



Center for Health Care Quality
Licensing & Certification Program

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

Annual Fee Report for Fiscal Year 2019-20

February 2019

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EXECUTIVE SUMMARY

Program Overview

The California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ), Licensing & Certification Program is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and health care quality for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ licenses and certifies over 10,000 health care facilities and agencies in California in 30 different licensure and certification categories.

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

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

Fees Overview

Health Care Facility License Fees

CDPH publishes the "Center for Health Care Quality, Licensing and Certification Program, Health Facility License Fees and Nursing Home Administrator Program Fees Annual Fee Report for Fiscal Year 2019-20" in accordance with California Health and Safety Code (HSC) 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 CHCQ; and,
- Prepare a staffing and systems analysis report including:
 - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities;
 - The percentage of time devoted to licensing and certification activities for the various types of health facilities;
 - The number of facilities receiving full surveys and the frequency and number of follow up visits;
 - The number and timeliness of complaint investigations;
 - Data on deficiencies and citations issued, and numbers of citation review conferences and arbitration hearings; and,

- Other applicable activities of the Licensing and Certification Program.

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

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

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

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

Nursing Home Administrator Program Fees

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

- Estimates of costs to implement activities and estimated fee revenue;
- Recommended adjustments to fees based on projected workload and costs; and,
- An analysis containing the following information for the current fiscal year and each of the previous four fiscal years:
 - The number of persons applying for a nursing home administrator's license, the number of nursing home administrator licenses approved or denied, and the number of nursing home administrator licenses renewed.
 - The number of applicants taking the nursing home administrator exam and the number of applicants who pass or fail the exam.

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

Fee Methodology

Health Care Facility Licensing Fees

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

- Projects the state workload percentage for each health care facility type based on mandated workload. (See Attachment 1).
- Determines the budget year adjusted Fund 3098 appropriation, including baseline adjustments and mandated credits. (See Attachment 2).
- Applies the individual workload percentage to the budget year adjusted appropriation to calculate the revenue required of each health care facility type.
- Divides the revenue required of each health care facility type by the total number of health care facilities or beds to calculate the fee.
- Compares each health care facility type fee with the current fiscal year fee. Historically, CHCQ has applied Fund 3098 reserve credits to mitigate fluctuations in fee amounts from year to year. CHCQ applied a \$2.5 million credit from Fund 3098 reserves to the combined statewide and Los Angeles County 2019-20 fees.

To determine the Los Angeles County supplemental fee, CHCQ:

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

- Compares each health care facility type fee with the current fiscal year fee. CHCQ may apply Fund 3098 reserve credits to mitigate fluctuations in fee amounts from year to year. CHCQ applied a \$2.5 million credit from Fund 3098 reserves to the combined statewide and Los Angeles County 2019-20 fees.

CHCQ calculates state workload percentages for each workload activity by facility type. Workload activities include state licensing, federal certification, initial state licensure, initial federal certification, follow-up/revisits, and complaint investigations. CHCQ use 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 2019-20 shows the distribution of state workload activities by facility type.

For 2019-20, CDPH proposes to:

1. Increase statewide fees by up to 20 percent for those facilities that would have received an increase based on their percentage of the state's total workload.
2. Keep statewide fees at the 2018-19 level for those health care facilities that had a decreased share of their percentage of the state's total workload.
3. Increase the supplemental fee to result in a combined fee increase of up to 35 percent for those health care facilities located in Los Angeles County.
4. The 2019-20 fees are expected to raise \$171.5 million from statewide health care facility licensing fees, and \$19.1 million from the Los Angeles County supplemental fee.

Table 1 below provides the proposed 2019-20 licensing fees for each health care facility type.

Table 1: Health Care Facility License Fee Table

Facility Type	Fee Per Bed or Facility	Number of Licensed Facilities/ Beds	Health Care Facility License Fees (rounded in nearest dollar)			
			2018-19		2019-20	
			Statewide	Los Angeles County Supplemental Fee	Statewide	Los Angeles County Supplemental Fee ²
Acute Psychiatric Hospitals	Bed	8,190	\$ 550.00	\$ 55.00	\$ 661.00	\$ 156.00
Adult Day Health Centers	Facility	271	\$ 6,242.00	\$ -	\$ 7,490.00	\$ 365.00
Alternative Birthing Centers	Facility	12	\$ 2,737.00	\$ -	\$ 2,914.00	\$ -
Chemical Dependency Recovery Hospitals	Bed	412	\$ 321.00	\$ -	\$ 321.00	\$ 60.00
Chronic Dialysis Clinics	Facility	587	\$ 3,431.00	\$ 1,102.00	\$ 3,431.00	\$ 2,689.00
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,449	\$ 1,483.00	\$ 78.00	\$ 1,780.00	\$ 328.00
Congregate Living Health Facilities	Bed	1,308	\$ 644.00	\$ 158.00	\$ 773.00	\$ 311.00
Correctional Treatment Centers	Bed	2,493	\$ 1,185.00	\$ -	\$ 1,422.00	\$ -
District Hospital Less Than 100 Beds	Bed		\$ 550.00	\$ 55.00	\$ 661.00	\$ 156.00
General Acute Care Hospitals	Bed	75,073	\$ 550.00	\$ 55.00	\$ 661.00	\$ 156.00
Home Health Agencies	Facility	1,727	\$ 2,762.00	\$ 908.00	\$ 2,762.00	\$ 1,061.00
Hospices (2-Year License Total)	Facility	1,242	\$ 2,970.00	\$ 884.00	\$ 2,970.00	\$ 1,150.00
Hospice Facilities	Bed	120	\$ 524.00	\$ -	\$ 558.00	\$ -
Intermediate Care Facilities (ICF)	Bed	5,235	\$ 644.00	\$ -	\$ 773.00	\$ 97.00
ICF/Developmentally Disabled (DD)	Bed	10,215	\$ 1,199.00	\$ 305.00	\$ 1,438.00	\$ 591.00
ICF/DD - Habilitative	Bed		\$ 1,199.00	\$ 305.00	\$ 1,438.00	\$ 591.00
ICF/DD - Nursing	Bed		\$ 1,199.00	\$ 305.00	\$ 1,438.00	\$ 591.00
Pediatric Day Health and Respite Care Facility	Bed	390	\$ 311.00	\$ -	\$ 373.00	\$ 46.00
Psychology Clinics	Facility	19	\$ 2,853.00	\$ -	\$ 2,876.00	\$ 480.00
Referral Agencies	Facility	3	\$ 3,729.00	\$ -	\$ 3,729.00	\$ 1,080.00
Rehab Clinics	Facility	12	\$ 536.00	\$ 119.00	\$ 643.00	\$ 241.00
Skilled Nursing Facilities ¹	Bed	119,495	\$ 648.00	\$ 158.00	\$ 777.00	\$ 312.00
Special Hospitals	Bed		\$ 550.00	\$ 55.00	\$ 661.00	\$ 156.00
Surgical Clinics	Facility	33	\$ 5,136.00	\$ 1,157.00	\$ 6,163.00	\$ 2,332.00

¹ SNF license fee includes the statewide fee of \$773 and the California Department of Aging SNF LTC Ombudsman program fee of \$4.² CDPH does not assess a supplemental fee on facilities that Los Angeles County Department of Public Health does not regulate.

Data Source: 2019-20 Licensing Fees Chart

Nursing Home Administrator Program Fees

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

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

For 2019-20, CDPH 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 20 percent to align with the projected program cost of \$789,000.

Table 2 below provides the proposed 2019-20 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)		
Fee Categories	2018-19	2019-20
(1) Examination Application Fee	\$ 50	\$ 60
(2) Reciprocity Licensure Application Fee	\$ 90	\$ 108
(3) AIT Program Application Fee	\$ 210	\$ 252
(4) Written State Exam	\$ 310	\$ 372
(5) Initial License Fee	\$ 390	\$ 468
(6) (A) Active License Renewal Fee	\$ 390	\$ 468
(6) (B) Inactive License Fee	\$ 390	\$ 468
(7) Delinquency Fee	\$ 90	\$ 108
(8) Duplicate License Fee	\$ 50	\$ 60
(9) Provisional License Fee	\$ 500	\$ 600
(10) Endorsement of Credential Verification Fee	\$ 50	\$ 60
(11) Preceptor Certification Fee	\$ 120	\$ 144
(12) Continuing Education Provider Fee	\$ 290	\$ 348
(13) Continuing Education Course Fee	\$ 30	\$ 36

Data Source: 2019-20 NHAP Fees Chart

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

HSC section 1266(e)(2)(A) requires CHCQ, 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 CHCQ's activities, survey schedules, complaint investigations, entity reported incidents, citations, administrative penalties and enforcement penalties, state civil monetary penalties, appeals, data collection and dissemination, surveyor training, and policy development.

The following tables depict information from 2017-18, which represents the last full fiscal year for which CHCQ has data.

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

Pursuant to HSC section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health care facility types. CHCQ assigned 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 HSC section 1266(e)(2)(B)(ii), Table 4 shows the number of surveyor hours and percentage of time devoted to licensing and certification activities for all health care facility types.

Table 5: Surveys and Follow-up Visits Performed

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

Table 6: Number of Complaint Investigations by Facility Type

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

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

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

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

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

Pursuant to HSC section 1266(e)(2)(B)(iv), Table 7 shows the number of entity-reported incidents received and how long it takes CHCQ to initiate and complete entity-reported incident investigations. Investigation timeframes based on priority levels A through H. CHCQ 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 CHCQ reviews and investigates without an on-site component to the investigation;
- Levels F and G for entity-reported incidents that CHCQ 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.

