



Center for Health Care Quality

**Health Facility License Fees
And
Nursing Home Administrator Program Fees**

Annual Fee Report for Fiscal Year 2022-23

May 2022

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EXECUTIVE SUMMARY

Program Overview

The California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ), is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and health care quality for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ licenses and certifies over 12,000 health care facilities and agencies in California in 30 different licensure and certification categories.

The U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) awards federal grant monies to CHCQ to certify that facilities accepting Medicare and Medicaid (Medi-Cal) payments meet federal requirements. CHCQ evaluates health care facilities for compliance with state and federal laws and regulations, and contracts with Los Angeles County Department of Public Health (LAC) to certify health care facilities located in Los Angeles County.

In addition, CHCQ oversees the certification of nurse assistants, home health aides, and hemodialysis technicians, and the licensing of nursing home administrators. CHCQ's activities are funded by the Department of Public Health Licensing and Certification Program Fund (Fund 3098), federal funds (Title XVIII and Title XIX Grants), reimbursements from the Department of Health Care Services, and the General Fund to support survey activities in state-owned facilities.

Fees Overview

Health Care Facility License Fees

CDPH publishes the "Center for Health Care Quality, Health Facility License Fees and Nursing Home Administrator Program Fees Annual Fee Report for Fiscal Year 2022-23" in accordance with California Health and Safety Code (HSC) section 1266(e). The report must be published by February 1 of each year and include:

- A list of estimated fees
- All costs for activities of CHCQ
- A staffing and systems analysis report including:
 - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities.
 - The percentage of time devoted to licensing and certification activities for the various types of health facilities.
 - The number of facilities receiving full surveys and the frequency and number of follow up visits.
 - The number and timeliness of complaint investigations.

- Data on deficiencies and citations issued, and numbers of citation review conferences and arbitration hearings; and,
- Other applicable activities of CHCQ.

HSC section 1266(e)(1)(A) requires the calculation of fees to be based on workload by facility type.

HSC section 1266(e)(1)(E) states the fee for each category should be determined by dividing the aggregate state share of all costs for CHCQ by the appropriate metric for the category of licensure. Pursuant to HSC section 1266(e)(1)(E), CHCQ shall apply 95 percent of the annual amount collected from new licensure applications, including change of ownership applications, and late payment penalties (HSC 1266.5) to the appropriate facility type categories as a credit to determine health care facility fees for the second fiscal year. The remaining five percent shall be retained in the Licensing and Certification Program Fund as reserve until appropriated.

In 2018, the legislature amended HSC section 1266 to include paragraph (g) that authorizes CDPH to assess a supplemental fee (in addition to the statewide fee) to facilities located in Los Angeles County. The Los Angeles County supplemental fee accounts for the higher costs associated with the LAC contract, and is calculated based upon the difference between LAC's costs of regulating health care facilities and the estimated costs if CHCQ conducted the licensing and certification activities. The Los Angeles County supplemental fee is incorporated in the health care facility licensing fee structure in addition to the statewide fee.

HSC section 1266 increases fees for Skilled Nursing Facilities to provide \$400,000 per fiscal year to the California Department of Aging's Long Term Care Ombudsman Program. The funds will support investigating complaints made against skilled nursing facilities and increasing the number of visits to those facilities.

Nursing Home Administrator Program Fees

CDPH publishes the Nursing Home Administrator Program fees in accordance with HSC section 1416.36(b)(1), which states that CDPH may propose fee adjustments to cover the reasonable regulatory costs to CDPH. CDPH shall publish on its internet website the proposed fee adjustments, as well as the final fee list, with an explanation of any adjustments. HSC section 1416.36(d)(1) requires CDPH to publish a report that includes:

- Estimates of costs to implement activities and estimated fee revenue.
- Recommended adjustments to fees based on projected workload and costs; and,
- An analysis containing the following information for the current fiscal year and each of the previous four fiscal years:

- The number of persons applying for a nursing home administrator's license, the number of nursing home administrator licenses approved or denied, and the number of nursing home administrator licenses renewed.
- The number of applicants taking the nursing home administrator exam and the number of applicants who pass or fail the exam.
- The number of approved Administrator-in-Training (AIT) applications and the number of completed trainings.
- The number, source, and disposition of complaints made against persons in the AIT Program and licensed nursing home administrators, including the length of time between receipt of the complaint and completion of the investigation.
- The number and type of final administrative, remedial, or disciplinary actions taken against licensed nursing home administrators.
- A list of the nursing home administrator names, nature of violations, and disciplinary action taken.
- The number of nursing home administrator appeals, informal conferences, or hearings filed or held, the length of time between when the request was filed and the final determination of the appeal, and the number of administrative, remedial, or disciplinary actions taken.

Fee Methodology

Health Care Facility Licensing Fees

The licensing fees are intended to cover CHCQ's costs to develop, administer, and enforce state licensure standards and other compliance activities. To determine the statewide health care facility licensing fees, CHCQ:

- Projects the state workload percentage for each health care facility type based on mandated workload. (See Attachment 1).
- Determines the budget year adjusted Fund 3098 appropriation, including baseline adjustments and mandated credits. (See Attachment 2).
- Applies the individual workload percentage to the budget year adjusted appropriation to calculate the revenue required of each health care facility type.
- Divides the revenue required of each health care facility type by the total number of health care facilities or beds to calculate the fee.

To determine the Los Angeles County supplemental fee, CHCQ:

- Determines the state personnel necessary to complete the contracted LAC workload and the projected costs associated with these staff.
- Determines the cost of the LAC contract inclusive of the contract amount and any CDPH oversight costs (e.g., the Los Angeles County Monitoring Unit).
- Calculates the difference between the projected state personnel cost and the LAC contract cost and related oversight costs.
- Determines the revenue required of each health care facility type within Los Angeles County based on each facility type's percentage of the total contractual workload.

CHCQ calculates state workload percentages for each workload activity by facility type. Workload activities include state licensing, federal certification, initial state licensure, initial federal certification, follow-up/revisits, and complaint investigations. CHCQ uses the following data to develop the workload percentages for each activity within each facility type:

- The number of open and active health care facilities.
- The state or federal mandated annualized workload frequency.
- The standard average hours obtained from the Time Entry and Activity Management (TEAM) data. These data reflect the three-year average number of hours required to complete each workload activity.
- The state workload funding percentage. This is the percentage charged to Fund 3098 based on the specific workload activity.

Attachment 1: The State Workload Percentages 2022-23 shows the distribution of state workload activities by facility type.

For 2022-23, CDPH proposes to:

1. Increase statewide fees up to 15.1 percent based on each facility's type share of total state workload.
2. Increase the supplemental fee to result in a combined fee increase of up to 15.2 percent for health care facilities located in Los Angeles County.
3. The 2022-23 fees are expected to raise \$239.8 million from statewide health care facility licensing fees, and \$50.6 million from the Los Angeles County supplemental fee.

Table 1 on the following page provides the proposed 2022-23 licensing fees for each facility type.

Nursing Home Administrator Program Fees

HSC section 1416.36(b)(1) requires CHCQ to adjust the Nursing Home Administrator Program fees based on program cost. CHCQ uses a methodology that estimates the fee revenue to achieve alignment with program costs:

- Determine the three-year average of applications received (workload units) for each fee category.
- Project the annual program cost to administer the Nursing Home Administrator Program.

For 2022-23, CDPH proposes a 41.0 percent increase to bring the fees in line with the projected program cost of \$1.1 million. The fee increase will allow the program to hire 2 positions to provide quality assurance in Nursing Home Administrator training.

Table 2 on the following page provides the proposed 2022-23 Nursing Home Administrator Program fees.

Table 1: Health Care Facility License Fee Table**Health Care Facility License Fees**

(Rounded in nearest dollar)

Facility Type	Fee Per Facility/ Bed	Number of Licensed Facilities/ Beds ²	2021-22 Statewide License Fee	2021-22 Los Angeles County Supplemental License Fee ³	2022-23 Statewide License Fee	2022-23 Los Angeles County Supplemental License Fee ³
Acute Psychiatric Hospitals	Bed	6,281	\$828	\$305	\$953	\$352
Adult Day Health Centers	Facility	302	\$9,388	\$1,584	\$10,800	\$1,826
Alternative Birthing Centers	Facility	12	\$3,652	\$284	\$4,201	\$327
Chemical Dependency Recovery Hospitals	Bed	495	\$321	\$267	\$369	\$308
Chronic Dialysis Clinics	Facility	646	\$4,301	\$6,628	\$4,886	\$7,642
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,357	\$2,231	\$941	\$2,566	\$1,085
Congregate Living Health Facilities	Bed	1,785	\$918	\$611	\$1,056	\$704
Correctional Treatment Centers	Bed	195	\$1,782	\$14	\$2,050	\$16
District Hospital Less Than 100 Beds	Bed	0	\$828	\$305	\$953	\$352
General Acute Care Hospitals	Bed	74,466	\$828	\$305	\$953	\$352
Home Health Agencies	Facility	2,552	\$2,830	\$3,561	\$2,959	\$4,106
Hospices (2-Year License Total)	Facility	2,075	\$2,971	\$3,850	\$2,970	\$4,440
Hospice Facilities	Bed	144	\$700	\$0	\$805	\$0
Intermediate Care Facilities (ICF)	Bed	154	\$918	\$393	\$1,056	\$453
ICF/Developmentally Disabled (DD)	Bed	7,252	\$1,803	\$1,523	\$2,074	\$1,756
ICF/DD - Habilitative	Bed	7,252	\$1,803	\$1,523	\$2,074	\$1,756
ICF/DD - Nursing	Bed	7,252	\$1,803	\$1,523	\$2,074	\$1,756
Pediatric Day Health and Respite Care Facility	Bed	393	\$467	\$145	\$537	\$167
Psychology Clinics	Facility	19	\$3,604	\$1,404	\$4,146	\$1,619
Referral Agencies	Facility	2	\$3,729	\$2,107	\$3,729	\$2,429
Rehab Clinics	Facility	11	\$806	\$626	\$927	\$722
Skilled Nursing Facilities ¹	Bed	116,770	\$922	\$611	\$1,061	\$704
Special Hospitals	Bed	0	\$828	\$305	\$953	\$352
Surgical Clinics	Facility	30	\$7,724	\$6,057	\$8,885	\$6,984

¹ SNF license fee includes the statewide fee of \$1057 and the California Department of Aging SNF LTC Ombudsman program fee of \$4.

² Number of licensed facilities / beds do not include state facilities.

³ CDPH does not assess supplemental fee on facilities that Los Angeles County Department of Public Health does not regulate.

Data Source: 2022-23 Licensing Fees Chart

Table 2: Nursing Home Administrator Program Fee Table**Nursing Home Administrator Program Fees**
Health and Safety Code section 1416.36 (a)

Fee Categories	2021-22	2022-23
(1) Examination Application Fee	\$68	\$96
(2) Reciprocity Licensure Application Fee	\$122	\$172
(3) AIT Program Application Fee	\$286	\$403
(4) (B2) Written State Exam	\$422	\$595
(5) Initial License Fee	\$530	\$747
(6a) Active License Renewal Fee (Biennial)	\$530	\$747
(6b) Inactive License Fee (Biennial)	\$530	\$747
(7) Delinquency Fee	\$122	\$172
(8) Duplicate License Fee	\$68	\$96
(9) Provisional License Fee	\$680	\$959
(10) Endorsement of Credential Verification Fee	\$68	\$96
(11) Preceptor Certification Fee (Biennial)	\$163	\$230
(12) Continuing Education Provider Fee (Biennial)	\$394	\$556
(13) Continuing Education Course Fee (Biennial)	\$41	\$58

Data Source: 2022-23 NHAP Fees Chart

Staffing and Systems Analysis**Center for Health Care Quality**

HSC section 1266(e)(2)(A) requires CHCQ to prepare a staffing and systems analysis to ensure efficient and effective use of fees collected, proper allocation of departmental resources to the CHCQ's activities, survey schedules, complaint investigations, entity reported incidents, citations, administrative penalties and enforcement penalties, state civil monetary penalties, appeals, data collection and dissemination, surveyor training, and policy development.

The following tables depict information from 2020-21, which represents the last full fiscal year for which CHCQ has data.

Table 3: Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities

Pursuant to HSC section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health care facility types. CHCQ assigned 68.7 percent of the authorized positions to field offices and 31.3 percent to other branches in headquarters.

Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type

Pursuant to HSC section 1266(e)(2)(B)(ii), Table 4 shows the number of surveyor hours and percentage of time devoted to licensing and certification activities for all health care facility types.

