Residential Care Facilities for the Elderly in California:
The Challenges of Disaster Planning and Response
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1 Melissa Wing
RESIDENTIAL CARE FACILITIES FOR THE ELDERLY IN CALIFORNIA

Abstract

Background: In California, Residential Care Facilities for the Elderly (RCFE) house thousands of medically frail, bedridden, and elderly individuals with mobility challenges and other special needs. Due to the lack of research focused on this type of facility, it remains unclear to what extent these facilities are preparing for disasters, what their experiences have been during disasters or what common practices they exercise during evacuations.

Statement of the Problem/Objective: To identify the challenges Residential Care Facilities for the Elderly in California face in planning for and responding to disasters.

Methods: Using a mixed-method approach, six semi-structured qualitative in-depth interviews were conducted in-person with various RCFE stakeholders. Narrative data was analyzed for themes related to challenges RCFEs faced in planning for and responding to emergencies and disasters. In addition, 435 RCFE disaster plan forms were reviewed to determine what information was most commonly missing from the forms.

Results: Great plans, templates and best practices already exist throughout local jurisdictions in California; however, these important documents and findings are not being shared. The California Department of Social Services, Community Care Licensing Division has not adequately addressed the importance of disaster planning for RCFEs.

Conclusions: Limited local resources and a general lack of education about the benefits of preparing for disasters, having mutual aid agreements, having alternate/back up plans and having multiple relocation sites further enhances inherent risk to the vulnerable elderly populations living in these facilities. In the event of an evacuation, RCFEs will require specialized equipment, transportation and care. RCFEs need better guidance on how to communicate their needs to first responders in an emergency.

Key words: Residential Care Facilities for the Elderly (RCFE), assisted living, long-term care, frail elderly, disaster preparedness, disaster plans, evacuation plans.
In 2005, thirty-five nursing home residents drowned after the facility failed to evacuate them before hurricane Katrina hit New Orleans (Gibson and Hayunga, 2006). Since the devastation of Hurricane Katrina, states across the nation have worked towards building resiliency in communities to reduce risk and improve response capabilities so that the failures of the Katrina response can be avoided in the future. The state of California has worked to build better levees, improve hazard mitigation plans and encouraged Californians to be prepared for disasters.

From a disaster planning perspective, one of the most important questions to ask is who is most vulnerable in the state and what can be done to reduce risks to those most vulnerable? One of California’s largest and most vulnerable populations is the elderly including those living in long-term care facilities. In California, more than 150,000 elderly people live in and receive care in a specific type of long-term care facility called a Residential Care Facility for the Elderly (RCFE) sometimes called assisted living facilities or board and care homes (California Department of Social Services, 2015c).

It is important to make the distinction between Nursing Homes and Residential Care Facilities for the Elderly. Both types of facilities are regulated by the state; however, some Nursing Homes, which participate in the Medicare and Medi-Cal programs are also regulated federally (California Association of Health Facilities, 2016). Nursing Homes provide a much higher level of care to its residents most of whom require continual care and medical supervision provided by nurses, nursing assistants and physicians who work at these facilities (California Association of Health Facilities, 2016). These facilities are required to provide both the state and federal government with considerably more documentation or proof of disaster plans, staff training, on hand staffing requirements, evacuation plans and more because they are considered a medical facility (Castle, 2008).

Residential Care Facilities for the Elderly provide care and services to elderly people who require some level of care and supervision but do not require continual medical care from a skilled nursing staff (California Department of Social Services, 2015b). The care given in these facilities may include assistance with getting up, repositioning in bed, eating, bathing, going to the bathroom and other daily functions of living. RCFE staff commonly helps patients with medications, doctors’ appointments and other essential duties as needed and agreed upon in writing by the facility and the resident and or resident’s family (California Department of Social Services, 2015b).

In California, Residential Care Facilities for the Elderly can have a capacity of two beds to more than three hundred beds. There is no legal limit to the capacity of any single facility as long as that facility meets all applicable fire codes and maintains “adequate” staff on hand to meet the needs of the residents they care for (California Department of Social Services, 2015b). Residential Care facilities were established as a direct result to fill the needs of adults over 65 who required some care but not constant medical supervision. The idea behind the creation of the residential care facility was to provide a home like atmosphere for its residents, where they could live safely and have access to care as needed yet remain somewhat independent and be free from living out their life in a medical facility atmosphere. There are many benefits to assisted living such as help with daily functions as well as simply not living alone.

Residential Care Facilities for the Elderly are required by state code to be licensed and regulated by the Department of Social Services, Community Care Licensing Division (See Appendix F). In addition each facility is required to be inspected by the office of the State Fire Marshal for fire clearance, working smoke detectors, fire extinguishers, accessible exit doors and a myriad of other fire safety related codes (California Department of Social Services, 2015b). Many of these facilities are referred to as “6 beds” because a majority of RCFE in California have a six bed capacity. As per state code, any long-term care facility with seven beds or more is required to have fire sprinklers installed and inspected regularly by the State

3 Melissa Reed
RESIDENTIAL CARE FACILITIES FOR THE ELDERLY IN CALIFORNIA

Fire Marshal (Polzer, 2013). Smaller facilities avoid the cost of installing fire sprinklers by limiting their capacity to six beds or less. These smaller six bed facilities commonly exist in residential private homes throughout California.

After reviewing the existing literature on RCFE preparedness for this study, it became clear that while there is a significant amount of research on Nursing Homes and their preparedness activities and deficiencies; there is very little research on the status of RCFE disaster preparedness plans, experiences of evacuations, needs assessments, best practices or lessons learned for this type of facility. The planning challenges they face, support they receive or access to guidance in planning for disasters remains unclear. Furthermore, there is no publically accessible database which documents by type of incident how many or how often these facilities are experiencing disasters; to better understand the risks they face. Reviewing the current and past research on Nursing Homes and disaster preparedness has provided a clear idea of what types of similar gaps and deficiencies may be found in Residential Care Facilities for the Elderly in California.

In terms of state regulations, Residential Care Facilities for the Elderly are required to complete and submit a one-page disaster plan document (Form LIC610E) at the time of application for licensure as per California state code § 87212 (California Department of Social Services, 2015b). This form documents the basic facility information, limited assignments of staff during an emergency, emergency phone numbers, facility exit locations and two temporary relocation sites. Form LIC610E also includes the locations of utility shut offs, first aid kits, Automated External Defibrillators (AED), and locations of smoke alarms and type of fire alarm system (see Appendix C). The instructions section at the top of the form indicates that the form should be “Post in a prominent location in facility, near telephone” (California Department of Social Services, 2003).

**Statement of the Problem**

In California, Residential Care Facilities for the Elderly house thousands of medically frail, bedridden, and elderly individuals with mobility challenges and other special needs. Due to the lack of research focused on this type of facility, it remains unclear to what extent these facilities are preparing for disasters, what their experiences have been during disasters or what common practices they exercise during evacuations. The state of California faces many hazard risks both natural and manmade. Thus, it is imperative that the state of preparedness in these facilities is better understood by the public health preparedness and emergency management communities to allow for future state and local hazard mitigation and evacuation plans to adjust to these realities. Without an accurate understanding of these facilities ability to respond to and recover from disasters, emergency response services are more at risk of becoming overwhelmed from the unforeseen needs of these facilities; putting these already vulnerable groups at even greater risk.

**Purpose of the Study**

The purpose of this study is to identify the challenges Residential Care Facilities for the Elderly in California face in planning for and responding to emergencies and disasters and to make recommendations. By engaging with key people who have specific knowledge and experiences pertaining to RCFE disaster preparedness planning, response, recovery and regulation; the challenges and needs of these facilities will be better understood.

4 Melissa Reed
Questions to be Answered
What challenges do Residential Care Facilities for the Elderly in California face when planning for and responding to emergencies and disasters?

1. What additional planning elements could be added to the LIC610E disaster planning form that is required by the state to help facilities and first responders in the event of a disaster or evacuation?
2. What recommendations could be made to help improve disaster planning and response in California RCFEs.

Delimitations
This study was delimited by focusing exclusively on Residential Care Facilities for the Elderly in the state of California only.

Study Participants
The following groups categorize participants included in the study:

1. RCFE administrators group:
   - Will include RCFE administrators currently licensed in the state of California who have worked at an RCFE facility for a year or more.

2. RCFE stakeholders group:
   - RCFE Advocates
   - RCFE Regulating Agent
   - First Responders
   - Emergency Managers
   - Vulnerable Population Planner or Advocate.

Limitations
This study had several limitations:

1. The length of time to complete the study was limited to a single semester.
2. The study is not representative of the target population as the thoughts, feelings, opinions, and experiences of each individual interviewed may not represent the thoughts, feelings, opinions, and experiences of any representative group as a whole. The experiences shared by the subjects interviewed for this study relating to challenges of planning and preparing for disaster may be similar in other groups and facilities that were not included in the study; however, without interviewing them, this information cannot be known.
3. Lack of peer-reviewed literature specific to RCFE disaster preparedness experiences limited the foundation of an accepted body of knowledge from which to build or support the study.
Definition of Terms

Administrator: The individual designated by the licensee to act in behalf of the licensee in the overall management of the facility. The licensee, if an individual, and the administrator may be one and the same person (California Department of Social Services, 2015b).

Adult and Senior Care Licensing Program: The program that regulates Adult and Senior Care facilities including Adult Day Programs, Adult Residential Facilities, Residential Care Facilities for the Chronically Ill, Residential Care Facilities for the Elderly, and Social Rehabilitation Facilities (California Department of Social Services, 2015b).

Advocate: Someone who represents promotes assists or consults on behalf of a specific person or group in order to improve services or policy.

Capacity: The maximum number of persons authorized to be provided services at any one time in any licensed facility homes (California Department of Social Services, 2015b).

Community Care Licensing Division: The Community Care Licensing Division of the California Department of Social Services is the regulatory agency charged with licensing, inspection and oversight of all RCFE in the state of California (California Department of Social Services, 2015b).

First Responder: Includes emergency medical services providers such as fire fighters and fire department personnel, paramedics, emergency medical technicians, dispatchers, police officers, and medical transporters.

Hazard mitigation: Any action taken to reduce or eliminate long-term risk to people and property from natural hazards (Department of Homeland Security, 2015).

Preparedness: This means maintaining a state of readiness by a facility for all types of emergencies, evacuations and disasters. Preparedness activities may include training, creation of a disaster plan, exercising of a disaster plan, maintaining supplies on hand for emergency use, or practicing evacuation methods.

Resident: A person living in an RCFE facility who receives care and supervision (California Department of Social Services, 2015b).

Residential Care Facility for the Elderly (RCFE): A residential home for seniors aged 60 and over who require or prefer assistance with care and supervision. Residential Care Facilities for the Elderly may also be known as Assisted Living facilities, retirement homes and board and care homes. This is a housing arrangement chosen voluntarily by the resident, the resident's guardian, conservator or other responsible person; where 75 percent of the residents are sixty years of age or older and where varying levels of care and supervision are provided, as agreed to at time of admission or as determined necessary at subsequent times of reappraisal. Any younger residents must have needs compatible with other residents. (California Department of Social Services, 2015b).

Stakeholder: A person or group with a direct interest or involvement in some aspect of operation, avocation, legislation or regulation of Residential Care Facilities for the Elderly in California.
Review of the Literature

Daugherty, Eiring, Blake, and Howard (2012) used a multistage qualitative and then quantitative study design to assess how home health care agencies develop and implement preparedness plans both prior to and during a disaster. Home health administrators were interviewed about their disaster preparedness plans. The group interviewed were senior level administrators located both in Georgia and California. The key findings of this article was that the different requirements for disaster preparedness training and preparation vary widely depending on what agency regulates them. In addition, the study noted that a repetitive theme found was that most home care workers had virtually no disaster training and many of them agreed they needed additional guidance in planning for disasters.

In Fernandez, Byard, Lin, Benson, and Barbera (2002) an analysis of literature including articles, news reports, newsletters and training materials that included the key words of “disaster” and “frail elderly” was studied to determine what specific vulnerabilities the elderly face during disasters and how those vulnerabilities can be addressed. The findings of their research revealed that the most significant vulnerability of the elderly during a disaster is their lack of mobility. This is described as loss of ability to escape danger, due to their lack of the physical ability to bend, stoop, run, and are generally most susceptible to injury and death in a major disaster. An important recommendation made by Fernandez, Byard, Lin, Benson, and Barbera was that development of new programs or services is not necessarily required to address this problem but rather a comprehensive make over of existing programs that would better address these issues could be both cost effective and easier to achieve.

In 2004, Saliba, Buchanan, and Kington’s study assessed the experiences of a wide variety of Nursing Homes after the 1994 Northridge earthquake. The researchers identified facilities located in the affected areas of Southern California and identified specifically facilities that had suffered damages. Carefully constructed surveys were mailed to 144 facility administrators. The results provided by the 113 respondents gave explicit insight into the reality of their strengths and weaknesses that they experienced during a major disaster. According to Saliba, Buchanan, and Kington, more than half of the facilities that participated in the study cited that they had major problems with their disaster plans and that their plans failed to address the concerns that they faced. One major example of this was absence of critical staff and lack of fuel for back up generators. Similar problems were reported again in Root, Amoozegar and Bernard (2007) when the consensus of long-term care focus groups agreed that during a disaster, facilities need extra help and additional staff and yet they are commonly found understaffed during an emergency.

Failures in planning have been a common theme in the literature available on disaster preparedness and long-term care facilities. In Hagen (2006), 194 long-term care facility administrators across the United States were surveyed online to determine what gaps in disaster planning exist for the elderly population. The questions included on the survey asked about their interactions, if any, with local health departments, their preparedness plans, activities and training regarding disaster planning and preparedness for their facilities. The most important finding presented in this article was stated best by Hagen as “When asked what the key issue was in their state or region related to emergency/ preparedness, 82% said that there is a lack of coordination of emergency and social service networks in their states/regions” (p.2). Failure to plan for evacuations was another common theme as noted in Castle (2008) which analyzed more than 2000 nursing home evacuation plans and national facility data to determine the characteristics of the facilities, which had received citations for deficient evacuation plans. Data was collected by online survey, as well as the facility certification and recording database. Citation information on these facilities from 1997 to 2005 was included in the study. The most significant findings of this study was that of the more than
2000 Nursing Homes reviewed, 79% of them failed to include evacuation routes in their emergency plans.

In the state of California, there are over 7,000 Residential Care Facilities for the Elderly spread throughout nearly every county (See Table 1). Many of these facilities have a six bed capacity. This is because facilities with seven beds or more are required to have fire sprinklers installed in the facility, which is a costly endeavor (California Department of Social Services, 2015b).

