



Center for Health Care Quality
Licensing & Certification Program

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

Annual Fee Report for Fiscal Year 2016-17

February 1, 2016

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EXECUTIVE SUMMARY

Program Overview

The California Department of Public Health (Department), Center for Health Care Quality (Center), Licensing and Certification Program is responsible for regulatory oversight of licensed health care facilities and health care professionals to ensure safe, effective, and quality health care for all Californians. The Center fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to ensure that they comply with federal and state laws and regulations. The Center licenses and certifies over 7,500 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 grants to the Center to evaluate facilities accepting Medicare and Medicaid (Medi-Cal) payments to certify that they meet federal requirements. The Center evaluates health care facilities for compliance with state and federal laws and regulations, and contracts with the Los Angeles County Department of Public Health to certify health care facilities located in Los Angeles County.

The Center also certifies nurse assistants, home health aides, and hemodialysis technicians and licenses nursing home administrators. The Nursing Home Administrator Program protects the public by ensuring only qualified individuals are licensed while appropriate standards of competency are established and enforced. The Nursing Home Administrator Act identifies the authority of the Nursing Home Administrator Program, defines terms, and specifies licensing requirements. The Nursing Home Administrator Act also addresses fees, including but not limited to, state and national examinations, and provides procedures for out-of-state nursing home administrator licensees to obtain a one-year provisional license.

The Center's activities are funded by the State Department of Public Health Licensing and Certification Program Fund (Fund 3098) through health facility license fees, Nursing Home Administrator Program fees, and by federal funds (Title XVIII and Title XIX Grants).

Fees Overview

Health Facility License Fees

The Department publishes the "Health Facility License Fees and Nursing Home Administrator Program Fees Annual Fee Report" in accordance with California Health and Safety Code section 1266(e) as follows:

- Publish the list of estimated fees by February 1 of each year;
- Publish a report of all costs for activities of the Center; and,
- Prepare a staffing and system 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 the Licensing and Certification Program.

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

Health and Safety Code section 1266(e)(1)(E) states the fee for each category should be determined by dividing the aggregate state share of all costs for the Licensing and Certification Program by the appropriate metric for the category of licensure. Amounts actually received for new licensure applications, including change of ownership applications, and late payment penalties, pursuant to section 1266.5, during each fiscal year shall be calculated and 95 percent should be applied to the appropriate fee categories in determining the health care facility fees for the second fiscal year following receipt of those funds. The remaining five percent shall be retained in the fund as a reserve until appropriated.

In 2015, Health and Safety Code section 1266 was amended to include paragraph (c) that 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

The Department publishes Nursing Home Administrator Program fees in accordance with Health and Safety Code section 1416.36(b)(1), which states that the Department may propose fees be adjusted to an amount sufficient to cover the reasonable regulatory costs to the Department. The proposed adjustment to fees, as well as the final fee list, with an explanation of any adjustment, shall be published on the Department's Internet Website. Health and Safety Code section 1416.36(d)(1) requires the Department to publish an additional report that includes:

- Estimates of costs to implement activities and estimated fee revenue.
- Recommended adjustments to fees based on projected workload and costs.
- 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 persons applying for, accepted into, and completing the Administrator-In-Training Program.
- The number, source, and disposition of complaints made against persons in the Administrator-in-Training 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 listing of the names and nature of violations for licensed nursing home administrators, including final administrative, remedial, or disciplinary actions taken.
- The number of appeals, informal conferences, or hearings filed by nursing home administrators or held, the length of time between the request being filed, and the final determination of the appeal, and the number of administrative, remedial, or disciplinary actions taken.

Fee Methodology

Health Facility Licensing Fees

The licensing fee is intended to cover the Center's cost to develop, administer, and enforce state licensure standards and other compliance activities.

To determine licensing fees, the Center:

- Projects the state workload percentage for each facility type based on mandated workload. (See Attachment 1)
- Determines the budget year adjusted Fund 3098 appropriation, comprising baseline adjustments and mandated credits. (See Attachment 2)
- Applies the individual workload percentage against the budget year adjusted appropriation to determine the total amount of revenue to be generated by each facility type.
- For each facility type, divides the total amount of revenue to be generated by the total number of facilities or beds to calculate an initial fee.
- Compares each facility initial fee calculation with the current fiscal year fee to determine increases or decreases for each facility type. Historically, the Center has applied credits to mitigate fluctuations in fee amounts from year to year.

The Center calculates state workload percentages for each workload activity by facility type. Workload activities include state licensing, federal certification, and initial state and federal certification, follow-up/revisits, complaints, and investigations. The following data are used to develop the workload percentages for each activity within each facility type:

- The number of open and active facility counts (licensure and federal certification workload survey activities only);

- The annualized workload frequency for each workload activity as mandated by either state or federal requirements;
- The standard average hours obtained from the Time Entry and Activity Management (TEAM) data. These data reflect the three-year average of hours required to complete each workload activity.
- The state funding percentage. This is the percentage charged to the Fund 3098 based on the specific workload activity.

Attachment 1, State Workload Percentages 2016-17, provides the detailed workload analysis by facility type that the Center used to calculate the percentage by facility type.

For 2016-17 the Department proposes to:

1. Increase fees by up to 40 percent on those facilities that would have received an increase as a share of their percentage of the state's total workload.
2. Keep fees at the 2015-16 level for those facilities that would have received a decrease as a share of their percentage of the state's total workload.

Table 1 below provides the proposed 2016-17 licensing fees for each facility type.

Table 1: Health Care Facility Licensed Fee Table

License Fees by Facility Type			
Facility Type	Fee Per Bed or Facility	2015-16 Fee	2016-17 Proposed Fee
Acute Psychiatric Hospitals	Bed	\$ 319.90	\$ 447.86
Adult Day Health Centers	Facility	\$ 4,997.90	\$ 6,241.53
Alternative Birthing Centers	Facility	\$ 2,380.19	\$ 2,380.19
Chemical Dependency Recovery Hospitals	Bed	\$ 229.52	\$ 321.33
Chronic Dialysis Clinics	Facility	\$ 2,862.63	\$ 3,407.02
Community Clinics	Facility	\$ 862.03	\$ 1,206.84
Congregate Living Health Facilities	Bed	\$ 374.40	\$ 524.16
Correctional Treatment Centers	Bed	\$ 688.44	\$ 963.82
District Hospitals Less Than 100 Beds	Bed	\$ 319.90	\$ 447.86
General Acute Care Hospitals	Bed	\$ 319.90	\$ 447.86
Home Health Agencies	Facility	\$ 2,761.90	\$ 2,761.90
Hospices (2-Year License Total)	Facility	\$ 2,970.86	\$ 2,970.86
Hospice Facilities	Bed	\$ 374.40	\$ 524.16
Intermediate Care Facilities (ICF)	Bed	\$ 374.40	\$ 524.16
ICF - Developmentally Disabled (DD)	Bed	\$ 696.48	\$ 975.07
ICF - DD Habilitative	Bed	\$ 696.48	\$ 975.07
ICF - DD Nursing	Bed	\$ 696.48	\$ 975.07
Pediatric Day Health/Respite Care	Bed	\$ 180.49	\$ 252.69
Psychology Clinics	Facility	\$ 1,771.99	\$ 2,480.79
Referral Agencies	Facility	\$ 2,795.53	\$ 3,728.78
Rehab Clinics	Facility	\$ 311.22	\$ 435.71
Skilled Nursing Facilities *	Bed	\$ 377.77	\$ 527.51
Surgical Clinics	Facility	\$ 2,984.40	\$ 4,178.16
Special Hospitals	Bed	\$ 319.90	\$ 447.86

Data Source: 2016-17 Licensing Fees Chart

* Fee includes the basic licensing fee plus an additional \$3.35 in support of the Long Term Care Ombudsman Program.

Nursing Home Administrator Program Fees

Health and Safety Code section 1416.36(b)(1) requires the Licensing and Certification Program to adjust the Nursing Home Administrator Program fees based on program cost and not by the Consumer Price Index. The Center uses a methodology that estimates revenue per fee category based on the number of workload units and adjusts fee rates based on a policy to progressively align fee revenues to the program costs:

- Workload Units: Determine the three-year average of applications received for each fee category.
- Program Cost: Project the annual cost to administer the Nursing Home Administrator Program.

For 2016-17, the Department proposes to increase these fees by approximately 26 percent to align the revenues collected with the total program cost of \$618,000.

Table 2 below provides the proposed 2016-17 Nursing Home Administrator Program fees.

Table 2: Nursing Home Administrator Program Fee Table

Nursing Home Administrator Program Fees Health and Safety Code section 1416.36 (a) 2015-16 and 2016-17		
Fee Categories	2015-16 Fee	2016-17 Proposed Fee
(1) Examination Application Fee	\$ 40	\$ 50
(2) Reciprocity Licensure Application Fee	\$ 70	\$ 90
(3) Administrator-in-Training Program Application Fee	\$ 150	\$ 190
(4) (A) Automated National Exam*	N/A	N/A
(4) (B1) Automated State Exam**	N/A	N/A
(4) (B2) Written State Exam	\$ 210	\$ 260
(5) Initial License Fee	\$ 280	\$ 350
(6) (A) Active License Renewal Fee	\$ 280	\$ 350
(6) (B) Inactive License Fee	\$ 280	\$ 350
(7) Delinquency Fee	\$ 70	\$ 90
(8) Duplicate License Fee	\$ 40	\$ 50
(9) Provisional License Fee	\$ 370	\$ 460
(10) Endorsement of Credential Verification Fee	\$ 40	\$ 50
(11) Preceptor Certification Fee	\$ 70	\$ 90
(12) Continuing Education Provider Fee	\$ 220	\$ 270
(13) Continuing Education Course Fee	\$ 20	\$ 25

* Automated National Exam is not administered by the State.

** The Automated State Exam is currently not offered.

Staffing and Systems Analysis

Center for Health Care Quality

Health and Safety Code section 1266(e)(2)(A) requires the Licensing and Certification Program to prepare a staffing and systems analysis to ensure efficient and effective use of fees collected, proper allocation of departmental resources to the Center'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 2014-15, which represents the last full fiscal year for which the Center has data.

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

Pursuant to Health and Safety Code 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 facility types. Seventy-eight percent of the Center's authorized positions are assigned to field offices and 22 percent are assigned to other branches in headquarters.

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

Pursuant to Health and Safety Code 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 facility types.

Table 5: Surveys and Follow-up Visits Performed

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iii), Table 5 describes the volume of health care facility licensure and certification surveys that have been conducted. "Initial" means survey of facilities that have applied for licensing 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 Health and Safety Code section 1266(e)(2)(B)(iv), Table 6 shows the number of complaints received and how long it takes the Center to initiate and complete complaint investigations. Complaint investigation timeframes are based on priority levels A through H. The Center 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 48 hours 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;
- Level E for complaints that the Center reviews and investigates without an on-site investigation;
- Levels F and G for complaints that the Center refers to other organizations, such as the California Department of Justice;
- Level H for complaints that initial prioritization review indicates require no further action.

The Center considers a case complete when it has fully completed the investigation and documented the complaint as completed in its database.

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

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iv), Table 7 shows the number of entity-reported incidents received and how long it takes the Center to initiate and complete entity-reported incident investigations. Investigation timeframes are based on priority levels A through H. The Center triages entity-reported incidents and assigns priority levels as follows:

- Levels A through D for entity-reported incidents that require an on-site investigation;
 - Level A for entity-reported incidents of immediate jeopardy; statute requires the investigation be initiated within 24 hours for long-term care facilities and 48 hours for non-long-term care facilities;
 - Levels B through D for entity-reported incidents of non-immediate jeopardy;
- Level E for entity-reported incidents that the Center reviews and investigates without an on-site investigation;
- Levels F and G for entity-reported incidents that the Center refers to other organizations, such as the California Department of Justice;
- Level H for entity-reported incidents that initial prioritization review indicates require no further action.