Table 5: Surveys and Follow-up Visits Performed

Pursuant to HSC section 1266(e)(2)(B)(iii), Table 5 describes the volume of health care facility licensure and certification surveys that CHCQ has conducted. "Initial" means survey of facilities that have applied for licensure or certification. Follow-up visits include initial licensure/certification, re- licensure/certification, and follow-up visits.

Table 6: Number of Complaint Investigations by Facility Type

Pursuant to HSC section 1266(e)(2)(B)(iv), Table 6 shows the number of complaints received and how long it takes CHCQ to initiate and complete complaint investigations. Complaint investigation timeframes vary based on priority levels A through H. CHCQ triages complaints and assigns priority levels as follows:

- Levels A through D for complaints that require an on-site investigation.
 - Level A for complaints of immediate jeopardy; statute requires the investigation be initiated within 24 hours for long-term care facilities, and per policy and statute, two business days for non-long-term care facilities.
 - Levels B through D for complaints of non-immediate jeopardy; statute requires the investigation be initiated within 10 days for

long-term care facilities.

- Level E for complaints that CHCQ reviews and investigates without an on-site component to the investigation.
- Levels F and G for complaints that CHCQ refers to other organizations, such as the California Department of Justice.
- Level H for complaints that initial prioritization review indicates require no further action.

CHCQ considers a case complete when it has fully completed the investigation, issued any applicable deficiencies, notified the facility and complainant, and documented the complaint as completed in its database.

Table 7: Number of Facility-Reported Incident Investigations by Facility Type

Pursuant to HSC section 1266(e)(2)(B)(iv), Table 7 shows the number of facility-reported incidents received and how long it takes CHCQ to initiate and complete facility-reported incident investigations. Investigation timeframes based on priority levels A through H. CHCQ triages facility-reported incidents and assigns priority levels in the same manner as complaint investigations, as mentioned above. CHCQ considers a case complete when it has fully completed the investigation, issued any applicable deficiencies, notified the facility, and documented the facility-reported incident as completed in its database.

Table 8: Citations, Administrative Penalties, and Enforcement Penalties Issued by Facility Type

Pursuant to HSC section 1266(e)(2)(B)(vi), Table 8 shows the number of citations issued, the number of administrative penalties issued, and the number of failure-to-report penalties issued for adverse events and medical breaches. Table 8 also provides the number of appeals.

Table 9: Deficiencies by Facility Type

Pursuant to HSC section 1266(e)(2)(B)(v), Table 9 shows the total number of deficiencies issued. CHCQ may identify one or more deficiencies (violations of statutory or regulatory requirements) for a substantiated survey or investigation. The number of deficiencies reported for long-term care facilities will not match the quarterly performance metrics reports posted on CDPH's internet website due to differences in reporting periods and because the Quarterly Performance Metrics report deficiencies by survey type.

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

Pursuant to HSC section 1279.1, Table 11 shows the number of adverse events by 7 event categories and 28 event types.

Table 12: Adverse Event Timeliness Report

Pursuant to HSC section 1279.2, Table 12 shows the number of immediate jeopardy adverse event investigations requiring initiation within 48 hours or two business days, whichever is greater, and the number of all adverse event investigations for which CHCQ completed investigation reports on time.

Table 13: Surveyor Training Provided in 2020-21

Pursuant to HSC section 1266(e)(2)(B)(vi), Table 13 shows the number of surveyors trained for each type of training offered for CHCQ's surveyors.

Table 3: Number of Authorized Personnel Devoted to the Licensing and Certification of Health Care Facilities

Number of Authorized Personnel for Licensing and Certification of Health Care Facilities

Health and Safety Code section 1266(e)(2)(B)(i)

SFY 2020-21 (July 1, 2020 - June 30, 2021)

Personnel Types	Field Office Positions	Field Office % to Total L&C	Headquarter Positions	Headquarter % to Total L&C	Total L&C Positions	Total L&C % to Total L&C	Los Angeles County Contract Positions	Los Angeles County Contract % to Total LAC Contract Positions
Surveyors and Consultants	676 ¹	47.68%	-	0.00%	676	47.68%	275	66.91%
Managers/Supervisors & Support Staff	298 ²	21.02%	444 ²	31.30%	742	52.32%	136	33.09%
Total	974	68.70%	444	31.30%	1418	100.00%	411	100.00%

This chart represents the number of positions in CHCQ, Licensing and Certification Program and LAC Contract. The following detail describes personnel function in Licensing and Certification field offices statewide and LAC Contract Offices:

Personnel in the Field Offices and Los Angeles County Contract

LAC contracts with the Department to conduct licensing and certification activities. Licensing and Certification Field Offices and LAC perform common functions which include: evaluating and reporting on services and conditions, cite deficiencies and issue penalties, and approve plans of correction.

¹ Classifications include: Health Facilities Evaluator Nurse, Associate Governmental Program Analyst, Special Investigators, and Consultants

² Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager I/II/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator I/II, Health Facilities Evaluator Manager I/II, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist I/II, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist I/II, Staff Programmer Analyst, Supervising Program Technician I/II, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager I/II/III, Word Processing Technician, Chief Environmental Health Specialist III, Environmental Health Specialist III.

Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type**The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Care Facilities**Health and Safety Code section 1266(e)(2)(B)(ii)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

	Facility Type	Total Survey Hours*	Percentage to Total Hours
1	Acute Psychiatric Hospital	8,969	0.82%
2	Adult Day Health Centers	1,411	0.13%
3	Alternate Birthing Center	-	-
4	Chemical Dependency Recovery Hospital	363	0.03%
5	Chronic Dialysis Clinic / End Stage Renal Disease	7,059	0.65%
6	Community Clinic / Rural Health Clinic/Community Mental Health Center	3,063	0.28%
7	Congregate Living Health Facility	13,815	1.26%
8	Correctional Treatment Center	6,949	0.64%
9	General Acute Care Hospital	139,529	12.76%
10	Home Health Agencies	13,874	1.27%
11	Hospice	10,095	0.92%
12	Hospice Facility	133	0.01%
13	Intermediate Care Facilities	16,682	1.53%
14	Intermediate Care Facilities DD/H/N/IID	59,517	5.44%
15	Pediatric Day Health or Respite Care	357	0.03%
16	Psychology Clinics	22	0.00%
17	Referral Agency	-	-
18	Rehab Clinic/CORF/OPT/SP	982	0.09%
19	Skilled Nursing Facilities	803,891	73.53%
20	Surgical Clinic / Ambulatory Surgical Center	4,782	0.44%
21	Unlicensed and Not Certified Facility	1,718	0.16%
	Total	1,093,213	100.00%

* Includes activities started on or after 07-01-2020 and exited on or before 06-30-2021. Total workload survey hours represents the number of direct survey hours, facility and pure administration hours.
Data Source: 2020-21 Standard Average Hours Report (SAH)

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-up Visits Performed
Health and Safety Code section 1266(e)(2)(B)(iii)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

	Facility Type	Licensing Survey Initial	Licensing Survey Re-Licensure	Certification Survey Initial	Certification Survey Re-Certification	Follow-Up & Revisits
1	Acute Psychiatric Hospital	1	1	0	0	2
2	Adult Day Health Care	15	1	0	0	0
3	Chronic Dialysis Clinic	15	1	5	13	9
4	Congregate Living Health Facility	24	36	0	0	17
5	Correctional Treatment Center	0	1	0	0	13
6	General Acute Care Hospital	32	23	45	6	5
7	Home Health Agency	33	6	0	3	14
8	Hospice	37	2	0	0	2
9	Hospice Facility	1	0	0	0	0
10	Intermediate Care Facility	0	1	0	0	5
11	Intermediate Care Facility-DD/H/N/CN/IID	8	4	5	132	93
12	Pediatric Day Health & Respite Care Facility	2	0	0	0	1
13	Primary Care Clinic	23	3	0	0	2
14	Psychology Clinic	1	0	0	0	0
15	Rehabilitation Clinic	0	0	0	4	1
16	X-ray	0	0	0	4	0
17	Skilled Nursing Facility	8	10	4	159	356
18	Surgical Clinic	1	0	5	1	7
	Totals	201	89	64	322	527
	Long-term Care Totals	42	51	9	291	472
	Non-long-term Care Totals	159	38	55	31	55

Data Source: ASPEN Database

Table 6: Number of Complaint Investigations by Facility Type

Number of Complaint Investigations by Facility Type

Health and Safety Code section 1266(e)(2)(B)(iv)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Type	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Percent Initiated Timely	Non-Immediate Jeopardy (Non-IJ)** (10 working days) Number Received	Non-Immediate Jeopardy (Non-IJ)** (10 working days) Percent Initiated Timely
Long-Term Care							
Congregated Living Health Facility	245	237	8	87	100%	155	92%
Intermediate Care Facility	760	719	41	2	100%	698	82%
Intermediate Care Facility-DD/H/N/CN/IID	398	419	-21	99	96%	290	85%
Pediatric Care Health and Respite Care Facility	3	4	-1	1	100%	2	0%
Skilled Nursing Facility	10,974	10,971	3	2,270	98%	8,400	80%
Total Long-Term Care Total	12,380	12,350	30	2,459	98%	9,545	80%
Non-Long Term Care							
Acute Psychiatric Hospital	329	341	-12	75	96%		
Adult Day Health Care	21	27	-6	0	N/A		
Chemical Dependency Recovery Hospital	9	7	2	2	100%		
Chronic Dialysis Clinic	212	204	8	41	95%		
Correctional Treatment Center	41	38	3	3	100%		
General Acute Care Hospital	5,189	4,203	986	620	95%		
Home Health Agency	306	268	38	53	96%		
Hospice	255	224	31	39	97%		
Hospice Facility	5	3	2	1	100%		
Primary Care Clinic	183	152	31	10	100%		
Psychology Clinic	2	2	0	0	N/A		
Rehabilitation Clinic	5	3	2	0	N/A		
Surgical Clinic	64	60	4	11	100%		
Non-Long Term Care Total	6,621	5,532	1,089	855	96%		
Total	19,001	17,882	1,119	3,314	97%		

Table 6: Number of Complaint Investigations by Facility Type (cont'd)

Number of Complaint Investigations by Facility Type
Health and Safety Code section 1266(e)(2)(B)(iv)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
Long-Term Care										
Congregated Living Health Facility	64	295	38	10	6	10	59%	16%	9%	16%
Intermediate Care Facility	226	105	144	29	46	7	64%	13%	20%	3%
Intermediate Care Facility-DD/H/N/CN/IID	197	412	63	20	45	69	32%	10%	23%	35%
Pediatric Care Health and Respite	1	469	0	0	0	1	0%	0%	0%	100%
Skilled Nursing Facility	5,156	601	1,721	598	891	1,946	33%	12%	17%	38%
Long-Term Care Total	5,644	571	1,966	657	988	2,033	35%	12%	18%	36%
Non-Long Term Care										
Acute Psychiatric Hospital	461	1,117	75	30	47	309	16%	7%	10%	67%
Adult Day Health Care	11	341	4	1	1	5	36%	9%	9%	45%
Chemical Dependency Recovery	3	23	3	0	0	0	100%	0%	0%	0%
Chronic Dialysis Clinic	199	1,251	30	21	31	117	15%	11%	16%	59%
Correctional Treatment Center	27	211	19	1	1	6	70%	4%	4%	22%
General Acute Care Hospital	5,931	1,157	905	563	832	3,631	15%	9%	14%	61%
Home Health Agency	219	381	56	38	40	85	26%	17%	18%	39%
Hospice	146	287	61	18	20	47	42%	12%	14%	32%
Hospice Facility	2	106	1	0	1	0	50%	0%	50%	0%
Primary Care Clinic	250	1,039	48	12	22	168	19%	5%	9%	67%
Psychology Clinic	2	1,652	0	0	0	2	0%	0%	0%	100%
Rehabilitation Clinic	3	975	2	0	0	1	67%	0%	0%	33%
Surgical Clinic	53	900	15	2	5	31	28%	4%	9%	58%
Non-Long Term Care Total	7,307	1,105	1,219	686	1,000	4,402	17%	9%	14%	60%
Total	12,951	872	3,185	1,343	1,988	6,435	25%	10%	15%	50%

*Long-term care facilities require initiation within 24 hours; non-long term care facilities require initiation within two business days.

**The non-IJ column shows the number of Non-IJ complaints received that require an investigation, and the percentage of those received that Field Operations initiated within 10 working days during the respective reporting period. This includes all complaints prioritized as levels B-E by federal requirements upon intake. The initiation mandate does not apply to non-long term care facilities.