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San Diego   631  14966
San Francisco 76   2212
San Joaquin  90   3232
San Luis Obispo 101  1215
San Mateo    299  4461
Santa Barbara 126  2033
Santa Clara  295  5261
Santa Cruz   28   1094
Shasta      48   914
Sierra       0    0
Siskiyou     3   187
Solano      143  1934
Sonoma      179  2678
Stanislaus  84   2403
Sutter       9   459
Tehama      10   172
Trinity      0    0
Tulare       36  957
Tuolumne    5   293
Ventura    206  4206
Yolo        23   872
Yuba        4   158


Methods

Arrangements for the Study

In preparation for this study, several online courses were taken at the Collaborative Institutional Training Initiative (CITI) program website. These courses were in fulfilment of the required training to conduct human research as required by the Pennsylvania State University College of Medicine and Hershey Medical Center. The protection of human research subjects - biomedical courses included the following modules:

- Belmont Report and CITI Course Introduction (ID: 1127)
- History and Ethics of Human Subjects Research (ID: 498)
- Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)
- Informed Consent (ID: 3)
- Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)
The Institutional Review Board, Office of Research Protections at Pennsylvania State University also reviewed this research. The Institutional Review Board (IRB) has reviewed the application, protocol, and supporting materials including methodology, scientific rigor, data collection methods, ethics and qualifications of the study team. All IRB documentation related to this study is in Appendix A. The research was classified as exempt human subject research, which does not require a full committee review.

Design of the Study

The study used both qualitative and quantitative methodology. The quantitative data was gathered by reviewing 435 RCFE disaster plan forms, courtesy of Consumers for RCFE Reform (CARR), which has collected and owns approximately 45,000 public documents; retrieved from the State of California, Department of Social Services, Community Care Licensing Division (CCL). CARR’s archive holds approximately 700 to 800 public files on Residential Care Facilities for the Elderly located throughout the state. CARR very generously allowed me access to those raw data files. From the data made available to me by CARR, and in the time allotted for this research, I was able to review 435 disaster plans. In addition, the study used in-depth interviews of RCFE administrators and relevant stakeholders to gain a broad perspective on the topic of disaster preparedness in California RCFE. The sample selection process was purposive in nature; based on finding the most relevant and knowledgeable subjects who have played a direct role in RCFE disaster preparedness, response, recovery or regulation. The in-depth interviews were recorded using hand held tape recorders and later double transcribed for accuracy.

An iterative process of review then began using the start list method for the development of the initial code structure (Bradley, Curry and Devers, 2007). Further sub-coding was also required for a more in-depth analysis of the narrative responses. The sub-coding was completed using inductive methodology and was dictated by the responses given by the subjects in their narrative interviews. After coding was completed line by line using constant comparison, themes were identified which will be discussed in the results section. The software QDA Miner 4 Lite and Dedoose were used for coding.

Procedures

Participants

The sample size was determined by how purposeful each subjects input would be in answering the questions posed. Because of the qualitative methodology, the profundity of the interviews was more critical than the number of interviews conducted. Sampling of subjects was determined to be complete upon theoretical saturation meaning when the information gathered
starts to repeat itself and no new information is being found (Bradley et al., 2007). In addition, time constraints for this project were also a factor.

Inclusion Criteria

- All participants must be eighteen years of age or older and speak English.
  1. RCFE administrators currently licensed in the state of California who works at a facility with six beds or less.
  2. RCFE administrators currently licensed in the state of California who works at a facility with 7 – 50 beds.
  3. RCFE administrators currently licensed in the state of California who works at a facility with 51 beds or more.
  4. RCFE administrators currently licensed in the state of California who works at a facility in a federally recognized flood zone.
  5. California Department of Social Services Community Care Licensing staff members who are currently holding any of the following titles: State Program Administrator, Assistant Program Administrators, Bureau Chief, Regional Manager or Licensing Program Manager.
  6. Current members of the California Office of the State Fire Marshal’s Residential Care Facility advisory committee.
  7. California State Long-Term Care Ombudsman.
  8. Representatives who have specific knowledge of RCFE from one or more of the following organizations: California Advocates for Nursing Home Reform, California Assisted Living Association, and/or Consumer Advocates for RCFE Reform.
  9. California State, county and local emergency managers and coordinators.
  10. Fire fighters, Captains, and Public Information Officers who have evacuated one or more RCFE.
  12. California Governor’s Office of Emergency Services staff that has specific planning and response knowledge of RCFE.
  13. Private Ambulance Companies in California that have contracts with RCFE.
  14. Current American Red Cross Regional Program Managers, Mass Care Coordinators and State Relations Directors.

Participants Exclusion Criteria

1. Any person under the age of eighteen.
2. RCFE Administrators who have been working in that position less than one year.
3. Any person who does not have specific knowledge or experience in planning for, working in, advocating for or responding to emergencies and/or disasters in RCFE in California.
4. First responders who have not responded to an incident at an RCFE in the last ten years.
5. Subjects who do not speak English.
Instrumentation

The instrumentation used for this study included a set of questions for the two main groups interviewed, RCFE Administrators and the stakeholders group. Care was taken to design the questions in a non-bias way that did not lead the subjects to any particular answer. By asking very broad and open-ended questions, the subject being interviewed was given the freedom to respond to the questions without limiting factors or narrowed response options.

RCFE Administrator Interview questions:

1. Tell me about your disaster plan?
2. What type of natural or man-made disaster do you consider to be the biggest threat to your facility?
3. Walk me through the process of evacuation?
4. Tell me about your transportation plans?
5. Tell me about what agencies or organizations, if any, you have been in contact with regarding disaster planning?
6. Do you have anything else you would like to add?

Stakeholder Interviews Questions:

1. What regulations exist for RCFE to have disaster plans?
2. What challenges, if any, do RCFE face in planning for a disaster?
3. What services are available to RCFE to help them plan for disasters?
4. Explain who specifically deals with RCFE disaster planning?
5. What programs or outreach campaigns have there been to improve RCFE facility preparedness for disasters?
6. Explain what elements should be included in a comprehensive disaster plan for an RCFE?
7. Do you have anything else you would like to add?

Data Collection

Quantitative Data

To determine what level of preparedness the state of California actually requires RCFE to document as per current regulation, it became clear that analysis of the actual state required form (LIC 610E PUBLIC) Emergency Disaster Plan for Residential Care Facility, was necessary. To understand how these forms would guide facilities during an emergency or disaster, the actual forms of several facilities needed to be analyzed. Due to the time constraints of the study, submitting a public information act request for such documents would not have yielded the raw data needed for said analysis in the time frame given. The organization Consumer Advocates for RCFE Reform (CARR), which has collected and owns approximately 45,000 public documents; retrieved from the State of California, Department of Social Services, Community Care Licensing Division (CCL). CARR’s archive holds approximately 700 to 800 public files on Residential Care Facilities for the Elderly located throughout the state. CARR very generously allowed me access to those raw data files. From the data made available to me by CARR, and in the time allotted for this research, 435 disaster plans were reviewed.
Qualitative Data

Subjects were initially contacted by phone and invited to participate in the study and then screened for inclusion and exclusion criteria. Those that met all criteria for the study and who agreed to participate in the study were then sent in the mail a form which explained consent and gave information about the study. Subjects were informed several times verbally and in writing, that participation in the study was voluntary. In addition, subjects were informed that they may choose not to answer any question for any reason without explanation. The subjects were not forced to respond quickly, and were given adequate time to formulate their responses without pressure from the interviewer. All interviews were conducted in a private setting where subject’s answers were not overheard. The process of collecting data began first by inviting qualified subjects to participate in the study. Using an internet search to find publically listed contact information, as well as, leveraging several personal contacts, the process of determining the best possible participants to invite to participate in the study was completed. For RCFE Administrators, thirty-seven facilities, using convenience sampling, were called and screened for the selection criteria. If criteria was met, subject was then invited to participate in the study. Resulting from those initial calls, seven interviews were scheduled with Facility Administrators whom represented facilities of all sizes. Due to limitations of time, funding for travel, and participant cancelations, only one facility administrator was included in the in-depth interviews.

The in-depth interview process began with a brief introduction about the purpose of the study. Subjects were informed that no personally identifiable information would be linked to their responses and asked to answer honestly and to the best of their ability. Subjects were then asked if they consented to having their responses to the interview questions recorded by two hand held tape recorders. Upon their consent, recording began and the interview questions were asked. The interview guide (see Appendix D) was used as a starting point to initiate the interview. As my dialogue with the subjects began, further questions were asked to assist in exploring in-depth the information shared by the subject. Each interview was different and no two responses were identical; however, by the end of the third interview, theoretical saturation of several major themes were identified. The fourth, fifth and sixth interviews produced very little unique information.

Data Analysis

Quantitative Data

Exactly 435 LIC610E disaster plan forms were reviewed. Some of the forms were for the same facility but filed on separate dates, in these cases, the form was still counted as one form. No duplicate forms were included in the study. After inspecting the data on the first twenty forms, two sections of the form was selected for the focus of my analysis:

I. Assignments During an Emergency (See Figures 3, 4).
IV. Temporary Relocation Sites.

The actual data analysis of the LIC601E forms took place after the qualitative interviews had been completed, transcribed and coded. Thus, the two sections listed above were clearly the most relevant sections to analyze to compliment the qualitative findings of this study. The disaster plans, from here on referred to as LIC610E forms are a one-page document required by CCL to be filed with the state at the time a facility files for a license. I reviewed the forms one-by-one and placed them into groups indicating like characteristic such as forms that only listed one relocation site, two relocation sites and so on. Once every form had been reviewed, the total number of forms in each group were counted three times to ensure correctness of the
count and then that number was documented. Upon completion of reviewing, grouping and counting the forms, the findings were documented. Upon documentation, all the forms were place together into one pile and repeated the process for the next section of the form to be analyzed.

**Qualitative Data**

The initial code structure (see Appendix B) was developed using the start list method as a starting point based on topics and findings from the existing literature that was reviewed (Bradley et al., 2007). After a line by line analysis and coding of the first two interview transcripts, the code structure was reassessed and additional codes and sub-codes were added. The constant comparative method was used (Bradley et al., 2007). All transcripts were coded and themes were identified with comprehensive analysis and additional support made available through the coding software, QDA Minor 4 Lite and Dedoose.

**Results**

**Quantitative Data**

Upon review of 435, LIC610E forms, also known as, Emergency Disaster Plans for RCFE, 63 facility plans (14%) had only one temporary relocation site listed. The form allows space for two sites to be listed on the form (See Table 2). The type of relocation site was often only a name and address, which is presumed to be a private residence as some forms indicated as such. Other temporary relocation sites were listed as “hospital” or “Red Cross”. There were also many like facilities listed as temporary relocation sites and addresses with no name or indication of what type of structure the address belongs to, as well as many other combinations of names and phone numbers but no addresses, incomplete addresses, and vague statements like, “Motel”.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Characteristics of RCFE Disaster Plan LIC610E Form Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic of Data</td>
<td>N (%)</td>
</tr>
<tr>
<td><strong>Assignments During an Emergency</strong></td>
<td>435</td>
</tr>
<tr>
<td>Listed same person for all staff assignments.</td>
<td>36 (8.27)</td>
</tr>
<tr>
<td>Multiple staff assignments listed as ’To Be Hired’*</td>
<td>107 (24.59)</td>
</tr>
<tr>
<td>No staff assignments listed.</td>
<td>4 (0.91)</td>
</tr>
<tr>
<td>Handwriting was illegible</td>
<td>1 (0.22)</td>
</tr>
<tr>
<td><strong>Temporary Relocation Sites</strong></td>
<td>435</td>
</tr>
<tr>
<td>Listed two sites.**</td>
<td>365 (83.90)</td>
</tr>
<tr>
<td>Listed one site.</td>
<td>63 (14.48)</td>
</tr>
</tbody>
</table>

14 Melissa Reed

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No sites listed.  
7 (1.60)
14 (3.21)

Letters of permission for relocation site

Notes.  \( N \) = Number of forms found with listed data characteristic. Date Range of the forms reviewed: 2000-2015. Multiple staff listed as ‘to be hired’* indicates that two or more emergency staff assignments out of the six predesignated assignments listed on the form were incomplete or listed as ‘to be hired’. No staff assignments listed indicates that entire section was left blank. ** = Sufficient amount of listed information, all other characteristic groups are considered to be a case of insufficient information.

Qualitative Data

Primary stakeholders involved with RCFE disaster planning and response were identified and invited to participate based on the inclusion criteria listed in the procedures section of this document. The stakeholders interviewed represented the major different aspects of planning and responding to disasters within the realm of RCFEs in California (See Table 3). Subject selection began by determining what state and local agencies, departments, bureaus or task forces had a direct role in either regulation or government oversight. The primary regulating agencies include the Community Care Licensing Division of the Department of Social Services of the State of California. All RCFE are also regulated by the office of the State Fire Marshal. By including one subject from each group, all relevant perspectives could be fairly represented between the interviewed participants.

Table 3
Characteristics of the Six Participants

<table>
<thead>
<tr>
<th>Subject Group</th>
<th>Description</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate</td>
<td>Advocates for the rights of the consumer i.e the residents whom are care for in RCFEs.</td>
<td>Private</td>
</tr>
<tr>
<td>Emergency Manager</td>
<td>Oversees and manages the emergency response operations.</td>
<td>Public</td>
</tr>
<tr>
<td>Facility Administrator</td>
<td>Manages RCFE Facility, they are listed on the disaster plan.</td>
<td>Private</td>
</tr>
<tr>
<td>First Responder</td>
<td>Someone directly involved with evacuation of RCFE facilities.</td>
<td>Public</td>
</tr>
<tr>
<td>Vulnerable Population Planner</td>
<td>Someone who specifically plans and advocates for</td>
<td>Public</td>
</tr>
</tbody>
</table>

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persons with access and functional needs, including the elderly.

Regulating Agent: A person who directly inspects, monitors, licenses, regulates or enforces any code, statue, regulation or law pertaining to RCFE in California.

Notes: Public = Governmental or public service agency.

RCFE Challenges When Responding to Emergencies and Disasters

Residential Care Facilities for the Elderly face considerable challenges when responding to an emergency or disaster. As shown in Table 4, issues concerning communication and transportation were the most frequently discussed challenges across all interviews.

