



Center for Health Care Quality
Licensing & Certification Program

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

Annual Fee Report for Fiscal Year 2018-19

February 2018

Table of Contents

EXECUTIVE SUMMARY 4

Program Overview..... 4

Fees Overview 4

 Health Facility License Fees 4

 Nursing Home Administrator Program Fees..... 6

Fee Methodology..... 7

 Health Care Facility Licensing Fees 7

 Table 1: Health Care Facility License Fee Table 9

 Nursing Home Administrator Program Fees..... 10

 Table 2: Nursing Home Administrator Program Fee Table 11

Staffing and Systems Analysis 12

 Center for Health Care Quality 12

 Table 3: Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities..... 15

 Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type..... 16

 Table 5: Surveys and Follow-up Visits Performed..... 17

 Table 6: Number of Complaint Investigations by Facility Type 18

 Table 7: Number of Entity-Reported Incident Investigations by Facility Type 19

 Table 8: Citations, Administrative Penalties, and Enforcement Penalties Issued by Facility Type..... 20

 Table 9: Deficiencies by Facility Type 21

 Table 10: State Civil Monetary Penalties Issued by Facility Type..... 22

 Table 11: Detailed Adverse Event Report Category and Type 23

 Table 12: Adverse Event Timeliness Report 24

 Table 13: Surveyor Training Provided 25

 Nursing Home Administrator Program..... 31

 Table 14: Nursing Home Administrator Violations 32

 Table 14: Nursing Home Administrator Violations (continued)..... 33

 Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program 34

Attachment 1: State Workload Percentages 2018-19.....	35
Attachment 2: Annual Health Care Facility License Fee, 2018-19	45
Attachment 3: Glossary	46

EXECUTIVE SUMMARY

Program Overview

The California Department of Public Health (Department), Center for Health Care Quality (Center), Licensing and Certification Program is responsible for regulatory oversight of licensed health care facilities and health care professionals to provide safe, effective, and quality health care for all Californians. The Center conducts periodic inspections and complaint investigations of health care facilities to oversee compliance with federal and state laws and regulations. The Center licenses and certifies over 10,000 health care facilities and agencies in California in 30 different licensure and certification categories. The Center also oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

The U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) awards grants to the Center to evaluate and federally certify health care facilities accepting Medicare and Medicaid (Medi-Cal) payments. The Center evaluates health care facilities for compliance with state and federal laws and regulations, and contracts with the Los Angeles County Department of Public Health to certify health care facilities located in Los Angeles County.

The Center's activities are funded by: the State Department of Public Health Licensing and Certification Program Fund (Fund 3098) through health facility licensing fees, Nursing Home Administrator Program fees and General Fund (to support survey activities in state-owned facilities), federal funds (Title XVIII and Title XIX Grants), and reimbursements associated with interagency agreements with the Department of Health Care Services.

Fees Overview

Health Facility License Fees

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

- Publish the list of estimated fees by February 1 of each year;
- Publish a report of all costs for activities of the Center; and,
- Prepare a staffing and system analysis report including:
 - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities;
 - The percentage of time devoted to licensing and certification activities for the various types of health facilities;
 - The number of facilities receiving full surveys and the frequency and number of follow up visits;
 - The number and timeliness of complaint investigations;

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

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

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

In 2015, the Legislature amended Health and Safety Code section 1266 to include paragraph (c) that increases fees for skilled nursing facilities to provide \$400,000 per fiscal year to the California Department of Aging's Long Term Care Ombudsman Program. The funds will support investigating complaints made against skilled nursing facilities and increasing the number of visits to those facilities.

In addition to a statewide increase for specified facility types, the 2018-19 Governor's Budget proposes an amendment to Health and Safety Code section 1266 that permits the Licensing and Certification Program to assess supplemental license fees on facilities located in Los Angeles County to account for the costs associated with the Los Angeles County contract. The Licensing and Certification Program will incorporate the supplemental licensing fee in the licensing fee structure in fiscal year 2018-19 as an addition to the statewide fee increase. Calculations of the new supplemental license fees shall be based upon the difference between the costs of regulating facilities located in Los Angeles County, (the Los Angeles County contract costs and the Los Angeles County monitoring unit), and the estimated costs if the Center conducted the licensing and certification activities for facilities located in Los Angeles County.

With the requested supplemental fee, health facilities located outside of Los Angeles county would no longer bear a portion of the greater costs of conducting this workload in Los Angeles County compared to the costs if the Center conducted these activities. The supplemental fee will allow health care facilities in Los Angeles County to receive services from Los Angeles County based staff to conduct all required activities and ensure that facilities pay license fees that are commensurate with their regulatory costs. CDPH will assess a supplemental fee only on facility types that Los Angeles County is contractually obligated to provide regulatory oversight.

Proposed Trailer Bill Language (TBL)

Health and Safety Code 1266(g): Commencing in the 2018-19 fiscal year, the Department may assess a supplemental license fee on facilities located in Los Angeles County for all facility types set forth in this section. These supplemental license fees shall be in addition to the license fees set forth in subdivision (d). The Department shall calculate the supplemental license fee based upon the difference between the estimated costs of regulating facility types licensed in Los Angeles County, including, but not limited to, the costs associated with the Department's contract for licensing and certification activities with Los Angeles County and the costs of the Department conducting the licensing and certification activities for facilities located in Los Angeles County. The supplemental license fees shall be used to cover the costs to administer and enforce state licensure standards and other federal compliance activities for facilities located in Los Angeles County, as described in the annual report. The supplemental license fee shall be based upon the fee methodology published in the annual report described in subdivision (d).

Nursing Home Administrator Program Fees

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

- Estimates of costs to implement activities and estimated fee revenue.
- Recommended adjustments to fees based on projected workload and costs.
- An analysis containing the following information for the current fiscal year and each of the previous four fiscal years:
 - The number of persons applying for a nursing home administrator's license, the number of nursing home administrator licenses approved or denied, and the number of nursing home administrator licenses renewed.
 - The number of applicants taking the nursing home administrator exam and the number of applicants who pass or fail the exam.
 - The number of approved Administrator-in-Training applications and the number of completed trainings.
 - The number, source, and disposition of complaints made against persons in the Administrator-in-Training Program and licensed nursing home administrators, including the length of time between receipt of the complaint and completion of the investigation.
 - The number and type of final administrative, remedial, or disciplinary actions taken against licensed nursing home administrators.

- A list of the nursing home administrator names, nature of violations, and disciplinary action taken.
- The number of nursing home administrator appeals, informal conferences, or hearings filed or held, the length of time between when the request was filed and the final determination of the appeal, and the number of administrative, remedial, or disciplinary actions taken.

Fee Methodology

Health Care Facility Licensing Fees

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

- Projects the state workload percentage for each health care facility type based on mandated workload. (See Attachment 1).
- Determines the budget year adjusted Fund 3098 appropriation, including baseline adjustments and mandated credits. (See Attachment 2).
- Applies the individual workload percentage to the budget year adjusted appropriation to calculate the revenue required of each health care facility type.
- Divides the revenue required of each health care facility type by the total number of health care facilities or beds to calculate the fee.
- Compares each health care facility type fee with the current fiscal year fee. Historically, the Center has applied fund reserve credits to mitigate fluctuations in fee amounts from year to year. The Center applied a \$10 million credit from fund reserves to the combined statewide and Los Angeles County 2018-19 fees.

To determine the Los Angeles County supplemental health care facility licensing fee, the Center:

- Determines the state personnel necessary to complete the contracted Los Angeles County workload and the projected costs associated with these staff.
- Determines the cost of the Los Angeles County contract inclusive of the contract amount and any CDPH oversight site costs (E.g., the Los Angeles County Monitoring Unit).
- Calculates the difference between the projected state personnel cost and the Los Angeles County contract cost and related oversight costs.
- Determines the revenue required of each health care facility type within Los Angeles County based on each facility type's percentage of the total contractual workload.
- Compares each health care facility type fee with the current fiscal year fee. The Center may apply fund reserve credits to mitigate fluctuations in fee amounts from year to year. The Center applied a \$10 million credit from fund reserves to the combined statewide and Los Angeles County 2018-19 fees.

The Center 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. The

Center 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 2017-18, shows the distribution of state workload activities by facility type.

For 2018-19, the Center proposes to:

1. Increase fees by up to 5 percent for those facilities that would have received an increase based on their percentage of the state's total workload.
2. Keep fees at the 2017-18 level for those facilities that had a decreased share of their percentage of the state's total workload.
3. Add a supplemental fee assessment for those facilities located in Los Angeles County. This proposed supplemental fee results in an increase up to 30% on the combined fees for some Los Angeles County facilities.
4. The 2018-19 fees are expected to raise \$145 million from statewide health care facility licensing fees, and \$8.6 million from the supplemental fee for Los Angeles County facilities.

Table 1 below provides the proposed 2018-19 licensing fees for each facility type.

Table 1: Health Care Facility License Fee Table

Facility Type	Fee Per Bed or Facility	Number of Licensed Facilities/Beds		License Fees (see Note Below)			
		2017-18	2018-19	2017-18	2018-19		
					Total Combined Fees	Statewide	Los Angeles County Supplemental Fee**
Acute Psychiatric Hospitals	Bed	8,233	8,238	\$ 515.04	\$ 591.32	\$ 540.79	\$ 50.53
Adult Day Health Centers	Facility	266	267	\$ 6,241.53	\$ 6,241.53	\$ 6,241.53	\$ -
Alternative Birthing Centers	Facility	11	13	\$ 2,737.22	\$ 2,737.22	\$ 2,737.22	\$ -
Chemical Dependency Recovery Hospitals	Bed	496	496	\$ 321.33	\$ 321.33	\$ 321.33	\$ -
Chronic Dialysis Clinics	Facility	555	575	\$ 3,407.02	\$ 4,426.98	\$ 3,407.02	\$ 1,019.96
Community Clinics	Facility	1,373	1,408	\$ 1,387.87	\$ 1,529.46	\$ 1,457.26	\$ 72.20
Congregate Living Health Facilities	Bed	909	1,174	\$ 602.78	\$ 778.86	\$ 632.92	\$ 145.94
Correctional Treatment Centers	Bed	2,493	2,493	\$ 1,108.39	\$ 1,163.81	\$ 1,163.81	\$ -
General Acute Care Hospitals	Bed	74,517	75,260	\$ 515.04	\$ 591.32	\$ 540.79	\$ 50.53
Home Health Agencies	Facility	1,603	1,617	\$ 2,761.90	\$ 3,601.96	\$ 2,761.90	\$ 840.06
Hospices (2-Year License Total)	Facility	1,007	1,150	\$ 2,970.86	\$ 3,788.92	\$ 2,970.86	\$ 818.06
Hospice Facilities	Bed	88	88	\$ 524.16	\$ 524.16	\$ 524.16	\$ -
Intermediate Care Facilities (ICF)	Bed	5,330	5,294	\$ 602.78	\$ 778.86	\$ 632.92	\$ 145.94
ICF/Developmentally Disabled (DD)	Bed	10,338	12,475	\$ 1,121.33	\$ 1,459.18	\$ 1,177.40	\$ 281.78
ICF/DD - Habilitative	Bed			\$ 1,121.33	\$ 1,459.18	\$ 1,177.40	\$ 281.78
ICF/DD - Nursing	Bed			\$ 1,121.33	\$ 1,459.18	\$ 1,177.40	\$ 281.78
Pediatric Day Health and Respite Care Facility	Bed	318	318	\$ 290.59	\$ 305.12	\$ 305.12	\$ -
Psychology Clinics	Facility	21	21	\$ 2,852.91	\$ 2,852.91	\$ 2,852.91	\$ -
Referral Agencies	Facility	2	2	\$ 3,728.78	\$ 3,728.78	\$ 3,728.78	\$ -
Rehab Clinics	Facility	12	12	\$ 501.07	\$ 636.13	\$ 526.12	\$ 110.01
Skilled Nursing Facilities *	Bed	120,140	120,047	\$ 606.17	\$ 782.25	\$ 636.31	\$ 145.94
Surgical Clinics	Facility	36	34	\$ 4,804.88	\$ 6,115.16	\$ 5,045.13	\$ 1,070.03

Data Source: 2018-19 Licensing Fees Chart

Note: Beginning in 2018-19, under the proposed trailer bill aimed at reconciling the differential cost associated between LA County contract cost and the Department licensing and certification program cost, a separate assessment fee would be imposed for all of LA County district facilities.