CHCQ 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 HSC section 1266(e)(2)(B)(vi), Table 8 shows the number of citations issued, the number of administrative penalties issued, and the number of failure-

to-report penalties issued for adverse events and medical breaches. Table 8 also provides the number of appeals.

Table 9: Deficiencies by Facility Type

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

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

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

Table 12: Adverse Event Timeliness Report

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

Table 13: Surveyor Training Provided in 2017-18

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

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

Number of Authorized Personnel for Licensing and Certification of Health Care Facilities								
Health and Safety Code section 1266(e)(2)(B)(i)								
2017-18								
Personnel Types	13 Field Offices		Headquarters		Total L&C		Los Angeles 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	47.19%	-	0.00%	616	47.19%	145	64.16%
Various State Consultants	59 ²	4.52%	-	0.00%	59	4.52%	6	2.65%
Administrative Support Personnel								
Managers/Supervisors & Support Staff	378.25 ³	28.98%	252 ³	19.31%	630.25	48.29%	75	33.19%
Total	1053.25	80.69%	252	19.31%	1,305.25	100.00%	226	100.00%

This chart represents the number of positions in CHCQ, Licensing and Certification Program and LAC Contract. The following detail describes personnel function in 13 Licensing and Certification field offices statewide and 5 LAC Contract Offices:

Personnel in the Field Offices and Los Angeles County Contract

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

¹ Classifications include: Health Facilities Evaluator Nurse, and Health Facilities Evaluator I

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

³ Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager I/II/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator I/II, Health Facilities Evaluator Manager I/II, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist I/II, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist I/II, Staff Programmer Analyst, Supervising Program Technician I/II, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager I/II/III, Word Processing Technician, Chief Environmental Health Specialist III, Environmental Health Specialist III.

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

The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Care Facilities		
Health and Safety Code section 1266(e)(2)(B)(ii)		
2017-18		
Facility Type	Total Survey Hours*	Percentage to Total Hours
Acute Psychiatric Hospital	6,751	0.62%
Adult Day Health Centers	1,686	0.15%
Alternate Birthing Center	89	0.01%
Chemical Dependency Recovery Hospital	54	0.00%
Chronic Dialysis Clinic / End Stage Renal Disease	26,002	2.39%
Community Clinic / Rural Health Clinic	3,104	0.28%
Community Mental Health Centers (CMHC)	112	0.01%
Congregate Living Health Facility	4,127	0.38%
Correctional Treatment Center	2,910	0.27%
General Acute Care Hospital	129,168	11.85%
Home Health Agencies	28,214	2.59%
Hospice	14,205	1.30%
Hospice Facility	159	0.01%
Intermediate Care Facilities	5,238	0.48%
Intermediate Care Facilities DD/H/N/IID	108,600	9.96%
Pediatric Day Health or Respite Care	224	0.02%
Psychology Clinics	-	0.00%
Referral Agency	-	0.00%
Rehab Clinic/CORF/OPT/SP	1,582	0.15%
Skilled Nursing Facilities	733,694	67.31%
Surgical Clinic / Ambulatory Surgical Center	24,153	2.22%
	-	0.00%
Total	1,090,073	100.00%

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

Data Source: Time Entry and Activity Management, 2017-18 Standard Average Hours Report for surveys started on or after 07-01-2017 and exited on or before 06-30-2018

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-Up Visits Performed						
Health and Safety Code section 1266(e)(2)(B)(iii)						
2017-18						
	Facility Type	Licensing Survey		Certification Survey		Follow-Up & Revisits
		Initial	Re-Licensure	Initial	Re-Certification	
1	Acute Psychiatric Hospital	1	3	-	5	10
2	Adult Day Health Care	10	2	-	-	1
3	Alternative Birthing Center	-	-	-	-	-
4	Chemical Dependency Recovery Hospital	-	-	-	-	-
5	Chronic Dialysis Clinic/ESRD	16	5	27	162	167
6	Congregated Living Health Facility	48	4	-	-	3
7	Correctional Treatment Center	-	13	-	-	16
8	General Acute Care Hospital	15	130	-	30	93
9	Home Health Agency	96	2	-	147	152
10	Hospice	104	2	-	49	46
11	Hospice Facility	5	-	-	-	-
12	Intermediate Care Facility	-	2	-	-	1
13	Intermediate Care Facility-DD/H/N/CN/IID	13	22	18	1,075	935
14	Pediatric Care Health and Respite Care Facility	-	-	-	-	-
15	Primary Care Clinic	11	2	-	34	31
16	Psychology Clinic	-	-	1	8	1
17	Referral Agency	-	-	-	-	-
18	Rehabilitation Clinic/CORF/OTP/SP	1	-	-	8	11
19	Skilled Nursing Facility	9	276	6	1,166	1,296
20	Surgical Clinic/ASC	-	-	-	114	111
Totals		329	463	52	2,798	2,874
Category Totals		792		2,850		2,874
Category Percentages		12%		44%		44%
Long Term Care Totals		33	313	24	2,275	2,278
Non-Long Term Care Totals		296	150	28	523	596

Data Source: ASPEN Database

Extraction Date: July 17, 2018

Table 6: Number of Complaint Investigations by Facility Type

Number of Complaint Investigations by Facility Type Health and Safety Code section 1266(e)(2)(B)(iv) 2017-18																	
Facility Type	Volume			Timeliness													
				Initiation				Complaints Open at Close of Reporting Period									
	Immediate Jeopardy (IJ) *		Non-Immediate Jeopardy (Non-IJ)**		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval						
	(24 hours LTC - 2 days NLTC)		(10 working days)				≤90	91-180	181-365	>365	≤90	91-180	181-365	>365			
Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely											
Long-Term Care																	
Congregated Living Health Facility	173	152	21	27	96%	140	96%	38	242	41	6	1	11	108%	16%	3%	29%
Intermediate Care Facility	294	341	-47	2	100%	277	93%	102	64	47	3	1	4	46%	3%	1%	4%
Intermediate Care Facility-DD/H/N/CN/IID	505	493	12	60	92%	426	92%	195	310	101	23	17	66	52%	12%	9%	34%
Pediatric Care Health and Respite Care Facility	13	8	5	3	67%	10	100%	2	95	5	0	2	0	250%	0%	100%	0%
Skilled Nursing Facility	9,036	9,025	11	1,156	98%	7,663	96%	4,846	528	1,668	461	330	2,397	34%	10%	7%	49%
Long-Term Care Total	10,021	10,019	2	1,248	98%	8,516	96%	5,184	510	1,862	493	351	2,478	36%	10%	7%	48%
Non-Long Term Care																	
Acute Psychiatric Hospital	324	249	75	27	93%	-	-	395	723	73	54	61	207	18%	14%	15%	52%
Adult Day Health Care	32	32	0	2	100%	-	-	11	178	3	4	3	1	27%	36%	27%	9%
Alternative Birthing Center	0	1	-1	0	N/A	-	-	0	N/A	0	0	0	0	N/A	N/A	N/A	N/A
Chemical Dependency Recovery Hospital	1	0	1	0	N/A	-	-	1	184	0	0	0	0	0%	0%	100%	0%
Chronic Dialysis Clinic/ESRD	212	190	22	9	100%	-	-	244	847	52	31	34	127	21%	13%	14%	52%
Correctional Treatment Center	47	111	-64	0	n/a	-	-	31	152	11	15	1	4	35%	48%	3%	13%
General Acute Care Hospital	4,509	3,997	512	195	95%	-	-	5,737	810	995	811	748	3,183	17%	14%	13%	55%
Home Health Agency	273	283	-10	12	83%	-	-	210	477	56	36	23	95	27%	17%	11%	45%
Hospice	193	186	7	12	83%	-	-	139	365	40	38	24	37	29%	27%	17%	27%
Hospice Facility	3	3	0	1	100%	-	-	2	56	2	0	0	0	100%	0%	0%	0%
Primary Care Clinic	189	142	47	1	100%	-	-	255	698	50	34	34	137	20%	13%	13%	54%
Psychology Clinic	0	0	0	0	N/A	-	-	2	1,224	0	0	0	2	0%	0%	0%	100%
Rehabilitation Clinic/CORF/OTD/SP	3	3	0	0	N/A	-	-	3	1,413	0	0	0	3	0%	0%	0%	100%
Surgical Clinic/ASC	52	40	12	4	75%	-	-	44	792	9	10	3	22	20%	23%	7%	50%
Non-Long Term Care Total	5,838	5,237	601	263	94%	-	-	7,074	780	1,291	1,033	932	3,818	18%	15%	13%	54%
Total	15,859	15,256	603	1,511	97%	-	-	12,258	666	3,153	1,526	1,283	6,296	26%	12%	10%	51%

Notes on Method:

