



Center for Health Care Quality

**Health Facility License Fees**

**And**

**Nursing Home Administrator Program Fees**

Annual Fee Report for Fiscal Year 2024-25

Table of Contents

**Executive Summary ..... 3**

**Program Overview ..... 3**

**Licensing and Certification Fund Reserve ..... 4**

**Federal Funding ..... 6**

**Health Care Facility Licensing Fees ..... 7**

Table 1: Health Care Facility License Fee Table..... 9

Nursing Home Administrator Program Fees..... 11

**Table 2: Nursing Home Administrator Program Fees ..... 12**

CHCQ Initiatives and Next Steps ..... 13

Staffing and Systems Analysis..... 13

**Table 3: Number of Authorized Personnel Devoted to the Licensing and Certification of Health Care Facilities ..... 17**

**Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type ..... 18**

**Table 5: Surveys and Follow-up Visits Performed ..... 19**

**Table 6: Number of Complaint Investigations by Facility Type ..... 20**

**Table 6: Number of Complaint Investigations by Facility Type (cont'd)..... 21**

**Table 7: Number of Facility-Reported Incident Investigations by Facility Type ..... 22**

**Table 7: Number of Facility-Reported Incident Investigations by Facility Type (cont'd) .. 23**

Table 8: Citations, Administrative Penalties, and Enforcement Penalties Issued by Facility Type ..... 24

**Table 9: Deficiencies by Facility Type ..... 25**

**Table 10: State Civil Monetary Penalties Issued by Facility Type..... 26**

**Table 11: Detailed Adverse Event Report Category and Type ..... 27**

**Table 12: Adverse Event Timeliness Report..... 28**

**Table 13: Surveyor Training Provided ..... 29**

**Nursing Home Administrator Program ..... 36**

Table 14: Nursing Home Administrator Violations..... 37

Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program..... 38

**Attachment 1: State Workload Percentages, 2024-25..... 39**

**Attachment 2: Annual Health Care Facility License Fee 2024-25 ..... 43**

**Attachment 2: Annual Health Care Facility License Fee 2024-25 (cont'd) ..... 44**

**Attachment 3: Glossary ..... 45**

## Executive Summary

For 2024-25, the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) proposes:

1. Decreases in the statewide licensing fees for the majority of health facility types.
2. Licensing fees for certain facility types that account for a disproportionate amount of workload will remain at 2023-24 levels.
3. A decrease to the supplemental fee for healthcare facilities located in Los Angeles County.
4. A 6.2 percent increase in Nursing Home Administrator Program (NHAP) fees to bring the fees in line with the projected program cost of \$1.1 million.
5. The 2024-25 fees are expected to raise \$225 million in revenues from statewide health care facility licensing fees, and \$21.7 million from the Los Angeles County (LAC) supplemental fee.

## Program Overview

The CDPH, CHCQ is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and health care quality for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ licenses and certifies over 14,000 health care facilities and agencies in California in over 30 different licensure and certification categories.

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

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

## Licensing and Certification Fund Reserve

The department must maintain a prudent reserve in the L&C Fund to maintain fund solvency and the continuation of normal operations if there is an unanticipated decline in revenue. The fiscal year 2022-23 ending balance in the L&C Fund is roughly \$136.9 million, or about 44 percent of projected fund expenditures in 2023-24. This represents a relatively large balance by historical standards and is a \$56.1 million increase from 2021-22.

The increased fund balance is not the result of a deliberate shift in fiscal policy but is rather the consequence of unanticipated and temporary events. In particular, the public health emergency associated with the onset of the COVID-19 Pandemic in early 2020 substantially impacted licensing and certification operations and introduced new and challenging working conditions for staff while also increasing the nationwide demand for nurses. These factors complicated CHCQ's efforts to recruit and retain certain key staff, such as Health Facility Evaluator Nurses (HFENs), and CHCQ's vacancy rate increased from 6.5 percent in 2018-19 to 13.1 percent in 2023-24. The HFEN classification received an 8% pay increase at the beginning of 2023-24 and a seniority differential bonus has been instituted as well. Additionally, the CHCQ Recruitment Resources Section has been participating at multiple career fairs to increase outreach efforts in recruiting medical professionals from multicultural and diverse communities. CHCQ hopes this will further support efforts to decrease the vacancy rate. LAC experienced similar vacancy issues: their vacancy rate increased from 8% in 2019-20 to 34% in 2022-23. As a result, CHCQ's expenditures on state operations fell below budgeted levels by \$30.9 million in FY 2022-23. In addition, Los Angeles County has experienced similarly high vacancy rates among staff assigned to complete licensing and certification operations on behalf of CHCQ. As a result, expenditures on the LA County contract were below budget by approximately \$40.5 million in FY 2022-23.

The table below displays historical data on the Licensing and Certification Fund's annual ending balance, revenues and expenditures, as well as the annual amount of federal funding available.

**Licensing and Certification Expenditures, Revenue and Fund Balance**

<b>State Fiscal Year</b>	<b>3098 Ending Fund Balance</b>	<b>L&amp;C Revenues</b>	<b>L&amp;C Expenditures</b>	<b>Federal Funding</b>
<b>2007-08</b>	\$41,020	\$80,361	\$56,609	\$58,537
<b>2008-09</b>	\$35,267	\$78,142	\$72,264	\$56,763
<b>2009-10</b>	\$48,454	\$75,632	\$64,864	\$60,797
<b>2010-11</b>	\$39,900	\$65,482	\$75,094	\$65,517
<b>2011-12</b>	\$52,393	\$78,287	\$70,280	\$65,085
<b>2012-13</b>	\$74,827	\$79,623	\$67,587	\$75,047
<b>2013-14</b>	\$73,753	\$78,955	\$78,380	\$84,416
<b>2014-15</b>	\$67,193	\$78,161	\$87,686	\$88,733
<b>2015-16</b>	\$41,656	\$91,685	\$115,374	\$88,585
<b>2016-17</b>	\$30,293	\$123,063	\$133,122	\$86,608
<b>2017-18</b>	\$26,221	\$143,650	\$153,511	\$85,444
<b>2018-19</b>	\$25,765	\$163,641	\$164,097	\$105,642
<b>2019-20</b>	\$21,251	\$200,028	\$201,714	\$91,383
<b>2020-21</b>	\$30,126	\$226,049	\$217,745	\$96,681
<b>2021-22</b>	\$80,892	\$264,262	\$236,503	\$93,641
<b>2022-23</b>	\$136,893	\$316,731	\$276,874	\$123,856

## Federal Funding

A significant portion of the program's workload is related to fulfilling federal requirements on behalf of the CMS, including annual inspections of facilities receiving funding through the Medicare and Medi-Cal programs to verify that they meet federally required standards. In addition, CHCQ investigates complaints involving such facilities. CHCQ receives an annual federal funding award to provide these services.

Federal workload has increased significantly in recent years, however federal funding levels have not increased to account for the additional workload. This has led to a significant and widening gap between the cost of fulfilling federal mandates and the federal funding received. A federal costing analysis completed by the program suggests that the cost to fulfill CMS requirements may be nearly double the amount received through the federal grant, an estimated gap of over \$100 million annually.

This federal funding gap is not unique to California as the funding provided nationwide for Title XVIII and Title XIX oversight workload has remained largely unchanged since 2015. In 2021, the Biden Administration proposed a 25 percent increase to support health and safety inspections at nursing homes, recognizing that complaints have surged while funding has remained flat, however no additional funding was included in the budget adopted by Congress. Additionally, national organizations, such as the Association of Health Facility Survey Agencies, have called attention to the ever-increasing federally mandated workload by providing a list of nearly two dozen new or expanded CMS requirements imposed since 2016.

CHCQ continues to meet federally mandated inspection and investigation requirements, as they serve as important and necessary tools in the oversight of health care facilities, however it has meant that the Licensing and Certification Fund has been subsidizing the completion of this federal workload. If these requirements were not met, consequences from CMS could include extension of a corrective action plan and/or reduction of future funding. Furthermore, federal regulations are far more stringent than state regulations, providing a broader array of enforcement mechanisms that enable CDPH to enforce compliance and provide the level of oversight stakeholders expect. Finally, facilities must abide by federal regulations in order to maintain Medicare and Medicaid eligibility.

The additional federally required workload imposed includes surveys related to CMS' Dialysis Clinic Outcomes List, life safety code inspections, emergency preparedness surveys, monitoring visits for facilities cited for Immediate Jeopardy administrative penalties, and hearings. Also, added requirements to the Long-Term Care Survey Process, such as the infection control component, have necessitated additional preparation, onsite time, resources, and training for surveyors. Additionally, more

stringent requirements for Special Focus Facilities (nursing homes with a history of serious quality issues) have increased federal workload. Finally, while the required recertification frequencies may have remained constant, increased hospice and home health agency counts have also created additional workload. CMS has not provided any additional funding for this workload and CHCQ does not currently have sufficient federal funds to absorb these additional tasks.

## Health Care Facility Licensing Fees

The statewide health care facility licensing fees are intended to support CHCQ's costs to develop, administer, and enforce state licensure standards and other compliance activities. Historically, the annual fee calculation has included a determination of the costs associated with the workload of the various facility types and subsequently the revenue required for each facility type based on that workload. Workload activities include state licensing, federal certification, initial state licensure, initial federal certification, follow-up/revisits, and complaint investigations. For 2024-25 CDPH proposes a decrease in licensing fees for the statewide fee for the majority of facility types and a decrease for all facilities that pay the Los Angeles County supplemental fee. The 2024-25 fees are expected to raise \$225 million from statewide health care facility licensing fees, and \$21.7 million from the Los Angeles County supplemental fee.

There are a number of factors and changes to methodology that led to this fee decrease for the majority of facilities. These include:

- The extraordinarily high fund balance in the Licensing & Certification Program fund, as discussed above.
- Revisions to the methodology to incorporate projected vacancy rates and the associated savings in personal services costs from those vacancies, bringing down the projected revenue required to maintain the program.
- Higher than projected revenues from initial applications, change of ownership and other similar applications, and late payment penalties.

Taking these factors into account, CHCQ is seeking to better align facility fees with the historical workload associated with those facilities. This approach is consistent with statute and is the focus of an audit finding from the Department of Finance's Licensing and Certification Program Performance Audit. This leads to a range of outcomes for the various facility types:

- Facilities which have historically accounted for a higher amount of workload will see their fees remain at 2023-24 levels.
- Other facilities which have had lower than projected workload in prior years will see a decrease which is proportional to the amount of that workload. The amount

of this decrease will vary depending on the facility. The average fee decrease in the statewide fee across all facility types is -19.2%

CHCQ believes that this approach will better align fees for each facility type with the costs imposed by those facilities, consistent with state law, provide a stable fund reserve, and minimize fluctuations in fee changes for the next several years.

For 2024-25, CHCQ is proposing a 60.1% decrease in the Los Angeles County Supplemental Fee for all facilities located in Los Angeles County that pay the fee. Per statute, this fee is to be calculated on the differential between the costs CHCQ would incur to perform this workload vs. the actual costs that LAC incurs to perform said workload. In collaboration with the Department of Finance, CHCQ engaged in a broad analysis of all factors that go into this differential. This resulted in a reduction in the differential as compared to prior years.

