

# **Center for Health Care Quality**

**2025-26**

## **Annual Fee Report**



**Erica Pan, MD, MPH, FIDSA, FAAP  
Director and State Public Health Officer**

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

## Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Program Overview.....</b>	<b>1</b>
<b>Los Angeles County Supplemental Fee .....</b>	<b>2</b>
<b>Health Care Facility Licensing Fees .....</b>	<b>2</b>
Table 1: Health Care Facility License Fees.....	3
<b>Revised Application Fee Schedule .....</b>	<b>4</b>
Report of Change Fees Table .....	6
<b>Nursing Home Administrator Program Fees .....</b>	<b>10</b>
Table 2: Nursing Home Administrator Program Fees.....	10
<b>Staffing and Systems Analysis .....</b>	<b>12</b>
Table 3: Number of Authorized Personnel for Licensing and Certification of Health Care Facilities .....	15
Table 4: Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Care Facilities .....	16
Table 5: Surveys and Follow-up Visits Performed.....	17
Table 6: Number of Complaint Investigations Received by Facility Type.....	18
Table 7: Number of Entity Reported Incident (ERI) Investigations by Facility Type ....	20
Table 8: Data on Citations, Administrative Penalties & Enforcement Penalties .....	22
Table 9: Deficiencies by Facility Type .....	23
Table 10: State Civil Monetary Penalties Issued by Facility Type .....	24
Table 11: Detailed Adverse Event Report Category and Type.....	25
Table 12: Adverse Event Timeliness Report .....	26

Table 13: Surveyor Training Provided.....	27
<b>Nursing Home Administrator Program.....</b>	<b>35</b>
Table 14: Nursing Home Administrator Violations.....	36
Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program .....	37
<b>Attachment 1: State Workload Percentages, 2025-26 .....</b>	<b>38</b>
<b>Attachment 2: Annual Health Care Facility License Fee, 2025-26.....</b>	<b>42</b>
<b>Attachment 3: Glossary .....</b>	<b>44</b>

## **Executive Summary**

For 2025-26, the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) proposes:

1. The statewide licensing fees will remain unchanged from 2024-25 for all facility types.
2. An increase of 28.4% in the supplemental fee for health care facilities located in Los Angeles County. This increase in the supplemental fee reflects the additional revenue necessary to offset the increases with the Los Angeles County contract.
3. No adjustments to the 2025-26 Nursing Home Administrator Program (NHAP), fees will remain unchanged from 2024-25.
4. The 2025-26 fees are expected to raise \$225.2 million in revenues from statewide health care facility licensing fees, and \$28.6 million from the Los Angeles County (LAC) supplemental fee.

## **Program Overview**

The CDPH, CHCQ is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and health care quality for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ licenses and certifies over 15,000 health care facilities and agencies in California in 32 different licensure and certification categories.

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

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

## **Los Angeles County Supplemental Fee**

Health and Safety Code Section 1266(f) states, in pertinent part, “the Licensing and Certification Program may assess a supplemental program fee on facilities located in the County of Los Angeles for all facility types set forth in this section. This supplemental program fee shall be in addition to the program fees set forth in the estimated program fee list described in subdivision (b). The Licensing and Certification Program shall calculate the supplemental program fee based upon the differential between the estimated costs of regulating facility types licensed in the County of Los Angeles, including, but not limited to, the costs associated with the Licensing and Certification Program’s contract for licensing and certification activities with the County of Los Angeles and the costs of the Licensing and Certification Program conducting the licensing and certification activities for facilities located in the County of Los Angeles.” In 2025-26, increases in the salaries, benefit rates, and indirect costs authorized by Los Angeles County for Los Angeles County staff have increased the differential. There are no new or modified state actions contributing to the differential. Thus, CDPH proposes a corresponding 28.4% increase in the Los Angeles County Supplemental Fee for 2025-26. In 2025-26, these fees are expected to raise \$28.6 million. to offset the increase in new costs.

## **Health Care Facility Licensing Fees**

The statewide health care facility licensing fees are intended to support CHCQ’s costs to develop, administer, and enforce state licensure standards and other compliance activities. Historically, the annual fee calculation has included a determination of the costs associated with the workload of the various facility types and subsequently the revenue required for each facility type based on that workload. Workload activities include state licensing, federal certification, initial state licensure, initial federal certification, follow-up/revisits, and complaint investigations. For 2025-26, CDPH proposes no adjustments to the existing statewide licensing fees. The 2025-26 fees are expected to raise \$225.2 million from statewide health care facility licensing fees.

Table 1 on the following page provides the proposed 2025-26 licensing fees for each facility type.