The Center considers a case complete when it has fully completed the investigation and documented the entity-reported incident as completed in its database.

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

Pursuant to Health and Safety Code section 1266(e)(2)(B)(v)(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 received in 2014-15.

Table 9: Deficiencies by Facility Type

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iv), Table 9 shows the total number of deficiencies issued in 2014-15. The Center may identify one or more deficiencies (violations of statutory or regulatory requirements) for a substantiated survey or investigation. In prior years the Center reported this data in Table 8. The number of deficiencies reported for long-term care facilities will not match the Quarterly Performance Metrics Reports posted on the Department's internet website due to differences in reporting periods.

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued in 2014-15.

Table 11: Detailed Adverse Event Report Category and Type

Pursuant to Health and Safety Code 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 Health and Safety Code section 1279.2, Table 12 shows the number of immediate jeopardy adverse event investigations requiring initiation within two business days and the number of all adverse event investigations for which the Center completed investigation reports on time.

Table 13: Surveyor Training Provided in 2014-15

Pursuant to Health and Safety Code section 1266(e)(2)(B)(vi), Table 13 shows the number of surveyors trained for each type of training offered for the Center's surveyors.

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

Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities Health and Safety Code section 1266(e)(2)(B)(i) 2014-15								
Personnel Types	14 Field Offices		Headquarters		Total L&C		LA County	
	# of	% of	# of	% of	# of	% of	# of	% of
	Positions	Total	Positions	Total	Positions	Total	Positions	Total
Surveyors & Various State Consultants								
Surveyors ¹	472.00	43.81%	-	0.00%	472.00	43.81%	131	73.60%
Various State Consultants ²	47.00	4.36%	3.00	0.28%	50.00	4.64%	8	4.49%
Administrative Support Personnel								
Managers/Supervisors & Support Staff ³	317.30	29.45%	238.00	22.09%	555.30	51.55%	39	21.91%
Total	836.30	77.63%	241.00	22.37%	1,077.30	100.00%	178	100.00%

This chart represents the number of positions in Licensing and Certification and Los Angeles County. Data is based on the number of adjusted positions as reported in the 2015-16 November Estimate. The following detail describes personnel function in 14 Licensing and Certification field offices statewide and 5 Los Angeles County Offices:

Personnel in the Field Offices and LA County Contract

Los Angeles County performs Licensing and Certification activities and contracts with the Department to report information. Licensing and Certification Field Offices and Los Angeles County 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, Health Facilities Evaluator I, Health Facilities Evaluator Trainee.

² Classifications include: Medical Consultant I, Nurse Consultant III and II, Pharmaceutical Consultant II, Public Health Nutrition Consultant III, Occupational Therapy Consultant, Medical Record Consultant.

³ 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, Staff Counsel III, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager I/II/III, Word Processing Technician.

Data Source: 2015-16 November Estimate Report

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 Facilities Health and Safety Code section 1266(e)(2)(B)(ii) 2014-15		
Facility Type	Hours*	Percentage to Total Hours
Acute Psychiatric Hospital	4,507	0.53%
Adult Day Health Center	1,442	0.17%
Alternate Birthing Center	48	0.01%
Chemical Dependency Recovery Hospital	228	0.03%
Chronic Dialysis Clinic/ESRD	16,878	1.97%
Community Clinic/Free Clinics	3,286	0.38%
Community Mental Health Center	137	0.02%
Congregate Living Health Facility	1,771	0.21%
Correctional Treatment Center	2,494	0.29%
General Acute Care Hospital/Critical Access Hospital	103,626	12.07%
Home Health Agencies/Title 18 & 19/Title 19 Only	34,467	4.02%
Hospice	13,288	1.55%
Hospice Facility	163	0.02%
Intermediate Care Facilities	4,325	0.50%
Intermediate Care Facilities DD/H/N/IID	91,623	10.67%
Pediatric Day Health or Respite Care	249	0.03%
Psychology Clinic	35	0.00%
Referral Agency	-	0.00%
Rehabilitation Clinic/OPT/SP	2,895	0.34%
Skilled Nursing Facilities	555,459	64.71%
Surgical Clinic/ASC	21,158	2.47%
Unlicensed and not Certified Facilities	253	0.03%
Totals	858,332	100%

* The Licensing and Certification hours includes direct survey hours and non-survey hours.

Data Source: TEAM (2014-15 Standard Average Hours Report for Exited Complaints/Closed Surveys)

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-up Visits Performed Health and Safety Code section 1266(e)(2)(B)(iii) 2014-15					
Facility Type	Licensing Survey		Certification Survey		Follow-up & Revisits
	Initial	Re-Licensure	Initial	Re-Certification	
Acute Psychiatric Hospital	-	5	-	4	7
Adult Day Health Center	-	1	-	-	-
Alternate Birthing Center	4	-	-	-	-
Chemical Dependency Recovery Hospital	1	-	-	-	-
Chronic Dialysis Clinic/ESRD	24	7	22	95	109
Community Clinic/Free Clinics/RHC	28	6	5	20	18
Congregate Living Health Facility	25	2	-	-	2
Correctional Treatment Center	-	13	-	-	18
General Acute Care Hospital	9	156	1	22	46
Home Health Agencies	73	23	3	158	177
Hospice	161	8	1	54	46
Hospice Facility	6	-	-	-	-
Intermediate Care Facilities	-	6	-	-	6
Intermediate Care Facilities DD/H/N/ID	22	5	13	1,057	972
Pediatric Day Health or Respite Care	2	-	-	-	-
Psychology Clinic	-	-	-	-	-
Referral Agency	-	-	-	-	-
Rehabilitation Clinic/CORF/OTP/SP	-	-	1	18	18
Skilled Nursing Facilities	5	221	9	1,068	1,223
Surgical Clinic/ASC	5	-	9	101	122
Totals	365	453	64	2,597	2,764
Category Totals		818		2,661	2,764
Category Percentages	13%		43%		44%
Grand Total	6,243				

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)																			
2014-15																			
Facility Category	Volume			Timeliness															
				Initiation				Completion											
				Immediate Jeopardy (IJ) *		Non-Immediate Jeopardy **		Number of Complaints Completed During Reporting Period by Working Days from Receipt to Completion				Complaints Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period							
				(24 hours LTC - 2 days NLTC)		(10 working days)		≤90		91-180		181-365		>365		≤90		91-180	
Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	
Long-Term Care																			
Congregated Living Health Facility	54	57	-3	6	100%	46	98%	41	15	1	-	72%	26%	2%	-				
Intermediate Care Facility	354	279	75	3	100%	281	96%	120	36	37	86	43%	13%	13%	31%				
Intermediate Care Facility-DD/H/N/IID	463	445	18	41	98%	401	95%	341	39	28	37	77%	9%	6%	8%				
Pediatric Care Health and Respite Care Facility	2	2	-	-	-	2	100%	2	-	-	-	100%	-	-	-				
Skilled Nursing Facility	6,732	5,814	918	479	97%	6,027	97%	4,173	702	493	446	72%	12%	8%	8%				
Total Long-Term Care	7,605	6,597	1,008	529	97%	6,757	97%	4,677	792	559	569	71%	12%	8%	9%				
Non-Long Term Care																			
Acute Psychiatric Hospital	167	127	40	11	100%	-	-	48	31	16	32	38%	24%	13%	25%				
Adult Day Health Care	27	28	-1	-	-	-	-	7	9	4	8	25%	32%	14%	29%				
Chemical Dependency Recovery Hospi	2	5	-3	-	-	-	-	2	-	-	3	40%	-	-	60%				
Chronic Dialysis Clinic	238	196	42	10	90%	-	-	112	50	23	11	57%	26%	12%	6%				
Community Clinic	170	143	27	1	100%	-	-	79	27	18	19	55%	19%	13%	13%				
Correctional Treatment Center	56	30	26	-	-	-	-	12	7	9	2	40%	23%	30%	7%				
General Acute Care Hospital	3,593	3,328	265	94	95%	-	-	1,454	590	535	749	44%	18%	16%	23%				
Home Health Agency	284	296	-12	5	80%	-	-	168	59	38	31	57%	20%	13%	10%				
Hospice	166	177	-11	9	89%	-	-	104	41	15	17	59%	23%	8%	10%				
Hospice Facility	1	3	-2	-	-	-	-	1	1	1	-	33%	33%	33%	-				
Rehabilitation Clinic	5	3	2	1	100%	-	-	2	1	-	-	67%	33%	-	-				
Surgical Clinic	54	63	-9	1	100%	-	-	38	7	8	10	60%	11%	13%	16%				
Other Non-Long-Term Care	8	4	4	-	-	-	-	4	-	-	-	100%	-	-	-				
Total Non-Long Term Care	4,771	4,403	368	132	94%	-	-	2,031	823	667	882	46%	19%	15%	20%				
Referral/Undefined/License Status Unknown	3	5	-2	-	-	-	-	2	1	-	2	40%	20%	-	40%				
Total	12,379	11,005	1,374	661	97%	-	-	6,710	1,616	1,226	1,453	61%	15%	11%	13%				

Notes on Method:
 *Long-Term Care Facilities require initiation within 24 hours; Non-Long Term Care Facilities require initiation within two business days.
 **Does not apply to Non-Long Term Care Facilities.
 Data Source: ASPEN Database
 Extraction Date: July 17, 2015
 Publication Date: August 18, 2015

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

Number of Entity Reported Incident (ERI) Investigations by Facility Type													
Health and Safety Code section 1266(e)(2)(B)(iv)													
2014-15													
Facility Category	Volume					Timeliness							
						Initiation		Completion				Completion	
	Immediate Jeopardy (IJ)*		Number of ERIs Completed During Reporting Period by Working Days from Receipt to Completion				ERIs Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period						
	(24 hours LTC - 2 days NLTC)												
ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Number Received	Percent Initiated Timely	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	
Long-Term Care													
Congregated Living Health Facility	18	18	0	3	100%	12	4	1	1	67%	22%	6%	6%
Intermediate Care Facility	1,160	874	286	1	100%	613	95	98	68	70%	11%	11%	8%
Intermediate Care Facility-DD/H/N/IID	6,220	6,740	-520	30	97%	4,909	636	849	346	73%	9%	13%	5%
Pediatric Care Health and Respite Care Facility	3	3	0	-	-	3	-	-	-	100%	-	-	-
Skilled Nursing Facility	12,864	11,628	1,236	427	97%	9,145	1,232	882	369	79%	11%	8%	3%
Total Long-Term Care	20,265	19,263	1,002	461	97%	14,682	1,967	1,830	784	76%	10%	10%	4%
Non-Long Term Care													
Acute Psychiatric Hospital	415	388	27	11	100%	180	68	70	70	46%	18%	18%	18%
Adult Day Health Care	12	6	6	-	-	3	1	2	-	50%	17%	33%	-
Chemical Dependency Recovery Hospital	18	45	-27	-	-	20	11	3	11	44%	24%	7%	24%
Chronic Dialysis Clinic	125	104	21	4	100%	70	18	8	8	67%	17%	8%	8%
Community Clinic	192	157	35	-	-	83	29	20	25	53%	18%	13%	16%
Correctional Treatment Center	357	337	20	-	-	202	39	66	30	60%	12%	20%	9%
General Acute Care Hospital	7,283	6,388	895	57	98%	3,130	1,049	1,086	1,123	49%	16%	17%	18%
Home Health Agency	96	171	-75	-	-	73	27	29	42	43%	16%	17%	25%
Hospice	99	107	-8	1	100%	62	27	6	12	58%	25%	6%	11%
Hospice Facility	2	1	1	2	100%	1	-	-	-	100%	-	-	-
Surgical Clinic	28	36	-8	-	-	19	8	2	7	53%	22%	6%	19%
Total Non-Long Term Care	8,627	7,740	887	75	99%	3,843	1,277	1,292	1,328	50%	16%	17%	17%
Total	28,892	27,003	1,889	536	97%	18,525	3,244	3,122	2,112	69%	12%	12%	8%