Additionally, CHCQ has a Budget Change Proposal in the 2024-25 Governor's Budget to expand application and fee processing. A key component of this proposal will allow CHCQ to revise its report of change fee schedule to align the revenue received for the various licensure changes to the cost incurred by the department to process these changes. This proposal will result in a more equitable distribution of costs amongst the facilities, as the facilities imposing additional workload for licensure changes will bear the responsibility for the costs resulting from that workload. Updates to license information drive significant workload for the department and because there is no fee associated with most change applications and written notifications, the cost for that workload is primarily covered by the annual licensing fee. As a result, the license fee paid by all facilities currently subsidizes the workload created by a subset of facilities. The application fees for the 2025-26 fiscal year will be included in the 2025 Fee Report. For more information on this proposal, please refer to the 2024-25 Governor's Budget.

Table 1 on the following page provides the proposed 2024-25 licensing fees for each facility type.



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

**Health Care Facility License Fees**  
(Rounded in nearest dollar)

Facility Type	Fee Per Facility/ Bed	Number of Licensed Facilities/ Beds <sup>2</sup>	2023-24 Statewide License Fee	2023-24 Los Angeles County Supplemental License Fee <sup>3</sup>	2024-25 Statewide License Fee	2024-25 Los Angeles County Supplemental License Fee <sup>3</sup>
Acute Psychiatric Hospitals	Bed	6,580	\$953	\$352	\$796	\$140
Adult Day Health Centers	Facility	319	\$10,800	\$1,826	\$8,830	-
Alternative Birthing Centers	Facility	9	\$4,201	\$327	\$3,330	\$130
Chemical Dependency Recovery Hospitals	Bed	543	\$369	\$308	\$313	\$123
Chronic Dialysis Clinics	Facility	652	\$4,870	\$7,642	\$2,509	\$3,049
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,322	\$2,566	\$1,085	\$1,646	\$433
Congregate Living Health Facilities	Bed	1,899	\$1,056	\$704	\$1,056	\$281
District Hospital Less Than 100 Beds	Bed	0	\$953	\$352	\$796	\$140
General Acute Care Hospitals	Bed	74,125	\$953	\$352	\$796	\$140
Home Health Agencies	Facility	3,439	\$2,946	\$4,106	\$2,946	\$1,638
Hospices (2-Year License Total)	Facility	2,943	\$2,970	\$4,440	\$2,780	\$1,772
Hospice Facilities	Bed	148	\$805	\$0	\$573	\$0
Intermediate Care Facilities (ICF)	Bed	64	\$1,056	\$453	\$1,056	\$181
ICF/Developmentally Disabled (DD)	Bed	6,830	\$2,074	\$1,756	\$2,066	\$701
ICF/DD - Habilitative	Bed	6,830	\$2,074	\$1,756	\$2,066	\$701
ICF/DD - Nursing	Bed	6,830	\$2,074	\$1,756	\$2,066	\$701
Pediatric Day Health and Respite Care Facility	Bed	423	\$537	\$167	\$298	\$67
Psychology Clinics	Facility	17	\$4,146	\$1,619	\$1,878	\$646
Referral Agencies	Facility	2	\$3,729	\$2,429	\$1,678	\$969
Rehab Clinics	Facility	11	\$927	\$722	\$927	\$288
Skilled Nursing Facilities <sup>1</sup>	Bed	115,882	\$1,061	\$704	\$1,061	\$281
Special Hospitals	Bed	0	\$953	\$352	\$796	\$140
Surgical Clinics	Facility	32	\$8,885	\$6,984	\$8,885	\$2,787

<sup>1</sup> SNF license fee includes the statewide fee of \$1,061 and the California Department of Aging SNF LTC Ombudsman program fee of \$5.

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

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

Data Source: 2024-25 Licensing Fees Chart

**Nursing Home Administrator Program Fees**

Health and Safety Code (HSC) section 1416.36(b)(1) requires CHCQ to adjust the NHAP fees based on program cost. CHCQ uses a methodology that estimates the fee revenue to achieve alignment with program costs:

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

For 2024-25, CDPH proposes a 6.2 percent increase to bring the fees in line with the projected program cost of \$1.1 million. This increase will cover increased program costs, including the cost of a contract with the National Association of Long-Term Care Administrator Boards (NAB) to administer the Written State Exam and the personal services costs for the NHAP program. Additionally, the Continuing Education Provider Fee and Course Fee have been removed, as those services will now be performed by NAB. This results in a moderate increase in the remaining NHAP fees.

Table 2 provides the proposed 2024-25 NHAP fees.

**Table 2: Nursing Home Administrator Program Fees**

**Nursing Home Administrator Program Fees**  
Health and Safety Code section 1416.36 (a)

Fee Categories	2023-24	2024-25
(1) Examination Application Fee	\$100	\$104
(2) Reciprocity Licensure Application Fee	\$180	\$188
(3) AIT Program Application Fee	\$421	\$439
(4) (B2) Written State Exam	\$622	-
(5) Initial License Fee	\$781	\$814
(6a) Active License Renewal Fee (Biennial)	\$781	\$814
(6b) Inactive License Fee (Biennial)	\$781	\$814
(7) Delinquency Fee	\$180	\$188
(8) Duplicate License Fee	\$100	\$50
(9) Provisional License Fee	\$1,002	\$1,044
(10) Endorsement of Credential Verification Fee	\$100	\$104
(11) Preceptor Certification Fee (Biennial)	\$240	\$250
(12) Continuing Education Provider Fee (Biennial)	\$581	-
(13) Continuing Education Course Fee (Biennial)	\$61	-

Data Source: 2024-25 Nursing Home Administrator (NHAP) program fee

## CHCQ Initiatives and Next Steps

Over the next year, CHCQ will continue efforts to improve performance through increased efficiencies and look for opportunities to refine the rate setting process and better align revenue sources with workload drivers.

First and foremost, CHCQ will continue implementing initiatives to increase efficiencies that will help to control cost growth in the long term. These initiatives include:

- Expanding the use of technology to standardize work and increase efficiencies:
  - CAB launched the Online Application for General Acute Care Hospital (GACH)/ Acute Psychiatric Hospital (APH) providers, transitioning to a paperless process. The online process has reduced processing times.
  - CAB is currently working on the CAB Online Application Project to implement online applications for all facility types. This will improve customer service and reduce application review timelines. CHCQ is collaborating with CDPH IT, the California Department of Technology, and consultants and plans to begin development for this project in 2024-25.
- LEAN/Process Improvement
  - CHCQ is exploring using a broader set of classifications to conduct portions of survey work that does not require a Registered Nurse (RN) license. This effort has the potential to reduce costs for survey activities as alternative classifications may have lower personal services costs.
  - As of December 14, 2023, CHCQ has reduced its baseline complaint & Facility Reported Incidents (FRI) backlog by 93% since April 1<sup>st</sup>, 2021. CHCQ's LEAN process uses maps to bundle investigations and streamline efforts to close older intakes. CHCQ plans to maintain the success achieved so far and remains focused on resolving existing complaint and entity reported backlog. CHCQ has redirected resources to address these open complaints with the goal of eliminating the backlog by 4<sup>th</sup> Quarter of 2023-24.

## Staffing and Systems Analysis

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

- The number of open and active health care facilities.

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

Attachment 1: The State Workload Percentages 2024-25 shows the distribution of state workload activities by facility type.

The following tables depict information from 2022-23, which represents the last full fiscal year for which CHCQ has data.

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

Pursuant to HSC section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health care facility types. CHCQ assigned 64.5 percent of the authorized positions to field offices and 35.5 percent to other branches in headquarters.

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

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

### **Table 5: Surveys and Follow-up Visits Performed**

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

### **Table 6: Number of Complaint Investigations by Facility Type**

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

- Levels A through D for complaints that require an on-site investigation.
  - Level A for complaints of immediate jeopardy; statute requires the

- investigation be initiated within 24 hours for long-term care facilities, and per policy and statute, two business days for non-long-term care facilities.
- Levels B through D for complaints of non-immediate jeopardy; statute requires the investigation be initiated within 10 days for long-term care facilities.
- Level E for complaints that CHCQ reviews and investigates without an on-site component to the investigation.
- Levels F and G for complaints that CHCQ refers to other organizations, such as the California Department of Justice.
- Level H for complaints that initial prioritization review indicates require no further action.

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

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

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

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

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

#### **Table 9: Deficiencies by Facility Type**

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

**Table 10: State Civil Monetary Penalties Issued by Facility Type**

Table 10 shows the total monetary number of penalties issued.

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

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

**Table 12: Adverse Event Timeliness Report**

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

**Table 13: Surveyor Training Provided in 2022-23**

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



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

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

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Personnel Types	Field Office Positions	Field Office % to Total L&C	Headquarter Positions	Headquarter % to Total L&C	Total L&C Positions	Total L&C % to Total L&C	Los Angeles County Contract Positions	Los Angeles County Contract % to Total LAC Contract Positions
Surveyors and Consultants	653 <sup>4</sup>	42.77%	-	0.00%	653	42.77%	333	67.82%
Managers/Supervisors & Support Staff	331 <sup>5</sup>	21.68%	543 <sup>5</sup>	35.55%	874	57.23%	158	32.18%
<b>Total</b>	<b>984</b>	<b>64.45%</b>	<b>543</b>	<b>35.55%</b>	<b>1,527</b>	<b>100.00%</b>	<b>491</b>	<b>100.00%</b>

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

**Personnel in the Field Offices and Los Angeles County Contract**

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

<sup>4</sup> Classifications include: Health Facilities Evaluator Nurse, Associate Governmental Program Analyst, Special Investigators, and Consultants

<sup>5</sup> Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager I/II/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator I/II, Health Facilities Evaluator Manager I/II, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist I/II, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist I/II, Staff Programmer Analyst, Supervising Program Technician I/II, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager I/II/III, Word Processing Technician, Chief Environmental Health Specialist III, Environmental Health Specialist III.

**Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type****The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Care Facilities**

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

	Facility Type	Total Survey Hours*	Percentage to Total Hours
1	Acute Psychiatric Hospital	10,768	1.05%
2	Adult Day Health Centers	3,305	0.32%
3	Alternate Birthing Center	59	0.01%
4	Alternative Care Site	42	0.00%
5	Chemical Dependency Recovery Hospital	746	0.07%
6	Chronic Dialysis Clinic / End Stage Renal Disease	4,522	0.44%
7	Community Clinic / Rural Health Clinic/Community Mental Health Center	2,210	0.21%
8	Congregate Living Health Facility	8,298	0.81%
9	Correctional Treatment Center	8,913	0.87%
10	General Acute Care Hospital	105,909	10.28%
11	Home Health Agencies	25,575	2.48%
12	Hospice	14,487	1.41%
13	Hospice Facility	238	0.02%
14	Intermediate Care Facilities	17,145	1.66%
15	Intermediate Care Facilities DD/H/N/IID	59,043	5.73%
16	Pediatric Day Health or Respite Care	95	0.01%
17	Psychiatric Health Facility	32	0.00%
18	Psychology Clinic	2	0.00%
19	Rehab Clinic/CORF/OPT/SP	1,636	0.16%
20	Skilled Nursing Facilities	765,665	74.35%
21	Surgical Clinic / Ambulatory Surgical Center	1,035	0.10%
22	Unlicensed and Not Certified Facility	47	0.00%
	<b>Total</b>	<b>1,029,771</b>	<b>100.00%</b>

\*Includes activities started on or after 07-01-2022 and exited on or before 06-30-2023. Total workload survey hours represents the number of direct survey hours, facility and pure administration hours. Data Source: 2022-23 Standard Average Hours Report (SAH)

**Table 5: Surveys and Follow-up Visits Performed**

**Surveys and Follow-up Visits Performed**  
 Health and Safety Code section 1266(e)(2)(B)(iii)  
 SFY 2022-23 (July 1, 2022 - June 30, 2023)

	Facility Type	Licensing Survey Initial	Licensing Survey Re-Licensure	Certification Survey Initial	Certification Survey Re-Certification	Follow-Up & Revisits
1	Acute Psychiatric Hospital	2	6	-	-	3
2	Adult Day Health Care	15	1	-	-	-
3	Alternative Birthing Center	1	-	-	-	-
4	Chemical Dependency Recovery Hospital	1	-	-	-	-
5	Chronic Dialysis Clinic	11	1	-	12	11
6	Congregate Living Health Facility	15	56	-	-	22
7	Correctional Treatment Center	-	9	-	-	10
8	General Acute Care Hospital	31	33	-	6	11
9	Home Health Agency	1	1	-	-	-
10	Hospice	-	11	1	28	26
11	Hospice Facility	1	-	-	-	-
12	Intermediate Care Facility	-	1	-	-	5
13	Intermediate Care Facility-DD/H/N/CN/IID	6	2	1	383	369
14	Pediatric Day Health & Respite Care Facility	2	-	-	-	-
15	Primary Care Clinic	18	1	-	-	2
16	Psychology Clinic	2	-	3	-	-
17	Rehabilitation Clinic	-	-	1	-	2
18	X-Ray	-	-	3	1	-
19	Skilled Nursing Facility	4	14	3	458	492
20	Surgical Clinic	-	-	-	-	-
21	Organ	-	-	-	-	-
	<b>Totals</b>	<b>110</b>	<b>136</b>	<b>12</b>	<b>888</b>	<b>953</b>
	<b>Long-term Care Totals</b>	<b>27</b>	<b>73</b>	<b>4</b>	<b>841</b>	<b>888</b>
	<b>Non-long-term Care Totals</b>	<b>83</b>	<b>63</b>	<b>8</b>	<b>47</b>	<b>65</b>

Data Source: ASPEN Database

**Table 6: Number of Complaint Investigations by Facility Type**

**Number of Complaint Investigations by Facility Type**

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Facility Type	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Percent Initiated Timely	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Number Received	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Percent Initiated Timely
<b>Long-Term Care</b>							
Congregated Living Health Facility	283	317	-34	87	99%	187	89%
Intermediate Care Facility	783	868	-85	13	85%	736	96%
Intermediate Care Facility-DD/H/N/CN/IID	395	474	-79	69	100%	303	93%
Pediatric Care Health and Respite Care Facility	-	1	-1	-	N/A	-	N/A
Skilled Nursing Facility	13,001	15,280	-2,279	2,187	96%	10,445	91%
<b>Total Long-Term Care Total</b>	<b>14,462</b>	<b>16,940</b>	<b>-2,478</b>	<b>2,356</b>	<b>96%</b>	<b>11,671</b>	<b>92%</b>
<b>Non-Long Term Care</b>							
Acute Psychiatric Hospital	543	592	-49	58	98%		
Adult Day Health Care	52	42	10	5	100%		
Chemical Dependency Recovery Hospital	13	9	4	-	N/A		
Chronic Dialysis Clinic	242	250	-8	18	89%		
Correctional Treatment Center	55	57	-2	-	N/A		
General Acute Care Hospital	6,555	6,355	200	493	97%		
Home Health Agency	317	270	47	28	93%		
Hospice	385	261	124	35	89%		
Hospice Facility	-	2	-2	-	N/A		
Primary Care Clinic	242	263	-21	9	100%		
Psychology Clinic	-	1	-1	-	N/A		
Rehabilitation Clinic	4	5	-1	-	N/A		
Surgical Clinic	62	38	24	2	100%		
<b>Non-Long Term Care Total</b>	<b>8,470</b>	<b>8,145</b>	<b>325</b>	<b>648</b>	<b>96%</b>		
<b>Total</b>	<b>22,932</b>	<b>25,085</b>	<b>-2,153</b>	<b>3,004</b>	<b>96%</b>		

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

**Number of Complaint Investigations by Facility Type**

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
<b>Long-Term Care</b>										
Congregated Living Health Facility	50	115	36	6	3	5	72%	12%	6%	10%
Intermediate Care Facility	165	27	162	2	1	-	98%	1%	1%	0%
Intermediate Care Facility-DD/H/N/CN/IID	77	420	46	1	2	28	60%	1%	3%	36%
Pediatric Care Health and Respite Care Facility	1	442	-	-	-	1	0%	0%	0%	100%
Skilled Nursing Facility	2,166	160	1,452	141	158	415	67%	7%	7%	19%
<b>Long-Term Care Total</b>	<b>2,459</b>	<b>159</b>	<b>1,696</b>	<b>150</b>	<b>164</b>	<b>449</b>	<b>69%</b>	<b>6%</b>	<b>7%</b>	<b>18%</b>
<b>Non-Long Term Care</b>										
Acute Psychiatric Hospital	268	388	77	38	50	103	29%	14%	19%	38%
Adult Day Health Care	24	419	9	4	2	9	38%	17%	8%	38%
Chemical Dependency Recovery Hospital	5	88	2	3	-	-	40%	60%	0%	0%
Chronic Dialysis Clinic	170	450	45	19	23	83	26%	11%	14%	49%
Correctional Treatment Center	16	228	13	-	1	2	81%	0%	6%	13%
General Acute Care Hospital	4,680	450	1,167	647	821	2,045	25%	14%	18%	44%
Home Health Agency	374	560	57	35	35	247	15%	9%	9%	66%
Hospice	369	374	89	26	81	173	24%	7%	22%	47%
Hospice Facility	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Primary Care Clinic	173	596	35	16	31	91	20%	9%	18%	53%
Psychology Clinic	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Rehabilitation Clinic	1	372	-	-	-	1	0%	0%	0%	100%
Surgical Clinic	77	600	10	4	16	47	13%	5%	21%	61%
<b>Non-Long Term Care Total</b>	<b>6,157</b>	<b>455</b>	<b>1,504</b>	<b>792</b>	<b>1,060</b>	<b>2,801</b>	<b>24%</b>	<b>13%</b>	<b>17%</b>	<b>45%</b>
<b>Total</b>	<b>8,616</b>	<b>370</b>	<b>3,200</b>	<b>942</b>	<b>1,224</b>	<b>3,250</b>	<b>37%</b>	<b>11%</b>	<b>14%</b>	<b>38%</b>

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

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

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

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

Health and Safety Code section 1266(d)(2)(B)(iv)

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Facility Category	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Percent Initiated Timely
<b>Long-Term Care</b>					
Congregated Living Health Facility	62	63	-1	17	100%
Intermediate Care Facility	739	1,306	-567	1	100%
Intermediate Care Facility-DD/H/N/CN/IID	4,009	4,573	-564	82	90%
Pediatric Care Health and Respite Care Facility	1	3	-2	-	0%
Skilled Nursing Facility	12,498	13,780	-1,282	1,105	93%
<b>Long-Term Care Total</b>	<b>17,309</b>	<b>19,725</b>	<b>-2,416</b>	<b>1,205</b>	<b>93%</b>
<b>Non-Long Term Care</b>					
Acute Psychiatric Hospital	897	1,076	-179	55	100%
Adult Day Health Care	450	472	-22	1	100%
Chemical Dependency Recovery Hospital	13	8	5	-	0%
Chronic Dialysis Clinic	105	79	26	8	100%
Correctional Treatment Center	1,740	2,790	-1,050	-	0%
General Acute Care Hospital	5,454	4,591	863	376	96%
Home Health Agency	31	29	2	1	100%
Hospice	74	50	24	4	100%
Organ	-	-	-	-	0%
Primary Care Clinic	293	223	70	2	100%
Psychology Clinic	-	-	-	-	0%
Rehabilitation Clinic	-	-	-	-	0%
Surgical Clinic	14	5	9	1	100%
<b>Non-Long Term Care Total</b>	<b>9,071</b>	<b>9,323</b>	<b>-252</b>	<b>448</b>	<b>96%</b>
<b>Total</b>	<b>26,380</b>	<b>29,048</b>	<b>-2,668</b>	<b>1,653</b>	<b>94%</b>

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

**Number of Entity Reported Incident (ERI) Investigations by  
Facility Type Health and Safety Code section 1266(d)(2)(B)(iv)  
SFY 2022-23 (July 1, 2022 - June 30, 2023)**

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
<b>Long-Term Care</b>										
Congregated Living Health Facility	16	278	4	2	5	5	25%	13%	31%	31%
Intermediate Care Facility	125	386	67	10	3	45	54%	8%	2%	36%
Intermediate Care Facility-DD/H/N/CN/IID	865	365	363	109	109	284	42%	13%	13%	33%
Pediatric Care Health and Respite Care Facility	2	327	-	1	-	1	0%	50%	0%	50%
Skilled Nursing Facility	4,149	271	1,619	617	757	1,156	39%	15%	18%	28%
<b>Long-Term Care Total</b>	<b>5,157</b>	<b>290</b>	<b>2,053</b>	<b>739</b>	<b>874</b>	<b>1,491</b>	<b>40%</b>	<b>14%</b>	<b>17%</b>	<b>29%</b>
<b>Non-Long Term Care</b>										
Acute Psychiatric Hospital	275	397	112	49	32	82	41%	18%	12%	30%
Adult Day Health Care	161	960	29	9	22	101	18%	6%	14%	63%
Chemical Dependency Recovery Hospital	14	265	8	1	1	4	57%	7%	7%	29%
Chronic Dialysis Clinic	94	632	20	13	13	48	21%	14%	14%	51%
Correctional Treatment Center	297	96	205	69	12	11	69%	23%	4%	4%
General Acute Care Hospital	7,619	701	1,013	825	1,105	4,676	13%	11%	15%	61%
Home Health Agency	86	936	4	-	10	72	5%	0%	12%	84%
Hospice	91	713	11	8	17	55	12%	9%	19%	60%
Organ	1	4,228	-	-	-	1	0%	0%	0%	100%
Primary Care Clinic	412	771	44	40	49	279	11%	10%	12%	68%
Psychology Clinic	1	2,118	-	-	-	1	0%	0%	0%	100%
Rehabilitation Clinic	1	1,192	-	-	-	1	0%	0%	0%	100%
Surgical Clinic	20	645	3	1	5	11	15%	5%	25%	55%
<b>Non-Long Term Care Total</b>	<b>9,072</b>	<b>681</b>	<b>1,449</b>	<b>1,015</b>	<b>1,266</b>	<b>5,342</b>	<b>16%</b>	<b>11%</b>	<b>14%</b>	<b>59%</b>
<b>Total</b>	<b>14,229</b>	<b>539</b>	<b>3,502</b>	<b>1,754</b>	<b>2,140</b>	<b>6,833</b>	<b>25%</b>	<b>12%</b>	<b>15%</b>	<b>48%</b>