*Long-term health 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 17, 2018

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

Number of Entity Reported Incident (ERI) Investigations by Facility Type Health and Safety Code section 1266(e)(2)(B)(iv) 2017-18															
Facility Type	Volume			Timeliness											
				Initiation		Entity Report Incident Open at Close of Reporting Period									
				Immediate Jeopardy (IJ)*		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval			
				(24 hours LTC - 2 days NLTC)				≤90	91-180	181-365	>365	≤90	91-180	181-365	>365
ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Number Received	Percent Initiated Timely											
Long-Term Care															
Congregated Living Health Facility	52	47	5	7	100%	16	160	10	0	3	3	63%	0%	N/A	19%
Intermediate Care Facility	808	2,565	-1,757	5	100%	473	333	90	71	69	243	19%	15%	15%	51%
Intermediate Care Facility-DD/H/N/CN/IID	5,460	5,859	-399	72	96%	1,600	299	580	263	267	490	36%	16%	17%	31%
Pediatric Care Health and Respite Care Facility	3	3	0	0	N/A	0	N/A	0	0	0	0	N/A	N/A	N/A	N/A
Skilled Nursing Facility	14,944	13,684	1,260	778	97%	8,616	486	2,359	1,236	1,389	3,632	27%	14%	16%	42%
Long-Term Care Total	21,267	22,158	-891	862	97%	10,705	451	3,039	1,570	1,728	4,368	28%	15%	16%	41%
Non-Long Term Care															
Acute Psychiatric Hospital	375	847	-472	9	100%	460	577	96	65	58	241	21%	14%	13%	52%
Adult Day Health Care	233	148	85	2	100%	120	149	51	37	20	12	43%	31%	17%	10%
Chemical Dependency Recovery Hospital	9	13	-4	0	N/A	2	1,230	1	0	0	1	50%	0%	N/A	N/A
Chronic Dialysis Clinic/ESRD	167	168	-1	5	80%	161	653	30	23	24	84	19%	14%	15%	52%
Correctional Treatment Center	782	1,273	-491	0	N/A	375	280	116	61	67	131	31%	16%	18%	35%
General Acute Care Hospital	6,943	8,196	-1,253	107	93%	11,209	891	1,392	1,069	1,242	7,506	12%	10%	11%	67%
Home Health Agency	86	79	7	3	100%	102	683	20	12	9	61	20%	12%	9%	60%
Hospice	94	98	-4	3	100%	81	497	13	13	18	37	16%	16%	22%	46%
Hospice Facility	0	0	0	0	N/A	1	575	0	0	0	1	0%	N/A	N/A	N/A
Primary Care Clinic	375	325	50	0	N/A	567	847	77	39	71	380	14%	7%	13%	67%
Psychology Clinic	1	0	1	0	N/A	2	396	0	0	1	1	0%	N/A	N/A	50%
Rehabilitation Clinic/CORF/OTP/SP	1	1	0	0	N/A	0	N/A	0	0	0	0	N/A	0%	N/A	N/A
Surgical Clinic/ASC	21	16	5	1	100%	24	861	3	1	4	16	13%	4%	17%	67%
Non-Long Term Care Total	9,087	11,164	-2,077	130	93%	13,104	846	1,799	1,320	1,514	8,471	14%	10%	12%	65%
Total	30,354	33,322	-2,968	992	97%	23,809	668	4,838	2,890	3,242	12,839	20%	12%	14%	54%

Notes on Method:

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

Data Source: ASPEN Database

Extraction Date: July 17, 2018

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

Data on Citations, Administrative Penalties & Enforcement Penalties												
Health & Safety Code section 1266(e)(2)(B)(vi)												
2017-18												
Facility Category	Citations Issued (by Definitions) (HSC 1424)						3.2 NHPD 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	-	-	-	-	-	-	-	0	1	-	1	-
Adult Day Health Care	-	-	-	-	-	-	-	-	-	-	-	-
Alternative Birthing Center	-	-	-	-	-	-	-	-	-	-	-	-
Chemical Dependency Recovery Hospital	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Dialysis Clinic	-	-	-	-	-	-	-	-	-	-	-	-
Community Clinic	-	-	-	-	-	-	-	-	-	-	4	-
Congregate Living Health Facility	-	4	8	-	-	-	-	-	-	-	-	-
Correctional Treatment Center	-	-	-	-	-	-	-	-	-	-	-	-
General Acute Care Hospital	-	-	-	-	-	-	-	30	44	61	26	17
Home Health Agency	-	-	-	-	-	-	-	-	-	-	0	1
Hospice	-	-	-	-	-	-	-	-	-	-	1	-
Hospice Facility	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care Facility	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled	-	1	2	-	-	-	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Habilitative	1	7	39	-	-	-	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Nursing	-	3	20	-	-	-	-	-	-	-	-	-
Pediatric Day Health & Respite Care Facility	-	-	-	-	-	-	-	-	-	-	-	-
Psychology Clinic	-	-	-	-	-	-	-	-	-	-	-	-
Referral Agency	-	-	-	-	-	-	-	-	-	-	-	-
Rehabilitation Clinic	-	-	-	-	-	-	-	-	-	-	-	-
Skilled Nursing Facility	17	186	332	4	-	-	30	-	-	-	-	0
Surgical Clinic	-	-	-	-	-	-	-	-	-	-	-	-
Total	18	201	401	4	-	-	30	30	45	61	32	18

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)(vi)				
2017-18				
Appeal Received Type	Collection	Decision	Event	Total
Administrative Law Judge (ALJ)	-	-	29	29
Binding Arbitration (BA)	-	-	4	4
Court Appeal	-	-	86	86
Total	-	-	119	119

Data Source: ELMS Database
Data Extraction Date: July 17, 2018

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type Health and Safety Code section 1266(e)(2)(B)(v) 2017-18	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	284
Adult Day Health Care	69
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	3
Chronic Dialysis Clinic/ESRD	1,953
Congregated Living Health Facility	206
Correctional Treatment Center	114
General Acute Care Hospital	3,846
Home Health Agency	1,171
Hospice	636
Hospice Facility	2
Intermediate Care Facility	56
Intermediate Care Facility-DD/H/N/CN/IID	6,421
Pediatric Care Health and Respite Care Facility	4
Primary Care Clinic	231
Psychology Clinic	2
Referral Agency	-
Rehabilitation Clinic/CORF/OTP/SP	74
Skilled Nursing Facility	16,600
Surgical Clinic/ASC	1,390
Total	33,062
Long-Term Care Total	23,370
Non-Long-Term Care Total	9,692

Data Source: ASPEN Database
Extraction Date: July 17, 2018

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type							
Health and Safety Code section 1266(e)(2)(B)(vi)							
2017-18							
Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non- Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches	
						Administrative Penalties (HSC 1280.15)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital	-	-	\$ -	\$ 4,797	\$ -	\$ -	\$ -
Adult Day Health Care	-	-	-	-	-	\$ -	\$ -
Alternative Birthing Center	-	-	-	-	-	\$ -	\$ -
Chemical Dependency Recovery Hospital	-	-	-	-	-	\$ -	\$ -
Chronic Dialysis Clinic	-	-	-	-	-	\$ -	\$ -
Community Clinic	-	-	-	-	-	\$ -	\$ -
Congregate Living Health Facility	\$ 45,800	-	-	-	-	\$ -	\$ -
Correctional Treatment Center	-	-	-	-	-	\$ -	\$ -
General Acute Care Hospital	-	-	\$ 1,926,137	\$ 509,462	\$ 111,900	\$ 776,400	\$ 46,000
Home Health Agency	-	-	-	-	-	\$ 600	\$ -
Hospice	-	-	-	-	-	\$ -	\$ -
Hospice Facility	-	-	-	-	-	\$ -	\$ -
Intermediate Care Facility	\$ -	-	-	-	-	\$ -	\$ -
Intermediate Care Facility/Developmentally Disabled	\$ 7,000	-	-	-	-	\$ -	\$ -
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$ 122,210	-	-	-	-	\$ -	\$ -
Intermediate Care Facility/Developmentally Disabled - Nursing	\$ 54,500	-	-	-	-	\$ -	\$ -
Pediatric Day Health & Respite Care Facility	-	-	-	-	-	\$ -	\$ -
Psychology Clinic	-	-	-	-	-	\$ -	\$ -
Referral Agency	-	-	-	-	-	\$ -	\$ -
Rehabilitation Clinic	-	-	-	-	-	\$ -	\$ -
Skilled Nursing Facility	\$ 5,445,550	\$ 495,000	-	-	-	\$ -	\$ -
Surgical Clinic	-	-	-	-	-	\$ -	\$ -
Total	\$ 5,675,060	\$ 495,000	\$ 1,926,137	\$ 514,259	\$ 111,900	\$ 777,000	\$ 46,000

= Facilities with statutorily mandated enforcement action.

Data Source: ELMS Database
Extraction Date: July 17, 2018

Table 11: Detailed Adverse Event Report Category and Type

Detailed Adverse Event Report Category and Type	
Health and Safety Code section 1279.1 2017-18	
Adverse Event by Category and Type	
01 - Surgical Events	359
01. Surgery performed on a wrong body part	22
02. Surgery performed on the wrong patient	3
03. Wrong surgical procedure performed on a patient	15
04. Retention of a foreign object in a patient	302
05. Death during or up to 24 hours after surgery	17
02 - Product or Device Events	7
06. Death or serious disability associated with the use of contaminated drug, device, or biologic	3
07. Death or serious disability associated with the use of a device other than as intended	-
08. Death or serious disability due to intravascular air embolism	4
03 - Patient Protection Events	17
09. Infant discharged to the wrong person	-
10. Death or serious disability due to disappearance	2
11. Suicide or attempted suicide	15
04 - Care Management Events	1,113
12. Death/serious disability associated with a medication error	12
13. Death/serious disability associated with the administration of ABO-incompatible blood or blood products	1
14. Maternal death/serious disability associated with labor/delivery/within 42 days post-delivery	3
15. Death/serious disability directly related to hypoglycemia	1
16. Death or serious disability associated with hyperbilirubinemia in neonates	-
17. Stage 3 or 4 decubitus ulcer acquired after admission	1,096
18. Death or serious disability due to spinal manipulation therapy	-
05 - Environmental Events	32
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	-
22. Death associated with a fall	24
23. Death or serious disability associated with the use of restraints or bedrails	8
06 - Criminal Events	19
24. Case ordered or provided by someone impersonating a licensed health provider	4
25. Abduction of a patient of any age	1
26. Sexual assault on a patient	7
27. Death or significant injury from a physical assault	7
07 - Other	99
28. Adverse event or series of adverse events	99
Total	1,646