Table 4
Challenges of RCFE Response Distribution of Keywords (Frequency)

<table>
<thead>
<tr>
<th>Issue/Challenge</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFN Special Equipment/ Vehicles</td>
<td></td>
</tr>
<tr>
<td>Capable Leadership</td>
<td></td>
</tr>
<tr>
<td>Communicating Needs</td>
<td></td>
</tr>
<tr>
<td>Evacuating Bedridden</td>
<td></td>
</tr>
<tr>
<td>Lack of Multiple Relocation Sites</td>
<td></td>
</tr>
<tr>
<td>Limited Resources</td>
<td></td>
</tr>
<tr>
<td>Medication Management</td>
<td></td>
</tr>
<tr>
<td>Sheltering</td>
<td></td>
</tr>
<tr>
<td>Plan Out of Date</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Underprepared Facilities</td>
<td></td>
</tr>
<tr>
<td>Understaffing Issues</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Keyword = Issue/ Challenge. Frequency indicates the number of times each keyword was noted across all interviews.
Transportation

Transportation challenges were heavily stressed by all subjects interviewed. One quote that best illustrates the transportation challenges were:

Do you want to know what the biggest transportation challenges are? Let's say you run a facility, I run a facility, and he runs a facility; and we all have contracts with a transportation provider like Paratransit. We all use the same provider. So in a single County, if we all have an emergency at the same time and that provider only has three vans, that's the real transportation challenge. Vulnerable Population Planner (personal communication, March 29, 2016).

This example was supported by another which described a specific example of the transportation challenges faced by RCFEs when they added, "When we had a string of fires, again we ran into the accessibility issues and transportation, just a lack of providers."

Another subject stated that:

Many LIC610E forms list a bus transport company who will provide evacuation services, but in an emergency, the bus transport company they list will probably be at capacity. Virtually no facilities I can think of in this area have company vehicles that could be used to evacuate their residents. Vulnerable Population Planner (personal communication, March 31, 2016).

In addition, another quote from one of the in-depth interviews explained “For transportation, the biggest challenge is that we have to know what they need so that we know who to task and where to send them” Vulnerable Population Planner (personal communication, March 29, 2016).

This quote reflects both issues of transportation and communication of needs.

Communication

Communication challenges were another major issue with a high frequency of discussion. A majority of the subjects emphasized that communicating with local responders were key in adequately responding to the specific needs of RCFEs during an emergency or evacuation. The most strongly argued point was that facilities know their own needs best; however, if they do not clearly communicate those needs in detail to responders, it is hard to help address any issues that they may be facing. Two examples of specific incidents where good communication practices were observed by the stakeholders being interviewed. The first example was:

The Red Cross and Emergency Services in all of the evacuations have been really good, they're aware of the facilities that are in those areas (High Fire Risk Areas) and so they've been good at letting them know, 'We know you have elderly clients, how many of them are non-ambulatory? How many of them will need assistance… How many of them will be able to walk up onto a school bus?’ Regulating Agent (personal communication, April 01, 2016).

The second example given states:

When our chiller went out on a really hot day, we had staff pow-wows out in the lobby once an hour, every hour. With good communication and good coordination and leadership and accountability, we were cooler than when the chiller was working! Facility Administrator (personal communication, April 08, 2016).

Key elements of information that should be communicated were explained in detail by one stakeholder, who explicated a list of common questions and other types of information that facilities should be ready to communicate with responders:

What special equipment will they need? Am I going to need showers, am I going to need more than one? How many am I going to need to? Are we going to need other special resources on site? Am I going to need cots, electricity for charging wheelchairs, special

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medical equipment, oxygen? What kind of actual physical resources and assets are going to be needed? The more information that we can gather off of this one page (LIC610E form) the better. If you handed me something that says, this is the population that we’ve got coming in, and here’s what the needs are, I can do a lot with that, but I’ve got to know what the needs are… transportation is just one key part of that. Vulnerable Population Planner (personal communication, March 29, 2016).

Several other interviewees identified the importance of communication. Some other issues relating to communication included facilities having a crisis communication plan for staff, making emergency information accessible to all people including, non-english speakers, the deaf and hearing impaired, the blind and making important key messages in plain and simple to understand language. Also, one subject emphasized the importance of involving families in the circle of communication because “They might need to come pick their loved one up” Facility Administrator (personal communication, April 08, 2016).

**Evacuation of Bedridden Residents and People with Access and Functional Needs**

The ability for facilities and specifically smaller facilities to evacuate bedridden residents was noted in several interviews. One interesting quote discussing bedridden residents states: CCL (Community Care Licensing) allows RCFEs to have special approvals and waivers for residents having higher acuity levels (bedridden, hospice, dementia). Some facilities in […] have approvals and waivers that account for over 50% of their licensed capacity in these high acuity residents. Advocate (personal communication, March 31, 2016).

**RCFE Challenges When Planning For Emergencies and Disasters**

Results of all in-depth interviews’ discussions pertaining to challenges RCFEs face in planning for emergencies and disasters is shown in Figure 1, Table 5.

**Figure 1**
*RCFE Planning Challenges Distribution of Keywords (Frequency)*

![RCFE Planning Challenges Distribution of Keywords](image)

Notes. Understanding Risk= Statements indicating that risks, consequences, hazards are not fully understood by some or multiple parties. Additionally, may indicate that preparedness planning was considered a low priority in some cases.
Table 5
RCFE Planning Challenges Code Count and Case Frequency

<table>
<thead>
<tr>
<th>Code/Keyword</th>
<th>Count</th>
<th>Cases</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access/ Functional Needs</td>
<td>2</td>
<td>2</td>
<td>33.30%</td>
</tr>
<tr>
<td>Coordination with Local Government</td>
<td>14</td>
<td>4</td>
<td>66.70%</td>
</tr>
<tr>
<td>Economic Recovery</td>
<td>2</td>
<td>2</td>
<td>33.30%</td>
</tr>
<tr>
<td>Lack of Guidance</td>
<td>2</td>
<td>2</td>
<td>33.30%</td>
</tr>
<tr>
<td>Limited Local Planning Resources</td>
<td>3</td>
<td>3</td>
<td>50.00%</td>
</tr>
<tr>
<td>Small Facilities Lack Resources</td>
<td>6</td>
<td>3</td>
<td>50.00%</td>
</tr>
<tr>
<td>Tracking Evacuated Residents</td>
<td>3</td>
<td>2</td>
<td>33.30%</td>
</tr>
<tr>
<td>Understanding Risk</td>
<td>6</td>
<td>4</td>
<td>66.70%</td>
</tr>
</tbody>
</table>

Notes. Case = Interview. Two outliers (undertrained staff and involving residents families) were removed from the data table, because they each had only 1 case and a code count of 1.

Facility Size

50% of the interviews conducted for this study, at some point mentioned how smaller facilities lacked resources. Some quotes that relate to this frequently discussed concept include:

As a facility administrator, I'll be the first one to tell you we definitely need help. The small facilities; they're a little more nimble. They could get six people in a van fairly easily. It's a little more complicated when you have more beds. Facility Administrator (personal communication, April 08, 2016).

In addition, another quote discussing the relevance of facility size states:

There's a good number of facilities that are doing adequate planning but there's also a good number that aren't and they're falling in this crack where they're either like; There's a small number of us and we're independent or we're really big and have a lot of resources. What you have to worry about are the ones in between because they're big enough to have a lot of people, but not so big that they have a lot of resources. Vulnerable Population Planner (personal communication, March 29, 2016).

Furthermore, discussing facility size, staffing and challenges during in-depth interviews led to these statements being shared:

All RCFE facilities have the same regulation, regardless of size. Many facilities are six bed capacity but they range from three beds to over two hundred in size. There is no maximum capacity by law for RCFEs, as long as they do not exceed fire code maximum occupancy for a structure. Regulating Agent (personal communication, April 01, 2016).

Coordination With Local Government

In 66.70% of cases, stakeholders reported that the biggest challenge facilities often face is coordinating with local government, local first responders, local transportation companies and other relevant stakeholders. In trying to understand what services are obtainable to facilities when an emergency or disaster occurs, it seemed logical to think that the regulating agency

19 Melissa Reed
would likely be the best stakeholder to answer such question; however, the resulting findings were surprising. In some, no one particular person is charged with leading coordination of preparedness or response of these facilities as one regulating agent noted, “Ultimately it is their responsibility to ensure the safety of the residents in their care” Regulating Agent (personal communication, April 01, 2016). Moreover, when inquiring about whom specifically deals with disaster planning for RCFEs in the state of California, the majority of subjects interviewed thought that the agency granting facilities licensure to operate in the State would most likely be the lead agency to take charge of ensuring the preparedness of the facilities they regulate. When I interviewed a regulating agent, they confirmed “We don't reach out... there's no campaign, not from our agency” Regulating Agent (personal communication, April 01, 2016).

As a follow up question, it was asked if any planning help or resources have been or could be shared with RCFEs in the future. In short, the responses given suggested that facilities should utilize local Advocate groups for planning help and also suggested that “Our offices have form racks in the lobby and anybody can just go and put forms in there. It's not something that we monitor but it's there and available to people” Regulating Agent (personal communication, April 01, 2016).

During the data collection phase of this study, the lobby of one regulating agency’s office to see if such forms existed, while indeed there were form racks and forms, none specifically addressing issues of preparedness were found.

In the interview with a facility administrator, the administrator was asked if they would take advantage of planning resources if offered to them and they responded “Absolutely” Facility Administrator (personal communication, personal communication, April 08, 2016).

Going deeper, one interview explained that “California has adopted SEMS which requires that all agencies coordinate their planning and operational responses to disasters” First Responder (personal communication, April 05, 2015).

There are only two counties in the state of California that have “Long-Term Care Evacuation Plans” which are easily accessible by a simple internet search. After reviewing the plans, it is clear that all counties would benefit from having such a plan in place. Another subject interviewed agreed stating:

RCFEs should be included in any county emergency disaster plan program for hospitals, skilled nursing facilities, developmentally disabled group homes – there should be a comprehensive and mandatory program to address evacuations, how to triage, among care facilities regardless of their licensing agencies. Advocate (personal communication, March 31, 2016).

Coordination of local and state government is key. That much is clear. In one interview, while discussing the challenges of evacuations, one respondent said:

I honestly lose sleep at night sometimes thinking about how to move not just thousands of people, but hundreds of thousands of people and what an evacuation would look like in a mass earthquake event. Emergency Manager (personal communication, March 29, 2016).

From facility administrators to emergency managers, it is agreed that coordinating resources and plans are needed to support safe and efficient emergency response and evacuation of RCFEs. After searching the internet, making calls to various counties and agencies and conducting the six in-depth interviews with stakeholders, one quote sums up the issues of coordination of facilities and local government and planning challenges:

The things I think are more beneficial happen before the disaster, which is having an emergency plan... Let us review what you have, let us help you integrate your plan with what the folks at the local levels are doing. It really does not cost any money and it is something we are happy to do. ... I'd rather review emergency plans all day,
then have to go out and talk to people about why they are important. . . Which is what we spend a lot of time doing. Vulnerable Population Planner (personal communication, March 29, 2016).

Additional Planning Challenges

Over the course of this research and specifically during the interview phase, several other important challenges were noted including the challenges facilities face when trying to plan for how to be paid when they accept evacuated residents from another facility. In addition, 33% of subjects interviewed mentioned the complex challenges of trying to keep track of where evacuated residents are taken and if they are being adequately care for at that temporary relocation site. All in all, communication and sharing of information and the explicit need for improved coordination between facilities, local responders and planning agencies summarizes the key findings of RCFE planning challenges in the state of California.

Lessons Learned and Best Practices

Over the course of all six interviews, several lessons learned and best practices were shared by the various stakeholders. These findings have been summarized by topic and presented by number of cases (interviews) which discussed the listed identified themes that multiple stakeholders shared showing commonality of their views (see Table 6).
Table 6
RCFE Lessons Learned and Best Practices Frequency by Case

<table>
<thead>
<tr>
<th>Category</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>1.0</td>
</tr>
<tr>
<td>Facilities Partnering with Advocate Groups</td>
<td>1.0</td>
</tr>
<tr>
<td>Develop Best Practices/ Share Lessons Learned</td>
<td>1.5</td>
</tr>
<tr>
<td>Training/ Exercising/ Drilling</td>
<td>1.5</td>
</tr>
<tr>
<td>Identifying Most Vulnerable Residents</td>
<td>1.0</td>
</tr>
<tr>
<td>Back Up Generator</td>
<td>2.0</td>
</tr>
<tr>
<td>Corresponds with Local Plans</td>
<td>2.0</td>
</tr>
<tr>
<td>Detailed Transportation Plan</td>
<td>2.0</td>
</tr>
<tr>
<td>Disaster Drills Involving Residents</td>
<td>2.0</td>
</tr>
<tr>
<td>Include Facility Map</td>
<td>2.0</td>
</tr>
<tr>
<td>Mutual Aid Agreements</td>
<td>2.0</td>
</tr>
<tr>
<td>Having a Comprehensive Disaster Plan</td>
<td>3.0</td>
</tr>
<tr>
<td>Emergency Food/ Water Supply</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Notes. Case= In-depth stakeholder Interview. Corresponds with local plans= facility plan corresponds with local response plans. Includes facility maps= facility plan includes floorplan, exits, and photos of utility shut off locations. Accountability= staff is held accountable for emergency functions.
The Importance of Having a Comprehensive Disaster Plan

The following quotes reveal various thoughts from stakeholders regarding preparedness and the value of comprehensive disaster planning:

Everyday people watch the news and see destruction for the first 15 minutes before the weather and yet they don't prepare [emphasis added]! Emergency Manager (personal communication, March 29, 2016).

In the Calaveras fires, there was a lot of facilities affected, but they were small enough and the folks that were there were typically independent enough that they were able to move them. But, that doesn't mean I'm comfortable with the level of planning that's taking place. Vulnerable Population Planner (personal communication, March 29, 2016).

There's always gaps, and that is what hazard mitigation is all about; but, in a sense it is about identifying those gaps and finding ways, preferably through law, or something that can be codified as policy or procedure that truly can drive change. It needs to be actionable in Emergency Management! Emergency Manager (personal communication, March 29, 2016).

Stakeholder Suggested Additions and Changes to the LIC610E Form

In reference to the LIC610E form, comments included, “Well, at least they have something; but, they should have an actual plan, like a real emergency plan in place [emphasis added]” Vulnerable Population Planner (personal communication, March 29, 2016). This is a great place to transition into the suggested changes and additions stakeholders agreed should be made to the current LIC610E form which the stakeholders themselves expressed would help reduce some of the many challenges they face in planning for and responding to emergencies and disasters.