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

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

**Data on Citations, Administrative Penalties & Enforcement Penalties**

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Facility Category	Citations Issued AA (HSC 1424)	Citations Issued A (HSC 1424)	Citations Issued B (HSC 1424)	Citations Issued WMF (HSC 1424)	Citations Issued WMO (HSC 1424)	Citations Issued RD (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties – Immediate Jeopardy (HSC 1280.3)	Administrative Penalties -Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital	0	0	0	0				1 <sup>6</sup>	1 <sup>6</sup>	0 <sup>6</sup>	0 <sup>6</sup>	
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic												
Congregate Living Health Facility	0	10	57	1				0	0	0	0 <sup>6</sup>	
Correctional Treatment Center												
General Acute Care Hospital	0	0	0	0				23 <sup>6</sup>	17 <sup>6</sup>	64 <sup>6</sup>	1 <sup>6</sup>	
Home Health Agency												
Hospice												
Hospice Facility												
Intermediate Care Facility	0	0	3	0				0	0	0	0 <sup>6</sup>	
Intermediate Care Facility/Developmentally Disabled		6	29									
Intermediate Care Facility/Developmentally Disabled – Habilitative												
Intermediate Care Facility/Developmentally Disabled – Nursing												
Pediatric Day Health & Respite Care Facility												
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	21	183	431	14			164 <sup>6</sup>	0	0	0	1 <sup>6</sup>	
Surgical Clinic												
Primary Care Clinic												
<b>Total</b>	<b>21</b>	<b>199</b>	<b>520</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>164</b>	<b>24</b>	<b>18</b>	<b>64</b>	<b>2</b>	<b>-</b>

<sup>6</sup>Facilities with statutorily mandated enforcement action.

**Citation Appeals Statewide**

Health and Safety Code section 1266(e)(2)(B)(vi) SFY 2022-23 (July 1, 2022 - June 30, 2023)

Appeal Received Type	Collection	Decision	Event	Total
Appeal Received/Postmark>ALJ	0	0	21	21
Appeal Received/Postmark>BA	0	0	4	4
Appeal Received/Postmark>Court	0	0	62	62
<b>Total</b>	<b>0</b>	<b>0</b>	<b>87</b>	<b>87</b>

Data Source: ELMS Database



**Table 9: Deficiencies by Facility Type**

**Deficiencies by Facility Type**  
Health and Safety Code section 1266(e)(2)(B)(iv)  
SFY 2022-23 (July 1, 2022-June 30, 2023)

Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	219
Adult Day Health Care	31
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	8
Chronic Dialysis Clinic	170
Congregate Living Health Facility	690
Correctional Treatment Center	99
General Acute Care Hospital	2,868
Home Health Agency	3
Hospice	304
Hospice Facility	-
Intermediate Care Facility	87
Intermediate Care Facility-DD/H/N/CN/IID	2,561
Pediatric Day Health & Respite Care Facility	-
Primary Care Clinic	103
Psychology Clinic	-
Rehabilitation Clinic	-
Skilled Nursing Facility	13,440
Surgical Clinic	-
<b>Total</b>	<b>20,583</b>
<b>Long-term Care Totals</b>	<b>16,778</b>
<b>Non-long-term Care Totals</b>	<b>3,805</b>

Data Source: ASPEN Database

**Table 10: State Civil Monetary Penalties Issued by Facility Type**

**State Civil Monetary Penalties Issued by Facility Type**

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

SFY 2022-23 (July 1, 2022 - June 30, 2023)

Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital			\$75,000 <sup>6</sup>	\$18,000 <sup>6</sup>			
Adult Day Health Care							
Alternative Birthing Center							
Chemical Dependency Recovery Hospital							
Chronic Dialysis Clinic							
Community Clinic							
Congregate Living Health Facility	\$190,400 <sup>6</sup>						
Correctional Treatment Center							
General Acute Care Hospital			\$1,460,823 <sup>6</sup>	\$231,830 <sup>6</sup>	\$478,600 <sup>6</sup>	\$180,000 <sup>6</sup>	
Home Health Agency							
Hospice							
Hospice Facility							
Intermediate Care Facility	\$6,000 <sup>6</sup>						
Intermediate Care Facility/Developmentally Disabled							
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$93,430 <sup>6</sup>						
Intermediate Care Facility/Developmentally Disabled - Nursing	\$45,000 <sup>6</sup>						
Pediatric Day Health & Respite Care Facility							
Psychology Clinic							
Referral Agency							
Rehabilitation Clinic							
Skilled Nursing Facility	\$7,746,025 <sup>6</sup>	\$4,825,000 <sup>6</sup>				\$15,000 <sup>6</sup>	
Surgical Clinic							
<b>Total</b>	<b>\$8,080,855</b>	<b>\$4,825,000</b>	<b>\$1,535,823</b>	<b>\$249,830</b>	<b>\$478,600</b>	<b>\$195,000</b>	<b>-</b>

<sup>6</sup> Facilities with statutorily mandated enforcement action.

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

Health and Safety Code section 1279.1

SFY 2022-23 (July 1, 2022-June 30, 2023)

<b>Adverse Event by Category and Type</b>	
<b>01 - Surgical Events</b>	<b>296</b>
01: Surgery Performed on a Wrong Body Part, Inconsistent with Informed Consent	34
02: Surgery Performed on the Wrong Patient	2
03: Wrong Surgical Procedure Performed, Inconsistent with the Informed Consent	20
04: Retention of a Foreign Object After Surgery/Procedure	225
05: Death During or up to 24 Hours After Induction of Anesthesia After Surgery	15
<b>02 - Product or Device Events</b>	<b>9</b>
06: Death/Serious Disability Associated with the Use of a Contaminated Drug, Device, or Biologic	2
07: Death/Serious Disability Associated with the Use of Device Other Than as Intended	3
08: Death/Serious Disability Associated with Intravascular Air Embolism	4
<b>03 - Patient Protection Events</b>	<b>7</b>
09: Infant Discharged to the Wrong Person	-
10: Death/Serious Disability Associated with Patient Disappearance for More Than Four Hours	1
11: Patient Suicide or Attempted Suicide Resulting in Serious Disability After Admission	6
<b>04 - Care Management Events</b>	<b>1,318</b>
12: Death/Serious Disability Associated with a Medication Error	12
13: Death/Serious Disability Associated with the Administration of Abo-Incompatible Blood or Blood Products	1
14: Maternal Death/Serious Disability Associated with Labor/Delivery/Within 42 Days Post-Delivery	2
15: Death/Serious Disability Directly Related to Hypoglycemia	-
16: Death/Serious Disability Associated with Failure to Identify/Treat Hyperbilirubinemia	-
17: Stage 3 or 4 Pressure Ulcer, Acquired After Admission, Excluding Stage 2 Ulcers Recognized upon Admission	1,303
18: Death/Serious Disability Due to Spinal Manipulative Therapy	-
<b>05 - Environmental Events</b>	<b>25</b>
19: Death/Serious Disability Associated with an Electric Shock	-
20: Oxygen or Other Gas Line Contains Wrong Gas or Is Contaminated by a Toxic Substance	-
21: Death/Serious Disability Associated with a Burn	8
22: Patient Death Associated with a Fall	13
23: Death/Serious Disability Associated with Use of Restraints/Bedrails	4
<b>06 - Criminal Events</b>	<b>32</b>
24: Care Ordered by or Provided by Impersonating a Licensed Provider	2
25: Abduction of a Patient of Any Age	-
26: Sexual Assault on a Patient Within or on the Grounds of a Health Facility	23
27: Death/Significant Injury of a Patient or Staff from a Physical Assault	7
<b>07 - Other</b>	<b>62</b>
28: Adverse event or series of adverse events	62
<b>Total</b>	<b>1,749</b>

Data Source: ASPEN Database

**Table 12: Adverse Event Timeliness Report**

**Adverse Event Timeliness Report**  
 Health and Safety Code section 1279.2  
 SFY 2022-23 (July 1, 2022-June 30, 2023)

Adverse Event Category	Total AEs	Immediate Jeopardy <sup>1</sup> Number Required Investigation Within 2 Days	Immediate Jeopardy <sup>1</sup> Number Initiated Within 2 Days	Immediate Jeopardy <sup>1</sup> Number Completed Within 45 Days	Non-Immediate Jeopardy <sup>2</sup> Number Non-Immediate Jeopardy Adverse Events	Non-Immediate Jeopardy <sup>2</sup> Number Completed Within 45 Days
Surgical Events	296	8	7	3	288	37
Product or Device Events	9	-	-	-	9	2
Patient Protection Events	7	1	-	-	6	1
Care Management Events	1,318	2	2	1	1,316	259
Environmental Events	25	2	2	1	23	6
Criminal Events	32	1	-	-	31	17
Other	62	2	1	-	60	15
<b>Total</b>	<b>1,749</b>	<b>16</b>	<b>12</b>	<b>5</b>	<b>1,733</b>	<b>337</b>

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

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

Data Source: ASPEN Database

**Table 13: Surveyor Training Provided**

**Surveyor Training Provided**  
Health and Safety Code section 1266 (e)(2)(B)(vi)  
SFY 2022-23 (July 1, 2022-June 30, 2023)

