

"a complete first aid kit shall be maintained and be readily available in a specific location in the facility" (22 CCR 87465(a)(8)).

Example: Kitchen cupboard to the left of the sink, marked First Aid
Prints in: policy 2.8

Answer: _____

Q91. Backup generator or fuel supplier you would call in a power outage (name and phone)

Required.

The plan provides for emergency power, which "could include identification of suppliers of backup generators" (HSC 1569.695(a)(7)(A)).

Example: Valley Equipment Rentals, (916) 555-0136
Prints in: policy 2.1

Answer: _____

Q92. Where the generator is installed or stored

Only asked, and then required, if Q79 is not "No".

If a permanently installed generator is used, the plan includes its location and how it will be used; a portable generator is run by the manufacturer's operating instructions (HSC 1569.695(a)(7)(A)).

Example: Garage, east wall
Prints in: policy 2.1

Answer: _____

Builder step: Insurance and staffing

Q95. Insurance carrier

Required.

LIC 281 B13 asks which insurance covers the facility and with whom. RCFEs carry liability insurance of at least $1,000,000 per occurrence and $3,000,000 in total each year (HSC 1569.605).

Example: Sample Mutual Insurance Company
Prints in: policy 2.5

Answer: _____

Q96. Type of coverage and limits

Required.

Example: General and professional liability, $1,000,000 per occurrence and $3,000,000 aggregate
Prints in: policy 2.5

Answer: _____

Q97. Staffing schedule (shifts and staff on each)

Required.

It must match the personnel report (LIC 500) you file with the application. Choose the staff your residents need; someone qualified must be on the premises 24 hours a day (HSC 1569.618).

Example: 7:00 a.m. to 3:00 p.m.: 2 direct care staff; 3:00 p.m. to 11:00 p.m.: 2; 11:00 p.m. to 7:00 a.m.: 1
Prints in: policies 1.4, 1.5 and 2.2

Answer: _____

Builder step: Records and dates

Q100. Date the manual is adopted

Required.

Format: a date
Example: November 1, 2026
Prints in: the cover page and policy 1.0

Answer: _____

Q101. Next review date

Required.

Your facility's choice. The disaster plan is reviewed every year (HSC 1569.695) and the use of infection control procedures at least annually (22 CCR 87470(c)(1)(D)), so a date within 12 months is simplest.

Format: a date
Example: November 1, 2027
Prints in: the cover page and policies 1.0, 1.12, 1.13 and 2.1

Answer: _____

PART 3

Part 3. Sample completed questionnaire

This is the questionnaire filled in for Sample Assisted Living, LLC, a fictional facility, with the builder's example answers and default choices. It is an illustration of the format, not a recommendation: every facility's answers will differ.

Builder step: Your facility

	Question	Sample answer
Q1	Are you applying, changing ownership, or already licensed?	Applying for a new license
Q2	How many residents will you be licensed for?	4 to 6 residents
Q3	Who will hold the license?	An individual
Q4	Does an owner live at the facility?	No
Q5	Where does the facility's drinking water come from?	A public water system or water company
Q6	Facility name	Sample Assisted Living, LLC
Q7	Licensee (the person, company or partnership that will hold the license)	Jordan Lee
Q8	Owners, officers or partners	Not asked with these answers
Q9	Facility address	1200 Oak Street, Sacramento, CA 95814
Q10	County	Sacramento
Q11	Facility phone	(916) 555-0100
Q12	Facility email address	office@sampleassistedliving.com
Q13	Licensed or requested capacity (number of residents)	6
Q14	CDSS facility number	Not asked with these answers

Builder step: People

	Question	Sample answer
Q15	Will the licensee also be the administrator?	Yes, the licensee (or its owner) is the certified administrator
Q16	Will you have a facility manager?	No
Q17	Will you employ a cook or housekeeper?	No, direct care staff do the cooking and cleaning

	Question	Sample answer
Q18	Which route qualifies your staff trainer?	A license to work as a health care provider in California
Q19	Administrator	Jordan Lee
Q20	Administrator's usual days and hours at the facility	Monday to Friday, 8:00 a.m. to 5:00 p.m.
Q21	Facility manager	Not asked with these answers
Q22	Designated substitutes (LIC 308)	Maria Gomez; Sam Patel
Q23	Position of the Infection Control Lead	Administrator
Q24	Who will train the Infection Control Lead	Sacramento County Public Health
Q25	Who will train your staff	Pat Rivera, RN

Builder step: Residents and services

	Question	Sample answer
Q26	Will you admit or keep residents with dementia?	Yes
Q27	Will you advertise or promote dementia special care, programming or environments?	No
Q28	Will you use delayed egress devices or lock exterior doors or gates?	Neither
Q29	Will you accept or keep bedridden residents?	No
Q30	Will residents receive hospice care at your facility?	No
Q31	Will you accept residents with restricted health conditions?	Yes
Q32	Will you store residents' medications centrally?	Yes
Q33	How will residents get to appointments?	We arrange transport with others
Q34	Does the facility have internet service?	Yes
Q35	Will you keep an automated external defibrillator (AED)?	No
Q36	Will you accept emergency placements from adult protective services?	No
Q37	Breakfast time	7:30 a.m.
Q38	Lunch time	12:00 p.m.
Q39	Dinner time	5:30 p.m.