Table 7

| Stakeholder’s Disaster Planning Form LIC610E Improvement Recommendations |
|--------------------------|----------|-------|------|
| Improvement Code         | Count   | % Codes | Cases | % Cases |
| Checklist of Supplies    | 1       | 0.70%   | 1     | 16.70%  |
| Template                 | 3       | 2.10%   | 2     | 33.30%  |
| Require Updated Resident Information | 3 | 2.10% | 2 | 33.30% |
| Electronic Form Submission/ Typed | 3 | 2.10% | 1 | 16.70% |
| Map of facility          | 4       | 2.70%   | 1     | 16.70%  |

Notes. Cases= Interviews. Codes= Keywords representing a specific theme or type or data.
In 2002, Newcomer reported, “Surprisingly little is known about this industry, one that provides vital services to more than one million individuals who are among the oldest and frailest members of society” in his Primer on RCFEs for the California HealthCare Foundation (p.5). Now, nearly fifteen years have passed and yet still, little is known and understood about these facilities. From a research and planning perspective, as it stands right now, there is no way to gain access to any type of reliable data on how many or how often these facilities have suffered emergencies or disasters, how well they responded or what their experiences were. Without this vital data, researchers and planners cannot reasonably determine what the major risks are to these facilities, if current policy is adequately protecting the vulnerable populations housed in these facilities or what type of additional planning will be needed in the future (Claver, 2013; Newcomer, 2002; Flores, 2008). History has shown repeatedly that it is not until some unthinkable tragedy occurs that real changes of policy, planning and response are considered. In many cases, it took those unfortunate events happening for us to really see and understand how to make things better for the next time.

An opportunity now exists for California to be on the right side of history and be proactive about addressing the challenges that will clearly be faced by Residential Care Facilities for the Elderly in California at some point when a disaster occurs. The issues are there, and they will not fix themselves. Not only do we have a civic duty to ensure the safety of those most vulnerable in times of disaster, but we also have an ethical obligation to start addressing these issues now that they are known, not waiting until lives are lost to do something about it (Hagen, 2006, p.6). Many of the men and women living in these facilities helped to build and shape the communities we live, work and raise our families in and they deserve to be adequately planned for (Gibson & Hayunga, 2006).

**What challenges do Residential Care Facilities for the Elderly in California face when planning for and responding to emergencies and disasters?**

The results of this study were similar to the findings of Root et al. (2007) who noted “A consistent theme across focus groups was the lack of involvement in local or State emergency planning activities by nursing home facilities” (p.15). In addition, the findings of this study are also similar to the findings of Hagen (2006) whose study noted that 82% said that there is a lack of coordination of emergency and social service networks in their states/regions to provide comprehensive resources to Long Term Care communities. If there is one thing this study made apparent, it is that RCFE administrators have been left out of the disaster-planning loop. They need to be invited into every aspect of response planning, they need to be included in the whole community approach.

In Root et al. (2007) participants in their study voiced issues pertaining to evacuating residents with access and functional needs (p.29). The stakeholders interviewed for this study gave great emphasis to this issue and welcomed the concept of migrating the current culture commonly found in RCFE planning, to one which actively engages and builds strong trusted networks that will ensure those with access and functional needs have access to transportation and shelter that will adequately accommodate their needs. It remains vital that RCFE stakeholders in any given region should work towards building a system of resilience. This means that they plan together, train together, drill together and respond together or as much as possible. In a state like California, where several counties have a “Severe lack of resources” noted by the Emergency Manager interviewed (personal communication, March 29, 2016) it is critical that these relationships are fostered and encouraged by the lead agency CCL as well as local jurisdictions. As noted in the best practices section of the results of this study, many lessons have been learned throughout the state and beyond. Local jurisdictions need to be
proactive about sharing their findings and passing along great plans that may help other local agencies who have yet to develop plans of their own. The findings of Castle (2008), Hagen (2006) and the other sources discussed in this paper have proven that RCFEs in California face the same challenges in planning for and responding to disasters as nursing homes and other types of long term care facilities. The one major difference is that RCFEs lack the regulation and oversight that nursing homes have. Nonetheless, this only further indicates that the gaps and challenges are well understood by the academic community and that the findings of this study are not uncommon. More importantly, existing improvement processes, templates, plans and best practices can be shared between stakeholders to address the gaps that we now know exist in RCFEs throughout California.

There are many resources that are untapped, undiscovered or lack engagement by local governments. With some active engagement within local jurisdictions, improved plans that offer increased functionality and better coordination can be developed; however, these improvements do not happen on their own. Future planning should be tasked by those who are knowledgeable in both emergency management and long-term care. Coordination among agencies during planning processes will have a greater chance of success if the process leverages inter-agency partnerships that will bring together facilitators whom understand the needs of these facilities as well as current emergency management and response frameworks. Advocate groups may also provide guidance to stakeholders by helping bring them together in new and innovative ways. The findings of similar peer-reviewed research such as Hagen (2006) and Castle (2008) have both emphasized the need for local governments and facilities alike to work together when planning and preparing for disasters.

As it stands now, the challenges RCFEs face when responding to emergencies and disasters are attributed to three root causes (see Figure 2). The root causes include lack of communication, lack of planning and lack of coordination. Figure 2 summarizes the types of issues commonly discussed in the interviews completed for this study. As one can see in figure 2, there is a continual relationship between these three core issues or root causes. In sum, to plan, facilities often need to communicate their needs for help and coordinate with local agencies to get the help they need. In turn, if facilities do not communicate their needs, neither planning nor coordination can take place. Finally, coordination requires both planning and communication. The cycle is dependent upon these three key issues and all three of these factors need to be equally and adequately accounted for. As indicated by the stakeholders interviewed, these issues are the foundation of a successful emergency response operation.
All the issues discussed in figure 2 add to the continuum of unpreparedness. The biggest response issue stakeholders emphasized throughout the interviews conducted for this study were the challenges of transportation (See Figure 3). As Figure 3 shows, the cycle of unpreparedness by individual facilities further incapacitates limited local resources, requiring state and possibly federal assistance to be requested. The problem here is not that said requests cannot be adequately fulfilled, but that the time it takes to go through the process of requesting outside resources, organizing logistics and actually getting them on scene is simply not a 20 minute process. Residential Care Facilities for the Elderly that lack adequate transportation plans implicate the elderly they care for to even greater risk. Without further research, it cannot be known to what degree RCFE owners or administrators fully understand these risks and potential consequences.
Figure 3
RCFE Transportation Challenges

From the lack of oversight and regulation that fails to require facilities to fill out in full and regularly update the LIC610 forms to the lack of outreach and education about the risk and benefits of comprehensive planning. All these issues will continue to weigh heavily on limited local resources; ultimately making the response harder for all involved including the frail elderly who reside in RCFEs in the state of California.

The planning challenges faced by RCFEs begin and end with what state regulations require of these facilities, and whether those requirements are found to be adequate in protecting the vulnerable populations housed in California RCFEs. Every RCFE facility must be, according to Title 22, physically inspected at least once every five years (California Department of Social Services, 2015b). CCL performs annual random inspections of facilities and if a facility has a complaint, CCL is required to inspect the facility and investigate the complaint within 10 days (California Department of Social Services, 2015b). At each inspection or visit to a facility, all the required documentation each facility must keep on hand is supposed to be reviewed by the regulating agent there to inspect the facility. Flores, Newcomer, Fecondo and Donnelly (2008) believe that different approaches may be taken when inspecting facilities by regional offices as they found some regional offices had a much higher rate of citations for certain violations indicating that different inspectors and regions gave greater attention to different issues.

When a facility is inspected for whatever reason, the disaster plan, and first aid kit should also be inspected. In the interview conducted for this study with a regulating agent, it was confirmed that all documentation should be reviewed at each inspection and any information found to be incomplete or out of date, would then be required to be updated and submitted to the state regulating agency. There is not a penalty for having outdated or incomplete forms. When any required form, such as the LIC610E is insufficient when reviewed during a random annual inspection or because a complaint was filed, the inspector would at that point tell the facility administrator to update the plan. RCFEs are required to submit the plan when they apply for their license, after that they are not required to update it unless it is found to be outdated. If in fact, CCL is conducting random annual inspections of these facilities, reviewing disaster plans and requiring facilities to update missing information, then in the review of 435 LIC610E forms, it should not have been found that 50.11% of the forms reviewed had insufficient and or incomplete information (See Figure 4, Figure 5). Furthermore, of the facilities that had more than one LIC610E forms reviewed, the additional forms were also found to be incomplete in most cases. In my interview with a regulating agent, I was told that when facilities submit those forms, they are mostly looking at the relocation sites to make sure they have somewhere to go in case a disaster occurs. In my review, it was found that 14.48% of the LIC610E forms listed only one relocation site and only 3.21% included a written letter of permission from another facility stating that they would accept and permit said facility to use X site in case of emergency or disaster.

**Figure 4**

*Example of Commonly Found Emergency Assignments on LIC610E Forms*

<p>| ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED) |</p>
<table>
<thead>
<tr>
<th>NAME(S) OF STAFF</th>
<th>TITLE</th>
<th>ASSIGNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TO BE HIRED</td>
<td>TBD</td>
<td>DIRECT EVACUATION AND PERSON COUNT</td>
</tr>
<tr>
<td>2. TO BE HIRED</td>
<td>TBD</td>
<td>HANDLE FIRST AID</td>
</tr>
<tr>
<td>3. TO BE HIRED</td>
<td>TBD</td>
<td>TELEPHONE EMERGENCY NUMBERS</td>
</tr>
<tr>
<td>4. TO BE HIRED</td>
<td>TBD</td>
<td>TRANSPORTATION</td>
</tr>
<tr>
<td>5. TO BE HIRED</td>
<td>TBD</td>
<td>NOTIFY FAMILY MEMBERS</td>
</tr>
<tr>
<td>6. TO BE HIRED</td>
<td>TBD</td>
<td>NOTIFY CCL AND OTHER AGENCIES</td>
</tr>
</tbody>
</table>

*Notes.* TBD= To be discussed or to be decided.
It is hypothesized that the regulating agents and inspectors do not fully understand the risks that these facilities face in an emergent evacuation event. Further, current policy and regulation considers the examples shown in Figure 4 and Figure 5 to be acceptable and considered adequate planning. There is an explicit lack of accountability here. The current LIC610E form is dated October of 2003, and having analyzed actual forms and interviewing relevant stakeholders who depend on those forms, they clearly need to be updated. CCL would greatly benefit from coordinating with the Governor’s Office of Emergency Services, and local jurisdictions when developing the next version of the LIC610E form (Saliba, p.1439).

### What additional planning elements could be added to the LIC610E disaster planning form that is required by the state to help facilities and first responders in the event of a disaster or evacuation?

The LIC610E form has not been updated since 2003. One form reviewed for this study listed the coast guard as their only emergency contact number. Only five out of 435 reviewed used the box on the form dedicated to the location of an AED. Last, there is a box on the form for the phone number of a dentist. If one considers how modern healthcare works, it is unlikely that all the residents in any given facility will have the same one dentist unless the facility itself has a contracted dental service.

If a simplified one-page form is the goal, CCL may reconsider how the limited space on the form is used and take into account what information is most important in terms of an emergency response. Castle (2008) suggested in his recommendations that an emergency evacuation template should be developed, as he noted, “This approach could obviate the need for each administrator to develop a plan from scratch and would prompt administrators to develop all the elements required to meet various types of emergency needs” (p. 1238). The stakeholders interviewed in this study agreed with this and showed enthusiasm toward the idea of a state supplied emergency planning template.

The majority of subjects interviewed agreed that having updated information is a necessity and that being able to update forms electronically would make this process easier. RCFEs in California should be provided with basic resources such as preparedness checklists, links to planning help and other relevant resources for state guided help in planning and preparing for emergencies and disasters. All of this information is readily available; however, based on the findings and statements made by stakeholders interviewed for this study, many facilities are not making use of said resources. Thus, because CCL is the lead agency, they should be the agency to provide and offer assistance or at least some direction of where to get help planning for emergencies and disasters to the facilities that they license and regulate.

---

**Figure 5**

*Example of Emergency Assignments of LIC610E Forms Listing One Person*

<p>| ASSIGNMENTS DURING AN EMERGENCY (USE Reverse Side IF Additional Space IS REQUIRED) |
|---------------------------------|---------------------------------|</p>
<table>
<thead>
<tr>
<th>NAME(S) OF STAFF</th>
<th>TITLE</th>
<th>ASSIGNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Direct Evacuation and Person Count</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Handle First Aid</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Telephone Emergency Numbers</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Transportation</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Notify Family Members</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Administrator</td>
<td>Notify CCL and Other Agencies</td>
</tr>
</tbody>
</table>

*Notes.* Jane Doe = Fictitious Name.
Residential Care Facilities for the Elderly in California do in fact face many challenges in planning for and responding to disasters. Based upon the results of this study, and within its limitations, the following conclusions are made:

1. There is no one specific person, office, agency, or any other governmental division that specifically deals with disaster planning for RCFEs in California

2. Great plans, templates and best practices already exist throughout local jurisdictions in California; however, these important documents and findings are not being shared.

3. The California Department of Social Services, Community Care Licensing Division has not adequately addressed the importance of disaster planning among the facilities that they regulate

4. The Community Care Licensing Division fails to enforce RCFEs to submit completed LIC610E disaster plan forms and ensure that the information on those forms are kept up to date.

5. The LIC610E form is not comprehensive enough and needs to be updated to include more useful information that will help guide RCFEs in an emergency.

6. RCFEs lack the resources and guidance to adequately plan for emergencies.

7. CCL does not offer, address or promote the value of comprehensive preparedness planning to RCFEs in California

8. Securing transportation to evacuate RCFEs during an emergency is a major challenge for RCFEs.

9. Limited local resources and a general lack of education about the benefits of preparing for disasters, having mutual aid agreements, having alternate/ back up plans and having multiple relocation sites further enhances inherent risk to the vulnerable elderly populations living in these facilities.

10. In the event of an evacuation, RCFEs will require specialized equipment, transportation and care. RCFEs need better guidance on how to communicate their needs to first responders in an emergency.

11. All RCFEs in California would greatly benefit from a state issued comprehensive disaster planning template (not a one page form that is rarely required to be updated).
Recommendations

For Implementation

1. CCL should not require the LIC610E forms at the time of application but by 90 days after licensure so that they have adequate time to fill out the form and put real names on it instead of listing “to be hired” for all the critical emergency staff assignments.

2. Updated versions of LIC610E should list a facility capacity size on the form.

3. CCL needs to categorize facility incidents by type (for example: slip and fall, fire, flood) and make this data accessible for public health research and for general quality assurance.

4. CCL should look to appoint someone who is in charge of disaster preparedness for RCFEs in California and preferably have at least one person in every region.

5. CCL, being the lead agency should work with the office of the State Fire Marshall, the Office of Emergency Services, advocate groups, first responders and other local and state agencies to develop a more comprehensive LIC610 form.

6. Facilities should consider the findings presented in this study and consider adopting more comprehensive disaster plans. Specifically, in terms of transportation arrangements and alternate relocation sites.

7. CCL inspectors should give greater attention to missing information on LIC610E forms.

8. Local governments should reach out to facility owners and administrators and offer to review their emergency plans, include them in exercises and generally coordinate with them.