* SNF fee includes: \$632.92 statewide basic license fee, \$145.94 LA County supplemental license fee, and \$3.39 Department of Aging's SNF Long Term Care Ombudsman Program fee.

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

Nursing Home Administrator Program Fees

Health and Safety Code section 1416.36(b)(1) requires the Licensing and Certification Program to adjust the Nursing Home Administrator Program fees based on program cost. The Center 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 2018-19, the Department proposes to increase the AIT Program Application, Written State Exam, Initial License, Provisional License, Continuing Education Provider, and Continuing Education Course fees by up to 5 percent to align with the projected program cost of \$709,594.

Table 2 below provides the proposed 2018-19 Nursing Home Administrator Program fees.

Table 2: Nursing Home Administrator Program Fee Table

Nursing Home Administrator Program Fees		
Health and Safety Code section 1416.36 (a)		
2017-18 and 2018-19		
Fee Categories	2017-18 Fee	2018-19 Proposed Fee
(1) Examination Application Fee	\$ 50	\$ 50
(2) Reciprocity Licensure Application Fee	\$ 90	\$ 90
(3) AIT Program Application Fee	\$ 200	\$ 210
(4) (A) Automated National Exam*	N/A	N/A
(4) (B1) Automated State Exam**	N/A	N/A
(4) (B2) Written State Exam (see note below)	\$ 270	\$ 310
(5) Initial License Fee	\$ 370	\$ 390
(6) (A) Active License Renewal Fee	\$ 370	\$ 390
(6) (B) Inactive License Fee	\$ 370	\$ 390
(7) Delinquency Fee	\$ 90	\$ 90
(8) Duplicate License Fee	\$ 50	\$ 50
(9) Provisional License Fee	\$ 480	\$ 500
(10) Endorsement of Credential Verification Fee	\$ 50	\$ 50
(11) Preceptor Certification Fee (see note below)	\$ 90	\$ 120
(12) Continuing Education Provider Fee	\$ 280	\$ 290
(13) Continuing Education Course Fee	\$ 26	\$ 30

Data Source: 2018-19 NHAP Fees Chart

* Automated National Exam is not administered by the State.

** The Automated State Exam is currently not offered.

Note: Fees include a basic cost common to all fee categories plus other specific charges. Associated costs added as specific charges includes: \$22.83 for B2 Written State Exam, and \$21.95 for Preceptor Certificate Fee.

Staffing and Systems Analysis

Center for Health Care Quality

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

The following tables depict information from 2016-17, which represents the last full fiscal year for which the Center has data.

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

Pursuant to Health and Safety Code section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health facility types. The Center has assigned 81 percent of the authorized positions to field offices and 19 percent to other branches in headquarters.

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

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

Table 5: Surveys and Follow-up Visits Performed

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iii), Table 5 describes the volume of health care facility licensure and certification surveys that the Center 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 Health and Safety Code section 1266(e)(2)(B)(iv), Table 6 shows the number of complaints received and how long it takes the Center to initiate and complete complaint investigations. Complaint investigation timeframes vary based on priority levels A through H. The Center triages complaints and assigns priority levels as follows:

- Levels A through D for complaints that require an on-site investigation;
 - Level A for complaints of immediate jeopardy; statute requires the investigation be initiated within 24 hours for long-term care facilities,

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

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

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

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

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

The Center considers a case complete when it has fully completed the investigation, issued any applicable deficiencies, notified the facility, and documented the entity-reported incident as completed in its database.

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

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

Table 9: Deficiencies by Facility Type

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iv), Table 9 shows the total number of deficiencies issued. The Center 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 the Department's internet website due to differences in reporting periods and because the Quarterly Performance Metrics report deficiencies by survey type.

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

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

Table 12: Adverse Event Timeliness Report

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

Table 13: Surveyor Training Provided in 2016-17

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

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

Number of Authorized Personnel Devoted to the Licensing and Certification of Health Care Facilities								
Health and Safety Code section 1266(e)(2)(B)(i)								
2016-17								
Personnel Types	14 Field Offices		Headquarters		Total L&C		LA County Contract	
	Positions	% to Total L&C	Positions	% to Total L&C	Positions	% to Total L&C	Positions	% to Total LA Contract
Surveyors & Various State Consultants								
Surveyors	616 ¹	47.45%	-	0.00%	616	47.45%	145	64.73%
Various Consultants	59 ²	4.54%	-	0.00%	59	4.54%	6 ⁴	2.68%
Administrative Support Personnel								
Managers/Supervisors & Support Staff	378.3 ³	29.14%	245	18.87%	623.3	48.01%	73	32.59%
Total	1053.3	81.13%	245	18.87%	1,298.3	100.00%	224	100.00%
<p>This chart represents the number of positions in the Center for Health Care Quality, Licensing and Certification Program and Los Angeles County Contract (Note: The LA County contract has been amended for fiscal year 2016-17 to reduce administrative support staff position to 73 from the previous contract original estimate of 84 staff) . The following detail describes personnel function in 14 Licensing and Certification field offices statewide and 5 Los Angeles County Contract Offices:</p> <p>Personnel in the Field Offices and LA County Contract</p> <p>Los Angeles County contracts with the Department to conduct licensing and certification activities. Licensing and Certification Field Offices and Los Angeles County perform common functions which include: evaluating and reporting on services and conditions, cite deficiencies and issue penalties, and approve plans of correction.</p> <p>¹ Classifications include: Health Facilities Evaluator Nurse, Health Facilities Evaluator I, Health Facilities Evaluator Trainee.</p> <p>² Classifications include: Medical Consultant I, Nurse Consultant III and II, Pharmaceutical Consultant II, Public Health Nutrition Consultant III, Occupational Therapy Consultant, Medical Record Consultant.</p> <p>³ Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager I/II/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator I/II, Health Facilities Evaluator Manager I/II, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist I/II, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist I/II, Staff Programmer Analyst, Supervising Program Technician I/II, 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.</p> <p>⁴ Classifications include: Dietary Consultant, Occupational Therapy Consultant, and Pharmaceutical Consultant</p> <p>Data Source: 2017-18 November Estimate Report</p>								

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

The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Facilities		
Health and Safety Code section 1266(e)(2)(B)(ii)		
2016-17		
Facility Type	Total Survey Hours*	Percentage to Total Hours
Acute Psychiatric Hospital	4,591	0.46%
Adult Day Health Centers	1,445	0.14%
Alternate Birthing Center	58	0.01%
Chemical Dependency Recovery Hospital	837	0.08%
Chronic Dialysis Clinic / End Stage Renal Disease	19,571	1.95%
Community Clinic / Rural Health Clinic	3,349	0.33%
Community Mental Health Centers (CMHC)	303	0.03%
Congregate Living Health Facility	3,696	0.37%
Correctional Treatment Center	2,133	0.21%
General Acute Care Hospital	116,952	11.67%
Home Health Agencies	32,273	3.22%
Hospices	14,259	1.42%
Hospice Facility	375	0.04%
Intermediate Care Facilities	4,388	0.44%
Intermediate Care Facilities DD/H/N/IID	101,168	10.09%
Pediatric Day Health or Respite Care	107	0.01%
Psychology Clinics	-	0.00%
Referral Agency	-	0.00%
Rehab Clinic/CORF/OPT/SP	2,582	0.26%
Skilled Nursing Facilities	669,258	66.78%
Surgical Clinic / Ambulatory Surgical Center	23,963	2.39%
Unlicensed and Not Certified Facility Total	916	0.09%
Total	1,002,223	100.00%

Data Source: TEAM 2016-17 Standard Average Hours Report for Exited Complaints/Closed Surveys

* Includes direct survey hours, facility and pure administration hours.

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-up Visits Performed					
Health and Safety Code section 1266(e)(2)(B)(iii)					
2016-17					
Facility Type	Licensing Survey		Certification Survey		Follow-up & Revisits
	Initial	Re-Licensure	Initial	Re-Certification	
1 Acute Psychiatric Hospital	2	1		4	5
2 Adult Day Health Care	4				1
3 Alternative Birthing Center	2				
4 Chemical Dependency Recovery Hospital	2				
5 Chronic Dialysis Clinic/ESRD	22	2	27	130	117
6 Community Clinic/Primary Care Clinic	21	4		33	26
7 Congregated Living Health Facility	53	13			3
8 Correctional Treatment Center		9			5
9 General Acute Care Hospital	24	118		28	58
10 Home Health Agency	65	15		199	191
11 Hospice	155	4		45	41
12 Hospice Facility	9				
13 Intermediate Care Facility	1	6			5
14 Intermediate Care Facility-DD/H/N/CN/IID	10	2	14	1,076	980
15 Pediatric Care Health and Respite Care Facility	2				
16 Psychology Clinic			1	3	1
17 Referral Agency					
18 Rehabilitation Clinic/CORF/OPT/SP				10	9
19 Skilled Nursing Facility	20	332	9	1,196	1,437
20 Surgical Clinic/ASC				127	136
Totals	392	506	51	2,851	3,015
Category Totals	898		2,902		3,015
Category Percentages	13%		43%		44%
Long Term Care Totals	86	353	23	2,272	2,425
Non-Long Term Care Totals	306	153	28	579	590