Notes on Method:

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

**Does not apply to Non-Long Term Care Facilities.

Data Source: ASPEN Database

Extraction Date: July 17, 2014

Publication Date: August 18, 2015

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

Data on Citations, Administrative Penalties & Enforcement Penalties											
Health and Safety Code section 1266(e)(2)(B)(v)(vi)											
2014-15											
Facility Category	Citations Issued (by Definitions) (HSC 1424)						3.2 NHPPD Administrative Penalties	Administrative Penalties (H&S 1280.3)	Failure to Report Penalties Adverse Events (H&S 1280.4)	Medical Breaches	
	AA	A	B	WMF	WMO	RD				Administrative Penalties (H&S 1280.15)	Failure to Report Penalties (H&S 1280.15)
Acute Psychiatric Hospital								4	1		
Adult Day Health Care											
Alternative Birthing Center											
Chemical Dependency Recovery Hospital											
Chronic Dialysis Clinic											4
Community Clinic											1
Congregate Living Health Facility	-	-	1	-	-	-					
Correctional Treatment Center											
General Acute Care Hospital								28	79	28	139
Home Health Agency										1	1
Hospice											3
Hospice Facility											
Intermediate Care Facility	-	-	4	-	-	-					
Intermediate Care Facility/Developmentally Disabled	-	1	8	-	-	-					
Intermediate Care Facility/Developmentally Disabled - Habilitative	-	6	19	-	-	-					
Intermediate Care Facility/Developmentally Disabled - Nursing	-	1	9	-	-	-					
Pediatric Day Health & Respite Care Facility	-	-	-	-	-	-					
Psychology Clinic											
Referral Agency											
Rehabilitation Clinic											
Skilled Nursing Facility	7	101	175	2	-	-	33				4
Surgical Clinic											
Total	7	109	216	2	-	-	33	32	80	29	152
Facilities not covered under this enforcement action mandate Facilities with statutorily mandated enforcement action											
Citation Appeals Statewide											
Health and Safety Code section 1266(e)(2)(B)(v)											
2014-15											
Appeal Received Type									Number of Appeals Received		
Administrative Law Judge (ALJ)									21		
Binding Arbitration (BA)									2		
Court Appeal									41		
Total									64		

Data Source: ELMS Database
Data Extraction Date: July 17, 2015
Publication Date: August 6, 2015

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type Health and Safety Code section 1266(e)(2)(B)(iv) 2014-15	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	-
Adult Day Health Care	90
Alternative Birthing Center	12
Chemical Dependency Recovery Hospital	8
Chronic Dialysis Clinic/End Stage Renal Disease	1,268
Community Clinic/Free clinic/Rural Health Clinic/Federally Qualified Health Center	293
Congregated Living Health Facility	112
Correctional Treatment Center	210
General Acute Care Hospital/ Organ Transplant Center/Special Hospital	5,872
Home Health Agency	1,762
Hospice	977
Hospice Facility - HOFA	-
Intermediate Care Facility	95
Intermediate Care Facility DD/Habilitative/Nursing/Individuals with Intellectual Disabilities	5,928
Pediatric Care Health and Respite Care Facility	24
Psychology Clinic	4
Referral Agency	-
Rehabilitation Clinic/ Comprehensive Outpatient Rehabilitation Facility/Out Patient Speech Pathologist	170
Skilled Nursing Facility/Nursing Facility	13,837
Surgical Clinic/ Ambulatory Surgical Clinic	1,130
Total	31,792

* Lab and X-ray are not included.

Data Source: ASPEN Database

Data Extraction: July 17, 2015

Publication Data: August 11, 2015

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type						
2014-15						
Facility Category	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties	Administrative Penalties (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches	
					Administrative Penalties (HSC 1280.15)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital	-	-	\$ 200,000	\$ 1,400	-	-
Adult Day Health Care	-	-	-	-	-	-
Alternative Birthing Center	-	-	-	-	-	-
Chemical Dependency Recovery Hospital	-	-	-	-	-	-
Chronic Dialysis Clinic	-	-	-	-	-	\$ 2,600
Community Clinic	-	-	-	-	-	\$ 5,600
Congregate Living Health Facility	\$ 1,000	-	-	-	-	-
Correctional Treatment Center	-	-	-	-	-	-
General Acute Care Hospital	-	-	\$ 1,828,792	\$ 402,600	\$ 3,277,500	\$ 283,200
Home Health Agency	-	-	-	-	\$ 25,000	\$ 100
Hospice	-	-	-	-	-	\$ 1,500
Hospice Facility	-	-	-	-	-	-
Intermediate Care Facility	\$ 6,150	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled	\$ 18,000	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$ 56,000	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Nursing	\$ 13,000	-	-	-	-	-
Pediatric Day Health & Respite Care Facility	-	-	-	-	-	-
Psychology Clinic	-	-	-	-	-	-
Referral Agency	-	-	-	-	-	-
Rehabilitation Clinic	-	-	-	-	-	-
Skilled Nursing Facility	\$ 2,459,350	\$ 525,000	-	-	-	\$ 18,300
Surgical Clinic	-	-	-	-	-	-
Total	\$ 2,553,500	\$ 525,000	\$ 2,028,792	\$ 404,000	\$ 3,302,500	\$ 311,300

Data Source:ELMS Database
Data Extraction Date: July 17, 2015
Publication Date: August 6, 2015

Table 11: Detailed Adverse Event Report Category and Type

Detailed Adverse Event Report Category and Type Health and Safety Code section 1279.1 2014-15	
Adverse Event by Category and Type	
01.-Surgical Events	318
01.- Surgery performed on a wrong body part	30
02.- Surgery performed on the wrong patient	-
03.- Wrong surgical procedure performed on a patient	14
04.- Retention of a foreign object in a patient	258
05.- Death during or up to 24 hours after surgery	16
02.- Product or Device Events	11
06.- Death or serious disability associated with the use of contaminated drug, device, or biologic	4
07.- Death or serious disability associated with the use of a device other than as intended	4
08.- Death or serious disability due to intravascular air embolism	3
03.- Patient Protection Events	11
09.- Infant discharged to the wrong person	-
10.- Death or serious disability due to disappearance	2
11.- Suicide or attempted suicide	9
04.- Care Management Events	868
12.- Death or serious disability associated with a medication error	16
13.- Death or serious disability associated with incompatible blood	1
15.- Death or serious disability directly related to hypoglycemia	-
14.- Maternal death or serious disability associated with labor or delivery	3
16.- Death or serious disability associated with hyperbilirubinemia in neonates	1
17.- Stage 3 or 4 decubitis ulcer acquired after admission	847
18.- Death or serious disability due to spinal manipulation therapy	-
05.- Environmental Events	20
19.- Death or serious disability associated with electric shock	-
20.- Oxygen line contains wrong or toxic gas	1
21.- Death or serious disability associated with a burn	2
22.- Death associated with a fall	14
23.- Death or serious disability associated with the use of restraints or bedrails	3
06.- Criminal Events	10
24. Case ordered or provided by someone impersonating a licensed health provider	-
25. Abduction of a patient of any age	1
26. Sexual assault on a patient	5
27. Death or significant injury from a physical assault	4
07.- Other	44
Adverse event or series of adverse events	44
Total Adverse Events	1,282

Data Source: ASPEN Database
Data Extraction Date: October 15, 2015

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report⁴ Health and Safety Code section 1279.2 2014-15						
Adverse Event Report Type	Total AEs	Immediate Jeopardy			Non-Immediate Jeopardy	
		Required Investigation Within Two Business Days ¹	# Initiated On Time ²	# Completed On Time ³	Other Non-Immediate Jeopardy Adverse Events	# Completed On Time ³
Surgical Events	318	-	-	-	318	99
Product or Device Events	11	-	-	-	11	1
Patient Protection Events	11	4	4	2	7	3
Care Management Events	868	-	-	-	868	202
Environmental Events	20	1	1	1	19	8
Criminal Events	10	1	1	-	9	6
Other	44	2	2	1	42	6
Total	1,282	8	8	4	1,274	325

1. HSC 1279.2 (a)(1)

2. HSC 1279.2 (b)

3. Completed within 45 business days

4. Refer to Table 11 for detailed AE Report Categories and Type.

Data Source: ASPEN Database

Data Extraction Date: October 16, 2015

Table 13: Surveyor Training Provided in 2014-15

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(b)(vi) 2014-15	
Course Name and Description	Number of Surveyors Trained
Abbreviated Standard Survey - Federal Complaint Process	15
Active Treatment Loop ICF/IID	155
Active Treatment-People with Multiple Disabilities	7
Adaptation: Dealing with Changing Needs Part 1	9
Advanced EMTALA	13
Advanced Life Safety Code: Building Construction WBT	1
Advanced Life Safety Code: Fire Alarm Systems WBT	2
Advanced Life Safety Code: Sprinkler System WBT	2
Advancing Excellence in America's Nursing Home	3
Adverse Events Sub - Categories Support Staff	94
Alternative Sanctions for Home Health Agency	5
Alzheimer's and Related Dementia - Part 1	13
Alzheimer's and Related Dementia - Part 2	13
Ambulatory Surgery Centers (ASC) Basic Surveyor Online	43
Appendix J	34
ASPEN 10.1.7 - Post-Upgrade	145
ASPEN 10.1.7 - Pre-Upgrade	128
ASPEN Overview WebEx	29
ASPEN Technical Advanced	1
ASPEN Technical Basic Training Course - Session 1	2
ASPEN Uploads - ASPEN Features	43
Basic ACO Exercise 1 & 2	58
Basic Health Facility Surveyor: LTC	100
Basic Health Facility Surveyor: Non - LTC	114
Basic Home Health Agency Webinar Draft Jan - July 2015	4
Basic Hospice Surveyor Training	12
Basic ICF/IID Surveyor Training Course	15
Basic Life Safety Code: The Surveyor Process	11
Basic Long Term Care Surveyor Training Course - CA MAT	77
Basic Medication in ICF/MR	2
Basic Medications in Nursing Homes	13
Behavior Modification: Theories and Approaches	9
Being An Effective Witness	11
Burnout: Caregiver	7
Burnout: Staff	8
Burnout: Surveyors	11
Certification and Enforcement Orientation	20
CLIA New Quality Control Requirements	3
CMHC Follow-Up Assessment	7
CMS Basic Home Health Agency Surveyor Training Course	17
CMS Basic Hospice Surveyor Training Course	16
CMS Basic Long Term Care Surveyor Training Course	66
CMS Hand-in-Hand Discs 1-7	89

Data Source : Staff Education Quality Improvement Section

Table 13: Surveyor Training Provided in 2014-15 (cont.)