Activity Name	Types of Training	Attendees
42 CFR (various sections)	Federal	64
Abuse Resident to Resident - Annual Comp. 2022 (CAP)	Federal	25
Acts - Definition of Input Dates 11.17.16	State	20
Admin Memo 22-09	Federal	77
Administrative Penalties (AP/IJ& Non IJ) Supervisor Academy 2022 - Relaunch	Federal	7
Admission, Transfer, & Discharge Surveyor Investigation - Annual Comp. 2022 (CAP)	Federal	12
Advanced LSC: Building Construction Systems	Federal	7
Adverse Events/Sub-Categories	State	15
Alzheimer's and Related Dementia (Parts I & II)	Federal	51
Ambulatory Surgical Center (ASC) Basic Training	Federal	11
Antibiotic Stewardship Program for Nursing Home Providers	Federal	29
Appendix (AA, A, B,C,E,G,H,J,L,M,N,PP,Q,R,W,Y,Z)	Federal	987
Assessing Endoscope Reprocessing Compliance Webinar	Federal	45
Automated Survey Process Environment (ASPEN) Overview	Federal	112
Basic ACO - Exercise (1,2,3,4,5,6)	State	33
Basic ACTS Exercise 3 & 4	State	11
Basic Health Facility Surveyor (BHFS)—Introduction to Surveying for LTC	Federal	42
Basic Life Safety Code (BLSC) Training / The Survey Process	Federal	10
Basic Medications in Nursing Homes	Federal	185
Basic Writing Skills for Survey Staff	Federal	182
Behavior Health – Annual Comp. 2023 #1	Federal	787
Beneficiary Notice LTCSP Refresher	Federal	45
Burnout: Surveyors	Federal	24
CAB Licensing Process - Supervisor Academy 2022 - Relaunch	State	16
CBTs (Formerly ASPEN and The Long Term Care Survey Process)	Federal	127
CDC HAI Covid -19 Training	Federal	113
CDC Train Nursing Home infection Preventionist Training	Federal	76
CDPH CHCQ Paperless Process	State	23
CHCQ Business Resources - Supervisor Academy 2022	Federal	9
Citation & Penalties SNF 4.15.20	Federal	109
CLIA Orientation Training	Federal	3
CMS Enforcement Overview - Supervisor Academy 2022 - Relaunch	Federal	14
CMS Intake Prioritization & Immediate Jeopardy (IJ) - Supervisor Academy 2022	Federal	15
CMS intake Prioritization Timeline-Complaints & FRIs (CAPS)	Federal	13

Activity Name	Types of Training	Attendees
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	25
CMS Long Term Care Journal Volume (I & II)	Federal	44
CMS Phase I New Regulatory Section Changes	Federal	5
CMS Prioritization Workshop	Federal	8
CMS State RAI Coordinator FAQ Training	Federal	95
CMS/CDPH EMTALA Update 2.22.23	Federal	17
CMS: Complaint & Incident Management Intake & Triage	Federal	11
CMS: Immediate Jeopardy (IJ) Analysis & Determination	Federal	11
CMS: Infection Control Tools & IC Survey (CAPS)	Federal	6
CMS: Survey & Certification: Voluntary Terminations	Federal	8
CMS: Survey Process, Infection Control Tool & Complaint	Federal	5
CMS-Abuse & Neglect (CAP)	Federal	23
Community Mental Health Centers Basic Training	Federal	2
Complaint & Incident Intake for Long Term Care	Federal	82
Complaint and Incident Intake and Triage and Overview	Federal	393
Complaint Tracker - Supervisor Academy 2022 - Relaunch	Federal	8
Complaint/FRI (Abb. Standard Survey)	Federal	143
Compliance with Liability Notices and Beneficiary Appeal Rights	Federal	18
CoP & Standards Training	Federal	12
COVID-19 Focused (F.I.C.) Survey for NH	Federal	73
COVID-19 LTC-Surveyor Training	Federal	91
COVID-19 NON-LTC-Surveyor Training	Federal	10
COVID-19 Surveyor Training for LTC related to Staff and Resident Testing	Federal	95
Critical Access Hospital Basic Training	Federal	8
Critical Access Hospital Standard Operating Procedure Training	Federal	10
Data Analytics Pulling it All Together	State	4
Definition of Adverse Events & Case Studies	State	7
Dementia in the LTC and HHA Settings	Federal	11
Disability Management Unit (DMU) Supervisor Academy 2022 - Relaunch	State	8
Editing Legal Writing - Supervisor Academy	State	10
Elder Abuse	State	156
Electronic Code of Federal Regulations Simulation (Demonstration)	Federal	117
Emergency Preparedness Basic Training	Federal	151
Emergency Preparedness: Provider Readiness	Federal	40
EMTALA Advanced Training	Federal	50
EMTALA Basic Training	Federal	51
EMTALA Micro Training	Federal	42
End Stage Renal Disease Basic Core Survey Training	Federal	15
Enforcement Process for Home Health Agency and Hospice Programs	Federal	23
Enforcement Specialist	Federal	61

Activity Name	Types of Training	Attendees
Environment: LTCSP SNF Refresher	Federal	32
Exit Conference: LTCSP SNF Refresher	Federal	32
Facility Entrance: LTCSP SNF Refresher	Federal	46
Facility Staff Vaccination Requirements F888 - 2022	Federal	63
Fall Prevention	Federal	24
Field Operations Annual Competency Training (CAP) 2022	Federal	15
Fire Safety Evaluation System/Health Care Training	Federal	4
Foundational Investigative Skills	Federal	173
FSES for Residential Board and Care Occupancies (RBCO) Online Training	Federal	4
Fundamentals of Patient Safety in Hospitals	Federal	22
GACH General Acute Care Hospital Relicensing Survey Hospital Training	Federal	2
GACH Infection Control Worksheets	State	6
GACH Licensing Survey	State	5
GACH Phase 1 & 2	State	7
Health Facility Evaluator Nurse Processes	State	8
HMS AEM In-Service for HFE II Supervisors June 2022	Federal	1
HMS Complaint/FRI Intake in Service Training	Federal	29
HMS Enforcement Training April 2, 2022	Federal	19
HMS: 1st Scheduling Training for Surveyors Overview of New Scheduling Process	Federal	172
HMS: 2nd Scheduling Training for HFE II, Supervisors	Federal	235
HMS: ASPEN Training August 2021	Federal	17
HMS: Scheduling Implementation Check-In	Federal	227
Home Health Agency Basic Training	Federal	35
Hospice Basic Training	Federal	54
Hospice Quality Assurance and Performance Improvement (Part I & II)	Federal	36
Hospice Stakeholders Engagement Series - Archive	Federal	6
Hospice Survey Protocol Update 2023 Training	Federal	65
Hospital Basic Training	Federal	55
Hospital Immediate Jeopardy	Federal	32
How to Write State Citations - Supervisor Academy 2022 - Relaunch	State	12
Hydration Refresher	State	9
ICF for Individuals with Intellectual Disabilities (Basic, Tag W120, W159, W249)	Federal	94
Immediate Jeopardy Basic Training	Federal	166
Immunization – Annual Comp. 2023 #2	Federal	781
Implicit Bias: The Impact of Unconscious Bias in Healthcare	State	161
Infection Control Tool & Infection Control Survey (CAP)	Federal	9
Infection Control: LTCSP SNF Refresher	Federal	36
Infection Preventionist – Annual Comp. 2023 #3	Federal	776

Activity Name	Types of Training	Attendees
Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling: LTCSP SNF Refresher	Federal	48
Initial Pool: LTCSP SNF Refresher	Federal	47
Intermediate Care Facilities for Individuals with Intellectual Disabilities Basic Training	Federal	48
Interviewing and Investigative Techniques	Federal	326
Introduction to ACT Windows	State	3
Introduction to Surveying for Continuing and Acute Care Providers	Federal	88
Investigating New Onset NH Diagnosis Schizophrenia & BH Considerations in the Elderly	Federal	451
iQIES - ACC S&C Dashboard	Federal	30
iQIES - Creating Letter Templates	Federal	30
iQIES - Letter Template Management	Federal	28
iQIES - Life Safety Code	Federal	8
iQIES - Manage a Form	Federal	20
iQIES - Manage a Provider	Federal	46
iQIES - Manage a Survey	Federal	42
iQIES - Manage an Enforcement	Federal	30
iQIES - Manage an Intake	Federal	34
iQIES - S&C New User Orientation	Federal	56
iQIES - Survey and Certification Reports	Federal	31
iQIES ACS/HHA Intake Training	Federal	8
iQIES ASC Go-Live Training 2022	Federal	8
iQIES Virtual Training for LSC	Federal	20
iQIES: HHA-Intake Workflow Training	Federal	8
iQIES -Go Live	Federal	7
Language & Communication – Annual Comp. 2023 #4	Federal	794
Licensing Facilities: Abuse	Federal	20
Licensing Facilities: Clinic Licensing	Federal	10
Licensing Facilities: CMS Immediate Jeopardy (IJ) All Facility	Federal	24
Licensing Facilities: Congregate Living Health Facility (CLHF)	Federal	23
Licensing Facilities: EMTALA	Federal	16
Licensing Facilities: Home Health Agency (HHA) Licensing	Federal	15
Licensing Facilities: Hospice Licensing	Federal	13
Licensing Facilities: Intermediate Care Facilities ICF/IID	Federal	10
Licensing Facilities: Licensing Health Facilities	Federal	30
Licensing Facilities: Medical Records	Federal	9
Licensing Facilities: Skilled Nursing Facilities (SNF) Consent & Camera Bedroom	Federal	9
Licensing Facilities: SNF-Licensing	Federal	26
Life Safety Code Transition Course	Federal	1
Long Term Care (LTC) Survey Process SME Videos	Federal	119
Long Term Care Basic Training	Federal	144
LTC Regulatory and IG and Psychosocial Severity Guide Updates – June 2022	Federal	685



Activity Name	Types of Training	Attendees
LTC Survey Process - Resident Screening and Interview Process	Federal	192
LTC Survey Process (LTCSP) Review Training	Federal	116
LTC Survey Process (LTCSP) Training Summer 2017	Federal	98
LTC Survey Process- Understanding the Survey Outcome Activity Report (SOAR)	Federal	21
LTCSP - 11.2, 11.4 & 11.7, Software and Other Updates	Federal	883
LTCSP SNF Refresher: Post Survey Cont. CMS 670 - HFEN	Federal	203
MDS 3.0 Updates -	Federal	1
Medication Administration in the LTCSP Refresher	Federal	37
Medication Storage and Labeling: LTCSP SNF Refresher	Federal	33
Mental Illness in Nursing Homes	Federal	24
Microsoft Surface Training	State	35
Mock Survey Wrap-Up	State	5
Navigating ASPEN Enforcement Manager (AEM)	Federal	15
Navigating the LTCSP: LTCSP SNF Refresher	Federal	64
New Day, New Direction CHCQ October's Training Event 2022	State	335
New LTC Survey Process	State	4
New Surveyor Academies (4 weeks) - 27-30	Federal	139
New Surveyor Mock Med Pass 2021	Federal	15
NFPA 99 Health Care Facilities Code Training	Federal	3
NFPA Pro Board-recognized Certified Fire Inspector-I	Federal	5
NHome Psychotropic (GDRs): Updated F758, CMS Surveyor Guidance	Federal	539
NLTC Regulatory Updates 2019	Federal	120
Nutrition & Weight Loss: LTCSP SNF Refresher	Federal	36
Offsite Prep: LTCSP SNF Refresher	Federal	52
On-the-job observation with preceptor (ASC, CAH, EMTALA, ESRD, Hospital, ICF/IID, LTC, LSC)	Federal	194
OPT/Outpatient Speech Language Pathology Services Basic Training	Federal	2
Organ Procurement Organizations Basic Training	Federal	3
Orientation to Life Safety Code	Federal	9
Overview of Anti-Psychotic Medication Use in Nursing Homes	Federal	12
Overview of the New Hospice Conditions of Participation (Subpart C & D)	Federal	11
Pain Management	Federal	28
Performance Management & Performance - Supervisor Academy 2022 - Relaunch	State	9
Personal Funds: LTCSP SNF Refresher	Federal	31
Physical Restraint Use in Nursing Homes (The Exception Not the Rule Part I, II & III)	Federal	68
Plan of Correction (POC) Training & Resources - Virtual	Federal	479
Plan of Correction (POC) Training & Resources 2023 #1 & 2	Federal	583
POI-POD Training 2020-22	Federal	250
Post Survey: LTCSP SNF Refresher	Federal	31