Data Source: ASPEN Database

Extraction Date: July 18, 2017

Table 6: Number of Complaint Investigations by Facility Type

Number of Complaint Investigations by Facility Type																		
Health and Safety Code section 1266(d)(2)(B)(iv)																		
2016-17																		
Facility Type	Volume			Initiation				Timeliness										
				Immediate Jeopardy (IJ) *		Non-Immediate Jeopardy (Non-IJ)**		Complaints Open at Close of Reporting Period										
	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	(24 hours LTC - 2 days NLTC)		(10 working days)		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval				
				Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely			≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	
Long-Term Care																		
Congregated Living Health Facility	111	96	15	20	100%	89	92%	38	283	19	5	3	11	50%	13%	8%	29%	
Intermediate Care Facility	234	331	(97)	-	0%	222	93%	82	158	60	6	1	15	73%	7%	1%	18%	
Intermediate Care Facility-DD/H/N/CN/IID	495	504	(9)	58	95%	410	94%	193	301	74	33	27	59	38%	17%	14%	31%	
Pediatric Care Health and Respite Care Facility	4	3	1	2	100%	2	100%	2	47	2	-	-	-	100%	0%	0%	0%	
Skilled Nursing Facility	8,388	8,119	269	839	98%	7,311	97%	4,865	466	1,493	587	662	2,123	31%	12%	14%	44%	
Total Long Term Care	9,232	9,053	179	919	97%	8,034	97%	5,180	454	1,648	631	693	2,208	32%	12%	13%	43%	
Non-Long Term Care																		
Acute Psychiatric Hospital	251	237	14	16	94%	-	-	319	685	55	27	47	190	17%	8%	15%	60%	
Adult Day Health Care	18	24	(6)	1	100%	-	-	11	342	2	5	-	4	18%	45%	0%	36%	
Alternative Birthing Center	1	1	-	-	0%	-	-	1	24	1	-	-	-	100%	0%	0%	0%	
Chemical Dependency Recovery Hospital	2	2	-	1	100%	-	-	1	1,656	-	-	-	1	0%	0%	0%	100%	
Chronic Dialysis Clinic	167	158	9	9	100%	-	-	228	753	50	17	23	138	22%	7%	10%	61%	
Correctional Treatment Center	50	34	16	-	0%	-	-	80	586	2	10	19	49	3%	13%	24%	61%	
General Acute Care Hospital	4,207	4,586	(379)	149	93%	-	-	5,363	755	899	608	573	3,283	17%	11%	11%	61%	
Home Health Agency	297	313	(16)	12	92%	-	-	230	391	69	39	38	84	30%	17%	17%	37%	
Hospice	213	204	9	7	100%	-	-	132	358	56	15	15	46	42%	11%	11%	35%	
Hospice Facility	4	3	1	-	0%	-	-	2	25	2	-	-	-	100%	0%	0%	0%	
Primary Care Clinic	154	135	19	1	0%	-	-	218	662	38	18	31	131	17%	8%	14%	60%	
Psychology Clinic	-	-	-	-	0%	-	-	2	859	-	-	-	2	0%	0%	0%	100%	
Rehabilitation Clinic	-	-	-	-	0%	-	-	3	1,048	-	-	-	3	0%	0%	0%	100%	
Surgical Clinic	48	48	-	5	100%	-	-	34	841	12	2	3	17	35%	6%	9%	50%	
Total Non-Long Term Care	5,412	5,745	(333)	201	93%	-	-	6,624	726	1,186	741	749	3,948	18%	11%	11%	60%	
Total	14,644	14,798	(154)	1,120	97%	-	-	11,804	606	2,834	1,372	1,442	6,156	24%	12%	12%	52%	

Notes on Method:

*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.

Data Source: ASPEN Database

Extraction Date: July 18, 2017

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

Number of Entity Reported Incident (ERI) Investigations by Facility Type															
Health and Safety Code section 1266(d)(2)(B)(iv)															
2016-17															
Facility Category	Volume					Timeliness									
						Initiation		Entity Report Incident Open at Close of Reporting Period							
	Immediate Jeopardy (IJ)*		(24 hours LTC - 2 days NLTC)		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval				
	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Number Received			Percent Initiated Timely	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365
Long Term Care															
Congregated Living Health Facility	40	34	6	7	100%	12	160	7	1	3	1	58%	8%	25%	8%
Intermediate Care Facility	1,425	737	688	1	100%	1,606	298	318	326	557	405	20%	20%	35%	25%
Intermediate Care Facility-DD/H/N/CN/IID	5,908	5,655	253	67	96%	1,940	302	724	328	271	617	37%	17%	14%	32%
Pediatric Care Health and Respite Care Facil	3	4	(1)	-	0%	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Skilled Nursing Facility	13,148	12,708	440	663	97%	7,504	483	2,027	898	968	3,611	27%	12%	13%	48%
Total Long Term Care	20,524	19,138	1,386	738	97%	11,062	424	3,076	1,553	1,799	4,634	28%	14%	16%	42%
Non-Long Term Care															
Acute Psychiatric Hospital	480	273	207	13	92%	779	471	90	99	196	394	12%	13%	25%	51%
Adult Day Health Care	104	83	21	-	0%	28	166	14	10	2	2	50%	36%	7%	7%
Chemical Dependency Recovery Hospital	24	57	(33)	-	0%	7	597	3	1	1	2	43%	14%	14%	29%
Chronic Dialysis Clinic	175	141	34	3	100%	167	544	34	24	17	92	20%	14%	10%	55%
Correctional Treatment Center	699	421	278	-	0%	610	292	183	109	139	179	30%	18%	23%	29%
General Acute Care Hospital	7,201	6,446	755	97	94%	12,434	749	1,546	1,216	1,646	8,026	12%	10%	13%	65%
Home Health Agency	57	92	(35)	-	0%	93	715	11	10	10	62	12%	11%	11%	67%
Hospice	87	75	12	1	100%	84	412	20	14	15	35	24%	17%	18%	42%
Hospice Facility	1	-	1	-	0%	1	210	-	-	1	-	0%	N/A	N/A	0%
Primary Care Clinic	261	193	68	2	100%	519	735	49	53	74	343	9%	10%	14%	66%
Psychology Clinic	1	-	1	-	0%	1	134	-	1	-	-	0%	N/A	0%	N/A
Surgical Clinic	11	18	(7)	-	0%	22	827	3	2	1	16	14%	9%	5%	73%
Total Non-Long Term Care	9,101	7,799	1,302	116	94%	14,745	709	1,953	1,539	2,102	9,151	13%	10%	14%	62%
Total	29,625	26,937	2,688	854	97%	25,807	587	5,029	3,092	3,901	13,785	19%	12%	15%	53%

Notes on Method:

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

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

Data Source: ASPEN Database

Extraction Date: July 18, 2017

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)												
2016-17												
Facility Category	Citations Issued (by Definitions) (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	
	AA	A	B	WMF	WMO	RD					Administrative Penalties (HSC 1280.15)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital								1	3	-	-	-
Adult Day Health Care											-	-
Alternative Birthing Center											-	-
Chemical Dependency Recovery Hospital											-	-
Chronic Dialysis Clinic											-	-
Community Clinic											2	-
Congregate Living Health Facility	1	4	7	-	-	-					-	-
Correctional Treatment Center											-	-
General Acute Care Hospital								28	40	92	6	19
Home Health Agency											-	2
Hospice											1	-
Hospice Facility											-	-
Intermediate Care Facility	1	1	8	-	-	-					-	-
Intermediate Care Facility/Developmentally Disabled	-	4	6	-	-	-					-	-
Intermediate Care Facility/Developmentally Disabled - Habilitative	-	10	32	-	-	-					-	-
Intermediate Care Facility/Developmentally Disabled - Nursing	1	6	18	-	-	-					-	-
Pediatric Day Health & Respite Care Facility	-	-	-	-	-	-					-	-
Psychology Clinic											-	-
Referral Agency											-	-
Rehabilitation Clinic											-	-
Skilled Nursing Facility	12	202	385	-	-	-	15				-	3
Surgical Clinic											-	-
Total	15	227	456	-	-	-	15	29	43	92	9	24

 Facilities not covered under this enforcement action mandate.
 Facilities with statutorily mandated enforcement action.

Citation Appeals Statewide	
Health and Safety Code section 1266(e)(2)(B)(v)	
2016-17	
Appeal Received Type	Appeals
Administrative Law Judge (ALJ)	29
Binding Arbitration (BA)	5
Court Appeal	80
Total	114

Data Source: ELMS Database
Data Extraction Date: July 18, 2017

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type Health and Safety Code section 1266(e)(2)(B)(iv) 2016-17	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	229
Adult Day Health Care	55
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	3
Chronic Dialysis Clinic/ESRD	1,417
Congregated Living Health Facility	123
Correctional Treatment Center	128
General Acute Care Hospital	4,098
Home Health Agency	1,469
Hospice	1,051
Hospice Facility	1
Intermediate Care Facility	150
Intermediate Care Facility-DD/H/N/CN/IID	5,923
Pediatric Care Health and Respite Care Facility	6
Primary Care Clinic	297
Psychology Clinic	32
Referral Agency	-
Rehabilitation Clinic/CORF/OTP/SP	182
Skilled Nursing Facility	17,147
Surgical Clinic/ASC	1,340
Total	33,651
Long Term Care Total	23,501
Non-Long Term Care Total	10,150

Data Source: ASPEN Database
Extraction Date: July 18, 2017

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type							
Health and Safety Code section 1266(d)(2)(B)(v)(vi)							
2016-17							
Facility Category	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)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital			\$ 75,000	\$ 21,162	-	-	-
Adult Day Health Care						-	-
Alternative Birthing Center						-	-
Chemical Dependency Recovery Hospital						-	-
Chronic Dialysis Clinic						-	-
Community Clinic						\$ 269,400	\$ -
Congregate Living Health Facility	\$ 72,000					-	-
Correctional Treatment Center						-	-
General Acute Care Hospital			\$ 1,756,960	\$ 447,579	\$ 698,400	\$ 310,000	\$ 24,700
Home Health Agency							\$ 7,500
Hospice						\$ 25,000	-
Hospice Facility						-	-
Intermediate Care Facility	\$ 49,000					-	-
Intermediate Care Facility/Developmentally Disabled	\$ 43,350					-	-
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$ 127,955					-	-
Intermediate Care Facility/Developmentally Disabled - Nursing	\$ 54,800					-	-
Pediatric Day Health & Respite Care Facility						-	-
Psychology Clinic						-	-
Referral Agency						-	-
Rehabilitation Clinic						-	-
Skilled Nursing Facility	\$ 5,265,389	\$ 240,000				-	\$ 9,700
Surgical Clinic						-	-
Total	\$ 5,612,494	\$ 240,000	\$ 1,831,960	\$ 468,741	\$ 698,400	\$ 604,400	\$ 41,900

Facilities not covered under this enforcement action mandate.
Facilities with statutorily mandated enforcement action.