Table 7: Number of Facility-Reported Incident Investigations by Facility Type

Number of Entity Reported Incident (ERI) Investigations by Facility Type

Health and Safety Code section 1266(d)(2)(B)(iv)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Category	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Percent Initiated Timely
Long-Term Care					
Congregated Living Health Facility	85	84	1	21	100%
Intermediate Care Facility	428	310	118	1	100%
Intermediate Care Facility-DD/H/N/CN/IID	3,510	3,789	-279	89	97%
Pediatric Care Health and Respite Care Facility	6	6	0	0	N/A
Skilled Nursing Facility	10,889	10,921	-32	1129	97%
Long-Term Care Total	14,918	15,110	-192	1,240	97%
Non-Long Term Care					
Acute Psychiatric Hospital	358	402	-44	24	92%
Adult Day Health Care	58	59	-1	0	N/A
Chemical Dependency Recovery Hospital	19	12	7	0	N/A
Chronic Dialysis Clinic	132	142	-10	45	100%
Correctional Treatment Center	1,859	1,871	-12	1	100%
General Acute Care Hospital	7,423	6,533	890	379	97%
Home Health Agency	67	89	-22	3	100%
Hospice	75	83	-8	8	88%
Hospice Facility	1	1	0	0	N/A
Organ	0	0	0	0	N/A
Primary Care Clinic	302	312	-10	2	50%
Psychology Clinic	0	0	0	0	N/A
Rehabilitation Clinic	1	1	0	0	N/A
Surgical Clinic	13	16	-3	2	100%
Non-Long Term Care Total	10,308	9,521	787	464	97%
Total	25,226	24,631	595	1,704	97%

Table 7: Number of Facility-Reported Incident Investigations by Facility Type (cont'd)

Number of Entity Reported Incident (ERI) Investigations by Facility Type
Health and Safety Code section 1266(d)(2)(B)(iv)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
Long-Term Care										
Congregated Living Health Facility	13	157	8	1	2	2	62%	8%	15%	15%
Intermediate Care Facility	407	284	96	41	119	151	24%	10%	29%	37%
Intermediate Care Facility-DD/H/N/CN/IID	1,169	407	315	150	219	485	27%	13%	19%	41%
Pediatric Care Health and Respite Care Facility	4	288	1	1	0	2	25%	25%	0%	50%
Skilled Nursing Facility	6,760	570	2,149	734	1,066	2,811	32%	11%	16%	42%
Long-Term Care Total	8,353	532	2,569	927	1,406	3,451	31%	11%	17%	41%
Non-Long Term Care										
Acute Psychiatric Hospital	360	648	88	45	67	160	24%	13%	19%	44%
Adult Day Health Care	155	826	5	3	8	139	3%	2%	5%	90%
Chemical Dependency Recovery Hospital	11	437	6	2	1	2	55%	18%	9%	18%
Chronic Dialysis Clinic	66	929	6	12	8	40	9%	18%	12%	61%
Correctional Treatment Center	775	280	202	139	136	298	26%	18%	18%	38%
General Acute Care Hospital	8,076	1,106	1,081	991	1,189	4,815	13%	12%	15%	60%
Home Health Agency	62	823	3	5	10	44	5%	8%	16%	71%
Hospice	61	561	13	5	8	35	21%	8%	13%	57%
Hospice Facility	1	121	0	1	0	0	0%	100%	0%	0%
Organ	1	3,498	0	0	0	1	0%	0%	0%	100%
Primary Care Clinic	306	651	67	26	23	190	22%	8%	8%	62%
Psychology Clinic	1	1,388	0	0	0	1	0%	0%	0%	100%
Rehabilitation Clinic	1	462	0	0	0	1	0%	0%	0%	100%
Surgical Clinic	8	989	1	2	0	5	13%	25%	0%	63%
Non-Long Term Care Total	9,884	999	1,472	1,231	1,450	5,731	15%	12%	15%	58%
Total	18,237	785	4,041	2,158	2,856	9,182	22%	12%	16%	50%

*Long-Term Care Facilities require initiation within 24 hours; Non-Long Term Care Facilities require initiation within two business days.


Table 8: Citations, Administrative Penalties, and Enforcement Penalties Issued by Facility Type

Data on Citations, Administrative Penalties & Enforcement Penalties

Health & Safety Code section 1266(d)(2)(B)(v)(vi)

SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Category	Citations Issued AA (HSC 1424)	Citations Issued A (HSC 1424)	Citations Issued B (HSC 1424)	Citations Issued WMF (HSC 1424)	Citations Issued WMO (HSC 1424)	Citations Issued RD (HSC 1424)	3.2 NHPDP Administrative Penalties (HSC 1276.5)	Administrative Penalties – Immediate Jeopardy (HSC 1280.3)	Administrative Penalties -Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital								1		2		
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic												
Congregate Living Health Facility	1	2	12									
Correctional Treatment Center												
General Acute Care Hospital								17	16	54	2	7
Home Health Agency												
Hospice												
Hospice Facility												
Intermediate Care Facility												
Intermediate Care Facility/Developmentally Disabled												
Intermediate Care Facility/Developmentally Disabled - Habilitative		1	19									
Intermediate Care Facility/Developmentally Disabled - Nursing		4	7									
Pediatric Day Health & Respite Care Facility												
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	6	110	277	5			78					
Surgical Clinic												
Total	7	117	315	5			78	18	16	56	2	7

 Facilities with statutorily mandated enforcement action.

Citation Appeals Statewide

Health and Safety Code section 1266(e)(2)(B)(vi)

SFY 2020-21 (July 1, 2020 - June 30, 2021)

Appeal Received Type	Collection	Decision	Event	Total
Appeal Received/Postmark>ALJ	0	0	29	29
Appeal Received/Postmark>BA	0	0	4	4
Appeal Received/Postmark>Court	0	0	57	57
Total	0	0	90	90

Data Source: ELMS Database

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type	
Health and Safety Code section 1266(e)(2)(B)(iv)	
SFY 2020-21 (July 1, 2020-June 30, 2021)	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	144
Adult Day Health Care	2
Alternative Birthing Center	0
Chemical Dependency Recovery Hospital	6
Chronic Dialysis Clinic	126
Congregate Living Health Facility	631
Correctional Treatment Center	70
General Acute Care Hospital	2,030
Home Health Agency	416
Hospice	246
Hospice Facility	0
Intermediate Care Facility	54
Intermediate Care Facility-DD/H/N/CN/IID	1,890
Pediatric Day Health & Respite Care Facility	6
Primary Care Clinic	108
Rehabilitation Clinic	21
Skilled Nursing Facility	8,594
Surgical Clinic	111
Total	14,455
Long-term Care Totals	11,175
Non-long-term Care Totals	3,280

Data Source: ASPEN Database

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type
Health and Safety Code section 1266(e)(2)(B)(v)(vi)
SFY 2020-21 (July 1, 2020 - June 30, 2021)

Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrativ e Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital			\$75,000		\$2,000		
Adult Day Health Care							
Alternative Birthing Center							
Chemical Dependency Recovery Hospital							
Chronic Dialysis Clinic							
Community Clinic							
Congregate Living Health Facility	\$54,000						
Correctional Treatment Center							
General Acute Care Hospital			\$1,050,013	\$233,338	\$203,400	\$130,000	\$3,600
Home Health Agency							
Hospice							
Hospice Facility							
Intermediate Care Facility							
Intermediate Care Facility/Developmentally Disabled							
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$41,000						
Intermediate Care Facility/Developmentally Disabled - Nursing	\$45,000						
Pediatric Day Health & Respite Care Facility							
Psychology Clinic							
Referral Agency							
Rehabilitation Clinic							
Skilled Nursing Facility	\$3,263,600	\$1,335,000					
Surgical Clinic							
Total	\$3,403,600	\$1,335,000	\$1,125,013	\$233,338	\$205,400	\$130,000	\$3,600

Facilities with statutorily mandated enforcement action.

Data Source: ELMS Database

Table 11: Detailed Adverse Event Report Category and Type**Detailed Adverse Event Report Category and Type**

Health and Safety Code section 1279.1

SFY 2020-21 (July 1, 2020-June 30, 2021)

Adverse Event by Category and Type	
01 - Surgical Events	312
01: Surgery Performed on a Wrong Body Part, Inconsistent with Informed Consent	20
02: Surgery Performed on the Wrong Patient	3
03: Wrong Surgical Procedure Performed, Inconsistent with the Informed Consent	8
04: Retention of a Foreign Object After Surgery/Procedure	258
05: Death During or up to 24 Hours After Induction of Anesthesia After Surgery	23
02 - Product or Device Events	4
06: Death/Serious Disability Associated with the Use of a Contaminated Drug, Device, or Biologic	0
07: Death/Serious Disability Associated with the Use of Device Other Than as Intended	2
08: Death/Serious Disability Associated with Intravascular Air Embolism	2
03 - Patient Protection Events	13
09: Infant discharged to the wrong person	0
10: Death/Serious Disability Associated with Patient Disappearance for More Than Four Hours	0
11: Patient Suicide or Attempted Suicide Resulting in Serious Disability After Admission	13
04 - Care Management Events	1,979
12: Death/Serious Disability Associated with a Medication Error	10
13: Death/Serious Disability Associated with the Administration of Abo-Incompatible Blood or Blood Products	1
14: Maternal Death/Serious Disability Associated with Labor/Delivery/Within 42 Days Post-Delivery	1
15: Death/Serious Disability Directly Related to Hypoglycemia	0
16: Death/Serious Disability Associated with Failure to Identify/Treat Hyperbilirubinemia	0
17: Stage 3 or 4 Pressure Ulcer, Acquired After Admission, Excluding Stage 2 Ulcers Recognized upon Admission	1,966
18: Death/Serious Disability Due to Spinal Manipulative Therapy	1
05 - Environmental Events	25
19: Death/Serious Disability Associated with an Electric Shock	0
20: Oxygen or Other Gas Line Contains Wrong Gas or Is Contaminated by a Toxic Substance	1
21: Death/Serious Disability Associated with a Burn	2
22: Patient Death Associated with a Fall	13
23: Death/Serious Disability Associated with Use of Restraints/Bedrails	9
06 - Criminal Events	19
24: Care Ordered by or Provided by Impersonating a Licensed Provider	6
25: Abduction of a Patient of Any Age	0
26: Sexual Assault on a Patient Within or on the Grounds of a Health Facility	7
27: Death/Significant Injury of a Patient or Staff from a Physical Assault	6
07 - Other	135
28: Adverse event or series of adverse events	135
Total	2,487

Data Source: ASPEN Database

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report
Health and Safety Code section 1279.2
SFY 2020-21 (July 1, 2020-June 30, 2021)

Adverse Event Category	Total AEs	Immediate Jeopardy ¹ Number Required Investigation Within 2 Days	Immediate Jeopardy ¹ Number Initiated Within 2 Days	Immediate Jeopardy ¹ Number Completed Within 45 Days	Non-Immediate Jeopardy ² Number Non-Immediate Jeopardy Adverse Events	Non-Immediate Jeopardy ² Number Completed Within 45 Days
Surgical Events	312	15	14	6	297	51
Product or Device Events	4	0	0	0	4	2
Patient Protection Events	13	9	8	6	4	0
Care Management Events	1,979	8	7	3	1,971	473
Environmental Events	25	6	5	1	19	2
Criminal Events	19	7	7	1	12	5
Other	135	6	4	3	129	25
Total	2,487	51	45	20	2,436	558

¹ Per HSC 1279.2 (a)(1): For reported Adverse Events that indicates "an ongoing threat of imminent danger of death or serious bodily harm, the department shall make an onsite inspection or investigation within 48 hours or two business days, whichever is greater, of the receipt of the report or complaint and shall complete that investigation within 45 days."

² Per HSC 1279.2 (b): For reported Adverse Events where "no threat of imminent danger of death or serious bodily harm is determined, the department shall complete an investigation of the report within 45 days."