9. Advocates should work to promote and educate consumers about the importance of asking about facilities emergency plans and procedures before placing a loved one in their care.

10. All stakeholders involved with RCFEs should practice regular documentation of lessons learned and best practices and share them with like facilities.

11. Local governments should look to utilize local resources and actively engage local transportation providers in the planning process and exercises. A suggestion may be to look at companies such as UberAccess, which provides on demand transportation that is wheelchair accessible.
For Improving the Study

- The quantitative portion of the study could have been improved if a larger selection of LIC610E forms were reviewed.
- The results of this study could have been improved if a more representative sample of participants would have been selected. This study was limited in part by using a convenience sample for the facility administrator selection, as well as the first responder.
- The limitations of time and funding and additional researchers limited the amount of interviews that were completed.
- The protocol used in the qualitative portion of this study should be repeated on a larger scale with a larger target population and more diverse participants to reduce selection bias, providing the possibility for greater generalizability.
- Results may be better analyzed in future studies if interviews were supplemented with surveys.

For Future Research

- Future research should include a method of determination for how many RCFE’s have experienced disasters by hazard type such as flood or fire.
- This study should be repeated approximately every 3-5 years to track if planning has improved and challenges have decreased and or changed.
- A larger population of facility administrators should be surveyed about their experiences during evacuations as well as best practices and lessons learned.
References


RESIDENTIAL CARE FACILITIES FOR THE ELDERLY IN CALIFORNIA


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# Table of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Institutional Review Board Documentation</td>
<td>p.36</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Code Structure</td>
<td>p.37</td>
</tr>
<tr>
<td>Appendix C</td>
<td>State Form LIC610E RCFE Disaster Plan</td>
<td>p.39</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Interview Guide</td>
<td>p.40</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Recruiting Script</td>
<td>p.41</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Relevant Codes, Laws and Statues</td>
<td>p.42</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Consent for Exempt Research</td>
<td>p.44</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Collaborative Institutional Training Reports</td>
<td>p.45</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Study Team Member Qualification</td>
<td>p.47</td>
</tr>
<tr>
<td>Appendix J</td>
<td>Protocol for Human Subject Research</td>
<td>p.50</td>
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Appendix A

Institutional Review Board Documentation.

EXEMPTION DETERMINATION

Date: March 16, 2016
From: Julie James, IRB Analyst
To: Melissa Reed

Type of Submission: Initial Study

Title of Study: A qualitative study of the challenges faced by California Residential Care Facilities for the Elderly when preparing for and responding to emergencies and disasters.

Principal Investigator: Melissa Reed
Study ID: STUDY00004646
Submission ID: STUDY00004646
Funding: Not Applicable

Documents Approved:
- Interview Guide.docx (3/7/2016), Category: Data Collection Instrument

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are not required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within CATS IRB (http://irb.psu.edu).

This correspondence should be maintained with your records.
### Appendix B

**Code Structure.**

<table>
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<tr>
<th>Category</th>
<th>Code</th>
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<th>% Codes</th>
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<th>% Cases</th>
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<td>LIC610E Improvements</td>
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<td>2.10%</td>
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<td>Planning Challenges</td>
<td>Access/ Functional Needs</td>
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<td>1.40%</td>
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<td>28.60%</td>
</tr>
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<tr>
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</tr>
<tr>
<td>Response Challenges</td>
<td>AFN Special Equipment/ Vehicles</td>
<td>2</td>
<td>1.40%</td>
<td>1</td>
<td>14.30%</td>
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<tr>
<td>Response Challenges</td>
<td>Capable Leadership</td>
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<td>2.10%</td>
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## Response Challenges

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<th>Count</th>
<th>Percentage</th>
<th>Total Percentage</th>
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<tbody>
<tr>
<td>Lack of Multiple Relocation Sites by Distance</td>
<td>7</td>
<td>4.80%</td>
<td>57.10%</td>
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<tr>
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<td>3.40%</td>
<td>57.10%</td>
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<td>5</td>
<td>3.40%</td>
<td>42.90%</td>
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<tr>
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<td>1.40%</td>
<td>14.30%</td>
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<tr>
<td>transportation</td>
<td>8</td>
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<td>Understaffing Issues</td>
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<tr>
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<td>14.30%</td>
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*Note.* Reed, M. (2016).
# Appendix C
State of California Form LIC610E RCFE Disaster Plan.

## I. Assignments During an Emergency

<table>
<thead>
<tr>
<th>Name(s) of Staff</th>
<th>Title</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Direct Evacuation and Person Count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Handle First Aid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone Emergency Numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notify Family Members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notify CCC and Other Agencies</td>
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</table>

## II. Emergency Names and Telephone Numbers

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Title</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Police or Sheriff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office of Emergency Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poison Control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambulance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Protective Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Agency Person</td>
<td></td>
</tr>
</tbody>
</table>

## III. Facility Exit Locations

I. Using a copy of the facility sketch [LIC 999] Indicate exits by number

1. 
2. 
3. 
4. 

## IV. Temporary Relocation Site(s)

<table>
<thead>
<tr>
<th>Name</th>
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## V. Utility Shut-Off Locations

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</table>

## VI. First Aid Kit

Location

## VII. AED (If Available - Location)

## VIII. Equipment

Smoke detector Location

Fire Extinguisher Location

Type of Fire Alarm Sounding Device (If Required)

Location of Device

## IX. Affirmation Statement

As administrator of this facility, I assume responsibility for this plan for providing emergency services as indicated below. I shall instruct all clients/residents, age and abilities permitting, any staff and/or household members as needed in their duties and responsibilities under this plan.

Signature


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Appendix D

Interview Guide

Interview questions are listed below. An inductive method of questioning may be used to further explore topics discussed by subjects. This may include prompts from me asking for subjects to explain in greater detail or to ask additional questions as necessary.

**RCFE Administrator Interview questions:**
1. Tell me about your disaster plan?
2. What type of natural or man-made disaster do you consider to be the biggest threat to your facility?
3. Walk me through the process of evacuation?
4. Tell me about your transportation plans?
5. Tell me about what agencies or organizations, if any, you have been in contact with regarding disaster planning?
6. Do you have anything else you would like to add?

**Stakeholder Interviews Questions:**
1. What regulations exist for RCFE to have disaster plans?
2. What challenges, if any, do RCFE face in planning for a disaster?
3. What services are available to RCFE to help them plan for disasters?
4. Explain who specifically deals with RCFE disaster planning?
5. What programs or outreach campaigns have there been to improve RCFE facility preparedness for disasters?
6. Explain what elements should be included in a comprehensive disaster plan for an RCFE?
7. Do you have anything else you would like to add?
Appendix E

Recruiting Script

Hello, my name is Melissa Reed. I am a graduate student at the Pennsylvania State University College of Medicine in the Homeland Security- Public Health Preparedness program and I am conducting a research study on disaster preparedness in Residential Care Facilities for the Elderly in California. I am calling you today to invite you to participate in the study because you are an (RCFE administrator/ RCFE stakeholder/ RCFE advocate). Can I tell you more about my research project?

Answers No:
Thank you for your time and have a nice day.

Answers Yes:
Participation in the study is entirely voluntary and would include meeting with me for a few minutes for an interview. The interview should not take too long, it is only six questions. Your identity and the identity of your facility or place of employment will not be tied to your response and any statement you make will be anonymous. The interview will consist only of questions about disaster preparedness and emergency evacuations of RCFE facilities. Your participation is entirely voluntary; if you agree to participate, you may choose not to answer any questions that you don’t want to answer. No personally identifying information will be collected with your responses.

Would you be willing to participate in the study?

Answers No:
Thank you for your time and have a nice day.

Answers Yes:
Would you like to arrange a time for an interview now?

Answers No:
When would be a good time?

Answers Yes:
I will work around your schedule, what time or day would work be for you? (agree on time/place). In the meantime, would it be okay with you if I sent you some information about the study in the mail?

Answers No:
Okay, I can give you the information when we meet.

Answers Yes:
(Confirm mailing address).

Do you have any questions about the research study? If you have any questions later on you may reach me by email at mar503@psu.edu or by phone at (916) 230-5953. My contact information will also be on the information I am sending in the mail. Please contact me if you need to reschedule the time or day of the interview or if you decide not to participate in the study. I look forward to meeting with you and thank you for your participation. Have a nice day.

Good Bye.

END OF SCRIPT.
Appendix F

Relevant Codes, Laws and Statutes

In review of Title 22, Division 6, Chapter 8 of the Manual of Policies and Procedures for the Community Care Licensing Division (California Department of Social Services, 2015b); the following key regulations shall be noted:

§ 87212 EMERGENCY DISASTER PLAN
(a) Each facility shall have a disaster and mass casualty plan of action. The plan shall be in writing and shall be readily available.
(b) The plan shall be subject to review by the Department and shall include:
   (1) Designation of administrative authority and staff assignments.
   (2) Plan for evacuation including:
      (A) Fire safety plan.
      (B) Means of exiting.
      (C) The assembly of residents to a predetermined evacuation site.
      (D) Transportation arrangements.
      (E) Relocation sites which are equipped to provide safe temporary accommodations for residents.
      (F) Supervision of residents during evacuation or relocation and contact after relocation to assure that relocation has been completed as planned.
      (G) Means of contacting local agencies such as fire department, law enforcement agencies, civil defense and other disaster authorities.
   (3) Provision for notifying a resident's hospice agency, if any, in the event of evacuation and/or relocation.
(c) Emergency exiting plans and telephone numbers shall be posted.

§ 87606 CARE OF BEDRIDDEN RESIDENTS
(f) To accept or retain a bedridden person, a facility shall ensure the following:
   (1) The facility's Plan of Operation includes a statement of how the facility intends to meet the overall health, safety and care needs of bedridden persons.
      (A) The facility's Emergency Disaster Plan, addresses fire safety precautions specific to evacuation of bedridden residents in the event of an emergency or disaster.
      (B) In addition to the requirements specified in Care of Persons with Dementia, the needs of residents with dementia who are bedridden, shall be met.
      (C) The needs of residents who are terminally ill and who are bedridden shall be met.
   (2) Each bedridden resident's record includes sufficient documentation to demonstrate that the facility is meeting the needs of the individual resident as specified in Section 87506.

§ 87202 FIRE CLEARANCE
(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:
   (1) Nonambulatory persons.
(2) Bedridden persons

§ 87203 FIRE SAFETY
All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic. NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.31 and 1569.312, Health and Safety Code.

§ 87204 LIMITATIONS -- CAPACITY AND AMBULATORY STATUS
(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity. (b) Resident rooms approved for 24-hour care of ambulatory residents only shall not accommodate nonambulatory residents. Residents whose condition becomes nonambulatory shall not remain in rooms restricted to ambulatory residents. NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.2, 1569.31 and 1569.312, Health and Safety Code.
Appendix G
Consent for Exempt Research
Penn State College of Medicine

Title of Project: A qualitative study of the challenges faced by California Residential Care Facilities for the Elderly when preparing for and responding to emergencies and disasters.

Principal Investigator: Melissa Reed

Address: 8348 Hidden Valley Circle Fair Oaks, CA 95628

Telephone Numbers: Weekdays: 8:00 a.m. to 5:00 p.m. (916) 230-5953.

You are being invited to volunteer to participate in a research study. Research studies include only people who voluntarily choose to take part. This summary explains information about this research.

- The purpose of this study is to understand the challenges that Residential Care Facilities for the Elderly in California face when planning for and responding to emergencies and disasters.
- The study involves conducting in-depth interviews to better understand things from your perspective. If you choose to participate in the study, a time and place will be arranged for an interview. Your responses will be recorded on a handheld tape recorder so that the interviewer does not have to hand write notes. No personally identifiable information will be asked while recording, your responses are completely anonymous.
- If you decline to be recorded, the interviewer will take notes by hand of your responses.
- Your answers will never be tied with your name or any other personal information. It is important for the purpose of the study that all responses to interview questions are answered openly and honestly.
- You may decline to answer any question asked by the interviewer or stop the interview at any time. Your participation is completely voluntary.

If you have questions or concerns, you should contact Melissa Reed at 916-230-5953. If you have questions regarding your rights as a research subject or concerns regarding your privacy, you may contact the research protection advocate in the HMC Human Subjects Protection Office at 717-531-5687.

Taking part in the research study is voluntary.

Tell the researcher your decision regarding whether or not to participate in the research.
COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- Name: Melissa Reed (ID: 5404287)
- Email: mar03@psu.edu
- Institution Affiliation: Pennsylvania State Univ - Hershey (ID: 746)
- Phone: (916)230-5933

- Curriculum Group: Human Research
- Course Learner Group: Protection of Human Research Subjects - Biomedical course
- Stage: Stage 1 - Basic Course
- Description: Required basic course for College of Medicine and Hershey Medical Center.

- Report ID: 19744986
- Completion Date: 02/18/2016
- Expiration Date: 02/17/2019
- Minimum Passing: 80
- Reported Score*: 100

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For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid independent learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

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Collaborative Institutional Training Initiative (CITI Program)
Coursework Transcript Report

**NOTE:** Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Melissa Reed (ID: 5404287)
- **Email:** mar503@psu.edu
- **Institution Affiliation:** Pennsylvania State Uni - Hershey (ID: 746)
- **Phone:** (916)230-5953

- **Curriculum Group:** Human Research
- **Course Learner Group:** Protection of Human Research Subjects - Biomedical course
- **Stage:** Stage 1 - Basic Course
- **Description:** Required basic course for College of Medicine and Hershey Medical Center.

- **Report ID:** 18744986
- **Report Date:** 02/18/2016
- **Current Score:** 100

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For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citsupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

---

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HRP – 509 Study Team Member Qualification

**Principal Investigator:**

1. **Full Name** (First Name followed by Last Name):
   - Melissa Reed

2. **Provide the individual’s responsibilities for this research study** (e.g. recruitment, protocol development, data analysis/management, performing tests/procedures.):
   - Recruitment, research design, protocol development, data analysis/management, subject interviews, transcribing narratives.

3. **Describe the individual’s qualifications and research experience** (e.g. years of education, certification, license, degrees, etc.):

   **Education**
   - Bachelor of Arts degree in Emergency and Disaster Management from American Public University, 2014.

   **Research Experience**
   - **2015** American Red Cross Pacific Division
     Drought Mitigation Planning Lead for Pacific Division
   - **2015** Pennsylvania State University
     Project Counsel: Dr. Gavin McGregor-Skinner
   - **2015** Pennsylvania State University
     Project Counsel: Professor Jennifer Osetek
     Comprehensive Disaster Planning for Bioterrorism Incidents.
   - **2015** Pennsylvania State University
     Project Counsel: Dr. Cecil James Holliman, Charlotte Roy

   **2014** American Public University
   Project Counsel: Professor Mary Olea
Sustainable methods of providing equal access to disaster preparedness information in vulnerable and underserved populations within local communities.