Data Source : ELMS Database
Extraction Date : July 18, 2017

Table 11: Detailed Adverse Event Report Category and Type

Detailed Adverse Event Report Category and Type	
Health and Safety Code section 1279.1 2016-17	
Adverse Event by Category and Type	
01 - Surgical Events	433
01.- Surgery performed on a wrong body part	45
02. Surgery performed on the wrong patient	-
03. Wrong surgical procedure performed on a patient	20
04. Retention of a foreign object in a patient	347
05. Death during or up to 24 hours after surgery	21
02 - Product or Device Events	10
06. Death or serious disability associated with the use of contaminated drug, device, or biologic	2
07. Death or serious disability associated with the use of a device other than as intended	2
08. Death or serious disability due to intravascular air embolism	6
03 - Patient Protection Events	6
09. Infant discharged to the wrong person	-
10. Death or serious disability due to disappearance	1
11. Suicide or attempted suicide	5
04 - Care Management Events	1,200
12. Death/serious disability associated with a medication error	18
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	9
15. Death/serious disability directly related to hypoglycemia	2
16. Death or serious disability associated with hyperbilirubinemia in neonates	-
17. Stage 3 or 4 decubitis ulcer acquired after admission	1,168
18. Death or serious disability due to spinal manipulation therapy	2
05 - Environmental Events	33
19. Death or serious disability associated with electric shock	-
20. Oxygen line contains wrong or toxic gas	-
21. Death or serious disability associated with a burn	2
22. Death associated with a fall	22
23. Death or serious disability associated with the use of restraints or bedrails	9
06 - Criminal Events	19
24. Case ordered or provided by someone impersonating a licensed health provider	1
25. Abduction of a patient of any age	1
26. Sexual assault on a patient	16
27. Death or significant injury from a physical assault	1
07 - Other	54
28. Adverse event or series of adverse events	54
Total	1,755

Data Source: ASPEN Database

Data Extraction Date: August 15, 2017

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report						
Health and Safety Code section 1279.2						
2016-17						
Adverse Event (AE) Type	Total AEs	Immediate Jeopardy ¹			Non-Immediate Jeopardy ²	
		Number Required Investigation Within 2 Days	Number Initiated Within 2 Days	Completed Within 45 Days	Number Non-Immediate Jeopardy Adverse Events	Completed Within 45 Days
Surgical Events	433	5	5	-	428	45
Product or Device Events	10	1	1	-	9	-
Patient Protection Events	6	4	4	1	2	-
Care Management Events	1,200	1	1	-	1,199	170
Environmental Events	33	2	2	1	31	2
Criminal Events	19	5	4	2	14	2
Other	54	3	3	1	51	5
Total	1,755	21	20	5	1,734	224

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

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

Data Source: ASPEN Database

Data Extraction Date: August 15, 2017

Table 13: Surveyor Training Provided

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
Abbreviated Standard Survey - Federal Complaint Process	State	5
Active Treatment Loop ICF/IID	State	3
Activities Investigation Protocol	State	10
ACTS Definitions of Input Dates	State	116
AO Referral	State	136
Automated Drug Dispensing System Survey Tool in SNF/NFs	State	18
CMS 2567 Doc IJ	State	1
CMS Dementia Care Focus Surveys	State	269
CMS Phase I New Regulatory Section Changes	State	61
CMS Updated Appendix P,F155,F309,F322	State	5
Data Analytics & Reports - Pulling it all together	State	136
Definitions of Adverse Events - A Case Study	State	2
DPH - Preadmission Screening and Resident Review PASSR	State	9
ESRD Academy	State	61
From QAA to QAPI - Ref & Resources for NH	State	260
GACH Discharge & QAPI Worksheet	State	3
GACH Infection Control Worksheet	State	3
GACH Relicensing Survey Update 3-8-17	State	228
GACH RLS	State	3
HAI Prevention What Really Works	State	205
Hand in Hand - CMS	State	1
Hydration Refresher	State	4
ICF/IID Guidance, Probes and IG's	State	2
Introduction to HHA & Hospice	State	143
Investigating Falls and Fractures	State	7
Investigating Pressure Ulcers	State	6
Its Not Just Weight Loss	State	5
Major Changes to MSDS 3.0	State	5
MDS Updates	State	210
New Dining Standards	State	23
New Surveyor Academies (3 weeks)	State	163
NLTC-Electronic Enforcement	State	11
Offsite Prep - QM/QI Reports	State	3
Principle of Investigative Skills	State	7
Processing EMTALA Surveys	State	4
QI Using Active Voice	State	2
Quality HFEN SPS Training Q1 Q9 AP	State	3

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
Reports of Mycobacterium Chimaera Infections	State	247
Revised Abbreviated Standard Survey P & P	State	356
SNF Licensing Survey Process	State	2
Strategies for Success: Dealing with Dementia Behaviors	State	4
Supervisors Orientation Academy	State	49
Surveying Anti-Psychotic use in SNF	State	4
Surveying to NH Antipsychotic Use - Dementia	State	4
Surveying to SB 361, the New SNF Antibiotic Stewardship Requirement	State	316
Tablet Training	State	536
Using the Automated Dispensing Cabinet ADC Tool in SNF	State	4
Writing Skills & Advanced Interview Skills	State	249
2005 Survey and Certification's LTC Policy Year in Review	Federal	9
Active Treatment and People with Multiple Sever/Profound Dis.	Federal	9
Adaptation: Dealing with Changing Needs Part I II and III	Federal	24
Advanced EMTALA	Federal	10
Advancing Excellence in Americas Nursing Homes	Federal	7
Alternative Sanctions for Home Health Agencies	Federal	1
Alzheimer's and Related Dementia - Part I and II	Federal	19
Ambulatory Surgery Centers (ASC) Basic Surveyor Online	Federal	84
Appendix J	Federal	64
Archived - First Things First: Nursing Assessments in ICF/MRs	Federal	4
Archived - Getting the Most Out of ICFs/IID Interviews	Federal	7
Archived - Hospital Systems and Unified Medical Staffs	Federal	1
Archived - Infection Control and Preventions Webinar Series 1, 2 & 3	Federal	370
Archived - Psychiatric Hospital Basic Surveyor Training	Federal	3
ASPEN Overview WebEx	Federal	44
ASPEN Technical Advanced Training	Federal	1
ASPEN Technical Basic Training	Federal	1
Assessing Compounding Safety in Hospitals and Critical Access Hospitals	Federal	187
Basic Home Health Agency	Federal	12
Basic Hospice Surveyor Training	Federal	26
Basic Hospice Webinar	Federal	26
Basic ICF OSSUP MODULES	Federal	49
Basic Life Safety Code (Blackboard)	Federal	1
Basic Life Safety Code Surveyor Training Course	Federal	1
Basic Life Safety Code: The Survey Process	Federal	31
Basic Long Term Care QIS Prerequisite Questions	Federal	25

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
Basic Long Term Care Surveyor Training Course - CA MAT	Federal	147
Basic Long Term Care Traditional Prerequisite Questions	Federal	142
Basic Medication in an ICF/MR	Federal	6
Basic Medications in Nursing Homes	Federal	22
Basic Writing Skills for Survey Staff	Federal	121
Behavior Modification: Theories and Approaches	Federal	12
Being An Effective Witness	Federal	15
Burnout: Caregiver	Federal	11
Burnout: Staff	Federal	9
Burnout: Surveyors	Federal	13
CLIA New Quality Control Requirements	Federal	2
CMS Long Term Care Journal: Pressure Ulcer Care Vol. I	Federal	26
CMS Long Term Care Journal: Urinary Incontinence Vol. II	Federal	119
Common Drugs and Side Effects in ICF/MR	Federal	23
Common Issues Facing the Elderly Population: Communication	Federal	12
Community Mental Health Centers	Federal	9
Data Assessment and Verification (DAVe)	Federal	5
Dealing with Turbulence in Organizations	Federal	5
Decision Making	Federal	22
Delivery of Care to a Diverse Population	Federal	8
Dementia in the LTC and HHA Settings	Federal	16
Diabetes	Federal	6
Electronic Health Records and Meaningful Use 1 and 2	Federal	7
ELMS Accessing Evaluations	Federal	51
ELMS Learner, Manager, Compatibility	Federal	56
ELMS-Records Disposition Authority Number	Federal	4
EMTALA Basic Surveyor Training Online Course	Federal	55
Enforcement Specialist	Federal	2
ESRD Basic Technical Core Survey Training	Federal	60
ESRD Star Lite Webinar	Federal	1
Evaluation and Treatment of Depression in Patients with Cognitive Impairment	Federal	15
Facilitating Communication in Individuals with Neurological Disease also known as "Communicating Skills"	Federal	6
Fall Prevention	Federal	21
Fire Inspector One Certification (NFPA Hosted)	Federal	1
Focused Dementia Care Survey Training	Federal	9
Forensic Wound Identification and Documentation	Federal	5
Foundational Investigation Skills Training Online	Federal	145

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
From Institutional to Individual Care Pt. I, II, III, and IV	Federal	16
Fundamentals of Patient Safety in Hospitals Online Course	Federal	54
Governing Body Refresher Webinar	Federal	5
H1N1 and the Elderly Population	Federal	10
HHA Survey Protocol Webinar	Federal	5
Hospice QAPI Part I and II	Federal	10
Hospice/End of Life Issues Part I and II	Federal	10
Hospital Basic Instructor Biographies	Federal	1
Hospital Basic Training Online Course Part 1 and 2	Federal	162
Hospital Complaint Investigation	Federal	6
Hospital Immediate Jeopardy	Federal	2
How People with Severe/Profound Disabilities Learn	Federal	6
How to be an Effective Team	Federal	23
How to Enhance the Quality of Dining	Federal	15
Hydration	Federal	28
ICF/IID Basic Training	Federal	26
ICF/IID Interpretive Guidelines Revision	Federal	12
ICF/IID Tag - W249, W369, W120	Federal	8
ICF/IID-W3 ICF/IID Tag-W-W159 (Role of QIDP)	Federal	4
ICF/MR Understanding Investigation/Process	Federal	5
Improving MDS Accuracy - ADL's and Restorative Nursing	Federal	10
Improving MDS Accuracy - Disease Diagnosis Medications	Federal	10
Improving Nursing Home Quality and Payment	Federal	6
Infection Control Hospitals	Federal	4
Infection Control in Nursing Homes	Federal	3
Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents	Federal	54
Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents	Federal	56
Interviewing Techniques	Federal	34
Introducing the New Psychosocial Severity Guide	Federal	106
Introduction to ELMS and archived webinar	Federal	170
Introduction to Surveying for Non-Long Term Care	Federal	87
Life Safety Code 2000 Update	Federal	1
Life Safety Code Transition Course	Federal	39
Listening: It's Not Just Hearing the Words	Federal	26
Making Sense of Data	Federal	17
Managing Depression in LTC	Federal	11
MDS 3.0 Focused Survey	Federal	107