**Table 1: Health Care Facility License Fees**  
(Rounded to nearest dollar)

Facility Type	Fee Per Facility/ Bed	Number of Licensed Facilities/ Beds <sup>2</sup>	2024-25 Statewide License Fee	2024-25 Los Angeles County Supplemental License Fee <sup>3</sup>	2025-26 Statewide License Fee	2025-26 Los Angeles County Supplemental License Fee <sup>3</sup>
Acute Psychiatric Hospitals	Bed	6,670	\$796	\$140	\$796	\$180
Adult Day Health Centers	Facility	328	\$8,830	\$0	\$8,830	\$0
Alternative Birthing Centers	Facility	9	\$3,330	\$130	\$3,330	\$168
Chemical Dependency Recovery Hospitals	Bed	543	\$313	\$123	\$313	\$158
Chronic Dialysis Clinics	Facility	649	\$2,509	\$3,049	\$2,509	\$3,915
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,272	\$1,646	\$433	\$1,646	\$556
Congregate Living Health Facilities	Bed	1,845	\$1,056	\$281	\$1,056	\$361
Correctional Treatment Centers	Bed	196	\$2,050	\$6	\$2,050	\$8
District Hospital Less Than 100 Beds	Bed	0	\$796	\$140	\$796	\$180
General Acute Care Hospitals	Bed	73,982	\$796	\$140	\$796	\$180
Home Health Agencies	Facility	3,877	\$2,946	\$1,638	\$2,946	\$2,103
Hospices (2-Year License Total)	Facility	2,807	\$2,780	\$1,772	\$2,780	\$2,275
Hospice Facilities	Bed	132	\$573	\$0	\$573	\$0
Intermediate Care Facilities (ICF)	Bed	64	\$1,056	\$181	\$1,056	\$232
ICF/Developmentally Disabled (ICF/DD)	Bed	6,760	\$2,066	\$701	\$2,066	\$900
ICF/DD - Habilitative	Bed	6,760	\$2,066	\$701	\$2,066	\$900
ICF/DD - Nursing	Bed	6,760	\$2,066	\$701	\$2,066	\$900
Pediatric Day Health and Respite Care Facility	Bed	423	\$298	\$67	\$298	\$86
Psychology Clinics	Facility	17	\$1,878	\$646	\$1,878	\$829
Referral Agencies	Facility	2	\$1,678	\$969	\$1,678	\$1,244
Rehab Clinics	Facility	10	\$927	\$288	\$927	\$370
Skilled Nursing Facilities <sup>1</sup>	Bed	115,278	\$1,061	\$281	\$1,061	\$361
Special Hospitals	Bed	0	\$796	\$140	\$796	\$180
Surgical Clinics	Facility	33	\$8,885	\$2,787	\$8,885	\$3,578

1 SNF license fee includes the statewide fee, SNF Staffing Audits Fund Shift, and the CA Department of Aging SNF LTC Ombudsman program fee of \$4.

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

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

Data Source: 2025-26 Licensing Fees Chart

## **Revised Application Fee Schedule**

The CHCQ's Centralized Applications Branch, in coordination with District Offices, processes all applications submitted by health facilities for various licensure changes, including changes of ownership, location, name, beds, and various key personnel such as Administrator and Medical Director. There are over twenty different types of licensure changes and the branch processes nearly 10,000 change applications from facilities each year; however, only four of these application types currently have a fee associated with them. A joint review of this workload with the Department of Finance found opportunities to update the application fee schedule that will provide for a more equitable distribution of costs amongst the facilities, align application fee revenue with application workload costs, address stakeholder concerns regarding the Change of Ownership (CHOW) fee as required by Chapter 578, Statutes of 2022 (Assembly Bill (AB) 1502), reduce some cost pressures from the annual licensing fee, and disincentivize the practice amongst some facilities of failing to submit required change applications.

The revised report of change fee schedule aligns the revenue received from the various licensure changes to the costs incurred by the department to process these changes. Updates to the licensure information drive significant workload for the department and because there is no fee associated with most change applications and written notifications, the cost for the workload is primarily covered by the annual licensing fee. As a result, the license fee paid by all facilities currently subsidizes the workload created by a subset of facilities.

The new fee model will be based on the cost of workload imposed on the department to process the application. While this will impose new fees for services that were previously free of charge, some of the current report of change fees will be reduced. Pursuant to the current law, the CHOW fee is equivalent to the Annual Licensing Fee. However, the annual licensing fee is intended to cover the entire cost of the program, including indirect costs. The revised report of change fee allows a reduced CHOW fee that better aligns with the cost of the workload incurred to process the application, including an onsite survey. This results in a significant reduction to CHOW application revenue.