Surveyor Training Provided	
Health and Safety Code section 1266 (e)(2)(b)(vi)	
2014-15	
Course Name and Description	Number of Surveyors Trained
CMS Long Term Care Journal: Pressure Ulcer Care Vol. I	67
CMS Long Term Care Journal: Urinary Incontinence Vol. II	81
CMS Offsite Prep - QM/QI Reports	167
CMS Quality of Life Room Waiver Presentation	136
CMS Updated Appendix P, F155, F309, F322	16
Common Drugs Side Affects in ICF/MR	17
Common Issues Facing the Elderly Population: Comm...	8
Community Mental Health Centers Basic Surveyor Training	7
Community Mental Health Centers Basic Surveyor Webinar	14
D.A.V.E	3
Dealing with Turbulence in Organizations	10
Decision Making	14
Delivery of Care to a Diverse Population	8
Dementia in LTC Facilities	22
Dementia Overview - Webinar	80
Dementia Scope - Webinar	80
Dementia Survey - Webinar	81
De-Mystifying the Adverse Event Breach Process	25
Down Syndrome Aging and Dementia	4
Electronic Health Records and Meaningful Use 1	43
Electronic Health Records and Meaningful Use 2	41
EMTALA Basic Surveyor Training Online Course	3
Encore: Infection Control and Prevention Webinar (1 of 3)	8
ePOC	193
ESRD Annual Update	11
ESRD Basic Technical Core Survey Training Draft 2014	1
ESRD Basic Technical Core Survey Training Draft 2015	1
ESRD Core Survey Conversion Training Course	29
ESRD Star Lite Webinar	6
Evaluation and Treatment of Depression in Pt With Cognit..	19
Facilitating Communication with Neuro Disease	3
Fall Prevention	54
Fire Inspector One Certification (NFPA Hosted)	1
Fire Safety Evaluation System/Board and Care Surveyor Tr..	1
Fire Safety Evaluation System/Health Care Surveyor Train..	2
First Things First: Nursing Assessment in ICF/MR	5
Focused Dementia Care Survey Training	4
Forensic Wound Identification and Documentation	26
Form Institutional to Individual Care Pt. I - Integrating	4
Form Institutional to Individual Care Pt. II - Transforming..	3
Form Institutional to Individual Care Pt. III - Clinical Case..	23
Form Institutional to Individual Care Pt. IV - The How...	1
Fundamentals of Patient Safety in Hospitals Online Course	8

Data Source : Staff Education Quality Improvement Section

Table 13: Surveyor Training Provided in 2014-15 (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(b)(vi) 2014-15	
Course Name and Description	Number of Surveyors Trained
GACH Discharge & QAPI Worksheet	114
GACH Infection Control Worksheet	160
GACH Relicensing Survey Process	39
Getting The Most Out of ICF/IID Interviews	6
Governing Body Refresher Webinar	1
H1N1 in the Elderly Population	10
HCFIS	127
HFEN SPS Training Q1 - Q9 AP	28
HHA Survey Protocol Webinar	4
Home Health Agency (HHA) Webinar	18
Hospice/Hospitalization or Death - Part 1	8
Hospice/Hospitalization or Death - Part 2	3
Hospital Basic Training Online Course (Pilot) Part 2	2
Hospital Basic Training Online Course Part 1	95
Hospital Basic Training Online Course part 1	86
Hospital Basic Training Online Course Part 2	37
Hospital Complaint Investigation	8
Hospital Immediate Jeopardy	3
Hospital System and Unified Medical Staff	2
How People with Severe/Profound Disabilities Learn	3
How to be an Effective Team	17
How to Enhance the Quality of Dining	10
Hydration	76
Hydration Refresher	327
ICF OSSUP_ Appendix J	50
ICF/IID Active Treatment Loop	188
ICF/IID Appendix J	35
ICF/IID Guidance, Probes and IG's	1
ICF/IID Guidance, Probes and IG's	194
ICF/IID Tag - W249 Review	16
ICF/MR Understanding Investigation/Process	2
Improving MDS Accuracy - ADL's and Restorative Nursing	4
Improving MDS Accuracy - Disease Diagnosis Medications	9
Infection Control and Prevention 1 - 3	302
Infection Control in ASCs And Hospitals Webinar	6
Infection Control in Nursing Homes	8
Initiative to Improve Behavioral Health	39
Interviewing Techniques	79
Investigating Falls and Fractures	16
Investigating Pressure Ulcers	17
Issues in Infection Control	3
Its Not Just Weight Loss	292
L.A. Complaint Training	37

Data Source : Staff Education Quality Improvement Section

Table 13: Surveyor Training Provided in 2014-15 (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(b)(vi) 2014-15	
Course Name and Description	Number of Surveyors Trained
L.A. POD Mandatory Training	94
L.A. Supervisor Training	89
L.A. Surveyor Training	44
Liability Notices and Beneficial Appeal Rights	78
Listening: It's Not Just Hearing the Words	15
LTC Infection Prevention Program & Surveillance	75
Major Changes to MSDS 3.0	18
Making Sense of Data	16
Managing Depression in LTC	11
MDS 3.0: Part 1 - An Introduction	54
MDS Staffing Focus Survey (D.O. Specific Training)	115
MDS Staffing Focused Survey Training	47
Medical Aspects of Neglect	72
Medicare Part D Impact on the Nursing Homes	6
Mental Illness in Nursing Homes	28
New Dining Standards	282
New Surveyor Academy 30C Week 3	18
New Surveyor Academy 31A Week 1	33
New Surveyor Academy 31B Week 2	27
New Surveyor Academy 31C Week 3	28
New Surveyor Academy 32A Week 1	18
New Surveyor Academy 32B Week 2	18
New Surveyor Academy 32C Week 3	14
New Surveyor Academy 33A Week 1	30
New Surveyor Academy 33B Week 2	30
New Surveyor Academy 33C Week 3	28
New Surveyor Academy 34A Week 1	30
New Surveyor Academy 34B Week 2	25
New Surveyor Academy 34C Week 3	23
New Surveyor Academy 35A Week 1	19
NFPA 99 Health Care Facilities Training Course	1
Nursing Home Immunization	4
Nursing Home Journal Vol. III Surveying the Activities	88
Nursing Home Journal Vol. IV Unnecessary Medications	77
Nursing Homes vs ICF/MR Webinar	3
OASIS - C1 Implementation	26
OASIS Coordinators Training	2
Offsite Prep - QM/QI Reports	174
Orientation of Newly Employed Surveyors	87
Orientation to Basic Life Safety Code	5
Overview of ICF/IID Tag W369 Review	35
Overview of the New Hospice CoP's, Subpart C	5
Overview of the New Hospice CoP's, Subpart D	3

Data Source : Staff Education Quality Improvement Section

Table 13: Surveyor Training Provided in 2014-15 (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(b)(vi) 2014-15	
Course Name and Description	Number of Surveyors Trained
Paid Feeding Assistant Guidance Training	1
Pain Management	9
Partnership for Discharge Planning Webinar	2
Partnership for Patients Infection Control	1
Physical Restraint Use in Nursing Homes Part 1 - 3	114
Preventative Measures Leading to Better Health Outcomes	2
Principle of Investigative Skills	3
Principles of Documentation LTC	147
Principles of Documentation for Life Safety Code	38
Principles of Documentation Non - LTC	215
Principles of Documentation Web Based Training	116
Principles of Investigation	7
Processing EMTALA Surveys	15
Psych Hospital Basic Surveyor Training	28
Psych Hospital Follow up Survey Webinar	33
Psych Residential Treatment Facility Basic Surveyor Training	12
Psych Residential Treatment Facility Surveyor Training	12
QIES Advances	2
QIES Basic	4
QIES National Technical Training	2
Quality Indicator Survey (QIS) Process	22
Reducing the use of Seclusion and Restraint Psych Facilities	4
Room Size Waiver Training - CMS	133
SCG News Magazine: Legal Ramifications	18
SCG News Magazine: Mind and Body Medicine	4
SCG News Magazine: Part 1 Delivering Bad News	11
SCG News Magazine: Part 2 Dealing with Difficult People	11
Secondary Prevention: Preventing Disabilities Through Chronic Disease Management	5
Severity and Scope Guidance - Anti-Psychotic Use in NH	115
Sexual Abuse in LTC	22
SNF - Surveying Their Infection Control Program	151
SOM Appendix 7A	18
SOM Appendix AA	19
SOM Appendix Q	19
STAR Training Course (ESRD)	29
State RAI Coordinators Fundamentals	11
Strategies for Success: Dealing with Dementia Behaviors	10
Survey Executives Training Institute (SETI)	2
Surveying Anti-Psychotic use in SNF	19
Surveying for Anti-Psych Medication use in NH	113
Surveying Hospital Critical Access Hospital	24
Surveying to NH Antipsychotic Use	3
Team Leadership Skills for Survey Teams	90

Data Source : Staff Education Quality Improvement Section

Table 13: Surveyor Training Provided in 2014-15 (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(b)(vi) 2014-15	
Course Name and Description	Number of Surveyors Trained
The Care Area Assessments (CAAs) - RAI Coordinators	4
The Survey Leader: Time Management	84
The Surveyor in Court: Depositions and Testimony	17
The Surveyor in Court: Entrance and Exit Conference	87
The Surveyor in Court: Writing Defensible Citations	18
The Use Of The 5 Senses in Decisions	62
To Do or Not To DO: Surveyor Boundaries	46
TotalLMS Bulletin - Administrator Guide	1
TotalLMS Bulletin - Administrator Mode	7
TotalLMS Bulletin - Assigning a New Surveyor Number	1
TotalLMS Bulletin - Compatibility Settings	8
TotalLMS Bulletin - Enrollment Specialist	4
TotalLMS Bulletin - Enrollment Specialist Assessment	2
TotalLMS Bulletin - Learner Basics	119
TotalLMS Bulletin - Learner Mode	10
TotalLMS Bulletin - Manager Mode	3
TotalLMS Bulletin - Printing Diploma Certificates	3
TotalLMS Bulletin - Quick Start Guide	1
TotalLMS Bulletin - Report Manager	3
TotalLMS Bulletin - Training Coordinators Training	1
TotalLMS State Training Coordinator Course	1
TotalLMS State Training Coordinator Course Disposition	2
TotalLMS State Training Coordinator Course Registration	2
TotalLMS State Training Coordinator Training Draft	1
Treatment Modalities Management of Distressed Behavior	3
Using the Automated Dispensing Cabinet ADC Tool in SNF	10
What Is ASPEN??	30
Wound Care	6

Data Source : Staff Education Quality Improvement Section

Nursing Home Administrator Program

Health and Safety Code 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 2010-11 through 2014-15.

Table 14: Nursing Home Administrator Violations

Pursuant to Health and Safety Code 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 Health and Safety Code section 1416(d)(1)(C), Table 15 shows the number of applications for a nursing home administrator's license and the status, the number of nursing home administrator exams taken and the results, the number of applicants for the Administrator-in-Training Program and the status, the number of complaints received for administrators-in-training and nursing home administrators, the number of actions against nursing home administrators, and the number of nursing home administrator appeals, informal conferences, or hearings filed by a nursing home administrator.