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
MDS 3.0: Part 1 - An Introduction	Federal	53
Medical Aspects of Neglect	Federal	25
Medicare Part D Impact on the Nursing Homes	Federal	7
Mental Illness in Nursing Homes	Federal	19
Nursing Home Immunization	Federal	5
Nursing Home Journal Vol. III Surveying the Activities	Federal	113
Nursing Home Journal Vol. IV Unnecessary Medications	Federal	17
Orientation of Newly Employed Surveyors	Federal	137
Orientation to Basic Life Safety Code	Federal	12
Overview of Anti-Psychotic Medication Use in Nursing Home	Federal	128
Overview of the New Hospice CoP's, Subpart C	Federal	7
Overview of the New Hospice CoP's, Subpart D	Federal	8
Pain Management	Federal	7
Phase 1 Implementation of New Nursing Home Regulations	Federal	767
Physical Restraint Use in Nursing Homes Part 1 - 3	Federal	304
Preventative Measures Leading to Better Health Outcomes	Federal	5
Principles of Documentation LTC	Federal	201
Principles of Documentation Non - LTC	Federal	96
Psych Residential Treatment Facility Surveyor Training	Federal	2
QIES Advanced	Federal	1
Quality Indicator Survey (QIS) Process	Federal	10
Reducing the use of Seclusion and Restraint Psych Facilities	Federal	3
RHC and FQHC Basic Training - Pilot	Federal	2
Safe Reprocessing of Flixible Endoscopes (Archived)	Federal	6
SCG News Magazine: Legal Ramifications	Federal	15
SCG News Magazine: Part 1 Delivering Bad News	Federal	4
SCG News Magazine: Part 2 Dealing with Difficult People	Federal	8
Secondary Prevention: Preventing Disabilities Through Chronic Disease Management	Federal	7
Severity and Scope Guidance - Anti-Psychotic Use in NH	Federal	130
Sexual Abuse in LTC	Federal	144
SOM Appendix 7A, AA, J and Q	Federal	85
STAR Training Course (ESRD)	Federal	6
State RAI Coordinator Fundamentals Part 2: The Care Area Assessments (CAAs)	Federal	12
Survey Executives Training Institute (SETI)	Federal	2
Surveying for Anti-Psych Medication use in NH	Federal	127
Surveying Hospitals with Electronic Health Records	Federal	2
Team Leadership Skills for Survey Teams	Federal	120

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided		
Health and Safety Code section 1266 (e)(2)(b)(vi)		
2016-17		
Activity Name	Types of Training	Number of Surveyors Trained
The Survey Team Leader: Time Management	Federal	116
The Surveyor in Court: Writing Defensible Citations	Federal	204
The Use Of The 5 Senses in Decisions	Federal	7
To Do or Not To DO: Surveyor Boundaries	Federal	205
Training Coordinators Training	Federal	3
Treatment Modalities Management of Distressed Behavior	Federal	6
Universal Infection Prevention and Control	Federal	62
Wound Care	Federal	4
State RAI Coordinator Fundamentals	Federal	15

Data Source: Staff Education Quality Improvement Section (SEQIS)

Nursing Home Administrator Program

Health and Safety Code section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2013-14 through 2016-17.

Table 14: Nursing Home Administrator Violations

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

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

Pursuant to Health and Safety Code section 1416.36(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 Administrator-in-Training Program; 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) 2013-14 to 2016-17			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
6966	Patient care	Warning Letter	2013-14
6877	Patient care	Warning Letter	2013-14
6885	Patient care	Warning Letter	2013-14
6784	Patient care	Warning Letter	2013-14
962	Patient care	Warning Letter	2013-14
6424	Patient care	Warning Letter	2013-14
7078	Patient care	Warning Letter	2013-14
7445	Patient care	Warning Letter	2013-14
6997	Patient care	Warning Letter	2013-14
6529	Patient care	Warning Letter	2013-14
5520	Patient care	Warning Letter	2013-14
5310	Patient care	Warning Letter	2013-14
5028	Patient care	Warning Letter	2013-14
6587	Patient care	Warning Letter	2013-14
7417	Patient care	Warning Letter	2013-14
3149	Patient care	Warning Letter	2013-14
7430	Patient care	Warning Letter	2013-14
6799	Patient care	Warning Letter	2013-14
5341	Failure to report abuse	12 Month probation	2013-14
3766	Failure to report abuse	12 Month probation	2013-14
6759	W & I 15630(B)(1)	Warning letter	2013-14
5932	Patient care negligence	Warning letter	2013-14
4921	Arrested for Fraud	Immediate suspension	2013-14
7321	Patient care negligence	Warning letter	2013-14
4620	Fraud	12 Month probation	2014-15
7579	Unprofessional conduct	12 Month probation	2014-15
7618	Gross Negligence	License Revoked	2014-15
6526	Patient Care	Pending Investigation	2014-15
5847	Patient Care	Investigation	2014-15
NA	Patient Care	NHAP Does Not Have Jurisdiction for ICF/DDN Facilities. Referred to California Department of Developmental Services	2014-15
7295	Patient Care	Pending Investigation	2014-15
6011	Patient Care	Investigation	2014-15
7712	Patient Care	12 Months Probation	2014-15
6342	Patient Care	Investigation	2014-15
6818	Patient Care	Investigation	2014-15
7807	Patient Care	Pending Investigation	2014-15
6339	Patient Care	Investigation	2014-15

Data Source: Nursing Home Administrator Program

Table 14: Nursing Home Administrator Violations (continued)

Nursing Home Administrator Program Nursing Home Administrators' Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) 2013-14 to 2016-17			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
7788	Patient Care	Pending Investigation	2014-15
4961	Patient Care	Investigation-No Action Taken	2014-15
4868	Patient Care	NHA Required to Take Continuing Education	2014-15
7156	Patient Care	Investigation	2014-15
5763	Patient Care	Investigation - No Action Taken	2014-15
5724	Patient Care	Investigation - No Action Taken	2014-15
7522	Patient Care	NHA Cleared. No Action Taken.	2014-15
E001	Fraud	12 Months Probation	2014-15
6696	Patient Care	Investigation	2014-15
7574	Patient Care	Investigation	2014-15
7562	Patient Care	Investigation	2014-15
7536	Patient Care	Pending Investigation	2014-15
6152	Patient Care	Pending Investigation	2014-15
3476	Patient Care	Pending Investigation	2014-15
2547	Patient Care	Investigation - No Action Taken	2014-15
2820	Fraud/Patient Care	Investigation	2014-15
4791	Unprofessional Conduct	Investigation - No Action Taken	2014-15
6532	Patient Care	Investigation	2014-15
7486	Patient Care	Investigation	2014-15
7634	Patient Care	Pending Investigation	2014-15
951	Patient Care	Pending Investigation	2014-15
7690	HS 1416.68 (a) and (b)	Pending Investigation	2014-15
6903	Patient Care	Pending Investigation	2014-15
6818	Patient Care	Pending Investigation	2014-15
7726	Patient Care	Investigation	2014-15
6760	HS 1569.50(a)-(b)	Investigation	2014-15
3147	Patient Care	Pending Investigation	2014-15
7550	Patient Care	Investigation	2014-15
7534	Patient Care	Pending Investigation	2014-15
4921	Fraud	License Revoked	2015-16
E001	Patient Care	12 Months Probation	2015-16
6342	Fail to report	12 months probation	2015-16
6339	Unprofessional conduct	24 months probation	2015-16
7156	Failure to report	12 months probation	2015-16
881	Theft/Embezzlement	Revocation	2016-17

Data Source: Nursing Home Administrator Program

Annual Fee Report for Fiscal Year 2018-19

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)					
2013-14 to 2016-17					
		2013-14	2014-15	2015-16	2016-17
(i) Persons applying for NHA License	Applied [1]	124	109	137	214
	Approved	122	93	100	114
	Denied	2	-	-	
	Renewed	1,077	1,186	1,026	1,065
(ii) State Exam	Examinees	219	213	244	230
	Passed	130	101	121	148
	Failed	89	112	123	82
(iii) Administrator-In-Training Program	Applied	124	136	147	132
	Accepted	122	116	145	127
	Completed	110	83	125	137
(iv) Complaints Received [2]	Administrator-In-Training	-	-	1	-
	Nursing Home Administrators	30	45	15	24
(v) Actions Against Nursing Home Administrators [3]		24	6	5	1
(vi) Nursing Home Administrator Violations Listing		see Table 14			
(vii) Appeals, Informal Appeals, Informal conferences or Hearings [4]	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	2	1	1	1
	Time Between Request & Final Determination	8 months	2 months	1 month	4 months
	Final Actions Upheld	2	1	1	1

Data Source: Nursing Home Administrator Program
Data are current through June 30, 2017.

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

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

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

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

Attachment 1: State Workload Percentages 2018-19

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
					STATEWIDE WORKLOAD HOURS	STATEWIDE WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	13	4	118	118	0.011%	0.016%
	INITIAL LICENSURE		1	24	24	0.002%	
	COMPLAINT INVESTIGATION		1	17	17	0.002%	
	OPEN COMPLAINTS		0.33	6	6	0.001%	
	Total		7	164	165	0.016%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	267	134	4,250	4250	0.414%	0.93%
	RE-LICENSURE - FOLLOW-UP			-	0	0.000%	
	INITIAL LICENSURE		8	920	920	0.090%	
	INITIAL LICENSURE - FOLLOW-UP			-	0	0.000%	
	COMPLAINT / ERI INVESTIGATION		72	3,605	3605	0.351%	
	FIELD VISIT		4	137	137	0.013%	
	OPEN COMPLAINTS		13	668	668	0.065%	
Total		231	9,579	9,580	0.933%		
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	39	13	2,930	2930	0.285%	1.435%
	INITIAL LICENSURE		-	-	0	0.000%	
	FIELD VISIT		4	133	133	0.013%	
	COMPLAINT (or ERI)		648	7,178	7178	0.699%	
	COMPLAINT - DEEMED	40	38	421	53	0.005%	
	COMPLAINT - NON-DEEMED		9	115	14	0.001%	
	COMPLAINT VALIDATION - DEEMED		3	522	65	0.006%	
	TARGET SURVEYS		1	335	42	0.004%	
	5-YEAR MAX. INTERVAL		1	335	42	0.004%	
	EMTALA - FOLLOW UP		-	-	0	0.000%	
	VALIDATION - DEEMED		3	899	112	0.011%	
	VALIDATION FOLLOW UP - DEEMED		3	271	34	0.003%	
	FULL VALIDATION AFTER COMPLAINT		-	-	0	0.000%	
	INITIAL CERTIFICATION		-	-	0	0.000%	
	RE-CERTIFICATION 3-YEAR AVERAGE		2	671	84	0.008%	
	RECERTIFICATION FOLLOW UP / REVISITS		2	437	55	0.005%	
	LIFE SAFETY CODE - INITIAL CERTIFICATION		-	-	0	0.000%	
	LIFE SAFETY CODE		2	53	7	0.001%	
	LIFE SAFETY CODE - VALIDATION		-	-	0	0.000%	
	OPEN COMPLAINTS			362	4,006	4006	
Total		1,091	18,307	14,755	1.435%		