Data Source: ASPEN Database
Data Extraction Date: August 15, 2018

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report						
Health and Safety Code section 1279.2						
2017-18						
Adverse Event Category	Total AEs	Immediate Jeopardy ¹			Non-Immediate Jeopardy ²	
		Number Required Investigation Within 2 Days	Number Initiated Within 2 Days	Number Completed Within 45 Days	Number Non-Immediate Jeopardy Adverse Events	Number Completed Within 45 Days
Surgical Events	359	3	3	-	356	37
Product or Device Events	7	1	1	-	6	-
Patient Protection Events	17	5	5	-	12	2
Care Management Events	1,113	1	1	-	1,112	185
Environmental Events	32	4	2	1	28	5
Criminal Events	19	1	1	-	18	6
Other	99	3	3	3	96	33
Total	1,646	18	16	4	1,628	268

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, 2018

Table 13: Surveyor Training Provided

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) 2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
Abbreviated Standard Survey P & P	State	137
Active Treatment Loop ICF/IID	State	18
Activities Investigation Protocol	State	4
ACTS Excerise 3&4	State	6
ACTS Excerise 5&6	State	1
Adverse Events - Sub Categories	State	9
Antipsychotic Tool Webinar	State	146
AO Referral	State	99
ASC Clinic	State	47
Basic ACO Exercises 1 & 2	State	4
Basic ACO Exercises 5 & 6	State	6
BMFEA	State	2
CMS Dementia Care Focus Surveys	State	3
CMS Hand in Hand - CMS	State	138
CMS Phase I New Regulatory Section Changes	State	6
CMS: 25767 Doc IJ Consistent with App Q	State	15
Data Analytics & Reports - Pulling it all together	State	1
Deficiency Review Request	State	10
Definitions of Adverse Events - A Case Study	State	13
Dementia	State	6
Demystifying a Statement of Qualification Resume	State	2
Forensic Markers of Elder Abuse	State	201
GACH Discharge & QAPI Worksheet	State	17
GACH Infection Control Worksheet	State	13
GACH Licensing Survey Process	State	3
GACH Phase II	State	9
GACH Relicensing Survey Update 3-8-17	State	10
GACH RLS	State	7
HAI Prevention What Really Works	State	8
Hydration Refresher	State	15
ICF/IID Guidance, Probes and IG's	State	14
Introduction to HHA & Hospice	State	12
Investigating Falls and Fractures	State	9
Investigating Pressure Ulcers	State	6
Its Not Just Weight Loss	State	14
Major Changes to MSDS 3.0	State	9
Management of deemed Providers	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) 2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
Management of Multi Drug Resistant Organisms	State	2
MDS Updates	State	12
Meeting State Performance Standard 2012	State	1
New Dining Standards	State	13
New LTC Survey Process	State	375
New Surveyor Academies (4 weeks)	State	123
Offsite Prep - QM/QI Reports	State	11
Principle of Investigative Skills	State	14
Principles of Documentation (POD) - Refresher	State	85
Prioritizing Complaints Quality of Life Considerations	State	12
Processing EMTALA Surveys	State	2
Q6 Prioritizing Intakes Q1 Reviewing 2567 Documentation	State	1
QAA to QAPI Ref. and Resource for QAPI in Nursing Homes	State	5
QI Using Active Voice	State	151
Quality HFEN SPS Training Q1 Q9 AP	State	7
Reports of Mycobacterium Chimaera Infections	State	3
SB 361 Update	State	1
SNF licensing Survey Process	State	6
SNF Relicensing Survey Process 2015	State	3
SPS for Supervisors & Managers Q1	State	8
Strategies for Success: Dealing with Dem. Behaviors w/o Drugs	State	16
Strength Training	State	374
Supervisors Orientation Academy	State	107
Surveying Anti-Psychotic use in SNF	State	7
Surveying to Antipsychotic Use	State	198
Surveying to NH Antipsychotic Use - Dementia	State	10
Surveying to SB 361, the New SNF Antibiotic Stewardship Requirement	State	3
Tablet Training	State	15
Title 22	State	202
Training Supervisor - In Person Training Meetings	State	46
Using the Automated Dispensing Cabinet ADC Tool in SNF	State	9
Writing Skills & Advanced Interview Skills	State	7
Your Legal Duty Part 1-4	State	201
2005 Survey and Certification's LTC Policy Year in Review	Federal	8
Adaptation: Dealing with Changing Needs Part I II and III	Federal	75
Advanced EMTALA	Federal	28
Advancing Excellence in Americas Nursing Homes	Federal	20

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)		
2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
Alzheimer's and Related Dementia - Part I and II	Federal	71
Ambulatory Surgery Centers (ASC) Basic Surveyor Online	Federal	32
Ambulatory Surgical Centers (ASC) Refresher Training	Federal	15
Archived - HHA Updated Conditions of Participation Webinar	Federal	23
Archived - Infection Control and Preventions Webinar Series 1, 2 & 3	Federal	466
Archived - Nursing Homes vs. ICF/MR Webinar	Federal	12
Archived - Psych Hospital: Follow Up Survey Webinar	Federal	4
ASPEN and the Long Term Care Survey Process	Federal	328
ASPEN Overview WebEx	Federal	29
Assessing Compounding Safety in Hospitals and Critical Access Hospitals	Federal	35
Basic Life Safety Code Training Online Course	Federal	1
Basic Life Safety Code: The Survey Process	Federal	16
Basic Medication in an ICF/MR	Federal	15
Basic Medications in Nursing Homes	Federal	60
Basic Writing Skills for Survey Staff	Federal	377
Behavior Modification: Theories and Approaches	Federal	16
Being An Effective Witness	Federal	27
Burnout: Caregiver	Federal	13
Burnout: Staff	Federal	19
Burnout: Surveyors	Federal	25
CLIA New Quality Control Requirements	Federal	3
CMHC QQ Review of 2567's	Federal	1
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	6
CMS Long Term Care Journal: Pressure Ulcer Care Vol. I	Federal	59
CMS Long Term Care Journal: Urinary Incontinence Vol. II	Federal	133
Common Drugs and Side Effects in ICF/MR	Federal	1
Common Issues Facing the Elderly Population: Communication	Federal	9
Community Mental Health Centers	Federal	2
Complaint & Incident Intake for Long-term Care	Federal	29
Compliance with Liability Notices and Beneficiary Appeal Rights	Federal	33
Critical Access Hospital Basic Training	Federal	11
Current Issues/Trends in Hospice Survey and Certification	Federal	4
Data Assessment and Verification (DAVe)	Federal	7
Dealing with Turbulence in Organizations	Federal	19
Decision Making	Federal	32
Delivery of Care to a Diverse Population	Federal	16
Dementia in the LTC and HHA Settings	Federal	46

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) 2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
Diabetes	Federal	27
Discharge Planning (Hospitals)	Federal	3
Down Syndrome Aging and Dementia	Federal	4
Electronic Code of Federal Regulations Simulation	Federal	413
Electronic Health Records and Patient Safety - Live Webinar	Federal	1
Emergency Medical Treatment and Labor Act Basic Training	Federal	17
Emergency Preparedness Basic Surveyor Training Course	Federal	756
Enforcement Specialist	Federal	6
Evaluation and Treatment of Depression in Patients with Cognitive Impairment	Federal	8
Facilitating Communication in Individuals with Neurological Disease also known as "Communicating Skills"	Federal	14
Fall Prevention	Federal	50
Fire Inspector One Certification (NFPA Issued)	Federal	1
FISC: Depositions and Hearing Testimony	Federal	301
FISC: Effective Observations Using the Five Senses	Federal	352
FISC: Sexual Abuse in Long Term Care	Federal	303
FISC: Surveyor Boundaries: To Do or Not to Do	Federal	319
FISC: The Surveyor in Court: Writing Defensible Citations	Federal	311
Forensic Wound Identification and Documentation	Federal	21
Foundational Investigative Skills	Federal	298
From Institutional to Individual Care Pt. I, II, III, and IV	Federal	33
Fundamentals of Patient Safety in Hospitals	Federal	10
H1N1 and the Elderly Population	Federal	24
HHA Survey Protocol Webinar	Federal	5
Home Health Agency Basic Surveyor Training	Federal	34
Home Health Quality Initiative (HHQI)	Federal	6
Hospice Basic Training	Federal	51
Hospice QAPI Part I and II	Federal	20
Hospice/End of Life Issues Part I and II	Federal	26
Hospital Basic Training Part 1 & 2	Federal	110
Hospital Basic Training Part 1 & 2 - Phase 1, 2 & 3	Federal	284
Hospital Immediate Jeopardy	Federal	11
How People with Severe/Profound Disabilities Learn	Federal	8
How to Enhance the Quality of Dining	Federal	14
Hydration	Federal	39
ICF/IID Interpretive Guidelines Revision	Federal	17
ICF/IID Tag - W249, W120	Federal	5
ICF/IID Tag-W159 (Role of QIDP) Webinar	Federal	8