Table 14: Nursing Home Administrator Violations

Nursing Home Administrator Violations Health and Safety Code section 1416.36 (d)(1)(C)(vi) 2012-13 to 2015-16			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
6783	Patient care	NHA Currently on Probation	2012-13
5282	Patient care	Warning Letter	2012-13
6775	Patient care	Warning Letter	2012-13
4642	Patient care	Warning Letter	2012-13
6428	Patient care	Warning Letter	2012-13
6852	Patient care	Warning Letter	2012-13
144	Patient care	Warning Letter	2012-13
7170	Patient care	Warning Letter	2012-13
3256	Patient care	Warning Letter	2012-13
6873	Patient care	Warning Letter	2012-13
6513	Patient care	Warning Letter	2012-13
7292	Patient care	Warning Letter	2012-13
7286	Patient care	Warning Letter	2012-13
5839	Patient care	Warning Letter	2012-13
5870	Patient care	Warning Letter	2012-13
7056	Patient care	Warning Letter	2012-13
1688	Patient care	Warning Letter	2012-13
7097	Patient care	Warning Letter	2012-13
5869	Patient care	Warning Letter	2012-13
5715	Patient care	Warning Letter	2012-13
6868	Patient care	Warning Letter	2012-13
7149	Patient care	Warning Letter	2012-13
3883	Patient care	Warning Letter	2012-13
6729	Patient care	Warning Letter	2012-13
6418	Patient care	Warning Letter	2012-13
7072	Patient care	Warning Letter	2012-13
5759	Patient care	Warning Letter	2012-13
6960	Patient care	Warning Letter	2012-13
5685	Patient care	Warning Letter	2012-13
7527	Patient care	Warning Letter	2012-13
5065	Patient care	Warning Letter	2012-13
4488	Patient care	Warning Letter	2012-13
6897	Patient care	Warning Letter	2012-13
5509	Patient care	Warning Letter	2012-13
3688	Patient care	Warning Letter	2012-13
5861	Patient care	Warning Letter	2012-13
5869	Patient care	Warning Letter	2012-13

Data Source: Nursing Home Administrator Program

Table 14: Nursing Home Administrator Violations (cont.)

Nursing Home Administrator Violations Health and Safety Code section 1416.36 (d)(1)(C)(vi) 2012-13 to 2015-16			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
3552	Patient care	Warning Letter	2012-13
7291	Patient care	Warning Letter	2012-13
6966	Patient care	Warning Letter	2013-14
6877	Patient care	Warning Letter	2013-14
6885	Patient care	Warning Letter	2013-14
6784	Patient care	Warning Letter	2013-14
962	Patient care	Warning Letter	2013-14
6424	Patient care	Warning Letter	2013-14
7078	Patient care	Warning Letter	2013-14
7445	Patient care	Warning Letter	2013-14
6997	Patient care	Warning Letter	2013-14
6529	Patient care	Warning Letter	2013-14
5520	Patient care	Warning Letter	2013-14
5310	Patient care	Warning Letter	2013-14
5028	Patient care	Warning Letter	2013-14
6587	Patient care	Warning Letter	2013-14
7417	Patient care	Warning Letter	2013-14
3149	Patient care	Warning Letter	2013-14
7430	Patient care	Warning Letter	2013-14
6799	Patient care	Warning Letter	2013-14
5341	Failure to report abuse	12 Month probation	2013-14
3766	Failure to report abuse	12 Month probation	2013-14
6759	W & I 15630(B)(1)	Warning letter	2013-14
5932	Patient care negligence	Warning letter	2013-14
4921	Arrested for Fraud	Immediate suspension	2013-14
7321	Patient care negligence	Warning letter	2013-14
4620	Fraud	12 Month probation	2014-15
7579	Unprofessional conduct	12 Month probation	2014-15
7618	Gross Negligence	License Revoked	2014-15
7712	Patient Care	12 Months Probation	2014-15
4868	Patient Care	NHA Required to Take Continuing Education	2014-15
E001	Fraud	12 Months Probation	2014-15
4921	Fraud	License Revoked	2015-16

Data Source: 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) 2011-12 to 2014-15					
		2011-12	2012-13	2013-14	2014-15
(i) Persons applying for NHA License	Applied	*	142	122	109
	Approved	109	142	120	109
	Denied	*	-	2	-
	Renewed	1,250	1,180	1,207	1,186
(ii) State Exam	Examinees	206	219	219	213
	Passed	110	138	130	101
	Failed	96	81	89	112
(iii) Administrator-In-Training Program	Applied	*	147	124	136
	Accepted	51	135	122	116
	Completed	25	45	110	83
(iv) Complaints Received ^[1]	Administrator-In-Training	*	1	-	-
	Nursing Home Administrators	29	81	30	45
(v) Actions Against Nursing Home Administrators ^[2]		6	39	24	3
(vi) Nursing Home Administrator Violations Listing		See Table 14			
(vii) Appeals, Informal Appeals, Informal conferences or Hearings ^[3]	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	-	1	2	1
	Time Between Request & Final Determination	28 months	N/A	8 months	2 months
	Final Actions Upheld	1	-	2	1

Data are current through November 2015.

* Data not available

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

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

[3] Appeals, Informal Appeals, Informal Conferences or Hearings based on substantiated complaints received.

Data Source: Nursing Home Administrator Program

Attachment 1: State Workload Percentages 2016-17

Note: This table will not reconcile with the published November Estimate as this table does not reflect workload that is entirely federally funded.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
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FACILITY TYPE	ACTIVITIES	FACILITY COUNT	STANDARD AVERAGE HOURS	SURVEY WORKLOAD	ANNUALIZED SURVEY HOURS	STATE WORKLOAD PERCENTAGES			
						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
1 ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	11	22.39	4.00	115.12	100%	115.12	0.013%	0.02%
	INITIAL LICENSURE		14.58	1.00	18.74	100%	18.74	0.002%	
	OPEN COMPLAINTS		14.54	0.33	6.23	100%	6.23	0.001%	
	Total			5.33	140.09		140.09	0.016%	
2 ADULT DAY HEALTH CENTER	RE-LICENSURE	266	28.50	133.00	4,872.11	100%	4,872.11	0.568%	1.16%
	COMPLAINT / ERI INVESTIGATION		62.31	47.00	3,764.23	100%	3,764.23	0.439%	
	FIELD VISIT		27.88	13.00	465.86	100%	465.86	0.054%	
	OPEN COMPLAINTS		44.56	14.33	820.94	100%	820.94	0.096%	
	Total			207.33	9,923.14		9,923.14	1.156%	
3 ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	37	176.13	12.00	2,716.66	100%	2,716.66	0.317%	1.36%
	INITIAL LICENSURE		148.17	1.00	190.45	100%	190.45	0.022%	
	FIELD VISIT		25.64	7.00	230.69	100%	230.69	0.027%	
	COMPLAINT (or ERI)		8.50	557.00	6,085.47	100%	6,085.47	0.709%	
	COMPLAINT - DEEMED	37	8.50	33.00	360.54	12.50%	45.07	0.005%	
	FULL VALIDATION AFTER COMPLAINT		232.87	1.00	299.32	12.50%	37.41	0.004%	
	RE-CERTIFICATION		232.87	3.00	897.96	12.50%	112.24	0.013%	
	RE-CERTIFICATION FOLLOW UP / REVISITS		90.86	2.00	233.57	12.50%	29.20	0.003%	
	LIFE SAFETY CODE		11.82	2.00	30.39	12.50%	3.80	0.000%	
	OPEN COMPLAINTS		8.50	200.67	2,192.37	100%	2,192.37	0.255%	
	Total			818.67	13,237.42		11,643.36	1.357%	
4 CHRONIC DIALYSIS CLINIC	RE-LICENSURE	24	15.62	8.00	160.62	100%	160.62	0.019%	1.30%
	INITIAL LICENSURE		21.49	16.00	441.95	100%	441.95	0.051%	
	COMPLAINT / ERI INVESTIGATION		9.83	161.00	2,034.23	100%	2,034.23	0.237%	
	FIELD VISIT		8.95	25.00	287.60	100%	287.60	0.034%	
	End Stage Renal Disease	597		-					
	RE-CERTIFICATION		132.84	171.00	29,197.48	12.50%	3,649.69	0.425%	
	TARGETED SAMPLE		132.84	69.00	11,781.44	12.50%	1,472.68	0.172%	
	3.0-YEAR AVERAGE (33%-29%)		132.84	24.00	4,097.89	12.50%	512.24	0.060%	
	INITIAL CERTIFICATION (New Providers)		24.74	26.00	826.79	12.50%	103.35	0.012%	
	INITIAL CERTIFICATION - FOLLOW UP		2.21	0.38	1.08	12.50%	0.13	0.000%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS		41.68	80.00	4,285.86	12.50%	535.73	0.062%	
	LIFE SAFETY CODE		5.38	9.00	62.24	12.50%	7.78	0.001%	
	LIFE SAFETY CODE SURVEY COMPLAINTS		6.86	1.44	12.70	12.50%	1.59	0.000%	
	COMPLAINT INVESTIGATION		13.38	120.00	2,063.75	12.50%	257.97	0.030%	
OPEN COMPLAINTS		13.38	99.33	1,708.33	100%	1,708.33	0.199%		
Total			810.16	56,961.96		11,173.89	1.302%		

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						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
5 CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	7	103.00	4.00	529.56	100%	529.56	0.062%	0.12%
	COMPLAINT / ERI INVESTIGATION		9.24	28.00	332.54	100%	332.54	0.039%	
	OPEN COMPLAINTS		9.24	15.33	182.11	100%	182.11	0.021%	
	Total			47.33	1,044.22		1,044.21	0.122%	
6 CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	94	9.92	47.00	599.28	100%	599.28	0.070%	0.35%
	INITIAL LICENSURE		23.18	25.00	744.85	100%	744.85	0.087%	
	COMPLAINT / ERI INVESTIGATION		20.07	56.00	1,444.63	100%	1,444.63	0.168%	
	FIELD VISIT		9.05	3.00	34.90	100%	34.90	0.004%	
	OPEN COMPLAINTS		20.07	8.00	206.38	100%	206.38	0.024%	
	Total			139.00	3,030.04		3,030.04	0.353%	
7 COMMUNITY CLINIC	RE-LICENSURE	1,105	30.76	368.00	14,549.72	100%	14,549.72	1.695%	2.52%
	INITIAL LICENSURE		17.79	20.00	457.33	100%	457.33	0.053%	
	COMPLAINT / ERI INVESTIGATION		8.29	319.00	3,399.11	100%	3,399.11	0.396%	
	FIELD VISIT		12.15	30.00	468.51	100%	468.51	0.055%	
	Community Mental Health Center	22		-					
	TARGETED SURVEYS		41.19	3.00	158.83	12.50%	19.85	0.002%	
	INITIAL SURVEY		25.34	2.00	65.14	12.50%	8.14	0.001%	
	Rural Health Clinic	289		-					
	RE-CERTIFICATION (RHC)		41.19	41.00	2,170.68	12.50%	271.34	0.032%	
	RE_CERTIFICATION - FOLLOW UP		22.92	4.00	117.84	12.50%	14.73	0.002%	
	TARGETED SURVEYS		41.19	14.00	741.21	12.50%	92.65	0.011%	
	6.0 YEAR AVG. (16.7%-14.3%)		41.19	7.00	370.60	12.50%	46.33	0.005%	
	INITIAL SURVEY (New Providers)		25.34	4.00	130.28	12.50%	16.29	0.002%	
	INITIAL FOLLOW UP		3.10	0.50	1.99	12.50%	0.25	0.000%	
	COMPLAINT INVESTIGATION - NLTC		9.53	15.00	183.74	12.50%	22.97	0.003%	
	Portable X-Ray Suppliers	41		-					
	INITIAL SURVEY		25.34	6.00	195.42	12.50%	24.43	0.003%	
	INITIAL FOLLOW UP		3.10	6.00	23.91	12.50%	2.99	0.000%	
	RECERTIFICATION 7 YEAR INTERVAL		41.19	6.00	317.66	12.50%	39.71	0.005%	
	6.0- YEAR AVG. (16.6%-14.1%)		41.19	1.00	52.94	12.50%	6.62	0.001%	
	FOLLOW UP /REVISITS		22.92	7.00	206.22	12.50%	25.78	0.003%	
	5% TARGETED SURVEYS		41.19	2.00	105.89	12.50%	13.24	0.002%	
OPEN COMPLAINTS		9.53	174.67	2,139.55	100%	2,139.55	0.249%		
Total			1,030.17	25,856.59		21,619.54	2.519%		
8 CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	21	151.09	11.00	2,136.23	100%	2,136.23	0.249%	0.94%
	INITIAL LICENSURE		310.86	1.00	399.57	100%	399.57	0.047%	
	COMPLAINT INVESTIGATION		7.97	451.00	4,620.14	100%	4,620.14	0.538%	
	FIELD VISIT		25.35	1.00	32.58	100%	32.58	0.004%	
	OPEN COMPLAINTS		7.97	83.34	853.68	100%	853.68	0.099%	
	Total			547.34	8,042.20		8,042.20	0.937%	