Data Source: ASPEN Database

Table 13: Surveyor Training Provided

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(B)(vi)		
SFY 2020-21 (July 1, 2020-June 30, 2021)		
Activity Name	Types of Training	Number of Surveyors Trained
42 CFR (various sections)	Federal	30
Acts - Definition of Input Dates 11.17.16	Federal	3
Advanced LSC: Building Construction Systems	Federal	2
Alzheimer's and Related Dementia (Parts I & II)	Federal	199
Ambulatory Surgical Center (ASC) Basic Training	Federal	15
Antibiotic Stewardship Program for Nursing Home Providers	Federal	163
AO Referrals 06/29/17	Federal	19
Appendix (AA,A,B,C,E,G,H,J,L,M,N,PP,Q,R,W,Y,Z)	Federal	1209
Automated Survey Process Environment (ASPEN) Overview	Federal	215
Basic ACO - Exercise (1,2,3,4,5,6)	Federal	5
Basic Health Facility Surveyor (BHFS)—Introduction to Surveying for Long Term Care (LTC)	Federal	184
Basic Life Safety Code (BLSC) Training / The Survey Process	Federal	12
Basic Medications in Nursing Homes	Federal	155
Basic Writing Skills for Survey Staff	Federal	198
Beneficiary Notice LTCSP Refresher	Federal	526
Burnout: Surveyors	Federal	146
CBTs (Formerly ASPEN and The Long-Term Care Survey Process)	Federal	147
Chapter (1-7 & 10)	Federal	1137
CHCQ-EPDR-Fire Prevention & Training 2020-21	Federal	20
Citation & Penalties SNF 4.15.20 SEQIS	Federal	137
CLIA Orientation Training	Federal	2
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	25
CMS Long Term Care Journal Volume (I & II)	Federal	326
CMS Phase I New Regulatory Section Changes	Federal	2
CMS Prioritization Workshop	Federal	29
CMS State RAI Coordinator FAQ Training	Federal	46
CMS Survey & Certification: Voluntary Terminations	Federal	34
Community Mental Health Centers Basic Training	Federal	1
Complaint and Incident Intake and Triage	Federal	188
Complaint and Incident Intake for Long Term Care	Federal	145
Complaint/FRI (Abb.Standard Survey)	Federal	118
Complaint/FRI Pre Training Assessment	Federal	75
Compliance with Liability Notices and Beneficiary Appeal Rights	Federal	175
CoP & Standards Training	Federal	247
COVID-19 (LTC-Surveyor Training)	Federal	137
COVID-19 (NON-LTC-Surveyor Training)	Federal	50
COVID-19 Focused (F.I.C.) Survey for NH	Federal	544

Activity Name	Types of Training	Number of Surveyors Trained
COVID-19 Surveyor Training for LTC related to Staff and Resident Testing	Federal	240
Critical Access Hospital Basic Training	Federal	10
Dementia in the LTC and HHA Settings	Federal	18
Electronic Code of Federal Regulations Simulation (Demonstration)	Federal	204
Emergency Preparedness Basic Training	Federal	192
EMTALA Basic Training	Federal	15
End Stage Renal Disease Basic Core Survey Training	Federal	25
Enforcement Specialist	Federal	64
Exit Conference in the LTCSP Refresher	Federal	292
Facility Entrance Preparation in the LTCSP	Federal	597
Fall Prevention	Federal	176
Foundational Investigative Skills	Federal	238
Fundamentals of Patient Safety in Hospitals	Federal	20
GACH General Acute Care Hospital Relicensing Survey Hospital Training	Federal	1
Home Health Agency Basic Training	Federal	16
Hospice Basic Training	Federal	8
Hospice Quality Assurance and Performance Improvement (Part I & II)	Federal	12
Hospice Stakeholder Engagement Series (Archive)	Federal	6
Hospital Basic Training (Part 1 and II)	Federal	102
Hospital Immediate Jeopardy	Federal	32
Hydration Refresher	Federal	13
ICF for IID Basic Training	Federal	37
ICF for Individuals with Intellectual Disabilities (Basic, Tag W120, W150, W240)	Federal	72
ICF Update Academy 2020	Federal	152
ICF/IID (Guidance, Probes and IG's)	Federal	7
Immediate Jeopardy Basic Training	Federal	186
Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling LTCSP	Federal	513
Initial Pool Refresher in the LTCSP	Federal	580
Interviewing and Investigative Techniques	Federal	331
Introduction to ACT Windows	Federal	1
Introduction to Surveying for Non-Long Term Care	Federal	81
Kitchen Staff Competency, Food & Nutrition Leadership & DSS	Federal	154
Life Safety Code Transition Course	Federal	8
Long Term Care (LTC) Survey Process SME Videos	Federal	207
Long Term Care Basic Training	Federal	154
LTC Survey Process - Resident Screening and Interview Process	Federal	182
LTC Survey Process - Survey Outcome and Activity Reports (SOAR)	Federal	132
LTC Survey Process (LTCSP) Review Training	Federal	213
LTC Survey Process (LTCSP) Training Summer 2017	Federal	194
LTC Survey Process- Understanding the Survey Outcome Activity Report (SOAR)	Federal	128
LTCSP - 11.2, 11.4 & 11.7, Software and Other Updates	Federal	268

Activity Name	Types of Training	Number of Surveyors Trained
Mandatory Task: Infection Control	Federal	356
MDS 3.0 Updates	Federal	9
Medication Administration in the LTCSP Refresher	Federal	405
Medication Storage & Labeling in the LTCSP Refresher	Federal	401
Mental Illness in Nursing Homes	Federal	151
Mock Survey Wrap-Up	Federal	1
National Fire Protection Association (NFPA) 99 Health Care Facilities Code Training	Federal	5
National Fire Protection Association (NFPA) Pro Board-recognized Certified Fire Inspector-I	Federal	11
Navigating ASPEN Enforcement Manager AEM	Federal	46
Navigating the LTCSP	Federal	632
New LTC Survey Process	Federal	8
New Surveyor Academies (4 weeks) - 18-22	Federal	158
NLTC Regulatory Updates 2019	Federal	249
Nutrition & Weight Loss in the LTCSP Refresher	Federal	366
Offsite Preparation In the LTCSP	Federal	590
On-the-job observation with preceptor (ASC,CAH,EMTALA, ESRD, Hospital, ICF/IID,LTC,LSC)	Federal	94
Orientation to Life Safety Code	Federal	7
Outpatient Physical Therapy/Outpatient Speech Language Pathology Services Basic Training	Federal	1
Overview of Anti-Psychotic Medication Use in Nursing Homes	Federal	97
Overview of Revised Abbreviated Standard Survey-Fed. Complaint Process	Federal	13
Overview of the New Hospice Conditions of Participation (Subpart C & D)	Federal	12
Pain Management	Federal	160
Physical Restraint Use in Nursing Homes (The Exception Not the Rule Part I, II & III)	Federal	443
POI-POD	Federal	338
Post Survey Cont. CMS670 in the LTCSP Refresher	Federal	599
Post Survey in the LTCSP Refresher	Federal	314
Potential Citation in the LTCSP Refresher	Federal	300
Principles of Documentation - Exhibit 7A	Federal	226
Principles of Documentation for (LTC and Non LTC)	Federal	277
Principles of Documentation for Life Safety Code	Federal	5
Principles of Investigative Skills & Investigation Documentation 05.30.13	Federal	11
Psychiatric Hospital Basic Training	Federal	6
QAA/QAPI - End Survey in the LTCSP Refresher	Federal	356
QI Active Voice in Deficiency Writing	Federal	75
QSOG Navigation Simulation	Federal	205
Quality State Performance Standards	Federal	2
Read ASPEN Complaints/Incidents Tracking System (ACTS) Procedures Guide	Federal	11

Activity Name	Types of Training	Number of Surveyors Trained
Read ESRD statute at §1881 of the SS Act (42 CFR 494.1 - 42 CFR 494.180)	Federal	46
Read Hospice COP 42 CFR 418 & OPT/OSP Regulations 42 CFR 485.701-729	Federal	24
Resident Council in the LTCSP Refresher	Federal	388
Review 42 CFR Part 485 Medicare Program: COP for Community Mental Health Centers	Federal	3
RSS All Staff Webinars 2020-21	Federal	295
Rural Health Clinic/Federally Qualified Health Center Basic Training	Federal	6
Safe Reprocessing of Flexible Endoscopes	Federal	38
Sample Selection Refresher in the LTCSP	Federal	540
SEQIS Virtual Supervisor Academy 2021	Federal	197
SNF-Antipsychotic Use AUST II	Federal	60
State Agency Surveyor Orientation	Federal	213
State Operations Manual Navigation Simulation	Federal	204
State RAI Coordinator Resources and Contacts List	Federal	14
Successful completion of (ICF/IID, LTC, Hospital, CAH) with preceptor	Federal	15
Sufficient Staffing in the LTCSP Refresher	Federal	387
Survey and Certification Transition Training: Voluntary Terminations	Federal	135
Team Leadership Skills for Survey Teams	Federal	168
Team Meeting and Data Share Refresher	Federal	559
The Survey Team Leader (Time Management and Entrance and Exit Conferences)	Federal	347
Transplant Program Basic Training	Federal	5
Trayline, Meal Distribution & Sanitation	Federal	201
Triggered Task: Environment in the LTCSP	Federal	316
Triggered Task: Personal Funds in the LTCSP Refresher	Federal	304
Triggered Task: Resident Assessment in the LTCSP Refresher	Federal	296
Universal Infection Prevention and Control	Federal	171
Wound Care	Federal	159
Your legal Duty Reporting Elder & Dependent Adult Abuse (Part 1-4)	Federal	100
Adverse Events/Sub-Categories	State	1
CDPH CHCQ Paperless Process	State	219
Data Analytics Pulling it All Together	State	4
Definition of Adverse Events & Case Studies	State	4
Elder Abuse	State	87
GACH Infection Control Worksheets	State	28
GACH Licensing Survey	State	1
GACH Phase 1	State	2
GACHRLS Updates 03/27/17	State	10
HAI Prevention: What Really Works	State	17
HAI Training (Modules 1 CDC & 2 & 3)	State	861

Activity Name	Types of Training	Number of Surveyors Trained
Implicit Bias: The Impact of Unconscious Bias in Healthcare	State	61
Microsoft Surface Training	State	130
Reports of Mycobacterium Chimaera Infections	State	7
SB 361 Updated: License Only	State	1
SNF Re-licensing Survey Process	State	3
Strategies for Success (Dealing with Dementia)	State	8
Tablet & Computer Skills-ProProfs	State	130
Title 22	State	160
Working Remotely 101	State	726
Writing Skills & Advanced Interview Skills	State	20

Data Source: Training Section

Nursing Home Administrator Program

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2016-17 through 2020-21.

Table 14: Nursing Home Administrator Violations

Pursuant to HSC section 1416.36(d)(1)(C)(vi), Table 14 provides the listing of names and nature of violations for individual licensed nursing home administrators; final administrative, remedial, or disciplinary actions taken; and the fiscal year in which the action was taken.

Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program

Pursuant to HSC section 1416.36(d)(1)(C), Table 15 shows the number and status of applications for a nursing home administrator's license; the number and results of nursing home administrator exams taken; the number of applicants and status for the AIT; the number of administrators-in-training and nursing home administrators' complaints; the number of actions against nursing home administrators; and, the number of nursing home administrator appeals, informal conferences, or hearings.

Table 14: Nursing Home Administrator Violations

Nursing Home Administrator Program
Nursing Home Administrators' Violations
 Health & Safety Code Section 1416.36 (d)(1)(C)(vi)
 Fiscal Year 2016-17 to 2020-21

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
881	Theft/Embezzlement	Revocation	16/17
7570	Patient Care	12 months Suspension	17/18
6635	Unprofessional conduct	License Revoked	17/18
8115	Failure to Report	Warning Letter	17/18
7709	Failure to Report	Warning Letter	17/18
8115	Patient Care	Warning Letter	17/18
6669	Unprofessional conduct	License Revoked	17/18
5380	Abuse	License Revoked	18/19
6050	Failure to Report	Warning Letter	18/19
3232	Failure to Report	Warning Letter	18/19
4620	Unsafe Discharge	Warning Letter	18/19
7156	Unprofessional conduct	Warning Letter	18/19
AIT4176	Fraud	License Denied	18/19
8170	Failure to Report	Warning Letter	18/19
5723	Failure to Report	Warning Letter	18/19
7762	Failure to Report	Warning Letter	18/19
7761	Fraud	License Revoked	18/19
5552	Unprofessional conduct	License Revoked	19/20
6862	Unprofessional conduct	Warning Letter	19/20
7931	Failure to Report	Warning Letter	19/20
8127	Abuse	Warning Letter	19/20
AIT1128871	Fraud	License Denied	19/20
6420	Unprofessional conduct	License Revoked	20/21
AIT1127876	Unprofessional conduct	License Denied	20/21
6287	Unprofessional conduct	Warning Letter	20/21

Data Source: Healthcare Workforce Branch, Nursing Home Administrator Program

Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program

Nursing Home Administrator Program
License, Exam, and AIT Program
Health and Safety Code section 1416.36 (d)(1)(C)
Fiscal Year 2016-17 to 2020-21

		2016-17	2017-18	2018-19	2019-20	2020-21
(i) Persons applying for NHA License	Applied ¹	214	168	127	146	187
	Approved	114	143	110	91	112
	Denied	2	-	1	2	3
	Renewed	1,065	981	874	954	987
(ii) State Exam	Examinees	230	219	160	133	178
	Passed	148	128	101	79	116
	Failed	82	91	59	54	62
(iii) Administrator-In-Training Program	Applied	132	111	107	93	124
	Accepted	127	111	106	92	110
	Completed	137	98	103	97	89
(iv) Complaints Received ²	Administrator-In-Training	-	3	3	4	3
	Nursing Home Administrators	24	32	29	25	15
(v) Actions Against Nursing Home Administrators ³		1	6	10	5	3
(vi) Nursing Home Administrator Violations Listing		See Table 14				
(vii) Appeals, Informal Appeals, Informal conferences or Hearings ⁴	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	1	0	2	6	0
	Time Between Request & Final Determination	4 month	N/A	N/A	4 month	N/A
	Final Actions Upheld	1	-	N/A	1	1

Data are current through June 30, 2021

¹ Application reviews are not always completed within the same fiscal year therefore the number of applied may not always match the sum of approved and denied.