Similarly, the Change of Bed/Capacity fee is a per bed model based on the Annual Licensing Fee per bed amount. However, it does not cover the cost of an onsite survey when a small number of beds are added, but then quickly exceeds to cost of the workload when a significant number of beds are added. Imposing a flat fee for the addition of 1-5 beds to cover the cost of an onsite survey creates a reasonable per bed fee for the addition of 6 or more beds, resulting in a reduced Change of Bed/Capacity fee for most applications.

While current law already requires the submission of these change applications and written notifications, it does not always clearly specify when they are due and generally does not provide for any repercussions when these submissions are late or not submitted at all. The revised report of change fees adds submission deadlines to all required change applications and written notifications that are specified in law. In most cases, this will be within 10 business days of implementation of the change. In addition, late fees, which mirror those already in place for annual license renewals, will be imposed. Currently, it is common for staff conducting a survey at a facility to find that changes have occurred that require an update to the facility's license, such as CHOW. It is also common for facilities to attempt to update this information during their annual license renewal, rather than as the changes occur. The imposition of late fees is designed to discourage facilities from this practice.

The table below on the following page provides the proposed 2025-26 Report of Change fees for each facility type.



Report of Change Fees Table

Facility Type	Initial / Renewal *	Change of Ownership (CHOW)	Change of Location (CHOL)	Change of Name (CHON)	Change of Beds or Capacity (CHOB)  Initial Flat Fee to Increase Capacity or Reinstate from Suspension up to 5 Beds/Person(s)	Change of Beds or Capacity (CHOB)  Additional Fee to Increase Capacity or Reinstate from Suspension for Beds/Person(s) over the Initial 5 beds
Acute Psychiatric Hospital (APH)	\$796 per bed	\$10,000 + \$300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Adult Day Health Center (ADHC)	\$8,830	\$5,000	\$4,000	\$150	\$2,000	\$400 per person
Alternate Birthing Center (ABC)	\$3,330	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$313 per bed	\$10,000 + \$200 per bed	\$10,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Chronic Dialysis Clinic (CDC)	\$2,509	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Community Clinic (COMTYC)	\$1,646	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Congregate Living Health Facility (CLHF)	\$1,056 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Correctional Treatment Center (CTC)	\$2,050 per bed	\$0	\$0	\$150	\$0	\$0
General Acute Care Hospital (GACH)	\$796 per bed	\$10,000 + \$300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Home Health Agency (HHA)	\$2,946	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Hospice **	\$2,780	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Hospice Facility (HOFA)	\$573 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Intermediate Care Facility (ICF)	\$1,056 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF / Developmentally Disabled (ICF/DD)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Habilitative (ICF/DD-H)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Nursing (ICF/DD-N)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Pediatric Day Health and Respite Care (PDHRC)	\$298 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Free Clinic (FREEC)	\$1,646	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Psychology Clinic (PSYCHC)	\$1,878	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Referral Agency (REFRLAG)	\$1,678	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Rehabilitation Clinic (REHAB)	\$927	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Skilled Nursing Facility (SNF)	\$1,061 per bed	\$10,000 + 300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Surgical Clinic (SURGC)	\$8,885	\$5,000	\$4,000	\$150	\$0	\$0

\* Initial/Renewal fees only include the Statewide Fee. Facilities within LA County will also be charged the LAC Supplemental Fee.

\*\* Hospice Initial/Renewal fee is for a 2-year license/renewal.

Report of Change Fees Table (2 of 4)

Facility Type	Change of Beds or Capacity (CHOB) Remove Beds or Place in Suspension	License Consolidation Request Add Beds	Change of Services (CHOS)	License Suspension Reinstatement (LSR)	License Suspension	Stock Transfer	Change of Indirect Ownership	Change of Management Company
Acute Psychiatric Hospital (APH)	\$400	\$500 per bed	\$4,000	Initial / Renewal	\$150	\$250	\$250	\$250
Adult Day Health Center (ADHC)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Alternate Birthing Center (ABC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Chronic Dialysis Clinic (CDC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Community Clinic (COMTYC)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$0	\$250	\$0
Congregate Living Health Facility (CLHF)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Correctional Treatment Center (CTC)	\$0	Not Applicable	\$0	Initial / Renewal	\$150	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$400	\$500 per bed	\$4,000	Initial / Renewal	\$150	\$250	\$250	\$250
Home Health Agency (HHA)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$500	\$500	\$0
Hospice	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$250	\$250	\$0
Hospice Facility (HOFA)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Intermediate Care Facility (ICF)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF / Developmentally Disabled (ICF/DD)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Habilitative (ICF/DD-H)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Nursing (ICF/DD-N)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
Pediatric Day Health and Respite Care (PDHRC)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Free Clinic (FREEC)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$0	\$250	\$0
Psychology Clinic (PSYCHC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	Not Applicable	\$250	\$0
Referral Agency (REFRLAG)	\$0	Not Applicable	\$0	Initial / Renewal	\$150	\$250	\$250	\$0
Rehabilitation Clinic (REHAB)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$250	\$250	\$0
Skilled Nursing Facility (SNF)	\$400	Not Applicable	\$4,000	Initial / Renewal	\$150	\$400	\$400	\$400
Surgical Clinic (SURGC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0