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)		
2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
ICF/MR Understanding Investigation/Process	Federal	29
Improving MDS Accuracy - ADL's and Restorative Nursing	Federal	11
Improving MDS Accuracy " Disease Diagnosis, Medications and Health Conditions	Federal	10
Improving Nursing Home Quality and Payment	Federal	3
Infection Control Hospitals	Federal	16
Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents	Federal	128
Intermediate Care Facilities for Individuals with Intellectual	Federal	89
Interviewing Techniques	Federal	173
Introducing the New Psychosocial Severity Guide	Federal	161
Introduction to Surveying for Non-Long Term Care	Federal	192
Investigative Techniques	Federal	57
Legionella Webinar - Live	Federal	4
Life Safety Code 2000 Update	Federal	3
Life Safety Code Transition Course	Federal	3
Listening: It's Not Just Hearing the Words	Federal	153
Long Term Care Basic Training	Federal	117
Long Term Care New Survey Process for State Trainers Training	Federal	14
Long Term Care Survey Process (LTCSP) Review	Federal	282
Long Term Care Survey Process Executive Training	Federal	185
LTC RAI Training on MDS 3.0	Federal	1
LTC Survey Process for Surveyors	Federal	787
LTC Survey Process SME Videos	Federal	175
LTCSP 11.2 Software and Other Updates	Federal	415
LTCSP Training Summer 2017	Federal	111
Making Sense of Data	Federal	16
Managing Depression in the Long-Term Care Community	Federal	6
MDS 3.0 Focused Surveys	Federal	21
MDS 3.0: Part 1 - An Introduction	Federal	31
Medical Aspects of Neglect	Federal	52
Medicare Part D Impact on the Nursing Homes	Federal	6
Medicare Part D Impact on the Nursing Homes	Federal	5
Mental Illness in Nursing Homes	Federal	25
New Ambulatory Surgical Centers (ASCs) Survey Process	Federal	2
New Dining Practice Standards for Nursing Home Residents	Federal	129
New Long Term Care Survey Process Application Technical Training	Federal	5
Nursing Home Immunization	Federal	5
Nursing Home Journal Vol. III Surveying the Activities	Federal	123

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)		
2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
Nursing Home Journal Vol. IV Unnecessary Medications	Federal	30
Orientation of Newly Employed Surveyors	Federal	185
Orientation to Basic Life Safety Code	Federal	5
Outpatient Physical Therapy/Outpatient Speech Language	Federal	4
Overview of Anti-Psychotic Medication Use in Nursing Home	Federal	161
Overview of the New Hospice CoP's, Subpart C & D	Federal	22
Pain Management	Federal	18
Phase 1 Implementation of New Nursing Home Regulations	Federal	108
Physical Restraint Use in Nursing Homes Part 1 - 3	Federal	422
Primarily Engaged New Guidance for Appendix A (Hospitals)- Live	Federal	68
Primary Prevention: Preventative Measures Leading to Better	Federal	18
Primary Prevention: Preventative Measures Leading to Better Health Outcomes	Federal	18
Principles of Documentation Learning Activity "Long Term Care	Federal	32
Principles of Documentation Non - LTC	Federal	324
Psychiatric Residential Treatment Facilities	Federal	6
Quality Assessments Performance Improvement (QAPI)(Hospitals)	Federal	12
Quality Indicator Survey (QIS) Process	Federal	10
Reducing the use of Seclusion and Restraint Psych Facilities	Federal	10
RHC and FQHC Basic Training Online Course	Federal	10
S & C Policy Memo Navigation Simulation	Federal	396
Safe Reprocessing of Flexible Endoscopes - Live Webinar	Federal	1
Safe Reprocessing of Flixible Endoscopes (Archived)	Federal	6
SCG News Magazine: Legal Ramifications of Surveyors' Failure to Use Best Practices in Documentation, Investigation and Deficiency Writing	Federal	8
SCG Semi-Annual News Magazine: Mind and Body Medicine	Federal	9
Secondary Prevention: Preventing Disabilities Through Chronic Disease Management	Federal	6
Semi Annual SCG News Magazine Part I Delivering Bad News	Federal	12
Semi-Annual SCG News Magazine Part II Dealing with Difficult People	Federal	11
Severity and Scope Guidance - Anti-Psychotic Use in NH	Federal	145
SOM Appendix 7A, AA, J and Q	Federal	121
SOM Navigation Simulation	Federal	402
STAR Training Course (ESRD)	Federal	4
State RAI Coordinator Fundamentals	Federal	12
State RAI Coordinator Fundamentals Part 2: The Care Area Assessments (CAAs)	Federal	9
Survey Executives Training Institute (SETI)	Federal	3
Surveying for Anti-Psych Medication use in NH	Federal	146
Team Leadership Skills for Survey Teams	Federal	160
The Survey Team Leader: Entrance and Exit Conferences	Federal	155

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) 2017-18		
Activity Name	Types of Training	Number of Surveyors Trained
The Survey Team Leader: Time Management	Federal	152
Training Coordinators Training	Federal	3
Treatment Modalities Management of Distressed Behavior	Federal	9
Universal Infection Prevention and Control	Federal	105
Use of Anti-Psychotic Med w/o Clinical Justification	Federal	34
Wound Care	Federal	9

Data Source: Staff Education Quality Improvement Section (SEQIS)

Nursing Home Administrator Program

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2013-14 through 2017-18.

Table 14: Nursing Home Administrator Violations

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

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

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

Table 14: Nursing Home Administrator Violations

Nursing Home Administrator Program Nursing Home Administrators' Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) 2013-14 to 2017-18			
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	Failure to report abuse	Warning letter	2013-14
5932	Patient care negligence	Warning letter	2013-14
4921	Arrested for Fraud	Immediate suspension	2013-14
7321	Patient care negligence	Warning letter	2013-14
4620	Fraud	12 Month probation	2014-15
7579	Unprofessional conduct	12 Month probation	2014-15
7618	Gross Negligence	License Revoked	2014-15
7712	Patient Care	12 Months Probation	2014-15
4868	Patient Care	NHA Required to Take Continuing Education	2014-15
4921	Fraud	License Revoked	2015-16
E001	Patient Care	12 Months Probation	2015-16
6342	Failure to report	12 months probation	2015-16
6339	Unprofessional conduct	24 months probation	2015-16
7156	Failure to report	12 months probation	2015-16

Data Source: Nursing Home Administrator Program

Table 14: Nursing Home Administrator Violations (cont.)

Nursing Home Administrator Program Nursing Home Administrators' Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) 2013-14 to 2017-18			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
881	Theft/Embezzlement	Revocation	2016-17
7570	Patient Care	12 months Suspension	2017-18
6635	Unprofessional conduct	License Revoked	2017-18
8115	Failure to Report	Warning Letter	2017-18
7709	Failure to Report	Warning Letter	2017-18
8115	Patient Care	Warning Letter	2017-18
6669	Unprofessional conduct	License Revoked	2017-18

Data Source: Nursing Home Administrator Program

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

Nursing Home Administrator Program License, Exam, and AIT Program Health and Safety Code section 1416.36 (d)(1)(C) 2013-14 to 2017-18						
		2013-14	2014-15	2015-16	2016-17	2017-18
(i) Persons applying for NHA License	Applied [1]	124	109	137	214	168
	Approved	122	93	100	114	143
	Denied	2	-	-	2	-
	Renewed	1,077	1,186	1,026	1,065	981
(ii) State Exam	Examinees	219	213	244	230	219
	Passed	130	101	121	148	128
	Failed	89	112	123	82	91
(iii) Administrator-In-Training Program	Applied	124	136	147	132	111
	Accepted	122	116	145	127	111
	Completed	110	83	125	137	98
(iv) Complaints Received [2]	Administrator-In-Training	-	-	1	-	3
	Nursing Home Administrators	30	45	15	24	32
(v) Actions Against Nursing Home Administrators [3]		24	6	5	1	6
(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	0
	Time Between Request & Final Determination	8 months	2 months	1 month	4 months	N/A
	Final Actions Upheld	2	1	1	1	-

Data are current through June 30, 2018.

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

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

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

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

Data Source: Nursing Home Administrator Program

Attachment 1: State Workload Percentages 2019-20

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS (State/Federal)	STATE FUNDED WORKLOAD		
						STATEWIDE WORKLOAD HOURS	STATEWIDE WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	12	40	4	196	196	0.017%	0.02%
	COMPLAINT INVESTIGATION		9	0.25	3	3	0.000%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	271	35	136	5,773	5,773	0.510%	1.20%
	RE-LICENSURE - FOLLOW-UP		94	5	572	572	0.051%	
	INITIAL LICENSURE		63	1	77	77	0.007%	
	INITIAL LICENSURE - FOLLOW-UP		1	1	1	1	0.000%	
	COMPLAINT / ERI INVESTIGATION		24	203	5,850	5,850	0.517%	
	FIELD VISIT		23	1	28	28	0.002%	
	OPEN COMPLAINTS		24	44	1,261	1,261	0.111%	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	39	165	13	2,610	2,610	0.231%	1.22%
	FIELD VISIT		11	6	79	79	0.007%	
	OPEN COMPLAINTS		10	286	3,577	3,577	0.316%	
	COMPLAINT (or ERI)		10	561	7,028	7,028	0.621%	
	COMPLAINT INVESTIGATION - DEEMED	40	10	36	457	57	0.005%	
	COMPLAINT INVESTIGATION - NON-DEEMED		10	9	114	14	0.001%	
	COMPLAINT VALIDATION - DEEMED		125	4	609	76	0.007%	
	VALIDATION - DEEMED		242	3	883	110	0.010%	
	VALIDATION FOLLOW UP - DEEMED		45	2	98	12	0.001%	
	RE-CERTIFICATION 3-YEAR AVERAGE		329	3	775	97	0.009%	
	RE-CERTIFICATION FOLLOW UP / REVISITS		158	3	508	63	0.006%	
	TARGET SURVEYS		329	1	401	50	0.004%	
	5-YEAR MAX INTERVAL		329	2	642	80	0.007%	
	LIFE SAFETY CODE		31	2	59	7	0.001%	