² Sources of complaints include, but not limited to: facility, general public, victim, witness, family member, mandated reporter, ombudsman, governmental agencies.

³ Types of actions against Nursing Home Administrators include warnings, suspensions, revocations, denials, probations, and fines as a result of complaints received.

⁴ Appeals, Informal Appeals, Informal Conferences or Hearings based on substantiated complaints received.

Data Source: Nursing Home Administrator Program

Attachment 1: State Workload Percentages, 2022-23

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY – LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2022-23

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
ALTERNATE BIRTHING CENTER	RE-LICENSURE	12	35	4	172	172	0.019%	0.02%
	COMPLAINT INVESTIGATION	-	4	1	5	5	0.001%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	302	110	151	20,625	20,625	2.299%	3.20%
	RE-LICENSURE - FOLLOW UP	-	36	29	1,291	1,291	0.144%	
	INITIAL LICENSURE	-	33	9	374	374	0.042%	
	COMPLAINT / ERI INVESTIGATION	-	17	255	5,450	5,450	0.607%	
	FIELD VISIT	-	22	16	445	445	0.050%	
	OPEN COMPLAINTS	-	17	24	513	513	0.057%	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	39	221	13	3,557	3,557	0.396%	1.75%
	INITIAL LICENSURE	-	25	1	31	31	0.003%	
	FIELD VISIT	-	17	11	193	193	0.022%	
	OPEN COMPLAINTS	-	11	78	1,140	1,140	0.127%	
	COMPLAINT (or ERI)	-	11	704	10,111	10,111	1.127%	
	COMPLAINT INVESTIGATION - DEEMED	-	11	17	249	31	0.003%	
	COMPLAINT INVESTIGATION - NON-DEEMED	-	11	3	41	5	0.001%	
	COMPLAINT VALIDATION - DEEMED	-	126	7	1,016	127	0.014%	
	VALIDATION - DEEMED	-	237	2	687	86	0.010%	
	VALIDATION FOLLOW UP - DEEMED	-	59	3	164	20	0.002%	
	FULL VALIDATION AFTER COMPLAINT	-	262	4	1,250	156	0.017%	
	RE-CERTIFICATION 3-YEAR AVERAGE	-	262	3	881	110	0.012%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	156	3	459	57	0.006%	
	5% TARGET SURVEYS	-	262	1	330	41	0.005%	
	5-YEAR MAX INTERVAL	-	262	1	330	41	0.005%	
	LIFE SAFETY CODE	-	34	4	191	24	0.003%	
	LIFE SAFETY CODE - VALIDATION	-	39	2	77	10	0.001%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	15	51	5	318	318	0.035%	1.09%
	INITIAL LICENSURE	-	27	16	491	491	0.055%	
	COMPLAINT / ERI INVESTIGATION	-	16	126	2,408	2,408	0.268%	
	FIELD VISIT	-	15	14	228	228	0.025%	
	OPEN COMPLAINTS	-	16	26	482	482	0.054%	
	END STAGE RENAL DISEASE	740	-	-	-	-	0.000%	
	3.0-YEAR AVERAGE (RE-CERTIFICATION)	-	123	247	33,950	4,244	0.473%	
	INITIAL CERTIFICATION (NEW PROVIDERS)	-	40	43	2,018	252	0.028%	
	INITIAL CERTIFICATION - FOLLOW UP	-	21	1	18	2	0.000%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS	-	35	76	2,642	330	0.037%	
	LIFE SAFETY CODE	-	12	247	3,745	468	0.052%	
	RE-CERTIFICATION/LSC	-	11	4	55	7	0.001%	
	COMPLAINT INVESTIGATION	-	16	214	4,119	515	0.057%	
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	7	103	4	447	447	0.050%	0.12%
	INITIAL LICENSURE	-	149	2	371	371	0.041%	
	COMPLAINT/ ERI INVESTIGATION	-	8	28	273	273	0.030%	
	FIELD VISIT	-	7	1	6	6	0.001%	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	253	36	127	3,198	3198	0.356%	1.32%
	INITIAL LICENSURE	-	32	25	819	819	0.091%	
	INITIAL LICENSURE FOLLOW UP	-	8	2	21	21	0.002%	
	COMPLAINT / ERI INVESTIGATION	-	20	335	7,453	7,453	0.831%	
	FIELD VISIT	-	19	18	332	332	0.037%	
	OPEN COMPLAINTS	-	20	2	46	46	0.005%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
COMMUNITY CLINIC	RE-LICENSURE	1,066	8	355	10,593	10593	1.181%	1.88%
	INITIAL LICENSURE	-	19	34	949	949	0.106%	
	COMPLAINT / ERI INVESTIGATION	-	13	207	3,064	3,064	0.341%	
	FIELD VISIT	-	10	49	800	800	0.089%	
	OPEN COMPLAINTS	-	13	60	865	865	0.096%	
	COMMUNITY MENTAL HEALTH CENTER	7	-	-	-	-	0.000%	
	RE-CERTIFICATION FOLLOW UP	-	47	-	-	-	0.000%	
	5% TARGETED SURVEYS	-	94	1	117	15	0.002%	
	5-YEAR INTERVAL (RE-CERTIFICATION)	-	94	1	164	20	0.002%	
	INITIAL SURVEY	-	-	1	-	-	0.000%	
	RURAL HEALTH CLINIC	267	-	-	-	-	0.000%	
	RE-CERTIFICATION - FOLLOW UP/REVISIT	-	18	7	152	19	0.002%	
	5% TARGETED SURVEYS (NON-DEEMED)	-	37	11	497	62	0.007%	
	6-YEAR AVG. (RE-CERTIFICATION, NON-DEEMED)	-	37	36	1,658	207	0.023%	
	VALIDATION	-	-	1	-	-	0.000%	
	COMPLAINT INVESTIGATION - NLTC	-	15	86	1,633	204	0.023%	
	PORTABLE X-RAY SUPPLIERS	45	-	-	-	-	0.000%	
	6-YEAR AVG. (RE-CERTIFICATION)	-	37	8	342	43	0.005%	
	FOLLOW UP /REVISITS	-	18	2	37	5	0.001%	
	5% TARGETED SURVEYS	-	37	2	103	13	0.001%	
CORRECTIONAL TREATMENT CENTER	RE-LICENSURE	21	159	11	2,069	2,069	0.231%	2.37%
	COMPLAINT INVESTIGATION	-	8	1,893	19,221	19,221	2.142%	
	OPEN COMPLAINTS	-	8	51	513	10	0.001%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE	
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	418	244	139	34,056	34,056	3.795%		
	INITIAL LICENSURE	-	46	49	2,742	2,742	0.306%		
	COMPLAINT	-	15	10,315	196,928	196,928	21.946%		
	COVID/IC – STATE SURVEY	-	17	24	499	499	0.056%		
	FIELD VISIT	-	20	254	5,576	5,576	0.621%		
	CAL	-	9	1	9	9	0.001%		
	OPEN COMPLAINTS	-	15	1,409	28,042	28,042	3.125%		
	DEEMED FACILITY	312	-	-	-	-	0.000%		
	VALIDATION	-	409	2	1,017	127	0.014%		
	FULL VALIDATION AFTER COMPLAINT	-	296	2	689	86	0.010%		
	VALIDATION FOLLOW UP	-	105	2	258	32	0.004%		
	LIFE SAFETY CODE	-	75	4	320	40	0.004%		
	TARGETED ADD'L SAMPLE	-	296	2	689	86	0.010%		
	COMPLAINT VALIDATION	-	184	164	37,004	4,625	0.515%		
	COMPLAINT VALIDATION/LSC	-	51	1	47	6	0.001%		
	COMPLAINT VALIDATION/LSC - FOLLOWUP	-	24	1	22	3	0.000%		
	COVID-19	-	25	112	3,386	3,386	0.377%		
	COVID-19- FOLLOWUP	-	22	1	20	20	0.002%		
	COMPLAINT SURVEYS EMTALA (ACCREDITED)	-	66	11	878	110	0.012%		
	NON-DEEMED FACILITY	157	-	-	-	-	0.000%		
	COMPLAINT SURVEYS	-	15	301	5,733	717	0.080%		
	5% TARGETED SAMPLE	-	296	8	2,702	338	0.038%		
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	106	34	3,910	489	0.054%		
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)	-	66	3	220	27	0.003%		
	IC-RELATED COMPLAINT/FRI	-	17	95	1,798	225	0.025%		
	LIFE SAFETY CODE	-	55	55	3,222	403	0.045%		
	3.0-YEAR AVG (RE-CERTIFICATION)	-	296	52	18,010	2,251	0.251%		
	ORGAN TRANSPLANT CENTER	5	-	-	-	-	0.000%		
	RE-CERTIFICATION	-	296	2	463	58	0.006%		31.30%

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
HOME HEALTH AGENCIES	RE-LICENSURE	759	12	759	11,731	11,731	1.307%	3.49%
	INITIAL LICENSURE	-	34	248	5,600	5,600	0.624%	
	COMPLAINT / ERI INVESTIGATION	-	17	283	6,910	6,910	0.770%	
	FIELD VISIT	-	17	175	2,527	2,527	0.282%	
	OPEN COMPLAINTS	-	17	22	499	499	0.056%	
	NON-DEEMED FACILITY	439	-	-	-	-	0.000%	
	RE-CERTIFICATION (SURVEY)	-	123	212	26,086	3,261	0.363%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	36	44	1,980	247	0.028%	
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED	-	14	94	1,920	240	0.027%	
	INITIAL SURVEY	-	17	1	21	3	0.000%	
	DEEMED FACILITY	1,354	-	-	-	-	0.000%	
	VALIDATION	-	126	1	128	16	0.002%	
	VALIDATION FOLLOW UP	-	22	1	21	3	0.000%	
	ADD'L TARGETED SAMPLE	-	123	1	119	15	0.002%	
	FULL VALIDATION AFTER COMPLAINT	-	123	1	119	15	0.002%	
	COMPLAINT VALIDATION	-	91	20	2,007	251	0.028%	
	COMPLAINT	-	17	1	11	1	0.000%	
HOSPICE	RE-LICENSURE	2,076	66	-	-	-	0.000%	1.81%
	INITIAL LICENSURE	-	21	402	8,352	8,352	0.931%	
	COMPLAINT / ERI INVESTIGATION	-	17	230	5,152	5,152	0.574%	
	FIELD VISIT	-	9	84	832	832	0.093%	
	OPEN COMPLAINTS	-	17	14	292	292	0.033%	
	NON-DEEMED FACILITY	174	-	-	-	-	0.000%	
	LIFE SAFETY CODE	-	13	1	19	2	0.000%	
	3.0 YEAR AVG. (RE-CERTIFICATION)	-	118	57	7,139	892	0.099%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	28	20	839	105	0.012%	
	COMPLAINT INVESTIGATIONS	-	17	77	1,635	204	0.023%	
	DEEMED FACILITY	1,234	-	-	-	-	0.000%	
	VALIDATION	-	117	2	274	34	0.004%	
	VALIDATION FOLLOW UP	-	48	1	51	6	0.001%	
	FULL VALIDATION AFTER COMPLAINT	-	118	1	123	15	0.002%	
	COMPLAINT VALIDATION - NLTC	-	65	31	2,731	341	0.038%	
COMPLAINT INVESTIGATIONS	-	17	18	377	47	0.005%		