2014  American Public University
Project Counsel:  Dr. Edward Shuman
Comprehensive analysis of Federally Funded Mitigation and Preparedness Grant Programs.

Training and Certification
FEMA Emergency Management Institute
- Rack and Hose Training and Education Program, 2013
- IS-00240.a Leadership and Influence, 2011
- IS-00244.a Developing and Managing Volunteers, 2011

U.S. Department of Homeland Security
- IS-317 Community Emergency Response Team CERT, 2013

The University Corporation for Atmospheric Research
- Supporting Military Response in Hazardous Releases, 2013 Climate Change, 2013
- Incident Meteorologist Program, 2012 Social Science of Flood Events, 2012

Professional Experience
- American Red Cross Sierra-Delta Chapter, Pacific Division Drought Lead and Community Resilience Leader and Disaster Services Volunteer
- Community Emergency Response Team Sacramento Metropolitan Fire District CERT
- Veteran Caregiver
- U.S. Health Works Medical Group
- Occupational Health and Urgent Care Center Medical Assistant

Study Team Member #1:
1. Full Name (First Name followed by Last Name): Eugene Lengerich

2. Provide the individual’s responsibilities for this research study (e.g. recruitment, protocol development, data analysis/management, performing tests/procedures.): Advisor.

3. Describe the individual’s qualifications and research experience (e.g. years of education, certification, license, degrees, etc.):

Professor, Public Health Sciences
Associate Director, Penn State Cancer Institute Director, Public Health Preparedness Option, Homeland Security Graduate Program

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At the completion of this document, please attach document to Question #2 on the Study Team Member page.

Revision History: 08/19/2015 Added info that no tracked changes should be used.
Protocol Title:

Provide the full title of the study as listed in item 1 on the “Basic Information” page in CATS IRB (http://irb.psu.edu).

A qualitative study of the challenges faced by California Residential Care Facilities for the Elderly when preparing for and responding to emergencies and disasters.

Principal Investigator:

Name: Melissa Reed
Department:
Telephone: (916) 230-5953
E-mail Address: mar503@psu.edu

Version Date:

Provide the date of this submission. This date must be updated each time the submission is provided to the IRB office with revisions.

Tuesday March 15, 2016

Clinicaltrials.gov Registration #:

Provide the registration number for this study, if applicable.

Not applicable.

Important Instructions for Using This Protocol Template:

1. Add this completed protocol template to your study in CATS IRB (http://irb.psu.edu) on the “Basic Information” page, item 7.
2. This template is provided to help investigators prepare a protocol that includes the necessary information needed by the IRB to determine whether a study meets all applicable criteria for approval.
3. Type your protocol responses below the gray instructional boxes of guidance language. If the section or item is not applicable, indicate not applicable.
4. For research being conducted at Penn State Hershey or by Penn State Hershey researchers only, delete the instructional boxes from the final version of the protocol prior to upload to CATS IRB ([http://irb.psu.edu](http://irb.psu.edu)). For all other research, do not delete the instructional boxes from the final version of the protocol.

5. When making revisions to this protocol as requested by the IRB, please follow the instructions outlined in the Study Submission Guide available in the Help Center in CATS IRB ([http://irb.psu.edu](http://irb.psu.edu)) for using track changes.

### If you need help...

#### University Park and other campuses:
**Office for Research Protections Human Research Protection Program**
The 330 Building, Suite 205  
University Park, PA 16802-7014  
Phone: 814-865-1775  
Fax: 814-863-8699  
Email: irb-orp@psu.edu

#### College of Medicine and Hershey Medical Center:
**Human Subjects Protection Office**
90 Hope Drive, Mail Code A115, P.O. Box 855  
Hershey, PA 17033  
(Physical Office Location: Academic Support Building Room 1140)  
Phone: 717-531-5687  
Fax number: 717-531-3937  
Email: irb-hspo@psu.edu

### Table of Contents

1.0 Objectives  
2.0 Background  
3.0 Inclusion and Exclusion Criteria  
4.0 Recruitment Methods  
5.0 Consent Process and Documentation  
6.0 HIPAA Research Authorization and/or Waiver or Alteration of Authorization  
7.0 Study Design and Procedures  
8.0 Subject Numbers and Statistical Plan  
9.0 Confidentiality, Privacy and Data Management  
10.0 Data and Safety Monitoring Plan  
11.0 Risks  
12.0 Potential Benefits to Subjects and Others  
13.0 Sharing Results with Subjects  
14.0 Subject Stipend (Compensation) and/or Travel Reimbursements  
15.0 Economic Burden to Subjects  
16.0 Resources Available  
17.0 Other Approvals  
18.0 Multi-Site Research  
19.0 Adverse Event Reporting

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RESIDENTIAL CARE FACILITIES FOR THE ELDERLY IN CALIFORNIA

20.0 Study Monitoring, Auditing and Inspecting
21.0 Future Undetermined Research: Data and Specimen Banking
22.0 References
1.0 Objectives

1.1 Study Objectives

Describe the purpose, specific aims or objectives. State the hypotheses to be tested.

To identify the challenges Residential Care Facilities for the Elderly in California face in planning for and responding to disasters.

1.2 Primary Study Endpoints

State the primary endpoints to be measured in the study. Clinical trials typically have a primary objective or endpoint. Additional objectives and endpoints are secondary. The endpoints (or outcomes), determined for each study subject, are the quantitative measurements required by the objectives. Measuring the selected endpoints is the goal of a trial (examples: response rate and survival).

Not applicable.

1.3 Secondary Study Endpoints

State the secondary endpoints to be measured in the study.

Not applicable.

2.0 Background

2.1 Scientific Background and Gaps

Describe the scientific background and gaps in current knowledge.

There are many options for long term care of the elderly in the state of California. Two of the most prominent types of long term care facilities for the elderly include Nursing Homes and Residential Care Facilities for the Elderly (RCFE). Both are regulated by the state and some Nursing Homes, such as those that are in the Medicare and Medi-Cal programs, are then also federally regulated (California Association of Health Facilities, 2016). Nursing homes provide a much higher level of care and require nurses, nursing assistants and physicians to be on hand at the facility. Residents in nursing homes require continual medical supervision (California Association of Health Facilities, 2016). These facilities are required to provide both the state and federal government with considerably more documentation or proof of disaster plans, staff training, on hand staffing requirements, evacuation plans and more because they are technically a medical facility (Castle, 2008). Residential Care Facilities for the Elderly are only required to have “adequate” staff on hand and submit to the state a one page disaster plan that is very basic and only required to be submitted at the time the facility applies for a license and is not required to be updated (California Department of Social Services, 2015b).

Upon completion of the process of reviewing literature for this project, it became clear that while there is a significant amount of research on Nursing Homes and their preparedness activities and deficiencies; there is very little research on the status of
RCFE disaster preparedness plans, experiences of evacuations or needs assessments for these facilities. The planning challenges they face, support they receive or access to guidance in planning for disasters remains unclear. Furthermore, there is no publically accessible database which documents by type of incident how many or how often these facilities are experiencing disasters to better understand the risks they face. Reviewing the current and past research on Nursing Homes and disaster preparedness has provided a clear idea of what types of similar gaps and deficiencies may also be found in Residential Care Facilities for the Elderly in California.

2.2 Previous Data

Describe any relevant preliminary data.

- Over 300,000 elderly California residents live in long-term care homes each year (California Association of Health Facilities, 2016).
- California Department of Social Services (2015a) reviewed 293 inspection reports of Residential Care Facilities for the Elderly filed by the eight Adult and Senior Care Program Regional Offices of California. The researchers analyzed the reports to determine the most common deficiencies that facilities inspected were given citations for during inspection visits in 2014 which included random annual inspections, five year mandatory inspections and inspections that occurred in response to a complaint. The results of their findings reported that 22% of the facilities included in the study were cited for deficiencies in the facility being “Clean, safe, sanitary, and in good repair at all times” (p. 1).
- RCFE are licensed by the State of California’s Department of Social Services, Community Care Licensing Division (California Department of Social Services, 2015).
- Every licensed facility is required to be inspected every five years and or when a complaint is filed (California Department of Social Services, 2015).

2.3 Study Rationale

Provide the scientific rationale for the research.

In California, Residential Care Facilities for the Elderly house thousands of medically frail, bedridden, and elderly individuals with mobility challenges and other special needs. Due to the lack of research focused on this type of facility, it remains unclear to what extent these facilities are preparing for disasters, what their experiences have been during disasters or what common practices they exercise during evacuations. The state of California faces many hazard risks both natural and manmade. Thus, it is imperative that the situation on the ground in these facilities is better understood to allow for future state and local hazard mitigation plans to adjust to these realities. Without an accurate understanding of these facilities ability to respond to and recover from disasters, emergency response services are more at risk of becoming overwhelmed from the unforeseen needs of these facilities; putting these already vulnerable groups at even greater risk.

A qualitative research method will be used to provide an emic perspective of the current status of preparedness and planning in California RCFE. Data collection methods will include in-depth interviews of RCFE Administrators and relevant stakeholders to provide
a broad range of perspectives from key people who have specific knowledge and experiences pertaining to RCFE disaster preparedness planning, response, recovery and regulation. A qualitative method will also be an appropriate method given the time limitations of the project i.e. end of the semester.

3.0 Inclusion and Exclusion Criteria

Create a numbered list below in sections 3.1 and 3.2 of criteria subjects must meet to be eligible for study enrollment (e.g., age, gender, diagnosis, etc.). Indicate specifically whether you will include any of the following vulnerable populations: (You may not include members of these populations as subjects in your research unless you indicate this in your inclusion criteria.) Review the corresponding checklists to ensure that you have provided the necessary information.

- Adults unable to consent
  - Review “CHECKLIST: Cognitively Impaired Adults (HRP-417)” to ensure that you have provided sufficient information. HRP-417 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

- Individuals who are not yet adults (infants, children, teenagers)
  - If the research involves persons who have not attained the legal age for consent to treatments or procedures involved in the research (“children”), review the “CHECKLIST: Children (HRP-416)” to ensure that you have provided sufficient information. HRP-416 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

- Pregnant women
  - Review “CHECKLIST: Pregnant Women (HRP-412)” to ensure that you have provided sufficient information. HRP-412 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

- Prisoners
  - Review “CHECKLIST: Prisoners (HRP-415)” to ensure that you have provided sufficient information. HRP-415 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

- Neonates of uncertain viability or non-viable neonates
  - Review “CHECKLIST: Neonates (HRP-413)” or “CHECKLIST: Neonates of Uncertain Viability (HRP-414)” to ensure that you have provide sufficient information. HRP-413 and HRP-414 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).
3.1 Inclusion Criteria

List the criteria that define who will be included in your study.

1. Will include RCFE administrators currently licensed in the state of California who works at a facility with six beds or less.
2. Will include RCFE administrators currently licensed in the state of California who works at a facility with 7 – 50 beds.
3. Will include RCFE administrators currently licensed in the state of California who works at a facility with 51 beds or more.
4. Will include RCFE administrators currently licensed in the state of California who works at a facility in a federally recognized flood zone.
5. Will include California Department of Social Services Community Care Licensing staff members who are currently holding any of the following titles: State Program Administrator, Assistant Program Administrators, Bureau Chief, Regional Manager or Licensing Program Manager.
6. Will include current members of the California Office of the State Fire Marshal’s Residential Care Facility advisory committee.
7. Will include a current California State Long-Term Care Ombudsman.
8. Will include a current California Disaster Services Bureau VEST team member or FAST team member.
9. Will include a representative who has specific knowledge of RCFE from one or more of the following organizations: California Advocates for Nursing Home Reform, California Assisted Living Association, and or Consumer Advocates for RCFE Reform.
10. A California State, county and local emergency managers and coordinators.
11. Fire fighters, Captains, and Public Information Officers who have evacuated one or more RCFE.
12. California Governor’s Office of Emergency Services staff who has specific planning and response knowledge of RCFE.
13. Private Ambulance Companies in California that have contracts with RCFE.
14. Current American Red Cross Regional Program Managers, Mass Care Coordinators and State Relations Directors.

3.2 Exclusion Criteria

List the criteria that define who will be excluded in your study.

1. American Red Cross volunteers will not be included in the study.
2. Any person under the age of eighteen.
3. RCFE Administrators who have been working in that position less than one year.
4. Any person who does not have specific knowledge or experience in planning for, working in, advocating for or responding to emergencies and or disasters in RCFE in California.
5. First responders who have not responded to an incident at an RCFE in the last ten years.
3.3 Early Withdrawal of Subjects

3.3.1 Criteria for removal from study

Insert subject withdrawal criteria (e.g., safety reasons, failure of subject to adhere to protocol requirements, subject consent withdrawal, disease progression, etc.).

1. For all subjects:
   - Subject is under the age of eighteen.
   - Subject does not have specific knowledge or experience in planning for, working in, advocating for or responding to emergencies and or disasters in RCFE in California.
2. For RCFE Administrators: Subject has held position for less than one year.
3. For First Responders: Subject has not responded to an incident at an RCFE in the last ten years.
4. Subject consent withdrawal.

3.3.2 Follow-up for withdrawn subjects

Describe when and how to withdraw subjects from the study; the type and timing of the data to be collected for withdrawal of subjects; whether and how subjects are to be replaced; the follow-up for subjects withdrawn from investigational treatment.

Not applicable.

4.0 Recruitment Methods

4.1 Identification of subjects

Describe the methods that will be used to identify potential subjects or the source of the subjects. If not recruiting subjects directly (e.g., database query for eligible records or samples) state what will be queried, how and by whom.

Identification of subjects that work for state, county or local agencies will be done using an internet search for contact information on the applicable agencies website. Others will be recruited directly. For RCFE administrators, the Community Care Licensing website has a complete list of all licensed RCFE in California on its website.

4.2 Recruitment process

Describe how, where and when potential subjects will be recruited (e.g., approaching or providing information to potential subjects for participation in this research study).

The recruitment process will be done primarily using phone calls. Snowball sampling will also be used to gain referrals to other qualified participants who meet the listed criteria of the study.
4.3 Recruitment materials

List the materials that will be used to recruit subjects. Add recruitment documents to your study in CATS IRB (http://irb.psu.edu) on the “Consent Forms and Recruitment Materials” page. For advertisements, upload the final copy of printed advertisements. When advertisements are taped for broadcast, attach the final audio/video tape. You may submit the wording of the advertisement prior to taping to preclude re-taping because of inappropriate wording, provided the IRB reviews the final audio/video tape.

1. Will provide subjects with consent for Exempt Research information sheet.
2. Will use a verbal script when contacting participants over the phone.