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	19	49	6	376	376	0.033%	1.02%
	INITIAL LICENSURE		32	1	39	39	0.003%	
	INITIAL LICENSURE - FOLLOW-UP		9	1	11	11	0.001%	
	COMPLAINT / ERI INVESTIGATION		15	144	2,549	2,549	0.225%	
	FIELD VISIT		17	10	207	207	0.018%	
	RE-LICENSURE -FOLLOW UP		4	1	5	5	0.000%	
	OPEN COMPLAINTS		15	135	2,384	2,384	0.211%	
	End Stage Renal Disease	659			-	-		
	RE-CERTIFICATION 3.5 YEAR INTERVAL		117	183	25,968	3,246	0.287%	
	TARGETED SAMPLE		117	64	9,089	1,136	0.100%	
	3.0-YEAR AVERAGE (33%-29%)		117	30	4,326	541	0.048%	
	INITIAL CERTIFICATION (New Providers)		36	18	797	100	0.009%	
	INITIAL CERTIFICATION - FOLLOW UP		25	6	183	23	0.002%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS		28	95	3,196	400	0.035%	
	LIFE SAFETY CODE		10	64	816	102	0.009%	
COMPLAINT INVESTIGATION		15	202	3,560	445	0.039%		
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	6	103	3	376	376	0.033%	0.05%
	COMPLAINT / ERI INVESTIGATION		8	14	133	133	0.012%	
	OPEN COMPLAINTS		8	1	10	10	0.001%	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	190	23	95	2,642	2642	0.233%	0.79%
	COMPLAINT / ERI INVESTIGATION		19	235	5,542	5,542	0.490%	
	FIELD VISIT		13	8	123	123	0.011%	
	OPEN COMPLAINTS		19	25	589	589	0.052%	

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
COMMUNITY CLINIC	RE-LICENSURE	1,112	35	371	15,634	15634	1.381%	2.29%	
	INITIAL LICENSURE		16	4	73	73	0.006%		
	COMPLAINT / ERI INVESTIGATION		11	418	5,736	5,736	0.507%		
	FIELD VISIT		11	1	14	14	0.001%		
	RE-LICENSURE FOLLOW UP		1	100	62	62	0.005%		
	OPEN COMPLAINTS		11	274	3,761	3,761	0.332%		
	Community Mental Health Center	9							
	RE_CERTIFICATION FOLLOW UP		59	1	57	7	0.001%		
	5-YEAR INTERVAL		89	3	303	38	0.003%		
	Rural Health Clinic	279							
	RE-CERTIFICATION 7 YEAR INTERVAL		35	41	1,746	218	0.019%		
	RE_CERTIFICATION - FOLLOW UP/REVISIT		15	11	200	25	0.002%		
	TARGETED SURVEYS		35	14	611	76	0.007%		
	6.0 YEAR AVG. (16.7%-14.3%)		35	7	293	37	0.003%		
	COMPLAINT INVESTIGATION - NLTC		14	86	1,428	178	0.016%		
	Portable X-Ray Suppliers	39			-				
	RECERTIFICATION 7 YEAR INTERVAL		35	6	242	30	0.003%		
	6.0- YEAR AVG. (16.6%-14.1%)		35	1	41	5	0.000%		
	FOLLOW UP /REVISITS		15	1	26	3	0.000%		
	5% TARGETED SURVEYS		35	2	85	11	0.001%		
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	21	139	11	1,776	1776	0.157%	0.90%	
	COMPLAINT INVESTIGATION		7	824	7,259	7,259	0.641%		
	OPEN COMPLAINTS		7	135	1,192	1,192	0.105%		

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	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	420	229	140	38,978	38,978	3.443%	28.03%
	RELICENSURE FOLLOW UP		33	2	67	67	0.006%	
	COMPLAINT		14	10,182	172,410	172,410	15.228%	
	FIELD VISIT		20	87	2,119	2,119	0.187%	
	OPEN COMPLAINTS		14	5,651	95,689	95,689	8.452%	
	Deemed Facility	316						
	VALIDATION		499	4	2,430	304	0.027%	
	FULL VALIDATION AFTER COMPLAINT		361	6	2,640	330	0.029%	
	VALIDATION FOLLOW UP		171	4	870	109	0.010%	
	LIFE SAFETY CODE		53	5	323	40	0.004%	
	LIFE SAFETY CODE - FOLLOW UP		35	1	26	3	0.000%	
	TARGETED ADD'L SAMPLE		361	3	1,320	165	0.015%	
	COMPLAINT VALIDATION		161	44	8,615	1,077	0.095%	
	COMPLAINTS		14	325	5,501	688	0.061%	
	COMPLAINT SURVEYS EMTALA (ACCREDITED)		66	14	1,165	146	0.013%	
	Non-Deemed Facility	104						
	COMPLAINT SURVEYS		14	106	1,799	225	0.020%	
	5-YEAR MAX INTERVAL		361	21	9,150	1,144	0.101%	
	TARGETED SAMPLE		361	5	2,288	286	0.025%	
	FOLLOW UP / REVISITS		120	58	8,525	1,066	0.094%	
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)		66	4	356	44	0.004%	
	LIFE SAFETY CODE		53	26	1,678	210	0.019%	
	LIFE SAFETY CODE - FOLLOW UP		35	3	137	17	0.002%	
	RECERTIFICATION 4 YEAR INTERVAL		361	26	11,438	1,430	0.126%	
	IPPS EXCLUSION VERIFICATION		361	5	2,288	286	0.025%	
	3.0-YEAR AVG> 33.33-25=8.33		361	9	3,811	476	0.042%	

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
HOME HEALTH AGENCIES	RE-LICENSURE	403	7	403	3,397	3,397	0.300%	1.50%	
	RE-LICENSURE FOLLOW UP		97	10	1,182	1,182	0.104%		
	INITIAL LICENSURE		26	1	32	32	0.003%		
	INITIAL LICENSURE FOLLOW UP		13	1	16	16	0.001%		
	COMPLAINT / ERI INVESTIGATION		15	192	3,514	3,514	0.310%		
	FIELD VISIT		15	120	2,155	2,155	0.190%		
	OPEN COMPLAINTS		15	104	1,907	1,907	0.168%		
	Non-Deemed Facility	528							
	RECERTIFICATION (SURVEY)		101	160	19,738	2,467	0.218%		
	RECERTIFICATION FOLLOW UP / REVISITS		38	65	2,964	371	0.033%		
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED		16	53	1,053	132	0.012%		
	Add'l Targeted Sample		101	2	247	31	0.003%		
	24.9 Month Average (48%-33%)		101	74	9,104	1,138	0.101%		
	Deemed Facility	893							
	VALIDATION		115	11	1,540	193	0.017%		
	VALIDATION FOLLOW UP		28	4	125	16	0.001%		
	FULL VALIDATION AFTER COMPLAINT		101	5	617	77	0.007%		
	COMPLAINT VALIDATION		74	6	537	67	0.006%		
	COMPLAINT		16	96	1,876	234	0.021%		

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
HOSPICES	RE-LICENSURE	1,242	28	3	100	100	0.009%	0.53%
	INITIAL LICENSURE		18	2	43	43	0.004%	
	COMPLAINT / ERI INVESTIGATION		17	130	2,683	2,683	0.237%	
	FIELD VISIT		9	12	136	136	0.012%	
	OPEN COMPLAINTS		17	73	1,508	1,508	0.133%	
	Non-Deemed Facility	200			-			
	3.0 YEAR AVG.		104	33	4,240	530	0.047%	
	RECERTIFICATION FOLLOW UP / REVISITS		36	10	435	54	0.005%	
	COMPLAINT INVESTIGATIONS		16	15	301	38	0.003%	
	Deemed Facility	750						
	VALIDATION		136	14	2,313	289	0.026%	
	VALIDATION FOLLOW UP		35	1	43	5	0.000%	
	FULL VALIDATION AFTER COMPLAINT		104	8	1,018	127	0.011%	
	COMPLAINT VALIDATION - NLTC		60	28	2,040	255	0.023%	
COMPLAINT INVESTIGATIONS		16	116	2,257	282	0.025%		
HOSPICE FACILITIES	RE-LICENSURE	14	22	7	190	190	0.017%	0.04%
	COMPLAINT / ERI INVESTIGATION		15	4	65	65	0.006%	
	LIFE SAFETY CODE		19	7	165	165	0.015%	
	OPEN COMPLAINTS		15	1	18	18	0.002%	
INTERMEDIATE CARE FACILITY	RELICENSURE	4	291	2	708	708	0.063%	1.25%
	COMPLAINT / ERI INVESTIGATION		10	961	11,331	11,331	1.001%	
	OPEN COMPLAINTS		10	176	2,076	2,076	0.183%	