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						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
9 GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	426	33.74	142.00	6,158.20	100%	6,158.20	0.718%	27.98%
	PATIENT SAFETY LICENSING		81.41	38.00	3,976.32	100%	3,976.32	0.463%	
	RELICENSURE FOLLOW UP		18.35	1.00	23.59	100%	23.59	0.003%	
	INITIAL LICENSURE		91.52	12.00	1,411.61	100%	1,411.61	0.164%	
	COMPLAINT		10.92	9,599.00	134,731.46	100%	134,731.46	15.699%	
	REVIEW MEDICAL ERROR PLAN MERP		84.16	93.00	10,060.26	100%	10,060.26	1.172%	
	FIELD VISIT		16.65	240.00	5,136.25	100%	5,136.25	0.598%	
	Deemed	355							
	FULL VALIDATION AFTER COMPLAINT		412.68	26.00	13,791.36	12.50%	1,723.92	0.201%	
	LIFE SAFETY CODE		81.42	55.00	5,755.91	12.50%	719.49	0.084%	
	LIFE SAFETY CODE FOLLOWUP		42.39	3.00	163.46	12.50%	20.43	0.002%	
	TARGETED ADD'L SAMPLE		412.68	4.00	2,121.75	12.50%	265.22	0.031%	
	PATIENT SAFETY INITIATIVE		126.97	6.00	979.20	100%	979.20	0.114%	
	COMPLAINTS		10.92	751.00	10,541.03	12.50%	1,317.63	0.154%	
	COMPLAINT SURVEYS EMTALA (ACCREDITED)		77.56	17.00	1,694.76	12.50%	211.84	0.025%	
	Non-Deemed	60							
	COMPLAINT SURVEYS		10.92	539.00	7,565.40	12.50%	945.67	0.110%	
	5-YEAR MAX INTERVAL		412.68	12.00	6,365.24	12.50%	795.66	0.093%	
	TARGETED SAMPLE		412.68	2.00	1,060.87	12.50%	132.61	0.015%	
	FOLLOW UP / REVISITS		155.53	13.00	2,598.83	12.50%	324.85	0.038%	
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)		77.56	2.00	199.38	12.50%	24.92	0.003%	
	INITIAL CERTIFICATION FOLLOW UP		20.57	15.00	396.59	12.50%	49.57	0.006%	
	LIFE SAFETY CODE		37.65	35.00	1,693.77	12.50%	211.72	0.025%	
	LIFE SAFETY CODE - FOLLOW UP		6.33	2.00	16.27	12.50%	2.03	0.000%	
	RECERTIFICATION 4 YEAR INTERVAL		412.68	15.00	7,956.56	12.50%	994.57	0.116%	
	IPPS EXCLUSION VERIFICATION		412.68	3.00	1,591.31	12.50%	198.91	0.023%	
	3.0-YEAR AVG> 33.33-25=8.33		412.68	5.00	2,652.19	12.50%	331.52	0.039%	
	RECERTS-NEW CAHS		412.68	3.00	1,591.31	12.50%	198.91	0.023%	
	OPEN COMPLAINTS		10.92	4,928.00	69,169.36	100%	69,169.36	8.060%	
	Total				16,561.00	299,402.24		240,115.72	

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						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
10 HOME HEALTH AGENCIES	RE-LICENSURE	214	29.66	214.00	8,158.41	100%	8,158.41	0.951%	3.32%
	RE-LICENSURE FOLLOW UP		97.58	1.00	125.42	100%	125.42	0.015%	
	INITIAL LICENSURE		22.25	74.00	2,116.32	100%	2,116.32	0.247%	
	COMPLAINT / ERI INVESTIGATION		27.83	275.00	9,837.08	100%	9,837.08	1.146%	
	FIELD VISIT		10.64	40.00	547.04	100%	547.04	0.064%	
	Non-Deemed	519							
	RECERTIFICATION (SURVEY)		113.69	173.00	25,280.68	12.50%	3,160.09	0.368%	
	RECERTIFICATION FOLLOW UP / REVISITS		51.46	60.00	3,968.64	12.50%	496.08	0.058%	
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED		13.30	97.00	1,658.23	12.50%	207.28	0.024%	
	2.0-YEAR AVG. (50%-33%)		113.69	88.00	12,859.54	12.50%	1,607.44	0.187%	
	INITIAL SURVEY		65.09	4.00	334.65	12.50%	41.83	0.005%	
	INITIAL SURVEY FOLLOW UP		44.16	1.00	56.76	12.50%	7.10	0.001%	
	Deemed	772							
	FULL VALIDATION AFTER COMPLAINT		113.69	6.00	876.79	12.50%	109.60	0.013%	
	COMPLAINT		13.30	38.00	649.61	12.50%	81.20	0.009%	
	OPEN COMPLAINTS		13.30	114.33	1,954.54	100%	1,954.54	0.228%	
Total				1,185.33	68,423.71		28,449.43	3.315%	
11 HOSPICES	RE-LICENSURE	860	17.06	3.00	65.78	100%	65.78	0.008%	0.88%
	INITIAL LICENSURE		12.15	138.00	2,155.14	100%	2,155.14	0.251%	
	COMPLAINT / ERI INVESTIGATION		15.25	177.00	3,469.47	100%	3,469.47	0.404%	
	FIELD VISIT		9.62	23.00	284.40	100%	284.40	0.033%	
	Non-Deemed	226							
	INITIAL SURVEY		51.09	2.00	131.33	12.50%	16.42	0.002%	
	INITIAL SURVEY - FOLLOW UP		0.00	1.00	6.57	12.50%	0.82	0.000%	
	RECERTIFICATION		108.34	20.00	2,785.09	12.50%	348.14	0.041%	
	RECERTIFICATION FOLLOW UP / REVISITS		40.79	3.00	157.29	12.50%	19.66	0.002%	
	COMPLAINT - NLTC		15.25	63.07	1,234.90	12.50%	154.36	0.018%	
	Deemed	414							
	FULL VALIDATION AFTER COMPLAINT		108.34	2.00	278.51	12.50%	34.81	0.004%	
	OPEN COMPLAINTS		15.25	49.67	973.54	100%	973.54	0.113%	
Total				481.72	11,542.02		7,522.54	0.877%	

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						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
12 HOSPICE FACILITIES	RE-LICENSURE	8	22.29	4.00	114.60	100%	114.60	0.013%	0.05%
	INITIAL LICENSURE		40.78	4.00	209.67	100%	209.67	0.024%	
	COMPLAINT / ERI INVESTIGATION		18.49	3.00	71.30	100%	71.30	0.008%	
	OPEN COMPLAINTS		18.49	0.67	15.84	100%	15.84	0.002%	
	Total				11.67	411.41		411.41	
13 INTERMEDIATE CARE FACILITY	RELICENSURE	5	404.68	3.00	1,560.46	100%	1,560.46	0.182%	2.32%
	COMPLAINT / ERI INVESTIGATION		9.55	1,213.00	14,889.65	100%	14,889.65	1.735%	
	FIELD VISIT		6.40	1.00	8.23	100%	8.23	0.001%	
	OPEN COMPLAINTS		9.55	278.33	3,416.56	100%	3,416.56	0.398%	
	Total				1,495.33	19,874.90		19,874.90	
14 ICF - DD; DDH; DDN	RELICENSURE (SURVEY)	1,181	31.21	591.00	23,708.37	100%	23,708.37	2.763%	12.19%
	INITIAL LICENSURE		26.18	28.00	942.21	100%	942.21	0.110%	
	COMPLAINT / ERI INVESTIGATION		7.98	4,896.00	50,218.61	100%	50,218.61	5.852%	
	FIELD VISIT		7.69	41.00	405.25	100%	405.25	0.047%	
	RECERTIFICATION	1,182	46.28	1,100.00	65,434.45	25%	16,358.61	1.906%	
	RECERTIFICATION FOLLOW UP / REVISITS		24.85	99.00	3,162.15	25%	790.54	0.092%	
	COMPLAINT INVESTIGATIONS		8.40	1,491.00	16,098.20	25%	4,024.55	0.469%	
	LIFE SAFETY CODE		6.63	1,100.00	9,374.04	25%	2,343.51	0.273%	
	LIFE SAFETY CODE - FOLLOW UP		1.69	12.00	26.07	25%	6.52	0.001%	
	INITIAL CERTIFICATION		47.03	14.00	846.30	25%	211.57	0.025%	
	INITIAL CERTIFICATION FOLLOW UP		29.86	1.00	38.38	25%	9.59	0.001%	
	OPEN COMPLAINTS		8.40	514.33	5,553.21	100%	5,553.21	0.647%	
	Total				9,887.32	175,807.23		104,572.54	
15 PEDIATRIC DAY HEALTH / RESPITE CARE	RELICENSURE	16	89.83	8.00	923.70	100%	923.70	0.108%	0.13%
	INITIAL LICENSURE		58.95	1.00	75.77	100%	75.77	0.009%	
	COMPLAINT / ERI INVESTIGATION		19.59	5.00	125.90	100%	125.90	0.015%	
	OPEN COMPLAINTS		19.59	0.33	8.39	100%	8.39	0.001%	
	Total				14.33	1,133.77		1,133.76	
16 PSYCHOLOGY CLINIC	RELICENSURE	22	48.82	7.00	439.25	100%	439.25	0.051%	0.05%
	Total			7.00	439.25		439.25	0.051%	
17 REFERRAL AGENCIES	RELICENSURE	2	50.00	1.00	64.27	100%	64.27	0.007%	0.01%
	Total			1.00	64.27		64.27	0.007%	