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE	
HOSPICE FACILITIES	RE-LICENSURE	16	22	8	221	221	0.025%	0.08%	
	INITIAL LICENSURE	-	32	3	117	117	0.013%		
	COMPLAINT / ERI INVESTIGATION	-	20	4	97	97	0.011%		
	LIFE SAFETY CODE	-	26	8	262	262	0.029%		
INTERMEDIATE CARE FACILITY	RE-LICENSURE	1	315	1	195	195	0.022%	1.74%	
	INITIAL LICENSURE	-	7	1	9	9	0.001%		
	COMPLAINT / ERI INVESTIGATION	-	11	1,135	15,013	15,013	1.673%		
	FIELD VISIT	-	24	1	29	29	0.003%		
	OPEN COMPLAINTS	-	11	27	351	351	0.039%		
ICF - DD; DDH; DDN	RE-LICENSURE (SURVEY)	1,073	59	537	39,359	39,359	4.386%	10.04%	
	INITIAL LICENSURE	-	28	14	605	605	0.067%		
	COMPLAINT / ERI INVESTIGATION	-	11	1,042	14,926	14,926	1.663%		
	FIELD VISIT	-	39	20	1,020	1,020	0.114%		
	OPEN COMPLAINTS	-	11	93	1,387	1,387	0.155%		
	RE-CERTIFICATION	1,091	52	1,015	63,529	15,882	1.770%		
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	16	87	1,569	392	0.044%		
	COMPLAINT INVESTIGATIONS	-	10	3,458	44,804	11,201	1.248%		
	LIFE SAFETY CODE	-	9	26	309	77	0.009%		
	LIFE SAFETY CODE - FOLLOW UP	-	6	9	65	16	0.002%		
	RE-CERTIFICATION/LSC	-	7	2,106	19,381	4,845	0.540%		
	RE-CERTIFICATION/LSC - FOLLOWUP	-	4	4	29	116	29		0.003%
	INITIAL CERTIFICATION	-	42	42	24	1,227	307		0.034%
	INITIAL CERTIFICATION FOLLOW UP	-	25	25	2	50	12		0.001%

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
PEDIATRIC DAY HEALTH / RESPITE CARE	RE-LICENSURE	19	90	10	1,059	1,059	0.118%	0.15%
	INITIAL LICENSURE	-	31	1	39	39	0.004%	
	COMPLAINT / ERI INVESTIGATION	-	19	11	255	255	0.028%	
	FIELD VISIT	-	11	1	14	14	0.002%	
	OPEN COMPLAINTS	-	19	1	12	12	0.001%	
PSYCHOLOGY CLINIC	RE-LICENSURE	19	35	6	275	275	0.031%	0.04%
	INITIAL LICENSURE	-	16	1	19	19	0.002%	
	COMPLAINT (or ERI)	-	13	1	16	16	0.002%	
	OPEN COMPLAINTS	-	13	1	8	8	0.001%	
REHAB CLINIC	RE-LICENSURE	11	32	4	146	146	0.016%	0.08%
	COMPLAINT / ERI INVESTIGATION	-	60	0	19	19	0.002%	
	FIELD VISIT	-	28	1	35	35	0.004%	
	OUTPATIENT PHYSICAL THERAPY PROVIDERS	77	-	-	-	-	0.000%	
	RE-CERTIFICATION FOLLOW UP	-	71	10	655	82	0.009%	
	VALIDATION	-	137	-	-	-	0.000%	
	5% TARGETED SURVEYS	-	178	4	670	84	0.009%	
	6.0 YEAR AVG. (RE-CERTIFICATION)	-	178	13	2,175	272	0.030%	
	COMPLAINT INVESTIGATIONS	-	21	3	79	10	0.001%	
	COMPREHENSIVE OUTPATIENT REHAB FACILITY	7	-	-	-	-	0.000%	
	5% TARGETED SURVEYS	-	68	1	84	10	0.001%	
	6.0 YEAR AVG. (RE-CERTIFICATION)	-	68	1	98	12	0.001%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	55	1	42	5	0.001%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
SKILLED NURSING	RE-LICENSURE	1,215	71	608	55,264	55,264	6.159%	
	INITIAL LICENSURE	-	62	8	575	575	0.064%	
	INITIAL LICENSURE FOLLOW UP	-	26	1	20	20	0.002%	
	COMPLAINT / ERI INVESTIGATION	-	17	2,890	58,313	58,313	6.499%	
	COVID/IC – STATE SURVEY	-	18	2,134	45,794	45,794	5.103%	
	COVID/IC – STATE SURVEY- FOLLOWUP	-	-	11	94	94	0.010%	
	FIELD VISIT	-	61	77	5,073	5,073	0.565%	
	OPEN COMPLAINTS	-	17	796	15,420	15,420	1.718%	
	TITLE 19	33	-	-	-	-	0.000%	
	RE-CERTIFICATION	-	286	33	10,952	2,738	0.305%	
	RE-CERTIFICATION FOLLOW UP	-	68	7	508	127	0.014%	
	LIFE SAFETY CODE	-	18	33	643	161	0.018%	
	LIFE SAFETY CODE - FOLLOW UP	-	8	1	10	2	0.000%	
	COMPLAINT INVESTIGATION - LTC	-	17	1,751	36,000	9,000	1.003%	
	INITIAL CERTIFICATION	-	167	10	1,954	489	0.054%	
	INITIAL CERTIFICATION - FOLLOW UP	-	14	1	12	3	0.000%	
	MONITORING VISITS	-	5	1	6	2	0.000%	
	TITLE 18 & 19	1,095	-	-	-	-	0.000%	
	RE-CERTIFICATION	-	286	1,095	361,373	45,172	5.034%	
	RE-CERTIFICATION FOLLOW UP	-	68	193	14,679	1,835	0.204%	
	INITIAL CERTIFICATION (TITLE 18 & 19)	-	167	9	1,894	237	0.026%	
	INITIAL CERTIFICATION- FOLLOW UP (TITLE 18 & 19)	-	14	1	11	1	0.000%	
	LIFE SAFETY CODE	-	18	9	200	25	0.003%	
	RE-CERTIFICATION/LSC	-	19	9	224	28	0.003%	
	RE-CERTIFICATION/LSC FOLLOW UP	-	9	1	9	1	0.000%	
	COVID-19	-	20	2,604	60,253	60,253	6.715%	
	COVID-19- FOLLOWUP	-	17	71	1,423	1,423	0.159%	
	COMPLAINT INVESTIGATION - LTC	-	17	18,401	369,016	46,127	5.141%	
	MONITORING VISITS	-	5	8	48	6	0.001%	
	SPECIAL FOCUS FACILITIES	5	-	-	-	-	0.000%	
	INITIAL CERTIFICATION	-	167	1	192	24	0.003%	
	INITIAL CERTIFICATION FOLLOW UP	-	14	1	14	2	0.000%	
	RE-CERTIFICATION - 6.0 MONTH	-	286	10	3,396	424	0.047%	
	LIFE SAFETY CODE	-	18	10	203	25	0.003%	
	RE-CERTIFICATION FOLLOW UP	-	68	1	81	10	0.001%	
	COMPLAINT INVESTIGATIONS	-	17	8	165	21	0.002%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
SURGICAL CLINIC	RE-LICENSURE (SURVEY)	4	-	1	-	-	0.000%	0.66%
	INITIAL LICENSURE	-	-	22	68	68	0.008%	
	COMPLAINT / ERI INVESTIGATION	-	46	45	2,595	2,595	0.289%	
	FIELD VISIT	-	62	1	60	60	0.007%	
	OPEN COMPLAINTS	-	46	6	346	346	0.039%	
	AMBULATORY SURGICAL CLINIC - DEEMED	449	-	-	-	-	0.000%	
	VALIDATION SURVEYS	-	125	3	427	53	0.006%	
	VALIDATION SURVEYS FOLLOW UP	-	32	2	63	8	0.001%	
	VALIDATION - LSC	-	19	3	82	10	0.001%	
	COMPLAINT VALIDATION - NLTC	-	83	40	4,074	509	0.057%	
	COMPLAINT INVESTIGATIONS	-	26	11	347	43	0.005%	
	AMBULATORY SURGICAL CLINIC - NON-DEEMED	381	-	-	-	-	0.000%	
	LIFE SAFETY CODE	-	18	95	2,104	263	0.029%	
	LIFE SAFETY CODE - FOLLOW UP	-	10	4	32	4	0.000%	
	TARGETED SURVEYS 25% (RE-CERTIFICATION)	-	125	95	13,581	1,698	0.189%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	29	55	1,592	199	0.022%	
	COMPLAINT INVESTIGATIONS - NLTC	-	26	23	636	79	0.009%	
	INITIAL SURVEY	-	68	1	58	7	0.001%	
	INITIAL SURVEY FOLLOW UP	-	29	1	24	3	0.000%	

Note: The State Workload Percentages report does not include workload that is entirely federally funded.

Attachment 2: Annual Health Care Facility License Fee 2022-23

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES CHART
FISCAL YEAR 2022-23

FACILITY TYPE	Statewide Funded Workload Percentage	2021-22 Expenditures Per Budget Act 4265-3098	GF Fund Transfer Appropriation	21-22 Total Expenditure Less General Fund Transfer	Budget Baseline Adjustment	Allocation for Employee Compensation Adjustment	Allocation for Other Post-Employment Benefits Adjustment	Allocation for Staff Benefits Adjustment	Wildfires Disaster Response-Emergency Operations Account Transfer	Health Facilities Oversight	LAC Contract Increase BY 2022-23	4265 Department of Public Health (Local Assistance)	9892 Supplemental Pension Payments (State Operations)	9900 Statewide General Admin Expenditures (Pro Rata) (State Operations)
Acute Psychiatric Hospitals	1.754%	\$4,918,696	(\$258,887)	\$4,659,809	(\$110,685)	\$4,034	(\$35)	\$6,981	(\$4,122)	\$69,884	\$322,758	\$789	\$55,763	\$173,605
Adult Day Health Centers	3.198%	\$8,968,026	-	\$8,968,026	(\$201,807)	\$7,356	(\$64)	\$12,729	(\$7,516)	\$127,416	\$588,469	\$1,439	\$101,671	\$316,526
Alternative Birthing Centers	0.020%	\$55,312	-	\$55,312	(\$1,245)	\$45	-	\$79	(\$46)	\$786	\$3,629	\$9	\$627	\$1,952
Chemical Dependency Recovery Hospitals	0.122%	\$342,809	-	\$342,809	(\$7,714)	\$281	(\$2)	\$487	(\$287)	\$4,871	\$22,495	\$55	\$3,886	\$12,099
Chronic Dialysis Clinic	1.086%	\$3,045,279	(\$4,252)	\$3,041,027	(\$68,528)	\$2,498	(\$22)	\$4,322	(\$2,552)	\$43,267	\$199,827	\$489	\$34,524	\$107,483
Community Clinic/Free Clinic	1.879%	\$5,268,380	-	\$5,268,380	(\$118,554)	\$4,321	(\$38)	\$7,478	(\$4,415)	\$74,852	\$345,704	\$845	\$59,728	\$185,947
Congregate Living Health Facility	1.323%	\$3,709,022	-	\$3,709,022	(\$83,464)	\$3,042	(\$26)	\$5,264	(\$3,108)	\$52,697	\$243,381	\$595	\$42,049	\$130,910
Correctional Treatment Centers	2.374%	\$6,656,131	(\$1,400,652)	\$5,255,479	(\$149,782)	\$5,460	(\$47)	\$9,447	(\$5,578)	\$94,569	\$436,766	\$1,068	\$75,461	\$234,928
General Acute Care Hospitals	31.302%	\$87,774,347	(\$4,551)	\$87,769,796	(\$1,975,176)	\$71,995	(\$626)	\$124,583	(\$73,560)	\$1,247,084	\$5,759,627	\$14,086	\$995,101	\$3,097,991
Home Health Agencies	3.490%	\$9,787,080	-	\$9,787,080	(\$220,238)	\$8,028	(\$70)	\$13,891	(\$8,202)	\$139,053	\$642,214	\$1,571	\$110,956	\$345,434
Hospices	1.814%	\$5,085,569	(\$556)	\$5,085,013	(\$114,440)	\$4,171	(\$36)	\$7,218	(\$4,262)	\$72,255	\$333,708	\$816	\$57,655	\$179,495
Hospice Facility	0.078%	\$217,810	-	\$217,810	(\$4,901)	\$179	(\$2)	\$309	(\$183)	\$3,095	\$14,292	\$35	\$2,469	\$7,688
Intermediate Care Facility (ICF)	1.738%	\$4,874,009	(\$1,239,244)	\$3,634,765	(\$109,679)	\$3,998	(\$35)	\$6,918	(\$4,085)	\$69,249	\$319,825	\$782	\$55,257	\$172,028
ICF-DD, DDH, DDN, DDCN	10.036%	\$28,142,815	(\$531,199)	\$27,611,616	(\$633,295)	\$23,084	(\$201)	\$39,945	(\$23,585)	\$399,849	\$1,846,691	\$4,516	\$319,056	\$993,299
Pediatric Day Health/Respite Care	0.154%	\$430,933	-	\$430,933	(\$9,697)	\$353	(\$3)	\$612	(\$361)	\$6,123	\$28,277	\$69	\$4,885	\$15,210
Psychology Clinic	0.035%	\$99,374	-	\$99,374	(\$2,236)	\$82	(\$1)	\$141	(\$83)	\$1,412	\$6,521	\$16	\$1,127	\$3,507
Referral Agencies	0.000%	-	-	-	-	-	-	-	-	-	-	-	-	-
Rehab Clinics	0.075%	\$210,935	-	\$210,935	(\$4,747)	\$173	(\$2)	\$299	(\$177)	\$2,997	\$13,841	\$34	\$2,391	\$7,445
Skilled Nursing Facility	38.859%	\$108,964,114	(\$260,659)	\$108,703,455	(\$2,452,007)	\$89,376	(\$777)	\$154,659	(\$91,319)	\$1,548,145	\$7,150,069	\$17,487	\$1,235,330	\$3,845,882
Surgical Clinic	0.663%	\$1,857,792	-	\$1,857,792	(\$41,806)	\$1,524	(\$13)	\$2,637	(\$1,557)	\$26,395	\$121,906	\$298	\$21,062	\$65,571
Nursing Home Administrator Program	-	\$842,568	-	\$842,568	-	-	-	-	-	-	-	-	-	-
CA Dept of Aging (4170 CDA)	-	\$400,000	-	\$400,000	-	-	-	-	-	-	-	-	-	-
Total	100%	\$281,651,000	(\$3,700,000)	\$277,951,000	(\$6,310,000)	\$230,000	(\$2,000)	\$398,000	(\$235,000)	\$3,984,000	\$18,400,000	\$45,000	\$3,179,000	\$9,897,000