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
ICF - DD; DDH; DDN	RELICENSURE	1,148	66	574	45,838	45,838	4.049%	9.92%
	COMPLAINT / ERI INVESTIGATION		10	3,143	36,567	36,567	3.230%	
	FIELD VISIT		14	16	281	281	0.025%	
	OPEN COMPLAINTS		10	604	7,193	7,193	0.635%	
	RECERTIFICATION	1,156	48	1,075	63,307	15,827	1.398%	
	RECERTIFICATION FOLLOW UP / REVISITS		12	97	1,409	352	0.031%	
	COMPLAINT INVESTIGATIONS		10	1,075	12,814	3,203	0.283%	
	LIFE SAFETY CODE		9	1,075	11,540	2,885	0.255%	
	LIFE SAFETY CODE - FOLLOW UP		3	21	74	19	0.002%	
	INITIAL CERTIFICATION		41	15	751	188	0.017%	
	INITIAL CERTIFICATION FOLLOW UP		18	2	47	12	0.001%	
PEDIATRIC DAY HEALTH / RESPITE CARE	RELICENSURE	18	90	9	984	984	0.087%	0.11%
	COMPLAINT / ERI INVESTIGATION		19	9	209	209	0.018%	
	OPEN COMPLAINTS		19	2	53	53	0.005%	
PSYCHOLOGY CLINIC	RELICENSURE	19	35	6	270	270	0.024%	0.028%
	COMPLAINT (or ERI)		13	2	31	31	0.003%	
	OPEN COMPLAINTS		13	1	20	20	0.002%	
REFERRAL AGENCIES	COMPLAINT (or ERI)		13	1	15	15	0.001%	0.00%

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
REHAB CLINIC	RELICENSURE	12	32	4	156	156	0.014%	0.06%
	COMPLAINT / ERI INVESTIGATION		30	1	19	19	0.002%	
	OPEN COMPLAINTS		30	1	37	37	0.003%	
	Outpatient Physical Therapy Providers	84			-			
	RECERTIFICATION 7 YEAR INTERVAL		157	9	1,675	209	0.018%	
	RECERTIFICATION FOLLOW UP		46	9	515	64	0.006%	
	TARGET SURVEYS		157	4	850	106	0.009%	
	6.0 YEAR AVG. (16.7%-14.3%)		157	1	281	35	0.003%	
	COMPLAINT INVESTIGATIONS		16	2	38	5	0.000%	
	Comprehensive Outpatient Rehab Facilities	8			-			
	RECERTIFICATION 7 YEAR INTERVAL		130	1	180	23	0.002%	
	5% TARGETED SURVEYS		130	1	158	20	0.002%	
	6.0 YEAR AVG. (16.7%-14.3%)		130	0.19	30	4	0.000%	
	RECERTIFICATION FOLLOW UP / REVISITS		17	2	49	6	0.001%	

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE	
SKILLED NURSING	RE-LICENSURE	1,237	71	619	53,357	53,357	4.713%	50.59%	
	RE-LICENSURE FOLLOW UP		1	10	16	16	0.001%		
	INITIAL LICENSURE		59	2	144	144	0.013%		
	COMPLAINT / ERI INVESTIGATION		16	18,618	359,734	359,734	31.774%		
	FIELD VISIT		47	93	5,303	5,303	0.468%		
	OPEN COMPLAINTS		16	4,494	86,831	86,831	7.669%		
	Title 19	41							
	RECERTIFICATION		261	41	13,019	3,255	0.288%		
	RECERTIFICATION FOLLOW UP		61	10	742	186	0.016%		
	LIFE SAFETY CODE		17	41	867	217	0.019%		
	LIFE SAFETY CODE - FOLLOW UP		8	3	24	6	0.001%		
	COMPLAINT INVESTIGATION - LTC		16	1,583	30,583	7,646	0.675%		
	MONITORING VISITS		5	4	27	7	0.001%		
	Title 18 & 19	1,092							
	RECERTIFICATION		261	1,031	327,836	40,979	3.620%		
	RECERTIFICATION FOLLOW UP		61	251	18,692	2,336	0.206%		
	INITIAL CERTIFICATION		86	3	312	39	0.003%		
	INITIAL CERTIFICATION - FOLLOW UP		13	1	16	2	0.000%		
	LIFE SAFETY CODE		17	1,031	21,840	2,730	0.241%		
	LIFE SAFETY CODE - FOLLOW UP		8	64	612	77	0.007%		
	COMPLAINT INVESTIGATION - LTC		16	3,855	74,485	9,311	0.822%		
	MONITORING VISITS		5	111	674	84	0.007%		
	Special Focus Facilities	10							
	RECERTIFICATION - 7 year interval		261	10	3,181	398	0.035%		
	LIFE SAFETY CODE		17	10	212	26	0.002%		
RECERTIFICATION FOLLOW UP		59	3	215	27	0.002%			
COMPLAINT INVESTIGATIONS		16	8	164	20	0.002%			

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

Data Source: 2019-20 November Estimate

Attachment 1: State Workload Percentages 2019-20 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2019-20**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD		
						WORKLOAD HOURS	WORKLOAD PERCENTAGES	STATEWIDE WORKLOAD PERCENTAGES BY FACILITY TYPE
SURGICAL CLINIC	RELICENSURE (SURVEY)	4	220	1	357	357	0.032%	0.46%
	COMPLAINT / ERI INVESTIGATION		19	14	328	328	0.029%	
	OPEN COMPLAINTS		19	23	535	535	0.047%	
	Ambulatory Surgical Clinic - Deemed	363						
	VALIDATION SURVEYS		134	11	1,801	225	0.020%	
	VALIDATION SURVEYS FOLLOW UP		38	7	302	38	0.003%	
	COMPLAINT VALIDATION - NLTC		69	10	839	105	0.009%	
	COMPLAINT INVESTIGATIONS		19	18	435	54	0.005%	
	Ambulatory Surgical Clinic - Non-Deemed	441						
	LIFE SAFETY CODE		16	110	2,176	272	0.024%	
	LIFE SAFETY CODE - FOLLOW UP		5	14	86	11	0.001%	
	TARGETED SURVEYS		115	110	15,357	1,920	0.170%	
	RECERTIFICATION FOLLOW UP / REVISITS		25	10	307	38	0.003%	
	COMPLAINT INVESTIGATIONS - NLTC		19	22	525	66	0.006%	
	RECERTIFICATION 6 YEAR INTERVAL		115	73	10,238	1,280	0.113%	

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

Data Source: 2019-20 November Estimate

Attachment 2: Annual Health Care Facility License Fee 2019-20

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES CHART
FISCAL YEAR 2019-20