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						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE
18 REHAB CLINIC / OPT/CORF	RELICENSURE	12	32.00	4.00	164.52	100%	164.52	0.019%	0.09%
	COMPLAINT / ERI INVESTIGATION		4.22	2.00	10.85	100%	10.85	0.001%	
	FIELD VISIT		28.00	1.00	35.99	100%	35.99	0.004%	
	Outpatient Physical Therapy Providers	102							
	RECERTIFICATION		100.17	15.00	1,931.30	12.50%	241.41	0.028%	
	RECERTIFICATION FOLLOW UP		52.41	14.00	943.11	12.50%	117.89	0.014%	
	TARGET SURVEYS		100.17	5.00	643.77	12.50%	80.47	0.009%	
	6.0 YEAR AVG. (16.7%-14.3%)		100.17	2.00	257.51	12.50%	32.19	0.004%	
	COMPLAINT INVESTIGATIONS		41.81	2.00	107.48	12.50%	13.44	0.002%	
	Comprehensive Outpatient Rehab Facilities	9							
	RECERTIFICATION		60.53	1.00	77.80	12.50%	9.73	0.001%	
	5% TARGETED SURVEYS		60.53	1.00	77.80	12.50%	9.73	0.001%	
	6.0 YEAR AVG. (16.7%-14.3%)		60.53	0.22	17.12	12.50%	2.14	0.000%	
	RECERTIFICATION FOLLOW UP / REVISITS		39.93	0.71	36.44	12.50%	4.55	0.001%	
	OPEN COMPLAINTS		4.22	1.00	5.42	100%	5.42	0.001%	
Total				48.93	4,309.11		728.33	0.085%	
19 SURGICAL CLINIC	RELICENSURE (SURVEY)	5	3.53	2.00	9.07	100%	9.07	0.001%	0.62%
	INITIAL LICENSURE		40.78	6.00	314.50	100%	314.50	0.037%	
	COMPLAINT / ERI INVESTIGATION		11.24	47.00	679.02	100%	679.02	0.079%	
	FIELD VISIT		14.58	2.00	37.48	100%	37.48	0.004%	
	Ambulatory Surgical Clinic	320							
	FULL VALIDATION AFTER COMPLAINT		112.42	2.00	289.00	12.50%	36.12	0.004%	
	LIFE SAFETY CODE		13.46	38.00	657.43	12.50%	82.18	0.010%	
	LIFE SAFETY CODE - FOLLOW UP		6.25	3.00	24.10	12.50%	3.01	0.000%	
	TARGETED SURVEYS		112.42	100.00	14,449.87	12.50%	1,806.23	0.210%	
	RECERTIFICATION FOLLOW UP / REVISITS		30.19	68.00	2,638.71	12.50%	329.84	0.038%	
	COMPLAINT INVESTIGATIONS - NLTC		16.25	36.00	751.93	12.50%	93.99	0.011%	
	RECERTIFICATION 6 YEAR INTERVAL	442	112.42	74.00	10,692.90	12.50%	1,336.61	0.156%	
	INITIAL SURVEY		46.95	3.00	181.04	12.50%	22.63	0.003%	
	INITIAL SURVEY FOLLOW UP		30.19	2.00	77.61	12.50%	9.70	0.001%	
	OPEN COMPLAINTS		16.25	24.67	515.21	100%	515.21	0.060%	
Total				407.67	31,317.88		5,275.59	0.615%	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES, 2016-17

FACILITY TYPE	ACTIVITIES	FACILITY COUNT	STANDARD AVERAGE HOURS	SURVEY WORKLOAD	ANNUALIZED SURVEY HOURS	STATE WORKLOAD PERCENTAGES				
						STATE FUNDING RATE	STATE WORKLOAD HOURS	STATE PERCENTAGES BY ACTIVITIES	STATE PERCENTAGES BY FACILITY TYPE	
20 SKILLED NURSING	RE-LICENSURE	1,248	65.61	624.00	52,622.93	100%	52,622.93	6.132%	44.63%	
	RE-LICENSURE FOLLOW UP		1.21	1.00	1.55	100%	1.55	0.000%		
	INITIAL LICENSURE		106.47	6.00	821.11	100%	821.11	0.096%		
	COMPLAINT / ERI INVESTIGATION		13.77	11,475.00	203,098.65	100%	203,098.65	23.665%		
	FIELD VISIT		17.18	70.00	1,545.76	100%	1,545.76	0.180%		
	Title 19	53								
	RECERTIFICATION		217.32	49.00	13,687.15	25%	3,421.79	0.399%		
	RECERTIFICATION FOLLOW UP		43.95	10.00	564.91	25%	141.23	0.016%		
	LIFE SAFETY CODE		15.37	49.00	968.03	25%	242.01	0.028%		
	LIFE SAFETY CODE - FOLLOW UP		7.77	3.00	29.97	25%	7.49	0.001%		
	COMPLAINT INVESTIGATION - LTC		13.77	948.00	16,778.87	25%	4,194.72	0.489%		
	INFORMAL DISPUTE RESOLUTION		4.00	17.00	87.40	25%	21.85	0.003%		
	FEDERAL HEARING		500.00	1.00	642.67	25%	160.67	0.019%		
	MONITORING VISITS		5.00	5.00	32.13	25%	8.03	0.001%		
	Title 18 & 19	1,110								
	RECERTIFICATION		217.32	1,032.00	288,270.23	12.50%	36,033.78	4.199%		
	RECERTIFICATION FOLLOW UP		43.95	210.00	11,863.11	12.50%	1,482.89	0.173%		
	INITIAL CERTIFICATION (Title 18 & 19)		122.15	2.00	314.01	12.50%	39.25	0.005%		
	INITIAL CERTIFICATION - FOLLOW UP (Title 18 & 19)		1.82	0.31	0.72	12.50%	0.09	0.000%		
	LIFE SAFETY CODE		15.37	1,032.00	20,387.97	12.50%	2,548.50	0.297%		
	LIFE SAFETY CODE - FOLLOW UP		7.77	64.00	639.18	12.50%	79.90	0.009%		
	COMPLAINT INVESTIGATION - LTC		13.77	6,600.00	116,814.91	12.50%	14,601.86	1.701%		
	INFORMAL DISPUTE RESOLUTION		4.00	366.00	1,881.75	12.50%	235.22	0.027%		
	FEDERAL HEARING		500.00	11.00	7,069.41	12.50%	883.68	0.103%		
	MONITORING VISITS		5.00	111.00	713.37	12.50%	89.17	0.010%		
	OTHER MISC ACTIVITIES (APPEALS, HEARING, ETC)		2.50	365.00	1,172.88	12.50%	146.61	0.017%		
	Special Focus Facilities	6								
	RECERTIFICATION - 7 year interval		217.32	12.00	3,351.98	12.50%	419.00	0.049%		
	LIFE SAFETY CODE		15.37	12.00	237.07	12.50%	29.63	0.003%		
	RECERTIFICATION FOLLOW UP		43.95	3.00	169.47	12.50%	21.18	0.002%		
	COMPLAINT INVESTIGATIONS		13.77	9.00	159.29	12.50%	19.91	0.002%		
	OPEN COMPLAINTS		13.77	3,395.33	60,094.78	100%	60,094.78	7.002%		
Total				26,482.65	804,021.27		383,013.24	44.629%		
Grand Total				60,189.28	1,534,982.70		858,217.45	100%		