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	20	7	313	313	0.030%	1.213%	
	INITIAL LICENSURE		21	662	662	0.064%		
	INITIAL LICENSURE - FOLLOW-UP		-	-	-	0.000%		
	COMPLAINT / ERI INVESTIGATION		150	2,580	2,580	0.251%		
	FIELD VISIT		10	202	202	0.020%		
	RE-LICENSURE -FOLLOW UP		-	-	-	0.000%		
	End Stage Renal Disease	639	-	-	-	-		-
	RE-CERTIFICATION		176	26,363	3,295	0.321%		
	TARGETED SAMPLE		62	9,287	1,161	0.113%		
	3.0-YEAR AVERAGE (33%-29%)		29	4,344	543	0.053%		
	INITIAL CERTIFICATION (New Providers)		14	598	75	0.007%		
	RE-CERTIFICATION FOLLOW-UP/REVISITS		106	4,836	605	0.059%		
	LIFE SAFETY CODE		62	913	114	0.011%		
	COMPLAINT INVESTIGATION		218	4,007	501	0.049%		
	OPEN COMPLAINTS		131	2,414	2,414	0.235%		
Total		986	56,520	12,465	1.213%			
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	7	4	439	439	0.043%	0.065%	
	COMPLAINT / ERI INVESTIGATION		21	184	184	0.018%		
	FIELD VISIT		1	8	8	0.001%		
	OPEN COMPLAINTS		3	26	26	0.003%		
	Total		29	658	657	0.065%		
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	168	84	2,253	2,253	0.219%	0.660%	
	INITIAL LICENSURE		48	1,109	1,109	0.108%		
	COMPLAINT / ERI INVESTIGATION		107	2,800	2,800	0.273%		
	FIELD VISIT		10	185	185	0.018%		
	OPEN COMPLAINTS		17	436	436	0.042%		
	Total		266	6,784	6,783	0.660%		

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD				
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE		
COMMUNITY CLINIC	RE-LICENSURE	1,130	377	16,979	16979	1.653%	2.50%		
	INITIAL LICENSURE		41	881	881	0.086%			
	COMPLAINT / ERI INVESTIGATION		306	3,900	3,900	0.380%			
	FIELD VISIT		18	278	278	0.027%			
	Community Mental Health Center								
	RE_CERTIFICATION FOLLOW UP	14	1	77	10	0.001%			
	5% TARGETED SURVEYS		1	131	16	0.002%			
	INITIAL SURVEY		4	524	65	0.006%			
	COMPLAINT INVESTIGATIONS		16	406	51	0.005%			
	Rural Health Clinic								
	RE-CERTIFICATION (RHC)	281	42	1,875	234	0.023%			
	RE_CERTIFICATION - FOLLOW UP		12	203	25	0.002%			
	TARGETED SURVEYS		15	670	84	0.008%			
	6.0 YEAR AVG. (16.7%-14.3%)		7	313	39	0.004%			
	INITIAL SURVEY (New Providers)	-	-	-	0.000%				
	COMPLAINT INVESTIGATION - NLTC	82	987	123	0.012%				
	Portable X-Ray Suppliers								
	INITIAL SURVEY	40	-	-	-	0.000%			
	INITIAL FOLLOW UP		-	-	-	0.000%			
	RECERTIFICATION 7 YEAR INTERVAL		6	301	38	0.004%			
6.0- YEAR AVG. (16.6%-14.1%)	1		50	6	0.001%				
FOLLOW UP /REVISITS	2		56	7	0.001%				
5% TARGETED SURVEYS	2		100	13	0.001%				
OPEN COMPLAINTS	247	2,869	2,869	0.279%					
Total			1,180	30,599	25,618	2.495%			
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	21	11	1,889	1889	0.184%	0.776%		
	COMPLAINT INVESTIGATION		587	4,702	4,702	0.458%			
	FIELD VISIT		-	-	-	0.000%			
	OPEN COMPLAINTS		172	1,375	1,375	0.134%			
	Total			769	7,966	7,966		0.776%	

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD				
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE		
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	422	141	24,495	24495	2.384%	29.999%		
	RELICENSURE FOLLOW UP		1	45	45	0.004%			
	INITIAL LICENSURE		1	76	76	0.007%			
	COMPLAINT		10,686	172,615	172,615	16.803%			
	FIELD VISIT		121	3,121	3,121	0.304%			
	CAL		1	114	114	0.011%			
	Deemed Facility								
	VALIDATION	387	5	2,865	358	0.035%			
	FULL VALIDATION AFTER COMPLAINT		11	5,083	635	0.062%			
	VALIDATION FOLLOW UP		14	3,027	378	0.037%			
	LIFE SAFETY CODE		14	1,039	130	0.013%			
	LIFE SAFETY CODE - FOLLOW UP		1	72	9	0.001%			
	TARGETED ADD'L SAMPLE		3	1,386	173	0.017%			
	COMPLAINT VALIDATION		78	16,831	2,104	0.205%			
	INITIAL CERTIFICATION (New Providers)		1	47	6	0.001%			
	COMPLAINTS		315	5,088	636	0.062%			
	COMPLAINT SURVEYS EMTALA (ACCREDITED)		24	1,938	242	0.024%			
	Non-Deemed Facility								
	COMPLAINT SURVEYS		53	117	1,890	236		0.023%	
	5-YEAR MAX INTERVAL			23	10,628	1,329		0.129%	
	TARGETED SAMPLE			6	2,773	347		0.034%	
	FOLLOW UP / REVISITS	75		16,778	2,097	0.204%			
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)	2		162	20	0.002%			
	INITIAL SURVEY	1		47	6	0.001%			
	LIFE SAFETY CODE	28		2,078	260	0.025%			
	LIFE SAFETY CODE - FOLLOW UP	3		217	27	0.003%			
	RECERTIFICATION 4 YEAR INTERVAL	28		12,939	1,617	0.157%			
	IPPS EXCLUSION VERIFICATION	6		2,773	347	0.034%			
	3.0-YEAR AVG> 33.33-25=8.33	9	4,159	520	0.051%				
	Organ Transplant Centers								
RECERTIFICATION	-	2	447	56	0.005%				
OPEN COMPLAINTS			5,954	96,172	9.362%				
	Total		17,670	388,908	308,171	29.999%			

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
HOME HEALTH AGENCIES	RE-LICENSURE	232	232	5,465	5465	0.532%	2.27%	
	INITIAL LICENSURE		187	5,789	5,789	0.564%		
	COMPLAINT / ERI INVESTIGATION		209	3,368	3,368	0.328%		
	FIELD VISIT		69	921	921	0.090%		
	Non-Deemed Facility	461						
	RECERTIFICATION (SURVEY)		173	21,800	2,725	0.265%		
	RECERTIFICATION FOLLOW UP / REVISITS		73	3,675	459	0.045%		
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED		63	1,184	148	0.014%		
	Add'l Targeted Sample		-	-	-	0.000%		
	2.0-YEAR AVG. (50%-33%)		88	11,089	1,386	0.135%		
	INITIAL SURVEY		1	75	9	0.001%		
	INITIAL SURVEY FOLLOW UP		0	24	3	0.000%		
	INFORMAL DISPUTE RESOLUTION	5	26	3	0.000%			
	Deemed Facility	915						
	VALIDATION		11	1,622	203	0.020%		
	VALIDATION FOLLOW UP		5	380	47	0.005%		
	FULL VALIDATION AFTER COMPLAINT		4	504	63	0.006%		
	COMPLAINT VALIDATION		33	2,140	268	0.026%		
	COMPLAINT		98	1,971	246	0.024%		
	INFORMAL DISPUTE RESOLUTION		8	41	5	0.000%		
OPEN COMPLAINTS	110		2,205	2,205	0.215%			
Total			1,369	62,279	23,313	2.270%		

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
HOSPICES	RE-LICENSURE	1,149	3	24	24	0.002%	0.83%	
	INITIAL LICENSURE		105	1,976	1,976	0.192%		
	COMPLAINT / ERI INVESTIGATION		139	2,706	2,706	0.263%		
	FIELD VISIT		48	614	614	0.060%		
	Non-Deemed Facility		121					
	INITIAL SURVEY	1		16	2	0.000%		
	LIFE SAFETY CODE	8		105	13	0.001%		
	LIFE SAFETY CODE - FOLLOW UP	4		-	-	0.000%		
	3.0 YEAR AVG.	42		5,260	658	0.064%		
	RECERTIFICATION FOLLOW UP / REVISITS	10	513	64	0.006%			
	COMPLAINT - NLTC	17	322	40	0.004%			
	Deemed Facility		727					
	VALIDATION	27		4,204	526	0.051%		
	FULL VALIDATION AFTER COMPLAINT	3		376	47	0.005%		
	COMPLAINT VALIDATION - NLTC	40		2,009	251	0.024%		
	COMPLAINT INVESTIGATIONS	125		2,442	305	0.030%		
OPEN COMPLAINTS	69	1,343	1,343	0.131%				
	Total		641	21,909	8,569	0.833%		
HOSPICE FACILITIES	RE-LICENSURE	11	6	149	149	0.015%	0.03%	
	INITIAL LICENSURE		2	61	61	0.006%		
	COMPLAINT / ERI INVESTIGATION		4	41	41	0.004%		
	OPEN COMPLAINTS		1	14	14	0.001%		
		Total		13	266	265		0.026%
INTERMEDIATE CARE FACILITY	RELICENSURE	4	2	702	702	0.068%	2.34%	
	COMPLAINT / ERI INVESTIGATION		1,539	17,235	17,235	1.678%		
	OPEN COMPLAINTS		540	6,051	6,051	0.589%		
		Total		2,081	23,988	23,988		2.335%

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
ICF - DD; DDH; DDN	RELICENSURE (SURVEY)	1,162	581	36,692	36,692	3.572%	8.832%
	INITIAL LICENSURE		15	542	542	0.053%	
	COMPLAINT / ERI INVESTIGATION		1,041	11,430	11,430	1.113%	
	FIELD VISIT		4	56	56	0.005%	
	RECERTIFICATION	1,156	1,081	62,136	15,534	1.512%	
	RECERTIFICATION FOLLOW UP / REVISITS		97	1,485	371	0.036%	
	COMPLAINT INVESTIGATIONS		5,505	62,053	15,513	1.510%	
	LIFE SAFETY CODE		1,081	9,027	2,257	0.220%	
	LIFE SAFETY CODE - FOLLOW UP		15	50	12	0.001%	
	INITIAL CERTIFICATION		12	636	159	0.015%	
	INITIAL CERTIFICATION FOLLOW UP		2	49	12	0.001%	
	OPEN COMPLAINTS		724	8,161	8,161	0.794%	
Total		10,158	192,318	90,739	8.832%		
PEDIATRIC DAY HEALTH / RESPITE CARE	RELICENSURE	18	9	984	984	0.096%	0.12%
	INITIAL LICENSURE		-	-	-	0.000%	
	COMPLAINT / ERI INVESTIGATION		7	164	164	0.016%	
	FIELD VISIT		1	17	17	0.002%	
	OPEN COMPLAINTS		1	31	31	0.003%	
	Total		18	1,197	1,196	0.117%	
PSYCHOLOGY CLINIC	RELICENSURE	21	7	298	298	0.029%	0.03%
	Total		7	298	298	0.029%	
REFERRAL AGENCIES	INITIAL LICENSURE	2	2	41	41	0.000%	0.00%
	Total		2	41	41	0.000%	