Activity Name	Types of Training	Attendees
Potential Citations: LTCSP SNF Refresher	Federal	33
Principles of Documentation - Exhibit 7A	Federal	169
Principles of Documentation for (LTC and Non LTC)	Federal	263
Principles of Documentation for Life Safety Code	Federal	7
Principles of Investigation training for Santa Rosa	Federal	19
Psychiatric Hospital Basic Training	Federal	14
Psychiatric Residential Treatment Facilities Basic Training	Federal	4
QA (QI) Active Voice in Deficiency Writing	Federal	166
QAA/QAPI- End Survey: LTCSP SNF Refresher	Federal	33
QSOG Navigation Simulation	Federal	113
Quality State Performance Standards	State	2
Read ASPEN Complaints/Incidents Tracking System (ACTS) Procedures Guide	Federal	4
Read ESRD statute at §1881 of the SS Act (42 CFR 494.1 - 42 CFR 494.180)	Federal	34
Read Hospice COP 42 CFR 418 & OPT/OSP Regulations 42 CFR 485.701-729	Federal	37
Recruitment Outreach & Onboarding (ROOU) Supervisor Academy 2022 - Relaunch	State	9
Report of Hospital Death Associated with the Use of Restraint or Seclusion	Federal	32
Reports of Mycobacterium Chimaera Infections	State	8
Resident Assessment: LTCSP SNF Refresher	Federal	44
Resident Council: LTCSP SNF Refresher	Federal	34
Resident-to-Resident Altercations 2021	Federal	9
Review 42 CFR Part 485 Medicare Program: COP for CMHC's	Federal	6
RSS All-Staff Webinar 2020	Federal	3
RSS Complaint - FRI Training 2021	Federal	155
RSS Live Q & A	Federal	129
Rural Health Clinic/Federally Qualified Health Center Basic Training	Federal	3
Sample Selection: LTCSP SNF Refresher	Federal	46
SB 361 Updated: License Only	State	4
Singular Event & Immediate Jeopardy (IJ) Start/End Dates Determination on Surveys	Federal	670
Small Bites: Hydration Refresher	Federal	167
Small Bites: Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling	Federal	189
Small Bites: Kitchen Staff Competency, Food & Nutrition Leadership & DSS Qualifications	Federal	160
Small Bites: Nutrition - TrayLine, Meal Distribution & Sanitation	Federal	170
Small Bites: Nutrition & Weight Loss	Federal	185
SNF Antipsychotic Tool	Federal	160
SNF COVID-19 Mitigation Plan Onsite Survey Tool	Federal	4
SNF Re-licensing Survey Process	Federal	5

Activity Name	Types of Training	Attendees
SOG Demonstration - ASPEN 12.2	Federal	83
SOM Chapter (1-7 & 10)	Federal	918
State Agency Surveyor Orientation	Federal	166
State Citation Process 2023	Federal	96
State Operations Manual Navigation Simulation	Federal	115
State RAI Coordinator (SRAIC) Foundational Training	Federal	79
State RAI Coordinator Resources and Contacts List	Federal	66
Strategies for Success (Dealing with Dementia)	State	17
Successful completion one survey (All survey types) with lead surveyor	Federal	167
Sufficient Staffing: LTCSP SNF Refresher	Federal	32
Survey and Certification Transition Training: Voluntary Terminations	Federal	25
Survey Workload Activity Tracking (SWAT)	Federal	13
Surveying for the New Staff Vaccination Rule - Acute and Continuing Care Providers	Federal	85
Surveying for the New Staff Vaccination Rule - Long Term Care (LTC)	Federal	155
Team Leadership Skills for Survey Teams	Federal	21
Team Meeting and Data Share Refresher	Federal	44
Teleworking & Managing Staff Productivity & Workload - Supervisor Academy 2022	State	8
The Survey Team Leader (Time Management and Entrance and Exit Conferences)	Federal	38
Title 22	State	175
Transplant Program Basic Training	Federal	8
Universal Infection Prevention and Control	Federal	148
Working Remotely 101	State	12
Wound Care	Federal	28
Writing Defensible Citations (OLS) & Editing 2567 - Supervisor Academy 2022	Federal	8
Writing Skills & Advanced Interview Skills	State	15
Your legal Duty Reporting Elder & Dependent Adult Abuse (Part 1-4)	Federal	173

Data Source: Training Section

## **Nursing Home Administrator Program**

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2018-19 through 2022-23.

### **Table 14: Nursing Home Administrator Violations**

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

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

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

**Table 14: Nursing Home Administrator Violations**

**Nursing Home Administrator Program Nursing Home Administrators' Violations**  
 Health & Safety Code Section 1416.36 (d)(1)(C)(vi)  
 Fiscal Year 2018-19 to 2022-23

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY 18/19
5380	Abuse	License Revoked	18/19
6050	Failure to Report	Warning Letter	18/19
3232	Failure to Report	Warning Letter	18/19
4620	Unsafe Discharge	Warning Letter	18/19
7156	Unprofessional conduct	Warning Letter	18/19
AIT4176	Fraud	License Denied	18/19
8170	Failure to Report	Warning Letter	18/19
5723	Failure to Report	Warning Letter	18/19
7762	Failure to Report	Warning Letter	18/19
7761	Fraud	License Revoked	18/19
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY 19/20
5552	Unprofessional conduct	License Revoked	19/20
6862	Unprofessional conduct	Warning Letter	19/20
7931	Failure to Report	Warning Letter	19/20
8127	Abuse	Warning Letter	19/20
AIT1128871	Fraud	License Denied	19/20
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY 20/21
6420	Unprofessional conduct	License Revoked	20/21
AIT1127876	Unprofessional conduct	License Denied	20/21
6287	Unprofessional conduct	Warning Letter	20/21
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY 21/22
N/A	N/A	N/A	N/A
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY 22/23
N/A	N/A	N/A	N/A

Data Source: Healthcare Workforce Branch, Nursing Home Administrator

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

**Nursing Home Administrator Program**  
 License, Exam, and AIT Program  
 Health and Safety Code section 1416.36 (d)(1)(C) Fiscal Year 2018-19 to 2022-23

		2018-19	2019-20	2020-21	2021-22	2022-23
(i) Persons applying for NHA License	Applied <sup>1</sup>	127	146	187	162	157
	Approved	110	91	112	116	99
	Denied	1	2	3	-	4
	Renewed	874	954	987	915	896
(ii) State Exam	Examinees	160	133	178	192	173
	Passed	101	79	116	129	106
	Failed	59	54	62	63	67
(iii) Administrator-In-Training Program	Applied	107	93	124	91	113
	Accepted	106	92	110	95	76
	Completed	103	97	89	72	59
(iv) Complaints Received <sup>2</sup>	Administrator-In-Training	3	4	3	-	2
	Nursing Home Administrators	29	25	15	13	11
(v) Actions Against Nursing Home Administrators <sup>3</sup>		10	5	3	-	-
(vi) Nursing Home Administrator Violations Listing		<b>See Table 14</b>				
(vii) Appeals, Informal Appeals, Informal conferences or Hearings <sup>4</sup>	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	2	6	-	1	5
	Time Between Request & Final Determination	N/A	4 months	N/A	N/A	N/A
	Final Actions Upheld	N/A	1	1	-	-

Data are current through June 30, 2023

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

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

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

<sup>4</sup> Appeals, Informal Appeals, Informal Conferences or Hearings based on substantiated complaints received.

Data Source: Healthcare Workforce Branch, Nursing Home Administrator Program

**Attachment 1: State Workload Percentages, 2024-25**

**California Department Of Public Health**  
 Center For Health Care Quality – Licensing And Certification Program  
 State Workload Percentages 2024-25

Facility Types	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
<b>Alternate Birthing Center</b>	Complaint Investigation	9	4	1	2	2	0.000%	<b>0.02%</b>
	Initial Licensure		39	2	98	98	0.013%	
	Re-Licensure		35	1	32	32	0.004%	
<b>Adult Day Health Center</b>	Complaint / ERI Investigation	319	12	283	4,111	4,111	0.560%	<b>1.57%</b>
	Field Visit		15	19	360	360	0.049%	
	Initial Licensure		39	17	824	824	0.112%	
	Open Complaints		12	55	800	800	0.109%	
	Re-Licensure		110	40	5,464	5,464	0.744%	
<b>Acute Psychiatric Hospital</b>	Complaint (Or ERI)	41	13	1,060	16,935	16,935	2.307%	<b>2.76%</b>
	Field Visit		22	15	418	418	0.057%	
	Initial Licensure		25	2	61	61	0.008%	
	Open Complaints		13	93	1,478	1,478	0.201%	
	Re-Licensure		309	3	1,313	1,313	0.179%	
	Complaint Validation		39	10	485	61	0.008%	
	Complaint Investigation		39	2	97	12	0.002%	
<b>Chronic Dialysis Clinic</b>	Complaint / ERI Investigation	16	15	66	1,243	1,243	0.169%	<b>0.55%</b>
	Field Visit		17	49	1,023	1,023	0.139%	
	Open Complaints		15	66	1,234	1,234	0.168%	
	Re-Licensure		15	1	26	26	0.004%	
	Initial Licensure		18	4	91	91	0.012%	
	<b>End Stage Renal Disease</b>	755	-	-	-	-	-	
	Complaint Investigation		20	125	3,111	389	0.053%	
<b>Chemical Dependency Recovery</b>	Complaint / ERI Investigation	8	14	19	339	339	0.046%	<b>0.07%</b>
	Open Complaints		14	2	36	36	0.005%	
	Re-Licensure		103	1	128	128	0.017%	
<b>Congregate Living Health Facility</b>	Complaint / ERI Investigation	265	17	317	6,617	6,617	0.901%	
	Field Visit		9	33	381	381	0.052%	
	Initial Licensure		34	33	1,381	1,381	0.188%	
	Initial Licensure Follow Up		7	1	7	7	0.001%	