Attachment 2: Annual Health Care Facility Licensing Fees, 2016-17

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
ANNUAL HEALTH CARE FACILITY LICENSING FEES, 2016-17

FACILITY TYPE	STATE FUNDED WORKLOAD PERCENTAGE RATE (WPR)	2015-16 LICENSING & CERTIFICATION PROGRAM FUND 3098 **	ADJUSTMENT TO BASELINE BUDGET (2015-16 - 2016-17 INCREMENTALS)						BASELINE BUDGET ADJUSTED	BCPs * FINANCE LTRs * NOVEMBER ESTIMATE *MAY REVISION ESTIMATE		PROGRAM FUND 3098 (PER 2016-17 NOV EST/ GOVERNOR'S BUDGET) TOTAL	CREDITS * PROGRAM FUND RESERVE USED			PROPOSED PROGRAM FUND 3098 BUDGET YEAR TOTAL	FACILITY (F) / BED COUNTS (B)					PROPOSED HEALTH FACILITY FEE RATES	LEGISLATIVE APPROVED GF TRANSFER STATE OPERATED FACILITIES \$ 3,700,000	SNF - LTC OMBUDSMAN PROGRAM (H&S CODE SEC 1266 (C)) \$400,000
			\$ 1,430,000	\$ 917,000	\$ (29,800)	\$ 446,000	\$ (864,000)	\$ (250,000)		\$ 10,655,000	\$ 580,000		\$ (4,443,609)	PROPOSED PROGRAM FUND SUBTOTAL	PROGRAM FUND RESERVED USED		NON-STATE OPERATED		STATE OPERATED		TOTAL COUNT			
			SALARY (9800)	BENEFIT (9800)	PRO-RATA /SWCAP ASSESSMENT	RETIREMENT (3.60)	MISC BASELINE	DEBT SERVICES ADJUSTMENT		2015-16 APPROVED HQ - 04 LICENSING AND CERTIFICATION WORKLOAD	2016-17 PROPOSED HQ - 02 TIMELY INVESTIGATION OF CAREGIVERS		MISC. REVENUE CREDIT				F	B	F	B				
1 ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 21,055	\$ 229	\$ 147	\$ (5)	\$ 71	\$ (138)	\$ (40)	21,319	\$ 1,705	\$ 93	\$ 23,116	\$ (1,357)	\$ 21,759	\$ 4,423	\$ 26,182	11	-	-	-	11	\$ 2,380.19	\$ -	\$ -
2 ADULT DAY HEALTH CENTERS	1.16%	\$ 1,521,198	\$ 16,531	\$ 10,601	\$ (344)	\$ 5,156	\$ (9,988)	\$ (2,890)	1,540,263	\$ 123,172	\$ 6,705	\$ 1,670,140	\$ (9,892)	\$ 1,660,248		\$ 1,660,248	266	-	-	-	266	\$ 6,241.53	\$ -	\$ -
3 CHRONIC DIALYSIS CLINIC	1.30%	\$ 1,713,322	\$ 18,619	\$ 11,939	\$ (388)	\$ 5,807	\$ (11,249)	\$ (3,255)	1,734,795	\$ 138,728	\$ 7,552	\$ 1,881,074	\$ (68,398)	\$ 1,812,676		\$ 1,812,676	531	-	3	-	534	\$ 3,407.02	\$ 3,548	\$ -
4 CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.12%	\$ 160,542	\$ 1,745	\$ 1,119	\$ (36)	\$ 544	\$ (1,054)	\$ (305)	162,554	\$ 12,999	\$ 708	\$ 176,260	\$ (7,268)	\$ 168,992	\$ (39,495)	\$ 129,497	-	403	-	-	403	\$ 321.33	\$ -	\$ -
5 COMMUNITY CLINIC/FREE CLINIC	2.52%	\$ 3,314,791	\$ 36,022	\$ 23,099	\$ (751)	\$ 11,235	\$ (21,764)	\$ (6,298)	3,356,335	\$ 268,399	\$ 14,610	\$ 3,639,344	\$ (86,192)	\$ 3,553,152	\$ (1,986,668)	\$ 1,566,485	1,298	-	-	-	1,298	\$ 1,206.84	\$ -	\$ -
6 CORRECTIONAL TREATMENT CENTERS	0.94%	\$ 1,233,013	\$ 13,399	\$ 8,592	\$ (279)	\$ 4,179	\$ (8,096)	\$ (2,343)	1,248,466	\$ 99,837	\$ 5,435	\$ 1,353,738	\$ -	\$ 1,353,738	\$ (745,346)	\$ 608,392	-	196	-	2,345	2,541	\$ 963.82	\$ 419,484	\$ -
7 HOME HEALTH AGENCIES	3.32%	\$ 4,362,260	\$ 47,405	\$ 30,399	\$ (988)	\$ 14,785	\$ (28,642)	\$ (8,288)	4,416,931	\$ 353,213	\$ 19,227	\$ 4,789,371	\$ (684,184)	\$ 4,105,187	\$ 126,044	\$ 4,231,231	1,532	-	-	-	1,532	\$ 2,761.90	\$ -	\$ -
8 HOSPICES	0.88%	\$ 1,154,058	\$ 12,541	\$ 8,042	\$ (261)	\$ 3,911	\$ (7,577)	\$ (2,193)	1,168,521	\$ 93,444	\$ 5,087	\$ 1,267,052	\$ (7,976)	\$ 1,259,076	\$ 17,403	\$ 1,276,479	859	-	1	-	860	\$ 1,485.43	\$ 495	\$ -
9 HOSPICE FACILITY	0.05%	\$ 63,164	\$ 686	\$ 440	\$ (14)	\$ 214	\$ (415)	\$ (120)	63,956	\$ 5,114	\$ 278	\$ 69,348	\$ (9,485)	\$ 59,864	\$ (20,027)	\$ 39,836	-	76	-	-	76	\$ 524.16	\$ -	\$ -
10 PEDIATRIC DAY HEALTH/RESPIRE CARE	0.13%	\$ 173,701	\$ 1,888	\$ 1,210	\$ (39)	\$ 589	\$ (1,140)	\$ (330)	175,878	\$ 14,065	\$ 766	\$ 190,708	\$ (10,574)	\$ 180,134	\$ (113,424)	\$ 66,710	-	264	-	-	264	\$ 252.69	\$ -	\$ -
11 PSYCHOLOGY CLINIC	0.05%	\$ 67,112	\$ 729	\$ 468	\$ (15)	\$ 227	\$ (441)	\$ (128)	67,953	\$ 5,434	\$ 296	\$ 73,683	\$ (421)	\$ 73,262	\$ (18,684)	\$ 54,577	22	-	-	-	22	\$ 2,480.79	\$ -	\$ -
12 REFERRAL AGENCIES	0.01%	\$ 9,211	\$ 100	\$ 64	\$ (2)	\$ 31	\$ (60)	\$ (18)	9,327	\$ 746	\$ 41	\$ 10,113	\$ (2,656)	\$ 7,458	\$ -	\$ 7,458	2	-	-	-	2	\$ 3,728.78	\$ -	\$ -
13 REHAB CLINIC	0.09%	\$ 111,853	\$ 1,216	\$ 779	\$ (25)	\$ 379	\$ (734)	\$ (213)	113,255	\$ 9,057	\$ 493	\$ 122,804	\$ -	\$ 122,804	\$ (117,576)	\$ 5,228	12	-	-	-	12	\$ 435.71	\$ -	\$ -
14 SURGICAL CLINIC	0.62%	\$ 809,288	\$ 8,795	\$ 5,640	\$ (183)	\$ 2,743	\$ (5,314)	\$ (1,538)	819,431	\$ 65,528	\$ 3,567	\$ 888,526	\$ (12,758)	\$ 875,768	\$ (737,888)	\$ 137,879	33	-	-	-	33	\$ 4,178.16	\$ -	\$ -
15 ACUTE PSYCHIATRIC HOSPITALS	1.36%	\$ 1,785,697	\$ 19,405	\$ 12,444	\$ (404)	\$ 6,052	\$ (11,724)	\$ (3,393)	1,808,077	\$ 144,588	\$ 7,871	\$ 1,960,536	\$ (36,553)	\$ 1,923,983	\$ (6,888,593)	\$ 36,648,294	-	6,194	-	2,121	83,156	\$ 447.86	\$ 398,057	\$ -
16 GENERAL ACUTE CARE HOSPITALS	27.98%	\$ 38,941,133	\$ 400,085	\$ 256,558	\$ (8,337)	\$ 124,782	\$ (241,730)	\$ (69,945)	39,402,546	\$ 2,981,056	\$ 162,272	\$ 42,545,875	\$ (932,972)	\$ 41,612,903	\$ -	\$ -	-	74,747	-	94		\$ 447.86	\$ -	\$ -
17 CONGREGATE LIVING HEALTH FACILITY	0.35%	\$ 464,518	\$ 5,048	\$ 3,237	\$ (105)	\$ 1,574	\$ (3,050)	\$ (883)	470,340	\$ 37,612	\$ 2,047	\$ 509,999	\$ (117,859)	\$ 392,141	\$ (2,589,265)	\$ 63,418,587	-	721	-	-	125,539	\$ 524.16	\$ 1,276,274	\$ -
18 INTERMEDIATE CARE FACILITY	2.32%	\$ 3,047,660	\$ 33,119	\$ 21,238	\$ (690)	\$ 10,329	\$ (20,010)	\$ (5,790)	3,085,856	\$ 246,770	\$ 13,433	\$ 3,346,058	\$ (28,158)	\$ 3,317,900	\$ -	\$ -	-	419	-	4,953		\$ 524.16	\$ -	\$ -
19 SKILLED NURSING FACILITY *	44.63%	\$ 58,727,993	\$ 638,195	\$ 409,248	\$ (13,299)	\$ 199,045	\$ (385,595)	\$ (111,573)	59,464,015	\$ 4,755,220	\$ 258,848	\$ 64,478,083	\$ (2,180,272)	\$ 62,297,811	\$ -	\$ -	-	117,416	-	2,030		\$ 527.51	\$ -	\$ 400,000
20 ICF-DD, DDH, DDN	12.19%	\$ 16,034,430	\$ 174,246	\$ 111,736	\$ (3,631)	\$ 54,345	\$ (105,278)	\$ (30,463)	16,235,386	\$ 1,298,312	\$ 70,673	\$ 17,604,370	\$ (246,635)	\$ 17,357,735	\$ (7,893,588)	\$ 9,464,146	-	8,063	-	2,998	11,061	\$ 975.07	\$ 1,602,141	\$ -
	100%	\$ 133,716,000	\$ 1,430,000	\$ 917,000	\$ (29,800)	\$ 446,000	\$ (864,000)	\$ (250,000)	135,365,200	\$ 10,655,000	\$ 580,000	\$ 146,600,200	\$ (4,443,609)	\$ 142,156,591	\$ (21,002,685)	\$ 121,153,907	4,566	208,499	4	14,541	227,610	\$ 3,700,000	\$ 400,000	\$ -

* The proposed fee for skilled nursing facility is increased as mandated per Health and Safety Code section 1266 (C) to include fee of \$3.35 for the California Department of Aging's Long-Term Ombudsman Program. This fee is in addition to the basic licensing fee of \$ 524.16.

** Fund 3098 2015-16 budget appropriation is reduced by 2016-17 NHAP projected budget cost (\$ 618,000). NHAP is a separate program not associated with the licensing and certification program.

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: Health and Safety Code 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 the Department 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 the Department, the hearing shall be conducted before an administrative law judge selected by the Department 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: Health and Safety Code 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: Health and Safety Code 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: Health and Safety Code section 1416.2.(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 with 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: Health and Safety Code 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 is 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: Health and Safety Code section 1279.1(b)).

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: Health and Safety Code section 1204(b)(4)).

Ambulatory Surgical Center

Any distinct entity that operates exclusively for the purpose of 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 the Department 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.

Binding Arbitration

The voluntary submission of a citation, for final and binding determination, to an impartial arbitrator designated by the American Arbitration Association in which the arbitrator shall determine whether the licensee violated the regulation or regulations cited by the Department, and whether the citation meets the state criteria established in Health and Safety Code sections 1423 and 1424. (Ref: Health and Safety Code section 1428(d)).

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: Health and Safety Code 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: Health and Safety Code 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: Health and Safety Code section 1423).

“AA” Citations - Violations that meet the criteria for a class "A" violation and that the Department 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 was designed to prevent. (3) The patient or resident suffering the death was among the class of persons for whose protection the regulation was adopted. (Ref: Health and Safety Code section 1424(c)).

"A" Citations - Violations that the Department 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 therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. 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 of time, as determined by the Department, is required for correction. Except as provided in Health and Safety Code section 1424.5, 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 and every citation. (Ref: Health and Safety Code section 1424(d)).

"B" Citations - Violations that the Department 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 and every citation. A class "B" citation shall specify the time within which the violation is required to be corrected. If the Department establishes that a violation occurred, the licensee shall have the burden of proving that the licensee did what might reasonably be 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 shall be 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 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 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)(1) 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 Department, 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 the Department. (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.

Discrimination

Disparate treatment of an individual based on their actual or perceived membership in a certain group or category. Patients have the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.

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

A web-based application that allows the Center 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.

Self-Dialysis Unit

A self-dialysis unit is a unit that is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility, and which furnishes self-dialysis services. (Ref: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html>).

Entity-Reported Incident

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

State - A facility self-reported incident is any report made to the Department by a representative of a health care facility authorized to speak on behalf of the facility.

Failure to Report Medical Information Breaches

Clinics, health facilities, home health agencies, or hospices are required to report any unlawful or unauthorized access to, use or disclosure of a patient's medical information to the Department and the affected patient or the patient's representative, no later than five business days after the access to, use, or disclosure has been detected. If the licensee fails to report the breach, the Department may assess a penalty in the amount of \$100/day for each day not reported after the initial five-day period. (Ref: Health and Safety Code section 1280.15).

Federally Qualified Health Center

A federal designation for certified primary care clinics. They are entities that serve a population that is medically underserved, or a population comprised of migratory and seasonal agriculture workers, the homeless, and/or residents of public housing, by providing care, either through the staff and supporting resources of the center or through contracts or cooperative arrangements. Federally qualified health centers provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. Federally qualified health centers receive grants under section 254b of the Public Health Service Act. (Ref: section 330 of the Public Health Service Act. (Ref: Title 42 United States Code section § 254b)).

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)).

Health Facility Consumer Information System

A web-based application that provides profile information for each facility, such as ownership, certification status, acceptance of Medicare and/or Medi-Cal, and performance history including complaints, facility self-reported incidents, state enforcement actions, and deficiencies identified by Licensing and Certification Program staff. It also provides an option to submit a complaint regarding a specific facility; complaints are forwarded to the appropriate Licensing and Certification Program district office for investigation.

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.

State - A situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient. (Ref: Health and Safety Code section 1280.3(g)).

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 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(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(c)).

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).

Outpatient/Speech Pathologist

Outpatient physical therapy services under Medicare include services of a physical therapist in independent practice if the services are furnished in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

Outpatient Therapist Independent Practice

Outpatient physical therapy services under Medicare include services of a physical therapist in independent practice if the services are furnished in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

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)).

Physical Therapist Independent Practice

A physical therapist in independent practice that provides services in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on the order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

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)).

Retaliation

Disparate treatment of a patient in response to the patient exercising his or her rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States, and to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

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: <http://www.cms.gov/>).

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)).

Special Hospital

A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity. (Ref: Health and Safety Code section 1250(f)).

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.

Survey Exit Date

The end date of survey or investigation activities that were performed at the health facility's site.

Transplant Hospital

A hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients. (Ref: Health and Safety Code section 7150.10(a)(32)).

Unlicensed Facility

A facility is referred to as "Unlicensed" if it is operating as a health care facility without a license required by various provisions of the Health and Safety Code.

Willful Material Falsification

Any entry in the patient health care record pertaining to the administration of medication, or treatments ordered for the patient, or pertaining to services for the prevention or treatment of decubitus ulcers or contractures, or pertaining to tests and measurements of vital signs, or notations of input and output of fluids, that was made with the knowledge that the records falsely reflect the condition of the resident or the care or services provided. (Ref: Health and Safety Code section 1424(f)(2)).

Willful Material Omission

The willful failure to record any untoward event that has affected the health, safety, or security of the specific patient, and that was omitted with the knowledge that the records falsely reflect the condition of the resident or the care or services provided. (Ref: Health and Safety Code section 1424(f)(3)).