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
REHAB CLINIC	RELICENSURE	12	4	156	156	0.015%	0.115%
	INITIAL LICENSURE		2	40	40	0.004%	
	COMPLAINT / ERI INVESTIGATION		2	209	209	0.020%	
	Outpatient Physical Therapy Providers	87		-			
	RECERTIFICATION		14	2,648	331	0.032%	
	RECERTIFICATION FOLLOW UP		14	901	113	0.011%	
	TARGET SURVEYS		6	1,135	142	0.014%	
	6.0 YEAR AVG. (16.7%-14.3%)		2	378	47	0.005%	
	Comprehensive Outpatient Rehab Facilities	8		-			
	RECERTIFICATION		1	159	20	0.002%	
	5% TARGETED SURVEYS		1	159	20	0.002%	
	6.0 YEAR AVG. (16.7%-14.3%)		0.22	35	4	0.000%	
	RECERTIFICATION FOLLOW UP / REVISITS		2	42	5	0.000%	
	COMPLAINT INVESTIGATIONS		1	10	1	0.000%	
	OPEN COMPLAINTS		1	104	104	0.010%	
		Total		50	5,976	1,192	

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD				
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE		
SKILLED NURSING	RE-LICENSURE	1,238	619	52,813	52,813	5.141%	47.113%		
	INITIAL LICENSURE		2	158	158	0.015%			
	COMPLAINT / ERI INVESTIGATION		14,960	283,539	283,539	27.601%			
	FIELD VISIT		18	512	512	0.050%			
	Title 19	44							
	RECERTIFICATION		42	12,926	3,231	0.315%			
	RECERTIFICATION FOLLOW UP		9	645	161	0.016%			
	LIFE SAFETY CODE		42	930	232	0.023%			
	LIFE SAFETY CODE - FOLLOW UP		3	23	6	0.001%			
	COMPLAINT INVESTIGATION - LTC		1,795	34,021	8,505	0.828%			
	INITIAL CERTIFICATION		1	132	33	0.003%			
	INFORMAL DISPUTE RESOLUTION		15	73	18	0.002%			
	FEDERAL HEARING		-	-	-	0.000%			
	MONITORING VISITS		5	694	173	0.017%			
	Title 18 & 19		1,097						
	RECERTIFICATION			1,024	315,140	39,393		3.835%	
	RECERTIFICATION FOLLOW UP	232		16,634	2,079	0.202%			
	MDS STAFFING FOCUSED SURVEY	27		3,171	396	0.039%			
	DEMENTIA CARE SURVEY								
	INITIAL CERTIFICATION	2		264	33	0.003%			
	INITIAL CERTIFICATION - FOLLOW UP	4		6	1	0.000%			
	LIFE SAFETY CODE	1,024		22,674	2,834	0.276%			
	LIFE SAFETY CODE - FOLLOW UP	71		621	78	0.008%			
	COMPLAINT INVESTIGATION - LTC	3,400		64,441	8,055	0.784%			
	INFORMAL DISPUTE RESOLUTION	363		1,767	221	0.022%			
	FEDERAL HEARING	11		6,695	837	0.081%			
	MONITORING VISITS	110	670	84	0.008%				
	Special Focus Facilities	6							
	RECERTIFICATION - 7 year interval		6	1,847	231	0.022%			
	LIFE SAFETY CODE		6	133	17	0.002%			
RECERTIFICATION FOLLOW UP	3		215	27	0.003%				
COMPLAINT INVESTIGATIONS	9	171	21	0.002%					
OPEN COMPLAINTS		4,235	80,273	80,273	7.814%				
	Total		28,038	901,187	483,961	47.113%			

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

Data Source: 2018-19 November Estimate

Attachment 1: State Workload Percentages 2018-19 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2018-19**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
					WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
SURGICAL CLINIC	RELICENSURE (SURVEY)	6	2	432	432	0.042%	0.738%	
	INITIAL LICENSURE		23	1,499	1,499	0.146%		
	COMPLAINT / ERI INVESTIGATION		17	400	400	0.039%		
	FIELD VISIT		1	14	14	0.001%		
	Ambulatory Surgical Clinic - Deemed	401						
	VALIDATION SURVEYS		11	1,798	225	0.022%		
	VALIDATION SURVEYS FOLLOW UP		7	376	47	0.005%		
	FULL VALIDATION AFTER COMPLAINT		2	287	36	0.004%		
	COMPLAINT VALIDATION - NLTC		11	715	89	0.009%		
	COMPLAINT INVESTIGATIONS		22	670	84	0.008%		
	Ambulatory Surgical Clinic - Non-Deemed	395						
	LIFE SAFETY CODE		111	2,019	252	0.025%		
	LIFE SAFETY CODE - FOLLOW UP		14	102	13	0.001%		
	TARGETED SURVEYS		111	15,908	1,988	0.194%		
	RECERTIFICATION FOLLOW UP / REVISITS		116	3,801	475	0.047%		
	COMPLAINT INVESTIGATIONS - NLTC		30	914	114	0.011%		
	RECERTIFICATION 6 YEAR INTERVAL		74	10,605	1,326	0.129%		
	OPEN COMPLAINTS		19	569	569	0.055%		
	Total			571	40,108	7,563		0.738%
	Grand Total			65,177	1,769,051	1,027,285		100.00%

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

Data Source: 2018-19 November Estimate

Attachment 2: Annual Health Care Facility License Fee, 2018-19

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES 2018-19

FACILITY TYPE	TOTAL FUND 3098 per BUDGET ACT 2017	BASELINE BUDGET ADJUSTMENT										TOTAL PROPOSED PROGRAM SPECIAL FUND 3098 AFTER BASELINE ADJUSTMENT	BCP		CREDITS * PROGRAM FUND POLICY ADJUSTMENT			PROJECTED PROGRAM REVENUE			FACILITY (F) / BED COUNTS (B)						FEE RATES	
		(236,000) Limited Term/1X adjustment	3,963,000 EMPLOYEE COMPENSATION (9800)	1,355,000 9892 SUPPLEMENTAL PENSION PAYMENT	1,265,000 RETIREMENT (3.60)	790,000 DISTRIBUTED COST ALLOCATION	2,000 DEBT SERVICES ADJUSTMENT	800,000 ANNUALIZED LA COUNTY CONTRACT	2,481,000 9900 Pro-Rata Assessment	(169,000) 8880 FiSCal Assessment	1,900,000 LA COUNTY		TOTAL PROPOSED PROGRAM SPECIAL FUND 3098 BY 18-19	MISC. REVENUE CREDIT	PROPOSED PROGRAM FUND SUBTOTAL	PROGRAM FUND POLICY ADJUSTMENT	TOTAL	STATEWIDE	LA COUNTY	NON-STATE OPERATED				STATE OPERATED		TOTAL COUNT	STATEWIDE	LA COUNTY SUPPLEMENTAL FEE
																				(F) STATEWIDE	(F) LA COUNTY	(B) STATEWIDE	(B) LA COUNTY	F	B			
1 ALTERNATIVE BIRTHING CENTERS	\$ 24,622	\$ (38)	\$ 634	\$ 217	\$ 202	\$ 126	\$ 0	\$ 128	\$ 397	\$ (27)	\$ 26,262	\$ 304	\$ 26,566	\$ (5,268,017)	\$ 26,566	\$ 9,017	\$ 35,584	\$ 35,584	\$ -	13	1	-	-	-	-	13	\$ 2,737.22	\$ -
2 ADULT DAY HEALTH CENTERS	\$ 1,435,782	\$ (2,202)	\$ 36,975	\$ 12,642	\$ 11,802	\$ 7,371	\$ 19	\$ 7,464	\$ 23,148	\$ (1,577)	\$ 1,531,424	\$ 17,727	\$ 1,549,151	\$ (33,236)	\$ 1,515,914	\$ 150,574	\$ 1,666,489	\$ 1,666,489	\$ -	267	0	-	-	-	-	267	\$ 6,241.53	\$ -
3 CHRONIC DIALYSIS CLINIC	\$ 1,866,670	\$ (2,863)	\$ 48,071	\$ 16,436	\$ 15,344	\$ 9,583	\$ 24	\$ 9,704	\$ 30,095	\$ (2,050)	\$ 1,991,015	\$ 23,047	\$ 2,014,062	\$ (127,816)	\$ 1,886,246	\$ 238,635	\$ 2,124,881	\$ 1,952,508	\$ 172,373	572	169	-	-	3	-	575	\$ 3,407.02	\$ 1,019.96
4 CHEMICAL DEPENDENCY RECOVERY HOSPITALS	\$ 100,028	\$ (153)	\$ 2,576	\$ 881	\$ 822	\$ 514	\$ 1	\$ 520	\$ 1,613	\$ (110)	\$ 106,691	\$ 1,235	\$ 107,926	\$ (20,278)	\$ 87,648	\$ 55,665	\$ 143,313	\$ 143,313	\$ -	-	-	446	179	-	-	446	\$ 321.33	\$ -
5 COMMUNITY CLINIC/FREE CLINIC	\$ 3,839,523	\$ (5,888)	\$ 98,877	\$ 33,807	\$ 31,562	\$ 19,711	\$ 50	\$ 19,960	\$ 61,901	\$ (4,217)	\$ 4,095,286	\$ 47,405	\$ 4,142,691	\$ (81,301)	\$ 4,061,390	\$ (1,981,915)	\$ 2,079,474	\$ 2,051,821	\$ 27,653	1,408	383	-	-	-	-	1,408	\$ 1,457.26	\$ 72.20
6 CORRECTIONAL TREATMENT CENTERS	\$ 1,194,176	\$ (1,831)	\$ 30,753	\$ 10,515	\$ 9,816	\$ 6,130	\$ 16	\$ 6,208	\$ 19,253	\$ (1,311)	\$ 1,273,724	\$ 14,744	\$ 1,288,468	\$ (258)	\$ 1,288,210	\$ (642,948)	\$ 645,262	\$ 645,262	\$ -	-	0	196	196	-	2,297	2,493	\$ 1,163.81	\$ -
7 HOME HEALTH AGENCIES	\$ 3,493,274	\$ (5,357)	\$ 89,960	\$ 30,759	\$ 28,716	\$ 17,933	\$ 45	\$ 18,160	\$ 56,319	\$ (3,836)	\$ 3,725,971	\$ 43,130	\$ 3,769,101	\$ (672,264)	\$ 3,096,838	\$ 2,058,001	\$ 5,154,838	\$ 4,465,992	\$ 688,846	1,617	820	-	-	-	-	1,617	\$ 2,761.90	\$ 840.06
8 HOSPICES	\$ 1,281,893	\$ (1,966)	\$ 33,012	\$ 11,287	\$ 10,537	\$ 6,581	\$ 17	\$ 6,664	\$ 20,667	\$ (1,408)	\$ 1,367,284	\$ 15,827	\$ 1,383,111	\$ -	\$ 1,383,111	\$ 580,940	\$ 1,964,051	\$ 1,707,182	\$ 256,869	1,149	628	-	-	1	-	1,150	\$ 1,485.43	\$ 409.03
9 HOSPICE FACILITY	\$ 40,011	\$ (61)	\$ 1,030	\$ 352	\$ 329	\$ 205	\$ 1	\$ 208	\$ 645	\$ (44)	\$ 42,676	\$ 494	\$ 43,170	\$ (4,268)	\$ 38,902	\$ 13,514	\$ 52,416	\$ 52,416	\$ -	-	0	100	-	-	-	100	\$ 524.16	\$ -
10 PEDIATRIC DAY HEALTH/RESPIRE CARE	\$ 180,050	\$ (276)	\$ 4,637	\$ 1,585	\$ 1,480	\$ 924	\$ 2	\$ 936	\$ 2,903	\$ (198)	\$ 192,043	\$ 2,223	\$ 194,266	\$ (19,490)	\$ 174,776	\$ (56,389)	\$ 118,388	\$ 118,388	\$ -	-	-	388	93	-	-	388	\$ 305.12	\$ -
11 PSYCHOLOGY CLINIC	\$ 44,628	\$ (68)	\$ 1,149	\$ 393	\$ 367	\$ 229	\$ 1	\$ 232	\$ 719	\$ (49)	\$ 47,601	\$ 551	\$ 48,152	\$ -	\$ 48,152	\$ 11,760	\$ 59,911	\$ 59,911	\$ -	21	9	-	-	-	-	21	\$ 2,852.91	\$ -
12 REFERRAL AGENCIES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,458	\$ 7,458	\$ 7,458	\$ -	2	2	-	-	-	-	2	\$ 3,728.78	\$ -
13 REHAB CLINIC	\$ 176,972	\$ (271)	\$ 4,557	\$ 1,558	\$ 1,455	\$ 909	\$ 2	\$ 920	\$ 2,853	\$ (194)	\$ 188,761	\$ 2,185	\$ 190,946	\$ -	\$ 190,946	\$ (184,082)	\$ 6,863	\$ 6,313	\$ 550	12	5	-	-	-	-	12	\$ 526.12	\$ 110.01
14 SURGICAL CLINIC	\$ 1,135,699	\$ (1,742)	\$ 29,247	\$ 10,000	\$ 9,336	\$ 5,830	\$ 15	\$ 5,904	\$ 18,310	\$ (1,247)	\$ 1,211,351	\$ 14,022	\$ 1,225,373	\$ (5,198)	\$ 1,220,175	\$ (1,047,571)	\$ 172,604	\$ 171,534	\$ 1,070	34	1	-	-	-	-	34	\$ 5,045.13	\$ 1,070.03
15 ACUTE PSYCHIATRIC HOSPITALS	\$ 2,208,303	\$ (3,387)	\$ 56,869	\$ 19,444	\$ 18,153	\$ 11,337	\$ 29	\$ 11,480	\$ 35,602	\$ (2,425)	\$ 2,355,405	\$ 27,265	\$ 2,382,670	\$ (86,411)	\$ 2,296,259	\$ (8,918,026)	\$ 45,707,069	\$ 44,545,626	\$ 1,161,443	-	-	6,341	2,144	-	1,897	83,498	\$ 540.79	\$ 50.53
16 GENERAL ACUTE CARE HOSPITALS	\$ 49,496,768	\$ (70,798)	\$ 1,188,860	\$ 406,486	\$ 379,487	\$ 236,992	\$ 600	\$ 239,992	\$ 744,275	\$ (50,698)	\$ 52,571,966	\$ 569,981	\$ 53,141,947	\$ (813,111)	\$ 52,328,836	\$ -	\$ -	\$ -	\$ -	-	-	75,173	20,839	-	87	-	\$ 540.79	\$ 50.53
17 CONGREGATE LIVING HEALTH FACILITY	\$ 1,015,666	\$ (1,558)	\$ 26,156	\$ 8,943	\$ 8,349	\$ 5,214	\$ 13	\$ 5,280	\$ 16,375	\$ (1,115)	\$ 1,083,322	\$ 12,540	\$ 1,095,862	\$ (160,151)	\$ 935,711	\$ -	\$ -	\$ -	\$ -	-	-	1,174	643	-	-	126,515	\$ 632.92	\$ 145.94
18 INTERMEDIATE CARE FACILITY	\$ 3,593,301	\$ (5,511)	\$ 92,536	\$ 31,639	\$ 29,538	\$ 18,447	\$ 47	\$ 18,680	\$ 57,931	\$ (3,946)	\$ 3,832,662	\$ 44,365	\$ 3,877,027	\$ (32,011)	\$ 3,845,016	\$ 3,017,664	\$ 82,978,378	\$ 77,253,740	\$ 5,724,638	-	-	419	173	-	4,875	-	\$ 632.92	\$ 145.94
19 SKILLED NURSING FACILITY *	\$ 72,501,589	\$ (111,187)	\$ 1,867,088	\$ 638,381	\$ 595,979	\$ 372,193	\$ 942	\$ 376,904	\$ 1,168,874	\$ (79,621)	\$ 77,331,143	\$ 895,147	\$ 78,226,290	\$ (3,046,303)	\$ 75,179,987	\$ -	\$ -	\$ -	\$ -	-	-	117,903	38,410	-	2,144	-	\$ 636.32	\$ 145.94
20 ICF-DD, DDH, DDN	\$ 13,591,451	\$ (20,844)	\$ 350,012	\$ 119,674	\$ 111,725	\$ 69,773	\$ 177	\$ 70,656	\$ 219,122	\$ (14,926)	\$ 14,496,819	\$ 167,808	\$ 14,664,627	\$ (165,920)	\$ 14,498,708	\$ (3,381,663)	\$ 11,117,045	\$ 10,500,512	\$ 616,533	-	-	7,905	2,188	-	2,382	10,287	\$ 1,177.40	\$ 281.78
NURSING HOME ADMINISTRATOR PROGRAM	\$ 709,594										\$ 709,594	\$ -	\$ 709,594															
CA DEPT OF AGING (4170 CDA)	\$ 400,000										\$ 400,000	\$ -	\$ 400,000															
	\$ 158,330,000	\$ (236,000)	\$ 3,963,000	\$ 1,355,000	\$ 1,265,000	\$ 790,000	\$ 2,000	\$ 800,000	\$ 2,481,000	\$ (169,000)	\$ 168,581,000	\$ 1,900,000	\$ 170,481,000	\$ (5,268,017)	\$ 164,103,389	\$ (10,069,366)	\$ 154,034,024	\$ 145,384,049	\$ 8,649,975	5,095	2,018	210,045	64,865	4	13,682	228,826		