4.4 Eligibility/screening of subjects

If potential subjects will be asked eligibility questions before obtaining informed consent, describe the process. Add the script documents and a list of the eligibility questions that will be used to your study in CATS IRB (http://irb.psu.edu) on the “Consent Forms and Recruitment Materials” page.

- RCFE Administrators will be asked the length of time they have worked in that position.
- First Responders will be asked if they have responded to an incident at an RCFE in the last ten years.
- Participants will be screened for age requirements.

5.0 Consent Process and Documentation

Refer to “SOP: Informed Consent Process for Research (HRP-090)”, for information about the process of obtaining informed consent from subjects. HRP-090 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

5.1 Consent Process

5.1.1 Obtaining Informed Consent

5.1.1.1 Timing and Location of Consent

Describe where and when the consent process will take place.

The consent process will take place at the time and location of the interviews, before the interview questions are asked.

5.1.1.2 Coercion or Undue Influence during Consent

Describe the steps that will be taken to minimize the possibility of coercion or undue influence in the consent process.

1. Initial contact will be made by phone.
2. If they show interest I will ask to send them more information by mail.
3. Consent for Exempt Research information sheet will be sent (takes approx. 2-3 days).

58 Melissa Reed

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4. On the fourth day I will call again and ask if they received the information, if they would still like to participate and if yes, schedule an interview.

5. Participation in research is voluntary and participants can withdraw at any time.

5.1.2 Waiver or alteration of the informed consent requirement

If you are requesting a waiver or alteration of consent (consent will not be obtained, required information will not be disclosed, or the research involves deception), describe the rationale for the request in this section. If the alteration is because of deception or incomplete disclosure, explain whether and how subjects will be debriefed. Add any debriefing materials or document(s) to your study in CATS IRB (http://irb.psu.edu) on the “Supporting Documents” page. NOTE: Review the “CHECKLIST: Waiver or Alteration of Consent Process (HRP-410)” to ensure you have provided sufficient information for the IRB to make these determinations. HRP-410 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

Not applicable.

5.2 Consent Documentation

5.2.1 Written Documentation of Consent

Refer to “SOP: Written Documentation of Consent (HRP-091)” for information about the process to document the informed consent process in writing. HRP-091 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

If you will document consent in writing, describe how consent of the subject will be documented in writing. Add the consent document(s) to your study in CATS IRB (http://irb.psu.edu) on the “Consent Forms and Recruitment Materials” page. Links to Penn State’s consent templates are available in the same location where they are uploaded and their use is required.

Not applicable.

5.2.2 Waiver of Documentation of Consent (Implied consent, Verbal consent, etc.)

If you will obtain consent (verbal or implied), but not document consent in writing, describe how consent will be obtained. Add the consent script(s) and/or information sheet(s) to your study in CATS IRB (http://irb.psu.edu) on the “Consent Forms and Recruitment Materials” page. Links to Penn State’s consent templates are available in the same location where they are uploaded and their use is required. Review “CHECKLIST: Waiver of Written Documentation of Consent (HRP-411)” to ensure that you have provided sufficient information. HRP-411 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

If your research presents no more than minimal risk of harm to subjects and involves no procedures for which written documentation of consent is normally
required outside of the research context, the IRB will generally waive the requirement to obtain written documentation of consent.

Verbal consent will be obtained prior to any research procedures being conducted.

5.3 Consent – Other Considerations

5.3.1 Non-English Speaking Subjects

Indicate what language(s) other than English are understood by prospective subjects or representatives.

If subjects who do not speak English will be enrolled, describe the process to ensure that the oral and written information provided to those subjects will be in that language. Indicate the language that will be used by those obtaining consent.

Indicate whether the consent process will be documented in writing with the long form of the consent documentation or with the short form of the consent documentation. Review the “SOP: Written Documentation of Consent (HRP-091)” and the “Investigator Manual (HRP-103)” to ensure that you have provided sufficient information. HRP-091 and HRP-103 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

Not applicable.

5.3.2 Cognitively Impaired Adults

Refer to “CHECKLIST: Cognitively Impaired Adults (HRP-417)” for information about research involving cognitively impaired adults as subjects. HRP-417 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

5.3.2.1 Capability of Providing Consent

Describe the process to determine whether an individual is capable of consent.

Not applicable.

5.3.2.2 Adults Unable To Consent

Describe whether and how informed consent will be obtained from the legally authorized representative. Describe who will be allowed to provide informed consent. Describe the process used to determine these individual’s authority to consent to research.

For research conducted in the state, review “SOP: Legally Authorized Representatives, Children and Guardians (HRP-013)” to be aware of which individuals in the state meet the definition of “legally authorized representative”. HRP-013 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).
For research conducted outside of the state, provide information that describes which individuals are authorized under applicable law to consent on behalf of a prospective subject to their participation in the procedure(s) involved in this research. One method of obtaining this information is to have a legal counsel or authority review your protocol along with the definition of “children” in “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).” HRP-013 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

Not applicable.

5.3.2.3 Assent of Adults Unable to Consent

Describe the process for assent of the subjects. Indicate whether assent will be required of all, some or none of the subjects. If some, indicate which subjects will be required to assent and which will not.

If assent will not be obtained from some or all subjects, provide an explanation of why not.

Describe whether assent of the subjects will be documented and the process to document assent. The IRB allows the person obtaining assent to document assent on the consent document and does not routinely require assent documents and does not routinely require subjects to sign assent documents.

Not applicable.

5.3.3 Subjects who are not yet adults (infants, children, teenagers)

5.3.3.1 Parental Permission

Describe whether and how parental permission will be obtained. If permission will be obtained from individuals other than parents, describe who will be allowed to provide permission. Describe the process used to determine these individual’s authority to consent to each child’s general medical care.

For research conducted in the state, review “SOP: Legally Authorized Representatives, Children and Guardians (HRP-013)” to be aware of which individuals in the state meet the definition of “children”. HRP-013 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).
For research conducted outside of the state, provide information that describes which persons have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which research will be conducted. One method of obtaining this information is to have a legal counsel or authority review your protocol along with the definition of “children” in “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).” HRP-013 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

Not applicable.

5.3.3.2 Assent of subjects who are not yet adults

Indicate whether assent will be obtained from all, some, or none of the children. If assent will be obtained from some children, indicate which children will be required to assent. When assent of children is obtained describe whether and how it will be documented.

Not applicable.

6.0 HIPAA Research Authorization and/or Waiver or Alteration of Authorization

This section is about the access, use or disclosure of Protected Health Information (PHI). PHI is individually identifiable health information (i.e., health information containing one or more 18 identifiers) that is transmitted or maintained in any form or medium by a Covered Entity or its Business Associate. A Covered Entity is a health plan, a health care clearinghouse or health care provider who transmits health information in electronic form. See the “Investigator Manual (HRP-103)” for a list of the 18 identifiers. HRP-103 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

If requesting a waiver/alteration of HIPAA authorization, complete sections 6.2 and 6.3 in addition to section 6.1. The Privacy Rule permits waivers (or alterations) of authorization if the research meets certain conditions. Include only information that will be accessed with the waiver/alteration.

6.1 Authorization and/or Waiver or Alteration of Authorization for the Uses and Disclosures of PHI

Check all that apply:

☑ Not applicable, no identifiable protected health information (PHI) is accessed, used or disclosed in this study. [Mark all parts of sections 6.2 and 6.3 as not applicable]
Authorization will be obtained and documented as part of the consent process. [If this is the only box checked, mark sections 6.2 and 6.3 as not applicable]

Partial waiver is requested for recruitment purposes only (Check this box if patients’ medical records will be accessed to determine eligibility before consent/authorization has been obtained). [Complete all parts of sections 6.2 and 6.3]

Full waiver is requested for entire research study (e.g., medical record review studies). [Complete all parts of sections 6.2 and 6.3]

Alteration is requested to waive requirement for written documentation of authorization (verbal authorization will be obtained). [Complete all parts of sections 6.2 and 6.3]

6.2 Waiver or Alteration of Authorization for the Uses and Disclosures of PHI

6.2.1 Access, use or disclosure of PHI representing no more than a minimal risk to the privacy of the individual

6.2.1.1 Plan to protect PHI from improper use or disclosure

Include the following statement as written – DO NOT ALTER OR DELETE unless this section is not applicable because the research does not involve a waiver of authorization. If the section is not applicable, remove the statement and indicate as not applicable.

Information is included in the “Confidentiality, Privacy and Data Management” section of this protocol.

6.2.1.2 Plan to destroy identifiers or a justification for retaining identifiers

Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research. Include when and how identifiers will be destroyed. If identifiers will be retained, provide the legal, health or research justification for retaining the identifiers.

Not applicable.

6.2.2 Explanation for why the research could not practicably be conducted without access to and use of PHI

Provide an explanation for why the research could not practicably be conducted without access to and use of PHI.

Not applicable.
6.2.3 **Explanation for why the research could not practicably be conducted without the waiver or alteration of authorization**

Provide an explanation for why the research could not practicably be conducted without the waiver or alteration of authorization.

Not applicable.

6.3 **Waiver or alteration of authorization statements of agreement**

By submitting this study for review with a waiver of authorization, you agree to the following statement – DO NOT ALTER OR DELETE unless this section is not applicable because the research does not involve a waiver or alteration of authorization. If the section is not applicable, remove the statement and indicate as not applicable.

Not applicable.

7.0 **Study Design and Procedures**

7.1 **Study Design**

Describe and explain the study design.

The study will consist of in-depth interviews of RCFE administrators and relevant stakeholders to gain a broad perspective on the topic of disaster preparedness in California RCFE. Once narratives have been collected via tape recorder, I will transcribe the interviews into text for input into coding software. No personal information will be included to protect the subject’s anonymity. Subjects will be grouped by title (i.e. administrator, program manager, or advocate).

An iterative process of review will then begin using the start list method for the development of the initial code structure (Bradley, Curry and Devers, 2007). Sub-coding may or may not require inductive methodology depending on the narratives provided by those who were interviewed. After coding is completed line by line using constant comparison, themes will be identified. The software QDA Miner 4 Lite will be used for coding.

7.2 **Study Procedures**

Provide a description of all research procedures being performed and when they are being performed (broken out by visit, if applicable), including procedures being performed to monitor subjects for safety or minimize risks. Include any long-term follow-up procedures and data collection, if applicable.

Describe where or how you will be obtaining information about subjects (e.g., medical records, school records, surveys, interview questions, focus group topics, audio or video recordings, data collection forms, and collection of specimens through invasive or non-invasive procedures to include the amount to be collected and how often). Add any data...
collection instruments that will be seen by subjects to your study in CATS IRB (http://irb.psu.edu) in the “Supporting Documents” page.

7.2.1  **EXAMPLE: Visit 1 or Day 1 or Pre-test, etc. (format accordingly)**

Provide a description as defined above and format accordingly.

Interview questions are listed below. An inductive method of questioning may be used to further explore topics discussed by subjects. This may include prompts from me asking for subjects to explain in greater detail or ask additional questions as necessary.

**RCFE Administrator Interviews:**

After arranging a time and place for the interview, I will promptly arrive and introduce myself.
1. Will obtain verbal consent.
2. Introduction to the study will be stated by me to the subject.
3. I will briefly state why the subject was chosen.
4. Explain why I will be recording.
5. Explain how their identity will not be tied to their responses.
6. Offer to answer any additional questions that may arise after the interview.
7. Inform them I will now begin recording.
9. Ask interview questions.
10. I will state that the interview is over.
11. Recording will be stopped.
12. I will thank them and answer any other questions they may have.

**Stakeholder Interviews:**

After arranging a time and place for the interview, I will promptly arrive and introduce myself.
1. Will obtain verbal consent.
2. Introduction to the study will be stated by me to the subject.
3. I will briefly state why the subject was chosen.
4. Explain why I will be recording.
5. Explain how their identity will not be tied to their responses.
6. Offer to answer any additional questions that may arise after the interview.
7. Inform them I will now begin recording.
9. Ask interview questions.
10. I will state that the interview is over.
11. Recording will be stopped.
12. I will thank them and answer any other questions they may have.

7.2.2  **EXAMPLE: Visit 2 or Day 2 or Post-test, etc. (format accordingly)**

Provide a description as defined above and format accordingly.
Not applicable.

7.3 Duration of Participation

Describe the duration of an individual subject’s participation in the study.

The total length of actual participation time of subjects will consist of only the length of time of the actual interview e.g. approximately one hour or less.

8.0 Subject Numbers and Statistical Plan

8.1 Number of Subjects

Indicate the total number of subjects to be accrued.

If applicable, distinguish between the number of subjects who are expected to be enrolled and screened, and the number of subjects needed to complete the research procedures (i.e., numbers of subjects excluding screen failures.)

Total number of subjects to be accrued is 37.
Number of subjects needed to complete the research procedure is 6.

8.2 Sample size determination

If applicable, provide a justification of the sample size outlined in section 8.1 – to include reflections on, or calculations of, the power of the study.

The sample size is purposive. Because of the qualitative methodology, the depth and breadth of the interviews is more critical than the number of interviews conducted. Sampling will be complete upon theoretical saturation (Bradley, Curry and Devers, 2007). In addition time constraints for this project are also a factor.

8.3 Statistical methods

Describe the statistical methods (or non-statistical methods of analysis) that will be employed.

The initial code structure will be developed using the start list method as a starting point based on topics and findings from the existing literature that was reviewed (Bradley, Curry and Devers, 2007). After a line by line analysis and coding of the first two interview transcripts, the code structure will be reassessed and additional codes and sub-codes will be added as needed. The constant comparative method will be used (Bradley, Curry and Devers, 2007). All transcripts will be coded and themes will be identified with comprehensive analysis and additional support that is made available through the coding software, QDA Minor 4 Lite.

9.0 Confidentiality, Privacy and Data Management

For research being conducted at Penn State Hershey or by Penn State Hershey researchers only, the research data security and integrity plan is submitted using “HRP-598 – Research Data Security and Integrity Plan”.

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9.1 Confidentiality

9.1.1 Identifiers associated with data and/or specimens

List the identifiers that will be included or associated with the data and/or specimens in any way (e.g., names, addresses, telephone/fax numbers, email addresses, dates (date of birth, admission/discharge dates, etc.), medical record numbers, social security numbers, health plan beneficiary numbers, etc.).

If no identifiers will be included or associated with the data in any way, whether directly or indirectly, please indicate this instead.

No identifiers will be associated with the data.

9.1.1.1 Use of Codes, Master List

If identifiers will be associated with the data and/or specimens (as indicated in section 9.1.1 above), describe whether a master record or list containing a code (i.e., code number, pseudonyms) will be used to separate the data collected from identifiable information, where that master code list will be stored, who will have access to the master code list, and when it will be destroyed.

Not applicable.