	Question	Sample answer
Q40	Snack times	10:00 a.m., 3:00 p.m. and on request
Q41	Usual visiting hours	9:00 a.m. to 8:00 p.m. every day
Q42	Community resources and consultants you will use	Valley Pharmacy; Dr. A. Chen, physician; Sunrise Home Health; Comfort Hospice
Q43	Pharmacy (name and phone)	Valley Pharmacy, (916) 555-0140
Q44	Most residents receiving hospice care at one time	Not asked with these answers
Q45	Where in the facility dementia special care is provided	Not asked with these answers
Q46	Who provides transport you arrange (name and phone)	Sacramento paratransit service, (916) 555-0160

Builder step: Admission agreement and rates

	Question	Sample answer
Q47	Will the facility handle residents' money or valuables?	No
Q48	Will you accept residents who receive SSI/SSP?	Yes
Q49	Will you charge a preadmission fee?	No
Q50	May residents keep firearms at the facility?	No: residents may not keep firearms or ammunition at the facility
Q51	Basic monthly rate (or rates by room type)	$5,200 a month for a private room; $4,600 a month for a shared room
Q52	Levels of care and their monthly rates	Level 1: included in the basic rate; Level 2: $600 more a month; Level 3: $1,100 more a month
Q53	Optional services and their fees	Escort to appointments: $35 an hour; salon visit: $25
Q54	Day of the month payment is due	1st
Q55	How residents can pay	Check, bank transfer or debit card
Q56	Preadmission fee: amount and what it covers	Not asked with these answers
Q57	Notice a resident gives before moving out, and the refund of prepaid fees	30 days' written notice. Prepaid fees for each day after the notice period ends, or after the room is vacated if that is later, are refunded within 15 days
Q58	House rules, if any	Quiet hours from 10:00 p.m. to 7:00 a.m.; no smoking indoors

	Question	Sample answer
Q59	Average monthly rate increases for each of the last three years	Not asked with these answers
Q60	How soon you answer a resident's grievance	within five working days
Q61	Secured area where residents' property is kept safe on request	A locked cabinet in the administrator's office
Q62	Most residents' money you will handle in any month (all residents together)	Not asked with these answers
Q63	Surety bond amount	Not asked with these answers

Builder step: Contacts

	Question	Sample answer
Q64	Local long-term care ombudsman: phone	(916) 555-0180
Q65	Local long-term care ombudsman: website	www.example-ombudsman.org
Q66	Local long-term care ombudsman: email	ombudsman@example.org
Q67	Local long-term care ombudsman: address	1500 Example Way, Suite 200, Sacramento, CA 95814
Q68	County adult protective services: phone	(916) 555-0190
Q69	Local law enforcement: non-emergency phone	(916) 555-0110
Q70	Fire authority (name and phone)	Sacramento Metropolitan Fire District, (916) 555-0170
Q71	CDSS Adult and Senior Care Regional Office (name and address)	Sacramento Adult and Senior Care Regional Office, 2525 Example Avenue, Sacramento, CA 95833
Q72	CDSS Adult and Senior Care Regional Office: phone	(916) 555-0150
Q73	Weekly time when the owner, licensee or a designee meets neighbors	Tuesdays, 6:00 p.m. to 7:00 p.m.
Q74	Ambulance service (name and phone)	Sample Ambulance Service, (916) 555-0134
Q75	Poison control: phone (optional)	(800) 555-0122

	Question	Sample answer
Q76	County Office of Emergency Services: phone (optional)	(916) 555-0124
Q77	Local Red Cross: phone (optional)	(916) 555-0126
Q78	County mental health or crisis center number	(916) 555-0128