Attachment 3: Glossary

Acute Psychiatric Hospital

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

Administrative Law Judge

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

Administrative Penalty

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

Administrator-in-Training Program

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

Adult Day Health Care

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

Adverse Event

Includes any of the following:

(1) Surgical events, including the following: (A) Surgery performed on a wrong body part that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent. (B) Surgery performed on the wrong patient. (C) The wrong surgical procedure performed on a patient, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent. (D) Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained. (E) Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

(2) Product or device events, including the following: (A) Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product. (B) Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator. (C) Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

(3) Patient protection events, including the following: (A) An infant discharged to the wrong person. (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity. (C) A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

(4) Care management events, including the following: (A) A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose. (B) A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products. (C) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths

from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy. (D) Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility. (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter. (F) A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission. (G) A patient death or serious disability due to spinal manipulative therapy performed at the health facility.

(5) Environmental events, including the following: (A) A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock. (B) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance. (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. (D) A patient death associated with a fall while being cared for in a health facility. (E) A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.

(6) Criminal events, including the following: (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider. (B) The abduction of a patient of any age. (C) The sexual assault on a patient within or on the grounds of a health facility. (D) The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.

(7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report made. (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part. (Ref: Health and Safety Code section 1279.1(b)).

Alternative Birthing Center

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

Ambulatory Surgical Center

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

Appeals

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

Automated Survey Processing Environment (ASPEN)

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

Chemical Dependency Recovery Hospital

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

Chronic Dialysis Clinic

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

Citations

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

“AA” Citations - Violations that meet the criteria for a class "A" violation and that the Department determines to have been a direct proximate cause of death of a patient or resident of a long-term health care facility. Except as provided in Health and Safety Code section 1424.5, a class "AA" citation is subject to a civil penalty in the amount of not less than five thousand dollars (\$5,000) and not exceeding twenty-five thousand dollars (\$25,000) for each citation. In any action to enforce a citation issued under this subdivision, the Department shall prove all of the following: (1) the violation was a direct proximate cause of death of a patient or resident. (2) The death resulted from an occurrence of a nature that the regulation 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 Department determines present either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. A physical condition or one or more practices, means, methods, or operations in use in a long-term health care facility may constitute a class "A" violation. The condition or practice constituting a class "A" violation shall be abated or eliminated immediately, unless a fixed period, as determined by the Department, required for correction. Except as provided in Health and Safety Code section 1424.5, a class "A" citation is subject to a civil penalty in an amount not less than one thousand dollars (\$1,000) and not exceeding ten thousand dollars (\$10,000) for each citation. (Ref: Health and Safety Code section 1424(d)).

“B” Citations - Violations that the Department determines have a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Unless otherwise determined by the Department to be a class "A" violation pursuant to this chapter and rules and regulations adopted pursuant thereto, any violation of a patient's rights as set forth in sections 72527 and 73523 of Title 22 of the California Code of Regulations, that is determined by the Department to cause or under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to a patient is a class "B" violation. Except as provided in Health and Safety Code section 1424.5(4) (a), a class "B" citation is subject to a civil penalty in an amount not less than one hundred dollars (\$100) and not exceeding one thousand dollars (\$1,000) for each 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 Department, provides inpatient health services to that portion of the inmate population who do not require a general acute care level of basic services. This definition shall not apply to those areas of a law enforcement facility that houses inmates or wards who may be receiving outpatient services and are housed separately for reasons of improved access to health care, security, and protection. The health services provided by a correctional treatment center shall include, but are not limited to, all of the following basic services: physician and surgeon, psychiatrist, psychologist, nursing, pharmacy, and dietary. A correctional treatment center may provide the following services: laboratory, radiology, perinatal, and any other services approved by the Department. (Ref: Health and Safety Code section 1250(j)(1)).

Deficiencies

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

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 the Center personnel to capture potential health service providers' applications, issue licenses, generate license renewal notices, determine license fees, issue and track state enforcement actions, and generate management reports.

End Stage Renal Disease

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

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

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

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

Entity-Reported Incident

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

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

Intermediate Care Facility/Developmentally Disabled - Nursing

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

Long-Term Health Care Facility

(a) "Long-Term health care facility" means any facility licensed pursuant to Health and Safety Code Chapter 2 (commencing with section 1250) that is any of the following:

- (1) Skilled nursing facility.

- (2) Intermediate care facility.
 - (3) Intermediate care facility/developmentally disabled.
 - (4) Intermediate care facility /developmentally disabled habilitative.
 - (5) Intermediate care facility/developmentally disabled nursing.
 - (6) Congregate living health facility.
 - (7) Nursing facility.
 - (8) Intermediate care facility/developmentally disabled-continuous nursing.
- (b) “Long-term health care facility” also includes a pediatric day health and respite care facility. (Ref: Health and Safety Code section 1760).
- (c) “Long-term health care facility” does not include a general acute care hospital or an acute psychiatric hospital, except for that distinct part of the hospital that provides skilled nursing facility, intermediate care facility, intermediate care facility/developmentally disabled, or pediatric day health and respite care facility services (Ref: Health and Safety Code section 1418(c)).

Medical Breach

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

Non-Long Term Care Facility

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

Nursing Home Administrator

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

Nursing Hours per Patient Day

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

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

Skilled Nursing Facility

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

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.