Report of Change Fees Table (3 of 4)

Facility Type	Change of Governing Board	Change of Geographical Service Area	Change of Administrator	Change of Agency Manager	Change of Director of Patient Care Services	Change of Program Director	Change of Medical Director	Change of Director of Nursing
Acute Psychiatric Hospital (APH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Adult Day Health Center (ADHC)	\$500	\$0	\$500	Not Applicable	\$0	\$500	\$0	\$0
Alternate Birthing Center (ABC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Chronic Dialysis Clinic (CDC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Community Clinic (COMTYC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$0
Congregate Living Health Facility (CLHF)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$150
Correctional Treatment Center (CTC)	\$0	\$0	\$0	Not Applicable	\$0	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Home Health Agency (HHA)	\$150	\$150	\$500	Not Applicable	\$150	\$0	\$0	\$0
Hospice	\$150	\$150	\$150	Not Applicable	\$150	\$0	\$150	\$0
Hospice Facility (HOFA)	\$150	\$0	\$150	Not Applicable	\$150	\$0	\$150	\$0
Intermediate Care Facility (ICF)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF / Developmentally Disabled (ICF/DD)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Habilitative (ICF/DD-H)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Nursing (ICF/DD-N)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
Pediatric Day Health and Respite Care (PDHRC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$150
Free Clinic (FREEC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$0
Psychology Clinic (PSYCHC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Referral Agency (REFRLAG)	\$150	\$0	\$150	\$150	\$0	\$0	\$0	\$0
Rehabilitation Clinic (REHAB)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Skilled Nursing Facility (SNF)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Surgical Clinic (SURGC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0

Report of Change Fees Table (4 of 4)

Facility Type	Change of Administrator Designee	Change of Director of Patient Care Services Designee	Change of Mailing Address	Change of Property Owner	Change of Facility Type	Change of Parent	Intermittent Clinic Conversion
Acute Psychiatric Hospital (APH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Adult Day Health Center (ADHC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Alternate Birthing Center (ABC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Chronic Dialysis Clinic (CDC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Community Clinic (COMTYC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Congregate Living Health Facility (CLHF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Correctional Treatment Center (CTC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Home Health Agency (HHA)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Hospice	\$150	\$150	\$150	\$150	\$0	\$0	\$0
Hospice Facility (HOFA)	\$150	\$150	\$150	\$150	\$0	\$0	\$0
Intermediate Care Facility (ICF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF / Developmentally Disabled (ICF/DD)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Habilitative (ICF/DD-H)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Nursing (ICF/DD-N)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Pediatric Day Health and Respite Care (PDHRC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Free Clinic (FREEC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Psychology Clinic (PSYCHC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Referral Agency (REFRLAG)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Rehabilitation Clinic (REHAB)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Skilled Nursing Facility (SNF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Surgical Clinic (SURGC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0

## Nursing Home Administrator Program (NHAP) Fees

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

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

For 2025-26, CDPH proposes maintaining fees at 2024-25 levels. Although program costs are projected to rise from \$1.1 million to \$1.2 million, this increase will be offset by a \$127,000 surplus carried over from 2024-25. Program costs, including the cost of a contract with the National Association of Long-Term Care Administrator Boards (NAB) to administer the Written State Exam and the personal services costs for the NHAP program are covered. Additionally, the Continuing Education Provider Fee and Course Fee have been removed, as those services will now be performed by NAB. This results in unchanged NHAP fees.

Table 2 provides the proposed 2025-26 NHAP fees.