Builder step: Emergency plan

	Question	Sample answer
Q79	Does the facility have a backup generator?	No
Q80	Does the facility have a stairwell residents would use in an evacuation?	No, all resident areas are on one level
Q81	First temporary shelter location (name, address and phone)	Oak Street Community Center, 1500 Oak Street, Sacramento, CA 95814, (916) 555-0130
Q82	Second temporary shelter location, outside your area (name, address and phone)	Sample Assisted Living partner home, 40 Hill Road, Davis, CA 95616, (530) 555-0132
Q83	First assembly point outside the building	The front lawn, by the mailbox
Q84	Second assembly point, away from the building	The church parking lot across the street
Q85	Gas shut-off location	East side of the house, by the meter
Q86	Electricity shut-off location	Main panel in the garage
Q87	Water shut-off location	Front yard, in the box by the curb
Q88	Where emergency supplies are kept	Hall closet next to the kitchen
Q89	Where the evacuation key set is kept	On the hook inside the office door, with a spare in the emergency supplies
Q90	Where the first aid kit is kept	Kitchen cupboard to the left of the sink, marked First Aid
Q91	Backup generator or fuel supplier you would call in a power outage (name and phone)	Valley Equipment Rentals, (916) 555-0136
Q92	Where the generator is installed or stored	Not asked with these answers

Builder step: Insurance and staffing

	Question	Sample answer
Q93	How will you staff the day?	Three shifts
Q94	Who covers the night?	A qualified person on call on the premises

	Question	Sample answer
Q95	Insurance carrier	Sample Mutual Insurance Company
Q96	Type of coverage and limits	General and professional liability, $1,000,000 per occurrence and $3,000,000 aggregate
Q97	Staffing schedule (shifts and staff on each)	7:00 a.m. to 3:00 p.m.: 2 direct care staff; 3:00 p.m. to 11:00 p.m.: 2; 11:00 p.m. to 7:00 a.m.: 1

Builder step: Records and dates

	Question	Sample answer
Q98	How will you keep records?	Paper and electronic
Q99	Include Recommended practice?	Include
Q100	Date the manual is adopted	November 1, 2026
Q101	Next review date	November 1, 2027

What these answers do to the manual

- Policy 1.13 Dementia special care, programming and environments (addendum) prints as "Not applicable", because it applies only when Q26 is "Yes" and Q27 is "Yes".
- Policy 1.14 Care of bedridden residents (addendum) prints as "Not applicable", because it applies only when Q29 is "Yes".
- Policy 1.15 Emergency adult protective services placements (addendum) prints as "Not applicable", because it applies only when Q36 is "Yes".
- Policy 3.3 Hospice care waiver and hospice residents prints as "Not applicable", because it applies only when Q30 is "Yes".
- In 40 policies, passages written for other answers are left out and the ones that match these answers are kept, so the manual describes only the services and arrangements this facility chose.
- Every name, phone number, address and date above prints where the manual needs it. Part 2 shows where each one prints.

How answers become policy text

Examples from the manual itself, with the sample answers filled in.

Q26. Will you admit or keep residents with dementia?

In Policy 1.3 Admission policies and procedures, the sample answer "Yes" prints:

> 4. **Residents with dementia.** We accept and keep residents with dementia whose needs we can meet, and care for them as 22 CCR 87705 requires (our procedure, Policy 3.4, kept at the facility).
>
> `Policy 1.3 Admission policies and procedures, sample answer`

The answer "No" prints this instead:

> 4. **Residents with dementia.** We do not accept residents with dementia. If a resident is diagnosed with dementia after moving in, the administrator reappraises the resident and, where the resident's needs can no longer be met here, helps the resident and their representative find a suitable place (our procedure, Policy 3.7, kept at the facility).
>
> `Policy 1.3 Admission policies and procedures, other answer`

Q30. Will residents receive hospice care at your facility?

In Policy 1.1 Statement of purposes and program goals, and program description, the sample answer "No" prints:

> 5. **Hospice care.** Sample Assisted Living, LLC does not have a facility hospice care waiver, so it does not accept or keep residents who are receiving hospice care (22 CCR 87455(b)(9)).
>
> `Policy 1.1 Statement of purposes and program goals, and program description, sample answer`

The answer "Yes" prints this instead:

> 5. **Hospice care.** A resident who is terminally ill may receive hospice care at Sample Assisted Living, LLC from a licensed hospice, under a facility hospice care waiver from CDSS (our procedure, Policy 3.3, kept at the facility).
>
> `Policy 1.1 Statement of purposes and program goals, and program description, other answer`

Q29. Will you accept or keep bedridden residents?

Policy 1.14 Care of bedridden residents (addendum) prints in full only when Q29 is "Yes". With any other answer, the policy keeps its number and prints this one statement instead:

> Sample Assisted Living, LLC does not accept bedridden residents, and keeps a resident who becomes bedridden only for a temporary illness or recovery from surgery (Policy 1.3), so 22 CCR 87208(c) adds nothing to its plan of operation.
>
> `Policy 1.14 Care of bedridden residents (addendum), when it does not apply`

See it printed. The free sample policy uses exactly these answers: Policy 1.12, Infection Control Plan, as it prints in the California assisted living manual: https://www.carerulebook.com/samples/us-california-assisted-living.pdf