9.1.2 Storage of Data and/or Specimens

Describe where, how and for how long the data (hardcopy (paper) and/or electronic data) and/or specimens will be stored. NOTE: Data can include paper files, data on the internet or websites, computer files, audio/video files, photographs, etc. and should be considered in the responses. Refer to the “Investigator Manual (HRP-103)” for information about how long research records must be stored following the completion of the research prior to completing this section. HRP-103 can be accessed by clicking the Library link in CATS IRB (http://irb.psu.edu).

Please review Penn State’s Data Categorization Project for detailed information regarding the appropriate and allowable storage of research data collected according to Penn State Policy AD71. Although the IRB can impose greater confidentiality/security requirements (particularly for sensitive data), the IRB cannot approve storage of research data in any way or using any service that is not permissible by Penn State Policy AD71.
All research data will be stored in my personal password protected computer. I am the only one with access to it. All research data will be kept for three years. After three years has past all data will be destroyed.

9.1.3 Access to Data and/or Specimens

Identify who will have access to the data and/or specimens. This information should not conflict with information provided in section 9.1.1.1 regarding who has access to identifiable information, if applicable.

1. Melissa Reed, Primary Investigator
2. My advisor will not have access to the data.

9.1.4 Transferring Data and/or Specimens

If the data and/or specimens will be transferred to and/or from outside collaborators, identify the collaborator to whom the data and/or specimens will be transferred and how the data and/or specimens will be transferred. This information should not conflict with information provided in section 9.1.1.1 regarding who has access to identifiable information, if applicable.

Not applicable.

9.2 Subject Privacy

This section must address subject privacy and NOT data confidentiality.

Indicate how the research team is permitted to access any sources of information about the subjects.

Describe the steps that will be taken to protect subjects’ privacy interests. “Privacy interest” refers to a person’s desire to place limits on whom they interact with or to whom they provide personal information.

Describe what steps you will take to make the subjects feel at ease with the research situation in terms of the questions being asked and the procedures being performed. “At ease” does not refer to physical discomfort, but the sense of intrusiveness a subject might experience in response to questions, examinations, and procedures.

Subjects will be informed several times verbally and in writing that participation in the study is voluntary. In addition, they will be informed that they may choose not to answer any question for any reason without explanation. In addition, the subjects will not be forced to respond quickly, they will be given adequate time to formulate their responses without pressure from the interviewer. If the subjects for whatever reason wish to end the interview or withdraw their narrative, I will immediately honor their request, delete any audio recorded and end the interview. I will ensure to conduct the interviews in a private setting where subject’s answers will not be overheard. This may include any convenient place that is accessible to myself and the subject at the time of the interview such as an empty room, outside, in their office or other private space.

68 Melissa Reed
10.0 Data and Safety Monitoring Plan

This section is required when research involves more than Minimal Risk to subjects. As defined in “SOP: Definitions (HRP-001)”, available in the Library in CATS IRB (http://irb.psu.edu), Minimal Risk is defined as the probability and magnitude of harm or discomfort anticipated in the research that are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. For research involving prisoners, Minimal Risk is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons. Please complete the sections below if the research involves more than minimal risk to subjects OR indicate as not applicable.

10.1 Periodic evaluation of data

Describe the plan to periodically evaluate the data collected regarding both harms and benefits to determine whether subjects remain safe.

Not applicable.

10.2 Data that are reviewed

Describe the data that are reviewed, including safety data, untoward events, and efficacy data.

Not applicable.

10.3 Method of collection of safety information

Describe the method by which the safety information will be collected (e.g., with case report forms, at study visits, by telephone calls and with subjects).

Not applicable.

10.4 Frequency of data collection

Describe the frequency of data collection, including when safety data collection starts.

Not applicable.

10.5 Individuals reviewing the data

Identify the individuals who will review the data. The plan might include establishing a data and safety monitoring committee and a plan for reporting data monitoring committee findings to the IRB and the sponsor.

Not applicable.

10.6 Frequency of review of cumulative data

Describe the frequency or periodicity of review of cumulative data.

Not applicable.
10.7 **Statistical tests**

Describe the statistical tests for analyzing the safety data to determine whether harms are occurring.

Not applicable.

10.8 **Suspension of research**

Describe any conditions that trigger an immediate suspension of research.

1. Not applicable.

11.0 **Risks**

List the reasonably foreseeable risks, discomforts, hazards, or inconveniences to the subjects related to their participation in the research. For each potential risk, describe the probability, magnitude, duration, and reversibility. Consider all types of risk including physical, psychological, social, legal, and economic risks. If applicable, indicate which procedures may have risks to the subjects that are currently unforeseeable. If applicable, indicate which procedures may have risks to an embryo or fetus should the subject be or become pregnant. If applicable, describe risks to others who are not subjects.

Please keep in mind that loss of confidentiality is a potential risk when conducting human subject research and should be addressed as such.

All subjects interviewed will have a minimal risk of loss of confidentiality. The probability of this risk is low. Because personal information will be destroyed and deleted as soon as they are coded, the risk is greatly reduced. If a data breach were to occur, I could reverse the potential risk to subject by ending the study or not publishing the research. All data and information will be protected by password and paper files will be kept in a fire safe locking box. I will be the only person with access.

12.0 **Potential Benefits to Subjects and Others**

12.1 **Potential Benefits to Subjects**

Describe the potential benefits that individual subjects may experience from taking part in the research. If there is no direct benefit to subjects, indicate as such. Compensation is not considered a benefit. Compensation should be addressed in section 14.0.

12.2 **Not applicable. Potential Benefits to Others**

Include benefits to society or others.

The vulnerable populations that reside in these facilities i.e. the elderly will greatly benefit from potential program improvements and or policy reform that would allow for these facilities to practice preparedness more efficiently there by becoming more resilient. This would potentially benefit the elderly and their loved ones.
13.0 Sharing Results with Subjects

Describe whether results (study results or individual subject results, such as results of investigational diagnostic tests, genetic tests, or incidental findings) will be shared with subjects or others (e.g., the subject’s primary care physicians) and if so, describe how it will be shared.

Not applicable.

14.0 Subject Stipend (Compensation) and/or Travel Reimbursements

Describe the amount and timing of any subject stipend/payment or travel reimbursement here. If there is no subject stipend/payment or travel reimbursement, indicate as not applicable.

If course credit or extra credit is offered to subjects, describe the amount of credit and the available alternatives. Alternatives should be equal in time and effort to the amount of course or extra credit offered.

If an existing, approved student subject pool will be used to enroll subjects, please indicate as such and indicate that course credit will be given and alternatives will be offered as per the approved subject pool procedures.

Not applicable.

15.0 Economic Burden to Subjects

15.1 Costs

Describe any costs that subjects may be responsible for because of participation in the research.

Not applicable.

15.2 Compensation for research-related injury

If the research involves more than Minimal Risk to subjects, describe the available compensation in the event of research related injury.

If there is no sponsor agreement that addresses compensation for medical care for research subjects with a research-related injury, include the following text as written - DO NOT ALTER OR DELETE:

It is the policy of the institution to provide neither financial compensation nor free medical treatment for research-related injury. In the event of injury resulting from this research, medical treatment is available but will be provided at the usual charge. Costs for the treatment of research-related injuries will be charged to subjects or their insurance carriers.
For sponsored research studies with a research agreement with the sponsor that addresses compensation for medical care for research-related injuries, include the following text as written - **DO NOT ALTER OR DELETE:**

It is the policy of the institution to provide neither financial compensation nor free medical treatment for research-related injury. In the event of injury resulting from this research, medical treatment is available but will be provided at the usual charge. Such charges may be paid by the study sponsor as outlined in the research agreement and explained in the consent form.

Not applicable.

### 16.0 Resources Available

#### 16.1 Facilities and locations

Identify and describe the facilities, sites and locations where recruitment and study procedures will be performed.

If research will be conducted outside the United States, describe site-specific regulations or customs affecting the research, and describe the process for obtaining local ethical review. Also, describe the principal investigator’s experience conducting research at these locations and familiarity with local culture.

1. Community Care Licensing Offices
2. Fire Stations in California
3. Residential Care Facilities for the Elderly in California
4. Other sites that emerge as appropriate in the course of the research

#### 16.2 Feasibility of recruiting the required number of subjects

Indicate the number of potential subjects to which the study team has access. Indicate the percentage of those potential subjects needed for recruitment.

I have direct access to 37 potential subjects, of those potential subjects 16.21% is needed for recruitment. For RCFE administrators, there are thousands in the state and there contact information per facility is readily available online.

#### 16.3 PI Time devoted to conducting the research

Describe how the PI will ensure that a sufficient amount of time will be devoted to conducting and completing the research. Please consider outside responsibilities as well as other on-going research for which the PI is responsible.

I have cleared my schedule of nearly all other obligations through April 29, 2016. I can estimate that I will be able to work 5 hours a day at a minimum or four days per week or more if required through out the end of the semester. This should be sufficient time.
16.4 Availability of medical or psychological resources

Describe the availability of medical or psychological resources that subject might need as a result of their participation in the study, if applicable.

Not applicable.

16.5 Process for informing Study Team

Describe the training plans to ensure members of the research team are informed about the protocol and their duties, if applicable.

I have completed the CITI training modules required as well as electives in preparation for this research. I will inform my advisor of the updates via email.

17.0 Other Approvals

17.1 Other Approvals from External Entities

Describe any approvals that will be obtained prior to commencing the research (e.g., from cooperating institutions, community leaders, schools, external sites, funding agencies).

I will receive permission from someone of authority at the location where the research will be conducted for all non-public settings.

17.2 Internal PSU Committee Approvals

Check all that apply:

☐ Anatomic Pathology – Hershey only – Research involves the collection of tissues or use of pathologic specimens. Upload a copy of the Use of Human Tissue For Research Form on the “Supporting Documents” page in CATS IRB. This form is available on the IRB website at:
http://www.pennstatehershey.org/web/irb/home/resources/forms

☐ Animal Care and Use – All campuses – Human research involves animals and humans or the use of human tissues in animals

☐ Biosafety – All campuses – Research involves biohazardous materials (human biological specimens in a PSU research lab, biological toxins, carcinogens, infectious agents, recombinant viruses or DNA or gene therapy).

☐ Conflict of Interest Review – All campuses – Research has one or more of study team members indicated as having a financial interest.

☐ Radiation Safety – Hershey only – Research involves research-related radiation procedures. All research involving radiation procedures (standard of care and/or research-related) must upload the Radiation Review Form on the “Supporting
Documents” page in CATS IRB. This form is available on the IRB website at: http://www.pennstatehershey.org/web/irb/home/resources/forms

☐ IND/IDE Audit – All campuses – Research in which the PSU researcher holds the IND or IDE or intends to hold the IND or IDE.

☐ Scientific Review – Hershey only – All investigator-written research studies requiring review by the convened IRB must provide documentation of scientific review with the IRB submission. The scientific review requirement may be fulfilled by one of the following: (1) external peer-review process; (2) department/institute scientific review committee; or (3) scientific review by the Clinical Research Center Advisory committee. NOTE: Review by the Penn State Hershey Cancer Institute Scientific Review Committee is required if the study involves cancer prevention studies or cancer patients, records and/or tissues. For more information about this requirement see the IRB website at: http://www.pennstatehershey.org/web/irb/home/resources/investigator

18.0 Multi-Site Research

If this is a multi-site study (i.e., the study will be conducted at other institutions each with its own principal investigator) and you are the lead investigator, describe the processes to ensure communication among sites in the sections below.

18.1 Communication Plans

Describe the plan for regular communication between the overall study director and the other sites to ensure that all sites have the most current version of the protocol, consent document, etc. Describe the process to ensure all modifications have been communicated to sites. Describe the process to ensure that all required approvals have been obtained at each site (including approval by the site’s IRB of record). Describe the process for communication of problems with the research, interim results and closure of the study.

Not applicable.

18.2 Data Submission and Security Plan

Describe the process and schedule for data submission and provide the data security plan for data collected from other sites. Describe the process to ensure all engaged participating sites will safeguard data as required by local information security policies.

Not applicable.

18.3 Subject Enrollment

Describe the procedures for coordination of subject enrollment and randomization for the overall project.
Not applicable.

18.4 Reporting of Adverse Events and New Information
Describe how adverse events and other information will be reported from the clinical sites to the overall study director. Provide the timeframe for this reporting.

Not applicable.

18.5 Audit and Monitoring Plans
Describe the process to ensure all local site investigators conduct the study appropriately. Describe any on-site auditing and monitoring plans for the study.

Not Applicable.

19.0 Adverse Event Reporting

19.1 Reporting Adverse Reactions and Unanticipated Problems to the Responsible IRB
By submitting this study for review, you agree to the following statement – DO NOT ALTER OR DELETE:

In accordance with applicable policies of The Pennsylvania State University Institutional Review Board (IRB), the investigator will report, to the IRB, any observed or reported harm (adverse event) experienced by a subject or other individual, which in the opinion of the investigator is determined to be (1) unexpected; and (2) probably related to the research procedures. Harms (adverse events) will be submitted to the IRB in accordance with the IRB policies and procedures.

20.0 Study Monitoring, Auditing and Inspecting

20.1 Auditing and Inspecting
By submitting this study for review, you agree to the following statement – DO NOT ALTER OR DELETE:

The investigator will permit study-related monitoring, audits, and inspections by the Penn State quality assurance program office(s), IRB, the sponsor, and government regulatory bodies, of all study related documents (e.g., source documents, regulatory documents, data collection instruments, study data etc.). The investigator will ensure the capability for inspections of applicable study-related facilities (e.g., pharmacy, diagnostic laboratory, etc.).
21.0 Future Undetermined Research: Data and Specimen Banking

If this study is collecting identifiable data and/or specimens that will be banked for future undetermined research, please describe this process in the sections below. This information should not conflict with information provided in section 9.1.1 regarding whether or not data and/or specimens will be associated with identifiers (directly or indirectly).

21.1 Data and/or specimens being stored

Identify what data and/or specimens will be stored and the data associated with each specimen.

Not applicable.

21.2 Location of storage

Identify the location where the data and/or specimens will be stored.

Not applicable.

21.3 Duration of storage

Identify how long the data and/or specimens will be stored.

Not applicable.

21.4 Access to data and/or specimens

Identify who will have access to the data and/or specimens.

Not applicable.

21.5 Procedures to release data or specimens

Describe the procedures to release the data and/or specimens, including: the process to request a release, approvals required for release, who can obtain data and/or specimens, and the data to be provided with the specimens.

Not applicable.

21.6 Process for returning results

Describe the process for returning results about the use of the data and/or specimens.

Not applicable.

22.0 References

List relevant references in the literature which highlight methods, controversies, and study outcomes.

76 Melissa Reed