FACILITY TYPE	STATEWIDE FUNDED WORKLOAD PERCENTAGE	2018-19 BUDGET ACT	GENERAL FUND TRANSFER	2018-19 Budget Act Less		BASELINE BUDGET ADJUSTMENT	PRO RATA ADJUSTMENT	CALPERS ADJUSTMENT	FISCAL ADJUSTMENT	AB 2850 ONLINE DISTANCE LEARNING NURSE ASSISTANT			LOS ANGELES PERFORMANCE BASED CONTRACT	AB 2798 HOSPITAL LICENSING APPLICATIONS	2019-20 TOTAL EXPENDITURE	MISCELLANEOUS REVENUE CREDIT	PROGRAM POLICY ADJUSTMENT	PROJECTED REVENUE	STATEWIDE REVENUE	LOS ANGELES COUNTY		
				General Fund	Transfer					TRAINING PROGRAM	INFORMATION TECHNOLOGY SUPPORT	CENTRALIZED PROGRAM FLEX UNIT								SUPPLEMENTAL REVENUE	SUPPLEMENTAL FEE	
1 ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 29,714	\$ -	\$ 29,714	\$ 1,117	\$ (289)	\$ 321	\$ (8)	\$ 218	\$ 160	\$ 171	\$ 3,016	\$ 595	\$ 35,016	\$ -	\$ (52)	\$ 34,963	\$ 34,963.42	\$ -	\$ 2,914	\$ -	
2 ADULT DAY HEALTH CENTERS	1.20%	\$ 2,025,030	\$ -	\$ 2,025,030	\$ 76,077	\$ (19,681)	\$ 21,849	\$ (515)	\$ 14,890	\$ 10,913	\$ 11,655	\$ 205,532	\$ 40,560	\$ 2,386,310	\$ (178,453)	\$ (124,068)	\$ 2,083,766	\$ 2,029,745.56	\$ 54,020.00	\$ 7,490	\$ 365	
3 CHRONIC DIALYSIS CLINIC	1.02%	\$ 1,726,700	\$ (2,793)	\$ 1,723,907	\$ 64,870	\$ (16,782)	\$ 18,630	\$ (439)	\$ 12,696	\$ 9,305	\$ 9,938	\$ 175,253	\$ 34,585	\$ 2,031,964	\$ (85,124)	\$ 540,697	\$ 2,487,516	\$ 2,014,191.96	\$ 473,323.57	\$ 3,431	\$ 2,689	
4 CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.05%	\$ 77,495	\$ -	\$ 77,495	\$ 2,911	\$ (753)	\$ 836	\$ (20)	\$ 570	\$ 418	\$ 446	\$ 7,865	\$ 1,552	\$ 91,320	\$ (7,326)	\$ 59,198	\$ 143,192	\$ 132,387.96	\$ 10,804.00	\$ 321	\$ 60	
5 COMMUNITY CLINIC/FREE CLINIC	2.29%	\$ 3,868,496	\$ -	\$ 3,868,496	\$ 145,334	\$ (37,598)	\$ 41,740	\$ (984)	\$ 28,444	\$ 20,847	\$ 22,266	\$ 392,636	\$ 77,484	\$ 4,558,664	\$ (112,933)	\$ (1,735,887)	\$ 2,709,798	\$ 2,579,306.39	\$ 130,491.57	\$ 1,780	\$ 328	
6 CORRECTIONAL TREATMENT CENTERS	0.90%	\$ 1,527,061	\$ (447,563)	\$ 1,079,497	\$ 57,369	\$ (14,841)	\$ 16,476	\$ (388)	\$ 11,228	\$ 8,229	\$ 8,789	\$ 154,990	\$ 30,586	\$ 1,351,936	\$ -	\$ (1,073,283)	\$ 278,636	\$ 278,635.76	\$ -	\$ 1,422	\$ -	
7 HOME HEALTH AGENCIES	1.50%	\$ 2,527,779	\$ -	\$ 2,527,779	\$ 94,965	\$ (24,567)	\$ 27,274	\$ (643)	\$ 18,586	\$ 13,622	\$ 14,549	\$ 256,559	\$ 50,630	\$ 2,978,753	\$ (831,476)	\$ 3,588,432	\$ 5,735,679	\$ 4,769,801.30	\$ 965,877.76	\$ 2,762	\$ 1,061	
8 HOSPICES	0.53%	\$ 903,365	\$ (231)	\$ 903,133	\$ 33,938	\$ (8,780)	\$ 9,747	\$ (230)	\$ 6,642	\$ 4,868	\$ 5,199	\$ 91,688	\$ 18,094	\$ 1,064,300	\$ (291,393)	\$ 1,480,399	\$ 2,253,295	\$ 1,844,904.06	\$ 408,391.27	\$ 1,485	\$ 575	
9 HOSPICE FACILITY	0.04%	\$ 65,401	\$ -	\$ 65,401	\$ 2,457	\$ (636)	\$ 706	\$ (17)	\$ 481	\$ 352	\$ 376	\$ 6,638	\$ 1,310	\$ 77,069	\$ (11,951)	\$ 1,897	\$ 67,014	\$ 67,014.16	\$ -	\$ 558	\$ -	
10 PEDIATRIC DAY HEALTH/RESPIRE CARE	0.11%	\$ 186,048	\$ -	\$ 186,048	\$ 6,989	\$ (1,808)	\$ 2,007	\$ (47)	\$ 1,368	\$ 1,003	\$ 1,071	\$ 18,883	\$ 3,726	\$ 219,240	\$ -	\$ (69,559)	\$ 149,679	\$ 145,357.52	\$ 4,321.60	\$ 373	\$ 46	
11 PSYCHOLOGY CLINIC	0.03%	\$ 47,931	\$ -	\$ 47,931	\$ 1,801	\$ (466)	\$ 517	\$ (12)	\$ 352	\$ 258	\$ 276	\$ 4,865	\$ 960	\$ 56,482	\$ (2,710)	\$ 5,185	\$ 58,957	\$ 54,635.23	\$ 4,321.60	\$ 2,876	\$ 480	
12 REFERRAL AGENCIES	0.00%	\$ 2,240	\$ -	\$ 2,240	\$ 84	\$ (22)	\$ 24	\$ (1)	\$ 16	\$ 12	\$ 13	\$ 227	\$ 45	\$ 2,640	\$ -	\$ 10,708	\$ 13,347	\$ 11,186.34	\$ 2,160.80	\$ 3,729	\$ 1,080	
13 REHAB CLINIC	0.06%	\$ 102,134	\$ -	\$ 102,134	\$ 3,837	\$ (993)	\$ 1,102	\$ (26)	\$ 751	\$ 550	\$ 588	\$ 10,366	\$ 2,046	\$ 120,356	\$ -	\$ (111,438)	\$ 8,916	\$ 7,711.94	\$ 1,204.33	\$ 643	\$ 241	
14 SURGICAL CLINIC	0.46%	\$ 780,777	\$ -	\$ 780,777	\$ 29,333	\$ (7,588)	\$ 8,424	\$ (199)	\$ 5,741	\$ 4,208	\$ 4,494	\$ 79,246	\$ 15,639	\$ 920,073	\$ (9,129)	\$ (705,235)	\$ 205,700	\$ 203,368.58	\$ 2,331.77	\$ 6,163	\$ 2,332	
15 ACUTE PSYCHIATRIC HOSPITALS	1.22%	\$ 2,069,529	\$ (396,236)	\$ 1,673,293	\$ 77,749	\$ (20,114)	\$ 22,329	\$ (526)	\$ 15,217	\$ 11,152	\$ 11,911	\$ 210,049	\$ 41,451	\$ 2,042,513	\$ (33,761)	\$ (2,919,315)	\$ 4,487,810	\$ 4,157,046.29	\$ 330,764.17	\$ 661	\$ 156	
16 GENERAL ACUTE CARE HOSPITALS	28.03%	\$ 50,711,181	\$ -	\$ 50,711,181	\$ 1,779,975	\$ (460,479)	\$ 511,207	\$ (12,051)	\$ 348,372	\$ 255,323	\$ 272,700	\$ 4,808,820	\$ 948,984	\$ 59,164,031	\$ (1,020,681)	\$ -	\$ 52,744,391	\$ 49,534,446.68	\$ 3,209,944.32	\$ 661	\$ 156	
17 CONGREGATE LIVING HEALTH FACILITY	0.79%	\$ 1,328,321	\$ (1,584,101)	\$ (255,780)	\$ 49,903	\$ (12,910)	\$ 14,332	\$ (338)	\$ 9,767	\$ 7,158	\$ 7,645	\$ 134,819	\$ 26,605	\$ (18,798)	\$ (207,965)	\$ 4,479,330	\$ 1,237,323	\$ 1,011,245.20	\$ 226,077.79	\$ 773	\$ 311	
18 INTERMEDIATE CARE FACILITY	1.25%	\$ 2,107,603	\$ -	\$ 2,107,603	\$ 79,179	\$ (20,484)	\$ 22,740	\$ (536)	\$ 15,497	\$ 11,358	\$ 12,131	\$ 213,913	\$ 42,214	\$ 2,483,615	\$ -	\$ -	\$ 295,043	\$ 278,324.37	\$ 16,718.79	\$ 773	\$ 97	
19 SKILLED NURSING FACILITY ¹	50.59%	\$ 85,518,238	\$ -	\$ 85,518,238	\$ 3,212,790	\$ (831,147)	\$ 922,710	\$ (21,752)	\$ 628,798	\$ 460,849	\$ 492,213	\$ 8,679,743	\$ 1,712,881	\$ 100,775,323	\$ (3,286,291)	\$ -	\$ 103,091,795	\$ 91,098,179.83	\$ 11,993,615.48	\$ 777	\$ 312	
20 ICF-DD, DDH, DDN	9.92%	\$ 16,777,958	\$ (1,269,076)	\$ 15,508,882	\$ 630,322	\$ (163,064)	\$ 181,028	\$ (4,268)	\$ 123,365	\$ 90,415	\$ 96,568	\$ 1,702,893	\$ 336,053	\$ 18,502,194	\$ (158,374)	\$ (5,877,558)	\$ 12,466,063	\$ 11,197,860.35	\$ 1,268,202.99	\$ 1,438	\$ 591	
NURSING HOME ADMINISTRATOR PROGRAM ²		\$ 771,000	\$ -	\$ 771,000	-	-	-	-	-	-	-	-	-	\$ 771,000	-	-	-	-	-	-	-	-
CA DEPT OF AGING (4170 CDA)		\$ 400,000	\$ -	\$ 400,000	-	-	-	-	-	-	-	-	-	\$ 400,000	-	-	-	-	-	-	-	-
	100.00%	\$ 173,554,000	\$ (3,700,000)	\$ 169,854,000	\$ 6,351,000	\$ (1,643,000)	\$ 1,824,000	\$ (43,000)	\$ 1,243,000	\$ 911,000	\$ 973,000	\$ 17,158,000	\$ 3,386,000	\$ 200,014,000	\$ (6,237,567)	\$ (2,450,549)	\$ 190,552,885	\$ 171,450,313	\$ 19,102,572	\$ -	\$ -	

¹ Proposed Skilled Nursing Facility license fee includes statewide, Los Angeles County supplemental fee, and Department of Aging, Skilled Nursing Facility Long-Term Care Ombudsman program fee.

² The Nursing Home Administrator Program estimated cost of \$771,000 is not part of the health care facility licensing fee revenue calculation.

Attachment 3: Glossary

Acute Psychiatric Hospital

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

Administrative Law Judge

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

Administrative Penalty

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

Administrator-in-Training Program

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

Adult Day Health Care

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

Adverse Event

Includes any of the following:

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

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

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

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

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

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

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

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

Alternative Birthing Center

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

Ambulatory Surgical Center

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

Appeals

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

Automated Survey Processing Environment (ASPEN)

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

Chemical Dependency Recovery Hospital

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

Chronic Dialysis Clinic

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

Citations

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

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

“A” Citations - Violations that the CDPH determines present either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care

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

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

Community Clinic

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

Complaint

A report made to the state agency or regional office by anyone other than the administrator or authorized official for a provider or supplier that alleges noncompliance

of federal and/or state laws and regulations. (Ref: Health and Safety Code section 1420).

Comprehensive Outpatient Rehabilitation Facility

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

Congregate Living Health Facility

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

Correctional Treatment Center

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

Deficiencies

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

Distinct Part

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

Electronic Licensing Management System (ELMS)

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

End Stage Renal Disease

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

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

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

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

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

Intermediate Care Facility/Developmentally Disabled - Nursing

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

Long-Term Health Care Facility

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

- (1) Skilled nursing facility.
- (2) Intermediate care facility.
- (3) Intermediate care facility/developmentally disabled.

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

Medical Breach

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

Non-Long Term Care Facility

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

Nursing Home Administrator

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

Nursing Hours per Patient Day

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

Pediatric Day Health & Respite Care Facility

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

Psychology Clinic

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

Referral Agency

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

Rehabilitation Clinic

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

Rural Health Clinic

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

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.