Facility Types	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentage	State Funded Survey Workload Hours Estimate Percentages By Facility Type
<b>Congregate Living Health Facility</b>	Re-Licensure		61	17	1,263	1,263	0.172%	<b>1.32%</b>
	Re-Licensure - Followup		9	2	25	25	0.003%	
<b>Community Clinic</b>	Complaint / ERI Investigation	1,259	12	173	2,556	2,556	0.348%	<b>1.11%</b>
	Field Visit		12	73	1,094	1,094	0.149%	
	Initial Licensure		19	38	914	914	0.125%	
	Open Complaints		12	185	2,742	2,742	0.374%	
	Re-Licensure		7	105	872	872	0.119%	
<b>Correctional Treatment Center</b>	Complaint Investigation	21	11	2,278	29,838	29,838	4.065%	<b>4.17%</b>
	Field Visit		19	2	46	46	0.006%	
	Open Complaints		11	7	85	85	0.012%	
	Re-Licensure		190	3	620	620	0.084%	
<b>General Acute Care Hospital</b>	Cal	418	17	2	43	43	0.006%	<b>33.54%</b>
	Complaint		14	9,608	166,215	166,215	22.644%	
	Field Visit		22	322	8,796	8,796	1.198%	
	Initial Licensure		41	20	1,010	1,010	0.138%	
	Open Complaints		14	3,367	58,239	58,239	7.934%	
	Re-Licensure		244	35	10,574	10,574	1.441%	
	Review Medical Error Plan MERP		19	3	80	80	0.011%	
	<b>Deemed Facility</b>	381	-	-	-	-	-	
	Complaint Validation		39	147	7,134	892	0.122%	
	Validation		129	4	642	80	0.011%	
	Validation Follow Up		24	50	1,493	187	0.025%	
	<b>Non-Deemed Facility</b>	95	-	-	-	-	-	
	Complaint Investigations - NLTC (EMTALA)		39	16	776	97	0.013%	
<b>Home Health Agencies</b>	Complaint / ERI Investigation	1,593	20	292	7,137	7,137	0.972%	<b>15.591%</b>
	Field Visit		22	529	14,779	14,779	2.013%	
	Initial Licensure		54	1,699	114,443	114,443	15.591%	
	Open Complaints		20	160	3,910	3,910	0.533%	
	Re-Licensure		15	398	7,379	7,379	1.005%	
	<b>Non-Deemed Facility</b>	449	-	-	-	-	-	



Facility Types	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
<b>Home Health Agencies</b>	Complaint Investigation - NLTC Non-Deemed		12	1	15	2	0.000%	<b>20.29%</b>
	Re-Certification (Survey)		56	150	10,453	1,307	0.178%	
	<b>Deemed Facility</b>	1,397	-	-	-	-	-	
	Validation		56	1	70	9	0.001%	
<b>Hospice</b>	Complaint / ERI Investigation	2,944	19	381	8,881	8,881	1.210%	<b>2.74%</b>
	Field Visit		12	482	7,356	7,356	1.002%	
	Initial Licensure		20	19	465	465	0.063%	
	Open Complaints		19	115	2,672	2,672	0.364%	
	<b>Non-Deemed Facility</b>	316	-	-	-	-	-	
	3.0 Year Avg. (Re-Certification)		66	67	5,503	688	0.094%	
	Complaint Investigations		28	4	139	17	0.002%	
	<b>Deemed Facility</b>	2,182	-	-	-	-	-	
	Complaint Investigations		28	7	244	30	0.004%	
<b>Hospice Facilities</b>	Complaint / ERI Investigation	16	22	3	69	69	0.009%	<b>0.04%</b>
	Initial Licensure		136	1	169	169	0.023%	
	Re-Licensure		22	2	55	55	0.007%	
<b>Intermediate Care Facility</b>	Complaint / ERI Investigation	-	14	1,449	24,728	24,728	3.369%	<b>3.37%</b>
<b>ICF - DD; DDH; DDN</b>	Complaint / ERI Investigation	1,021	15	778	14,160	14,160	1.929%	<b>5.86%</b>
	Field Visit		14	34	608	608	0.083%	
	Initial Licensure		31	17	650	650	0.089%	
	Re-Licensure (Survey)		59	128	9,320	9,320	1.270%	
	Complaint Investigations		19	391	9,244	2,311	0.315%	
	Re-Certification		42	869	45,416	11,354	1.547%	
	Re-Certification Follow Up / Revisits		17	898	18,532	4,633	0.631%	
<b>Pediatric Day Health / Respite Care</b>	Complaint / ERI Investigation	23	12	7	106	106	0.014%	<b>0.06%</b>
	Re-Licensure		90	3	321	321	0.044%	
<b>Psychology Clinic</b>	Complaint (Or ERI)	17	13	1	12	12	0.002%	<b>0.02%</b>
	Initial Licensure		16	4	77	77	0.010%	
	Open Complaints		13	1	8	8	0.001%	
	Re-Licensure		35	1	62	62	0.008%	
<b>Rehab Clinic</b>	Complaint / ERI Investigation	11	60	2	167	167	0.023%	

Facility Types	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
<b>Rehab Clinic</b>	Field Visit		28	2	70	70	0.010%	<b>0.05%</b>
	Open Complaints		60	1	74	74	0.010%	
	Re-Licensure		32	1	37	37	0.005%	
	<b>Outpatient Physical Therapy Providers</b>	56	-	-	-	-	-	
	Complaint Investigations		24	1	30	4	0.001%	
<b>Skilled Nursing</b>	Complaint / ERI Investigation	1,204	19	2,651	64,207	64,207	8.747%	<b>22.14%</b>
	Field Visit		34	182	7,785	7,785	1.061%	
	Initial Licensure		195	2	485	485	0.066%	
	Initial Licensure Follow Up		26	0	8	8	0.001%	
	Re-Licensure		108	120	16,229	16,229	2.211%	
	<b>Title 18</b>	50	-	-	-	-	-	
	Re-Certification		114	39	5,532	-	0.000%	
	Re-Certification Follow Up		5	123	765	-	0.000%	
	Complaint Investigation - LTC		20	516	12,842	-	0.000%	
	<b>Title 19</b>	27	-	-	-	-	-	
	Re-Certification		137	24	4,091	1,023	0.139%	
	Re-Certification Follow Up		5	65	404	101	0.014%	
	Complaint Investigation - LTC		17	316	6,685	1,671	0.228%	
	<b>Title 18 &amp; 19</b>	1,094	-	-	-	-	-	
	Re-Certification		178	876	194,029	24,254	3.304%	
	Re-Certification Follow Up		9	3,948	44,214	5,527	0.753%	
	Complaint Investigation - LTC		23	11,523	329,788	41,224	5.616%	
<b>Surgical Clinic</b>	Complaint / ERI Investigation	4	6	46	328	328	0.045%	<b>0.32%</b>
	Field Visit		9	1	11	11	0.001%	
	Initial Licensure		62	4	310	310	0.042%	
	Open Complaints		46	29	1,678	1,678	0.229%	

Note: The State Workload Percentages Report Does Not Include Workload That Is Entirely Federally Fund

**Attachment 2: Annual Health Care Facility License Fee 2024-25**

**California Department Of Public Health**  
 Center For Health Care Quality - Licensing And Certification Program  
 Health Care Facility License Fees Chart  
 Fiscal Year 2024-25

Facility Type	Projected Statewide Funded Workload Percentage	2023-24 Expenditures Per Budget Act 4265-3098	General Fund Transfer Appropriation	2023-24 Total Expenditure Less General Fund Transfer	External Appropriation Adjustments*	Allocation For Employee Compensation	Allocation For Other Post-Employment Benefits	Allocation For Staff Benefits	Legislative Budget Change Proposals	Other Technical Adjustments
Acute Psychiatric Hospitals	1.63%	\$4,621,812	\$(246,523)	\$4,375,290	\$151,587	\$120,726	\$(7,626)	\$83,509	-	\$(26,277)
Adult Day Health Centers	0.79%	\$2,235,711	-	\$2,235,711	\$73,327	\$58,399	\$(3,689)	\$40,396	-	\$(12,711)
Alternative Birthing Centers	0.01%	\$24,620	-	\$24,620	\$807	\$643	\$(41)	\$445	-	\$(140)
Chemical Dependency Recovery Hospitals	0.05%	\$145,775	-	\$145,775	\$4,781	\$3,808	\$(241)	\$2,634	-	\$(829)
Chronic Dialysis Clinic	0.35%	\$994,934	\$(1,772)	\$993,163	\$32,632	\$25,989	\$(1,642)	\$17,977	-	\$(5,657)
Community Clinic/Free Clinic	0.46%	\$1,315,057	-	\$1,315,057	\$43,132	\$34,350	\$(2,170)	\$23,761	-	\$(7,477)
Congregate Living Health Facility	1.03%	\$2,929,388	-	\$2,929,388	\$96,079	\$76,518	\$(4,833)	\$52,930	-	\$(16,655)
Correctional Treatment Centers	1.65%	\$4,691,656	\$(1,097,718)	\$3,593,938	\$153,878	\$122,550	\$(7,741)	\$84,771	-	\$(26,674)
General Acute Care Hospitals	16.62%	\$50,228,942	\$(2,691)	\$50,226,252	\$1,546,418	\$1,231,583	\$(77,795)	\$851,918	-	\$(268,065)
Home Health Agencies	6.79%	\$19,249,144	-	\$19,249,144	\$631,338	\$502,804	\$(31,760)	\$347,803	-	\$(109,440)
Hospices	1.88%	\$5,343,826	\$(425)	\$5,343,401	\$175,268	\$139,585	\$(8,817)	\$96,555	-	\$(30,382)
Hospice Facility	0.02%	\$64,327	-	\$64,327	\$2,110	\$1,680	\$(106)	\$1,162	-	\$(366)
Intermediate Care Facility (ICF)	2.40%	\$7,016,472	\$(1,618,470)	\$5,398,002	\$223,541	\$178,030	\$(11,246)	\$123,148	-	\$(38,750)
ICF-DD, DDH, DDN, DDCN	5.40%	\$15,304,387	\$(316,839)	\$14,987,548	\$501,957	\$399,764	\$(25,252)	\$276,527	-	\$(87,012)
Pediatric Day Health/Respite Care	0.02%	\$51,925	-	\$51,925	\$1,703	\$1,356	\$(86)	\$938	-	\$(295)
Psychology Clinic	0.01%	\$14,717	-	\$14,717	\$483	\$384	\$(24)	\$266	-	\$(84)
Referral Agencies	0.00%	-	-	-	-	-	-	-	-	-
Rehab Clinics	0.15%	\$412,251	-	\$412,251	\$13,521	\$10,768	\$(680)	\$7,449	-	\$(2,344)
Skilled Nursing Facility	60.42%	\$175,866,431	\$(415,563)	\$175,450,868	\$5,620,999	\$4,476,619	\$(282,772)	\$3,096,595	-	\$(974,376)
Surgical Clinic	0.32%	\$897,508	-	\$897,508	\$29,437	\$23,444	\$(1,481)	\$16,217	-	\$(5,103)
Nursing Home Administrator Program**		\$1,157,115	-	\$1,157,115						
Application And Fee Processing BCP And SNF Staffing Audits Fund Shift									\$5,078,000	
CA Dept Of Aging (4170 CDA)		\$400,000	-	\$400,000						
<b>Total</b>	<b>100.00%</b>	<b>\$292,966,000</b>	<b>\$(3,700,000)</b>	<b>\$289,266,000</b>	<b>\$9,303,000</b>	<b>\$7,409,000</b>	<b>\$(468,000)</b>	<b>\$5,125,000</b>	<b>\$5,078,000</b>	<b>\$(1,612,635)</b>