The health care facility license fee does not include the Nursing Home Administrator (NHAP) program fee. The NHAP fee is a separate mandate under the provision of Health and Safety Code section 1416.36(a).

Attachment 2: Annual Health Care Facility License Fee 2022-23 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES CHART
FISCAL YEAR 2022-23**

FACILITY TYPE	2022-23 Governor's Budget Expenditures (Proposed)	Miscellaneous Revenue Credit	2022-23 Health Facility Licensure Fee Revenue (Projected)	Program Policy Adjustment	2022-23 Health Facility Licensure Fee Revenue (Proposed)	Statewide License Fee Revenue	Los Angeles County Supplemental License Fee Revenue	Statewide License Fee	Los Angeles County Supplemental License Fee
Acute Psychiatric Hospitals	\$5,178,782	(\$250,340)	\$4,928,442	\$1,801,479	\$6,729,921	\$5,985,793	\$744,128	\$953	\$352
Adult Day Health Centers	\$9,914,246	(\$87,481)	\$9,826,766	(\$6,256,572)	\$3,570,194	\$3,261,600	\$308,594	\$10,800	\$1,826
Alternative Birthing Centers	\$61,148	-	\$61,148	(\$10,409)	\$50,739	\$50,412	\$327	\$4,201	\$327
Chemical Dependency Recovery Hospitals	\$378,979	(\$21,042)	\$357,937	(\$123,230)	\$234,707	\$182,655	\$52,052	\$369	\$308
Chronic Dialysis Clinic	\$3,362,335	(\$139,636)	\$3,222,699	\$1,462,057	\$4,684,756	\$3,156,356	\$1,528,400	\$4,886	\$7,642
Community Clinic/Free Clinic	\$5,824,248	(\$130,126)	\$5,694,122	(\$1,806,270)	\$3,887,852	\$3,482,062	\$405,790	\$2,566	\$1,085
Congregate Living Health Facility	\$4,100,362	(\$161,802)	\$3,938,560	(\$1,338,336)	\$2,600,224	\$1,884,960	\$715,264	\$1,056	\$704
Correctional Treatment Centers	\$5,957,770	-	\$5,957,770	(\$5,554,900)	\$402,870	\$399,750	\$3,120	\$2,050	\$16
General Acute Care Hospitals	\$97,030,901	(\$1,122,610)	\$95,908,290	(\$17,794,128)	\$78,114,162	\$70,966,098	\$7,148,064	\$953	\$352
Home Health Agencies	\$10,819,718	(\$3,055,180)	\$7,764,538	\$6,237,356	\$14,001,894	\$7,551,368	\$6,450,526	\$2,959	\$4,106
Hospices	\$5,621,594	(\$3,324,120)	\$2,297,474	\$3,621,061	\$5,918,535	\$3,081,375	\$2,837,160	\$1,485	\$2,220
Hospice Facility	\$240,791	(\$3,181)	\$237,611	(\$121,691)	\$115,920	\$115,920	-	\$805	-
Intermediate Care Facility (ICF)	\$4,149,024	(\$72,701)	\$4,076,323	(\$3,872,929)	\$203,394	\$162,624	\$40,770	\$1,056	\$453
ICF-DD, DDH, DDN, DDCN	\$30,580,975	(\$379,612)	\$30,201,363	(\$11,761,099)	\$18,440,264	\$15,040,648	\$3,399,616	\$2,074	\$1,756
Pediatric Day Health/Respite Care	\$476,401	(\$4,082)	\$472,318	(\$248,752)	\$223,566	\$211,041	\$12,525	\$537	\$167
Psychology Clinic	\$109,859	(\$6,571)	\$103,288	(\$11,562)	\$91,726	\$78,774	\$12,952	\$4,146	\$1,619
Referral Agencies	-	-	-	\$12,316	\$12,316	\$7,458	\$4,858	\$3,729	\$2,429
Rehab Clinics	\$233,191	(\$1,007)	\$232,184	(\$219,099)	\$13,085	\$10,197	\$2,888	\$927	\$722
Skilled Nursing Facility	\$120,200,300	(\$3,831,872)	\$116,368,428	\$34,430,718	\$150,799,146	\$123,892,970	\$26,906,176	\$1,061	\$704
Surgical Clinic	\$2,053,808	(\$26,257)	\$2,027,551	(\$1,754,017)	\$273,534	\$266,550	\$6,984	\$8,885	\$6,984
Nursing Home Administrator Program	\$1,126,568	-	-	-	-	-	-	-	-
CA Dept of Aging (4170 CDA)	\$400,000	-	-	-	-	-	-	-	-
Total	\$307,821,000	(\$12,617,619)	\$293,676,814	(\$3,308,009)	\$290,368,805	\$239,788,611	\$50,580,194	-	-

The health care facility license fee does not include the Nursing Home Administrator (NHAP) program fee. The NHAP fee is a separate mandate under the provision of Health and Safety Code section 1416.36(a).

Attachment 3: Glossary**Acute Psychiatric Hospital**

A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for mentally disordered, incompetent, or other patients referred to in Division 5 (commencing with section 5000) or Division 6 (commencing with section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. (Ref: HSC section 1250(b)).

Administrative Law Judge

An official appointed by the chief state administrative law judge, and includes any other person appointed to preside over a hearing. Whenever CDPH is authorized or required by statute, regulation, due process (Fourteenth Amendment to the U. S. Constitution; subdivision (a) of section 7 of Article I of the California Constitution), or a contract, to conduct an adjudicative hearing leading to a final decision of the director or CDPH, the hearing shall be conducted before an administrative law judge selected by CDPH and assigned to a hearing office that complies with the procedural requirements of Chapter 4.5 (commencing with section 11400) of Part 1 of Division 3 of Title 2 of the Government Code. (Ref: HSC section 100171(b)).

Administrative Penalty

A civil monetary penalty in an amount up to \$125,000 per violation or deficiency constituting an immediate jeopardy to the health and safety of a patient. (Ref: HSC section 1280.1 and 1280.3).

Administrator-in-Training Program

A program that is approved by the Nursing Home Administrator Program in which qualified persons participate under the coordination, supervision, and teaching of a preceptor, as described in Health and Safety Code section 1416.57, who has obtained approval from the Nursing Home Administrator Program. (Ref: HSC section 1416.2.(a)(6)).

Adult Day Health Care

An organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults disabilities with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by the recipient or his or her family. (Ref: HSC section 1570.7(a)).

Adverse Event

Includes any of the following:

- (1) Surgical events, including the following: (A) Surgery performed on a wrong body part that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent. (B) Surgery performed on the wrong patient. (C) The wrong surgical procedure performed on a patient, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent. (D) Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained. (E) Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.
- (2) Product or device events, including the following: (A) Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product. (B) Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator. (C) Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.
- (3) Patient protection events, including the following: (A) An infant discharged to the wrong person. (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision-making capacity. (C) A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.
- (4) Care management events, including the following: (A) A patient death or serious disability associated with a medication error, including, but not limited to, an error

involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose. (B) A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products. (C) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy. (D) Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility. (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter. (F) A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission. (G) A patient death or serious disability due to spinal manipulative therapy performed at the health facility.

- (5) Environmental events, including the following: (A) A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock. (B) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance. (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. (D) A patient death associated with a fall while being cared for in a health facility. (E) A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.
- (6) Criminal events, including the following: (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider. (B) The abduction of a patient of any age. (C) The sexual assault on a patient within or on the grounds of a health facility. (D) The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.
- (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report made. (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or the loss lasts more than seven days

or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part. (Ref: HSC section 1279.1).

Alternative Birthing Center

A clinic that is not part of a hospital and that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility. (Ref: HSC 1204(b) (4)).

Ambulatory Surgical Center

Any distinct entity that operates exclusively for providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. (Ref: 42 Code of Federal Regulation 416.2).

Appeals

Legal hearing in which a licensee may attempt to refute any citation, including the penalty assessment(s), the determination by CDPH regarding alleged failure to correct a violation or the reasonableness of the proposed deadline for correction.

Automated Survey Processing Environment (ASPEN)

ASPEN Central Office (ACO) is a Windows®-based program that enables state agencies to implement information-based administration of the health care facilities under their supervision. ACO stores data about certified facilities regulated by CMS and the regulations pertinent to those facilities. ACO includes full survey operations support, which enables agencies to centralize survey event planning, and team assignment in addition to providing access to minimum data set resident and assessment information (historical and current) and regulatory and interpretive guidelines. ACO provides survey performance reporting and integration with quality measure/indicator statistics, which facilitates inclusion of survey findings in the State Standard System.

Chemical Dependency Recovery Hospital

A health facility that provides 24-hour inpatient care for persons who have a dependency on alcohol or other drugs, or both alcohol and other drugs. This care includes, but is not limited to, basic services such as patient counseling services, and dietetic services. Each facility shall have a medical director who is a physician and surgeon licensed to practice in California. (Ref: HSC section 1250.3(a)).

Chronic Dialysis Clinic

A clinic that provides less than 24-hour care for the treatment of patients with end-stage renal disease, including renal dialysis services. (Ref: HSC section 1204(b) (2)).

Citations

Civil sanctions against long-term health care facilities in violation of state and federal laws and regulations relating to patient care. (Ref: HSC section 1423).

“AA” Citations - Violations that meet the criteria for a class "A" violation and that CDPH determines to have been a direct proximate cause of death of a patient or resident of a long-term health care facility. Except as provided in Health and Safety Code section 1424.5, a class "AA" citation is subject to a civil penalty in the amount of not less than five thousand dollars (\$5,000) and not exceeding twenty-five thousand dollars (\$25,000) for each citation. In any action to enforce a citation issued under this subdivision, the Department shall prove all of the following: (1) the violation was a direct proximate cause of death of a patient or resident. (2) The death resulted from an occurrence of a nature that the regulation designed to prevent. (3) The patient or resident suffering the death was among the class of persons for whose protection the regulation adopted. (Ref: Health and Safety Code section 1424(c)).