\* Adjustment For 9900 Statewide General Administrative Expenditures (Pro Rata), \$9,303,000

\* Includes Salary Savings

**Attachment 2: Annual Health Care Facility License Fee 2024-25 (Cont'd)**

**California Department Of Public Health**  
 Center For Health Care Quality - Licensing And Certification Program  
 Health Care Facility License Fees Chart  
 Fiscal Year 2024-25

Facility Type	2024-25 Governor's Budget Expenditures (Proposed)	Miscellaneous Revenue Credit*	2024-25 Health Facility Licensure Fee Revenue (Projected)	2024-25 Health Facility Licensure Fee Revenue (Proposed)	Program Policy Adjustment	Statewide Fees Revenue	Los Angeles County Supplemental Fees Revenue	Statewide Fee	Los Angeles County Supplemental Fee
Acute Psychiatric Hospitals	\$4,697,166	\$(159,637)	\$4,537,529	\$5,542,412	\$1,004,883	\$5,239,325	\$303,087	\$796	\$140
Adult Day Health Centers	\$2,391,433	\$(243,503)	\$2,147,930	\$2,816,914	\$668,984	\$2,816,914	-	\$8,830	\$729
Alternative Birthing Centers	\$26,335	\$(4,390)	\$21,945	\$29,973	\$8,028	\$29,973	-	\$3,330	\$130
Chemical Dependency Recovery Hospitals	\$155,929	-	\$155,929	\$190,673	\$34,744	\$169,905	\$20,769	\$313	\$123
Chronic Dialysis Clinic	\$1,062,462	\$(115,201)	\$947,260	\$2,242,553	\$1,295,292	\$1,635,770	\$606,782	\$2,509	\$3,049
Community Clinic/Free Clinic	\$1,406,653	\$(153,389)	\$1,253,264	\$2,330,659	\$1,077,394	\$2,176,541	\$154,118	\$1,646	\$433
Congregate Living Health Facility	\$3,133,426	\$(319,194)	\$2,814,232	\$2,289,049	\$(525,183)	\$2,005,344	\$283,705	\$1,056	\$281
Correctional Treatment Centers	\$3,920,530	-	\$3,920,530	-	\$(3,920,530)	-	-	-	\$6
General Acute Care Hospitals	\$53,510,312	\$(733,265)	\$52,777,047	\$61,825,935	\$9,048,888	\$59,022,031	\$2,803,904	\$796	\$140
Home Health Agencies	\$20,589,889	\$(4,674,652)	\$15,915,238	\$14,004,221	\$(1,911,017)	\$10,131,294	\$3,872,927	\$2,946	\$1,638
Hospices	\$5,715,610	\$(376,382)	\$5,339,228	\$5,857,460	\$518,232	\$4,090,329	\$1,767,131	\$1,390	\$886
Hospice Facility	\$68,807	\$(16,073)	\$52,734	\$84,789	\$32,055	\$84,789	-	\$573	-
Intermediate Care Facility (ICF)	\$5,872,967	-	\$5,872,967	\$67,584	\$(5,805,383)	\$67,584	-	\$1,056	\$181
ICF-Dd, DDH, DDN, DDCN	\$16,053,477	\$(732,205)	\$15,321,272	\$15,354,370	\$33,098	\$14,112,829	\$1,241,541	\$2,066	\$701
Pediatric Day Health/Respite Care	\$55,542	\$(10,061)	\$45,481	\$131,178	\$85,697	\$126,181	\$4,997	\$298	\$67
Psychology Clinic	\$15,742	\$(10,511)	\$5,231	\$37,090	\$31,859	\$31,923	\$5,168	\$1,878	\$646
Referral Agencies	-	\$(3,543)	\$(3,543)	\$5,294	\$8,837	\$3,356	\$1,938	\$1,678	\$969
Rehab Clinics	\$440,966	\$(264)	\$440,701	\$11,637	\$(429,064)	\$10,197	\$1,440	\$927	\$288
Skilled Nursing Facility	\$187,387,981	\$(13,390,656)	\$173,997,324	\$133,621,198	\$(40,376,126)	\$122,950,802	\$10,670,396	\$1,061	\$281
Surgical Clinic	\$960,022	\$(24,360)	\$935,662	\$289,893	\$(645,768)	\$284,320	\$5,573	\$8,885	\$2,787
Nursing Home Administrator Program**	\$1,030,750								
CA Dept Of Aging (4170 CDA)	\$400,000								
<b>Total</b>	<b>\$308,896,000</b>	<b>\$(20,967,286)</b>	<b>\$286,497,964</b>	<b>\$246,732,883</b>	<b>\$(39,765,080)</b>	<b>\$224,989,406</b>	<b>\$21,743,477</b>		

\*Reference Health & Safety Code Section 1266(E)(1)(E) For Determination And Purpose Of The Miscellaneous Revenue Credit.

\*\*The Health Care Facility License Fee Does Not Include The Nursing Home Administrator (NHAP) Program Fee. The NHAP Fee Is A Separate Mandate Under The Provision Of Health And Safety Code Section 1416.36(A).

## **Attachment 3: Glossary**

### **Acute Psychiatric Hospital**

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

### **Administrative Law Judge**

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

### **Administrative Penalty**

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

### **Administrator-in-Training Program**

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

### **Adult Day Health Care**

An organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults disabilities with functional impairments, either physical or mental, for the purpose of restoring or

maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by the recipient or his or her family. (Ref: HSC section 1570.7(a)).

### **Adverse Event**

Includes any of the following:

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

- have competency or decision-making capacity. (C) A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.
4. Care management events, including the following: (A) A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose. (B) A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products. (C) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy. (D) Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility. (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter. (F) A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission. (G) A patient death or serious disability due to spinal manipulative therapy performed at the health facility.
  5. Environmental events, including the following: (A) A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock. (B) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance. (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. (D) A patient death associated with a fall while being cared for in a health facility. (E) A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.
  6. Criminal events, including the following: (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider. (B) The abduction of a patient of any age. (C) The sexual assault on a patient within or on the grounds of a health facility. (D) The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.
  7. An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report

made. (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part. (Ref: HSC section 1279.1).

### **Alternative Birthing Center**

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

### **Ambulatory Surgical Center**

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

### **Appeals**

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

### **Automated Survey Processing Environment (ASPEN)**

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

### **Chemical Dependency Recovery Hospital**

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



## Chronic Dialysis Clinic

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

### Citations

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

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

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

*“B” Citations* - Violations that the CDPH determines have a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Unless otherwise determined by the Department to be a class "A" violation pursuant to this chapter and rules and regulations adopted pursuant thereto, any violation of a patient's rights as set forth in sections 72527 and 73523 of Title 22 of the California Code of Regulations, that is determined by the Department to cause or under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to a patient is a class "B" violation. Except

as provided in Health and Safety Code section 1424.5(4) (a), a class "B" citation is subject to a civil penalty in an amount not less than one hundred dollars (\$100) and not exceeding one thousand dollars (\$1,000) for each citation. A class "B" citation shall specify the time within which the violation corrected. If the Department establishes that a violation occurred, the licensee shall have the burden of proving that the licensee did what expected of a long-term health care facility licensee, acting under similar circumstances, to comply with the regulation. If the licensee sustains this burden, then the citation is dismissed. (Ref: Health and Safety Code section 1424(e)).

### **Community Clinic**

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

### **Complaint**

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

### **Comprehensive Outpatient Rehabilitation Facility**

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

### **Congregate Living Health Facility**

A residential home with a capacity, of no more than 18 beds (pursuant to Health and Safety Code section 1250(i)(4)(A) a city or county operated facility delivering the same congregate living health facility services may have a capacity of 59 beds), that provides

inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of the following services: services for persons who are mentally alert, persons with physical disabilities, who may be ventilator dependent; services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both; services for persons who are catastrophically and severely disabled. The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. (Ref: Health and Safety Code section 1250(i)(1)).

### **Correctional Treatment Center**

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

### **Deficiencies**

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

### **Distinct Part**

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

### **Electronic Licensing Management System (ELMS)**

A web-based application that allows CHCQ personnel to capture potential health service providers' applications, issue licenses, generate license renewal notices,

determine license fees, issue and track state enforcement actions, and generate management reports.

### **End Stage Renal Disease**

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

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

*Renal Dialysis Center* - A renal dialysis center is a hospital unit that is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of end state renal disease dialysis patients (including inpatient dialysis furnished directly or under arrangement and outpatient dialysis). A hospital need not provide renal transplantation to qualify as a renal dialysis center.

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

### **Facility-Reported Incident**

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

### **Free Clinic**

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

## **General Acute Care Hospital**

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

## **Home Health Agency**

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

## **Hospice**

A specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the hospice patient, and that meets all of the following criteria:

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

- (7) To the extent appropriate, based on the medical needs of the patient, provides services in the patient's home or primary place of residence. (Ref: Health and Safety Code section 1746(d)).

### **Hospice Facility**

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

### **Immediate Jeopardy**

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

### **Intermediate Care Facility**

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

### **Intermediate Care Facility/Developmentally Disabled**

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

### **Intermediate Care Facility/Developmentally Disabled - Habilitative**

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

### **Intermediate Care Facility/Developmentally Disabled - Nursing**

A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by

a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated. (Ref: Health and Safety Code section 1250(h)).

### **Long-Term Health Care Facility**

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

### **Medical Breach**

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

### **Non-Long Term Care Facility**

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

### **Nursing Home Administrator**

An individual educated and trained within the field of nursing home administration who carries out the policies of the licensee of a nursing home and is licensed by the Department. The nursing home administrator is charged with the general administration of a nursing home, regardless of whether he or she has an ownership interest, and

whether the administrator's function or duties are shared with one or more other individuals. (Ref: Health and Safety Code section 1416.2(a)(5)).

### **Nursing Hours per Patient Day**

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

### **Pediatric Day Health & Respite Care Facility**

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

### **Psychology Clinic**

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

### **Referral Agency**

A private, for-profit or non-profit agency, which is engaged in the business of referring persons for remuneration to any extended care, skilled nursing home, or intermediate care facility or distinct part of a facility providing extended care, skilled nursing home care, or intermediate care, for a fee. The following additional basic services are patient screening, facility information, counseling procedures, and referral services. (Ref: Health and Safety Code section 1401).

### **Rehabilitation Clinic**

A clinic that, in addition to providing medical services directly, also provides physical rehabilitation services for patients who remain less than 24 hours. Rehabilitation clinics shall provide at least two of the following rehabilitation services: physical therapy, occupational therapy, social, speech pathology, or audiological services. A rehabilitation



clinic does not include the offices of a private physician in individual or group practice. (Ref: Health and Safety Code section 1204(b)(3)).

### **Rural Health Clinic**

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

### **Skilled Nursing Facility**

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

### **Surgical Clinic**

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

### **Survey Closure Date**

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