“A” Citations - Violations that the CDPH determines present either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result there from, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result there from. A physical condition or one or more practices, means, methods, or operations in use in a long-term health care facility may constitute a class "A" violation. The condition or practice constituting a class "A" violation shall be abated or eliminated immediately, unless a fixed period, as determined by the Department, required for correction. Except as provided in Health and Safety Code section 1424.5(2), a class "A" citation is subject to a civil penalty in an amount not less than one thousand dollars (\$1,000) and not exceeding ten thousand dollars (\$10,000) for each citation. (Ref: Health and Safety Code section 1424(d)).

“B” Citations - Violations that the CDPH determines have a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Unless otherwise determined by the Department to be a class "A" violation pursuant to this chapter and rules and regulations adopted pursuant thereto, any violation of a patient's rights as set forth in sections 72527 and 73523 of Title 22 of the California Code of Regulations, that is determined by the Department to cause or under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to a patient is a class "B" violation. Except as provided in Health and Safety Code section 1424.5(4) (a), a class "B" citation is subject to a civil penalty in an amount not less than one hundred dollars (\$100) and not exceeding one thousand dollars (\$1,000) for each citation. A class "B" citation shall specify the time within which the violation corrected. If the Department establishes that a violation occurred, the licensee shall have the burden of proving that the licensee did what expected of a long-term health care facility licensee, acting under similar circumstances, to comply with the regulation. If the licensee sustains this burden, then the citation is dismissed. (Ref: Health and Safety Code section 1424(e)).

Community Clinic

A clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions, that may be in the form of money, goods, or services. In a community clinic, any charges to the patient based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal income taxation under paragraph (3) of subsection (c) of section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a community clinic; provided, that the licensee of any community clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a community clinic. (Ref: Health and Safety Code section 1204(a)(1)(A)).

Complaint

A report made to the state agency or regional office by anyone other than the administrator or authorized official for a provider or supplier that alleges noncompliance of federal and/or state laws and regulations. (Ref: Health and Safety Code section 1420).

Comprehensive Outpatient Rehabilitation Facility

A health facility that provides coordinated outpatient diagnostic, therapeutic, and restorative services, at a single fixed location, to outpatients for the rehabilitation of injured, disabled, or sick individuals. Physical therapy, occupational therapy, and speech-language pathology services may be provided in an off-site location. (Ref: 42 Codes of Federal Regulation sections 485.50-74).

Congregate Living Health Facility

A residential home with a capacity, of no more than 18 beds (pursuant to Health and Safety Code section 1250(i)(4)(A) a city or county operated facility delivering the same congregate living health facility services may have a capacity of 59 beds), that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of the following services: services for persons who are mentally alert, persons with physical disabilities, who may be ventilator dependent; services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both; services for persons who are catastrophically and severely disabled. The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. (Ref: Health and Safety Code section 1250(i)(1)).

Correctional Treatment Center

A health facility operated by the California Department of Corrections and Rehabilitation, the Division of Juvenile Justice, or a county, city, or city and county law enforcement agency that, as determined by the CDPH, provides inpatient health services to that portion of the inmate population who do not require a general acute care level of basic services. This definition shall not apply to those areas of a law enforcement facility that houses inmates or wards who may be receiving outpatient services and are housed separately for reasons of improved access to health care, security, and protection. The health services provided by a correctional treatment center shall include, but are not limited to, all of the following basic services: physician and surgeon, psychiatrist, psychologist, nursing, pharmacy, and dietary. A correctional treatment center may provide the following services: laboratory, radiology, perinatal, and any other services approved by CDPH. (Ref: Health and Safety Code section 1250(j)(1)).

Deficiencies

Substantiated allegations for violations of federal and/or state laws or regulations receive deficiencies that cite the violations of noncompliance.

Distinct Part

An identifiable unit of a hospital or a freestanding facility, as defined in subdivision (c), accommodating beds, and related services, including, but not limited to, contiguous rooms, a wing, a floor, or a building that is approved by the Department for a specific purpose. (Ref: Title 22 California Code of Regulations section 70027).

Electronic Licensing Management System (ELMS)

A web-based application that allows CHCQ personnel to capture potential health service providers' applications, issue licenses, generate license renewal notices, determine license fees, issue and track state enforcement actions, and generate management reports.

End Stage Renal Disease

The federal specification for a Chronic Dialysis Clinic. These facilities treat patients with End Stage Renal Disease (ESRD) and its treatment types are varied and may include the following:

Renal Transplantation Center - A hospital unit that is approved to furnish, directly, transplantation and other medical and surgical specialty services required for the care of ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A renal transplantation center may also be a renal dialysis center.

Renal Dialysis Center - A renal dialysis center is a hospital unit that is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required

for the care of end state renal disease dialysis patients (including inpatient dialysis furnished directly or under arrangement and outpatient dialysis). A hospital need not provide renal transplantation to qualify as a renal dialysis center.

Renal Dialysis Facility - A renal dialysis facility is a unit that is approved to furnish dialysis service(s) directly to end stage renal disease patients.

Facility-Reported Incident

Federal - An official notification to CHCQ from a self-reporting facility or health care provider (i.e., the administrator or authorized official for the provider).

Free Clinic

A clinic operated by a tax-exempt, nonprofit corporation supported in whole or in part by voluntary donations, bequests, gifts, grants, government funds, or contributions that may be in the form of money, goods, or services. In a free clinic, there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished. No corporation other than a nonprofit corporation exempt from federal income taxation under paragraph (3) of subsection (c) of section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a free clinic; provided, that the licensee of any free clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a free clinic. (Ref: Health and Safety Code section 1204(a)(1)(B)).

General Acute Care Hospital

A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. (Ref: Health and Safety Code section 1250(a)).

Home Health Agency

A private or public organization, including, but not limited to: any partnership, corporation, political subdivision of the state, or other government agency within the state, which provides, or arranges for the provision of, skilled nursing services, to persons in their temporary or permanent place of residence. (Ref: Health and Safety Code section 1727(a)).

Hospice

A specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease,

and provide supportive care to the primary caregiver and the family of the hospice patient, and that meets all of the following criteria:

- (1) Considers the patient and the patient's family, in addition to the patient, as the unit of care.
- (2) Utilizes an interdisciplinary team to assess the physical, medical, psychological, social, and spiritual needs of the patient and the patient's family.
- (3) Requires the interdisciplinary team to develop an overall plan of care and to provide coordinated care that emphasizes supportive services, including, but not limited to: home care, pain control, and limited inpatient services. Limited inpatient services are intended to ensure both continuity of care and appropriateness of services for those patients who cannot be managed at home because of acute complications or the temporary absence of a capable primary caregiver.
- (4) Provides for the palliative medical treatment of pain and other symptoms associated with a terminal disease, but does not provide for efforts to cure the disease.
- (5) Provides for bereavement services following death to assist the family in coping with social and emotional needs associated with the death of the patient.
- (6) Actively utilizes volunteers in the delivery of hospice services.
- (7) To the extent appropriate, based on the medical needs of the patient, provides services in the patient's home or primary place of residence. (Ref: Health and Safety Code section 1746(d)).

Hospice Facility

A health facility with a capacity of no more than 24 beds that provides hospice services. Hospice services include, but are not limited to, routine care, continuous care, inpatient respite care, and inpatient hospice care. (Ref: Health and Safety Code section 1250(n)).

Immediate Jeopardy

Federal - A situation where the noncompliance with federal laws and regulations has caused or is likely to cause serious injury, harm, impairment, or death to residents, patients, or clients.

Intermediate Care Facility

A health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care. (Ref: Health and Safety Code section 1250(d)).

Intermediate Care Facility/Developmentally Disabled

A facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services. (Ref: Health and Safety Code section 1250(g)).

Intermediate Care Facility/Developmentally Disabled - Habilitative

A health facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer persons with developmental disabilities who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care. (Ref: Health and Safety Code section 1250(e)).

Intermediate Care Facility/Developmentally Disabled - Nursing

A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated. (Ref: Health and Safety Code section 1250(h)).

Long-Term Health Care Facility

- (a) "Long-Term health care facility" means any facility licensed pursuant to Health and Safety Code Chapter 2 (commencing with section 1250) that is any of the following:
- (1) Skilled nursing facility.
 - (2) Intermediate care facility.
 - (3) Intermediate care facility/developmentally disabled.
 - (4) Intermediate care facility /developmentally disabled habilitative.
 - (5) Intermediate care facility/developmentally disabled nursing.
 - (6) Congregate living health facility.
 - (7) Nursing facility.
 - (8) Intermediate care facility/developmentally disabled-continuous nursing.
- (b) "Long-term health care facility" also includes a pediatric day health and respite care facility. (Ref: Health and Safety Code section 1760).
- (c) "Long-term health care facility" does not include a general acute care hospital or an acute psychiatric hospital, except for that distinct part of the hospital that provides skilled nursing facility, intermediate care facility, intermediate care facility/developmentally disabled, or pediatric day health and respite care facility services (Ref: Health and Safety Code section 1418).

Medical Breach

The unlawful or unauthorized access to, and use or disclosure of, a patient's medical information. (Ref: Health and Safety Code section 1280.15(a)).

Non-Long Term Care Facility

A health care facility or agency, that is not a long-term care facility (for example, a general acute care hospital, clinic, or acute psychiatric hospital), required to be licensed pursuant to state law.

Nursing Home Administrator

An individual educated and trained within the field of nursing home administration who carries out the policies of the licensee of a nursing home and is licensed by the Department. The nursing home administrator is charged with the general administration of a nursing home, regardless of whether he or she has an ownership interest, and whether the administrator's function or duties are shared with one or more other individuals. (Ref: Health and Safety Code section 1416.2(a)(5)).

Nursing Hours per Patient Day

The number of actual nursing hours performed per patient day by nursing staff in skilled nursing facilities and intermediate care facilities. (Ref Health and Safety Code section 1276.5).

Pediatric Day Health & Respite Care Facility

A facility that provides an organized program of therapeutic social and day health activities and services and limited 24-hour inpatient respite care to medically fragile children 21 years of age or younger, including terminally ill and technology dependent children. (Ref: Health and Safety Code section 1760.2(a)).

Psychology Clinic

A clinic that provides psychological advice, services, or treatment to patients, under the direction of a clinical psychologist as defined in Health and Safety Code section 1316.5, and is operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions, which may be in the form of money, goods, or services. In a psychology clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal taxation under paragraph (3), subsection (c) of section 501 of the Internal Revenue Code of 1954, as amended, or a statutory successor thereof, shall operate a psychology clinic. (Ref: Health and Safety Code section 1204.1).

Referral Agency

A private, for-profit or non-profit agency, which is engaged in the business of referring persons for remuneration to any extended care, skilled nursing home, or intermediate

care facility or distinct part of a facility providing extended care, skilled nursing home care, or intermediate care, for a fee. The following additional basic services are: patient screening, facility information, counseling procedures, and referral services. (Ref: Health and Safety Code section 1401).

Rehabilitation Clinic

A clinic that, in addition to providing medical services directly, also provides physical rehabilitation services for patients who remain less than 24 hours. Rehabilitation clinics shall provide at least two of the following rehabilitation services: physical therapy, occupational therapy, social, speech pathology, or audiological services. A rehabilitation clinic does not include the offices of a private physician in individual or group practice. (Ref: Health and Safety Code section 1204(b)(3)).

Rural Health Clinic

An outpatient facility that is primarily engaged in furnishing physicians and other medical and health services, and that meets other requirements designated to ensure the health and safety of individuals served by the clinic. The clinic must be located in a medically under-served area that is not urbanized as defined by the U.S. Bureau of Census. (Ref: [Centers for Medicare and Medicaid Services](#)).

Skilled Nursing Facility

A health facility that provides skilled nursing care and supportive care to patients whose primary need is the availability of skilled nursing care on an extended basis (Ref: Health and Safety Code section 1250(c)).

Surgical Clinic

A clinic that is not part of a hospital and that provides ambulatory surgical care for patients who remain less than 24 hours. A surgical clinic does not include any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, regardless of the name used publicly to identify the place or establishment, provided, however, that physicians or dentists may, at their option, apply for licensure. (Ref: Health and Safety Code section 1204(b)(1)).

Survey Closure Date

The date that all activities associated with the complaint investigation are finished. This includes activities conducted at the health facility's site as well as activities conducted in the district office.