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

Fee Categories	FY 2024-25	FY 2025-26
(1) Examination Application Fee	\$104	\$104
(2) Reciprocity Licensure Application Fee	\$188	\$188
(3) AIT Program Application Fee	\$439	\$439
(4) (B2) Written State Exam	\$622	\$622
(5) Initial License Fee	\$814	\$814
(6a) Active License Renewal Fee (Biennial)	\$814	\$814
(6b) Inactive License Fee (Biennial)	\$814	\$814
(7) Delinquency Fee	\$188	\$188
(8) Duplicate License Fee	\$50	\$50
(9) Provisional License Fee	\$1,044	\$1,044
(10) Endorsement of Credential Verification Fee	\$104	\$104

<b>Fee Categories</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>
(11) Preceptor Certification Fee (Biennial)	\$250	\$250
(12) Continuing Education Provider Fee (Biennial)	-	-
(13) Continuing Education Course Fee (Biennial)	-	-

Data Source: 2025-26 Nursing Home Administrator (NHAP) program fee

## Staffing and Systems Analysis

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

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

Attachment 1: The State Workload Percentages 2025-26 shows the distribution of state workload activities by facility type.

The following tables depict information from 2023-24, which represents the last full fiscal year for which CHCQ has data.

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

Pursuant to HSC section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health care facility types. CHCQ assigned 64.3 percent of the authorized positions to field offices and 35.7 percent to other branches in headquarters.

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

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

Table 5: Surveys and Follow-up Visits Performed

Pursuant to HSC section 1266(e)(2)(B)(iii), Table 5 describes the volume of health care facility licensure and certification surveys that CHCQ has conducted. "Initial"

means survey of facilities that have applied for licensure or certification. Follow-up visits include initial licensure/certification, re- licensure/certification, and follow-up visits.

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

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

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

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

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

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



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

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

Table 9: Deficiencies by Facility Type

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

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary number of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

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

Table 12: Adverse Event Timeliness Report

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

Table 13: Surveyor Training Provided in 2022-23

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

**Table 3: Number of Authorized Personnel for Licensing and Certification of Health Care Facilities**

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

Personnel Types	Field Office Positions	Field Office % to Total L&C	Headquarter Positions	Headquarter % to Total L&C	Total L&C Positions	Total L&C % to Total L&C	Los Angeles County Contract Positions	Los Angeles County Contract % to Total LAC Contract Positions
Surveyors and Consultants	652 <sup>1</sup>	42.55%	-	0.00%	652	42.55%	288	64.14%
Managers/Supervisors & Support Staff	333 <sup>2</sup>	21.73%	547 <sup>2</sup>	35.72%	880	57.45%	161	35.86%
<b>Total</b>	<b>985</b>	<b>64.28%</b>	<b>547</b>	<b>35.72%</b>	<b>1,532</b>	<b>100.00%</b>	<b>449</b>	<b>100.00%</b>

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

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

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

<sup>1</sup> Classifications include: Health Facilities Evaluator Nurse, Associate Governmental Program Analyst, Special Investigators, and Consultants.

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

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

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

	Facility Type	Total Survey Hours*	Percentage to Total Hours
1	Acute Psychiatric Hospital	11,171	0.96%
2	Adult Day Health Centers	4,391	0.38%
3	Alternate Birthing Center	31	0.00%
4	Alternative Care Site	75	0.01%
5	Chemical Dependency Recovery Hospital	110	0.01%
6	Chronic Dialysis Clinic / End Stage Renal Disease	4,292	0.37%
7	Community Clinic / Rural Health Clinic/Community Mental Health Center	2,818	0.24%
8	Congregate Living Health Facility	8,819	0.76%
9	Correctional Treatment Center	14,195	1.22%
10	General Acute Care Hospital	138,953	11.92%
11	Home Health Agencies	19,243	1.65%
12	Hospice	12,381	1.06%
13	Hospice Facility	243	0.02%
14	Intermediate Care Facilities	17,242	1.48%
15	Intermediate Care Facilities DD/H/N/IID	93,919	8.06%
16	Pediatric Day Health or Respite Care	24	0.00%
17	Psychiatric Health Facility	133	0.01%
18	Psychology Clinic	9	0.00%
19	Referral Agencies	23	0.00%
20	Rehab Clinic/CORF/OPT/SP	1,380	0.12%
21	Skilled Nursing Facilities	832,199	71.39%
22	Surgical Clinic / Ambulatory Surgical Center	4,003	0.34%
23	Unlicensed and Not Certified Facility	7	0.00%
	<b>Total</b>	<b>1,165,660</b>	<b>100.00%</b>

\* Includes activities started on or after 07-01-2023 and exited on or before 06-30-2024. Total workload survey hours represents the number of direct survey hours, facility and pure administration hours.

Data Source: 2023-24 Standard Average Hours Report (SAH).

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

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

	Facility Type	Licensing Survey Initial	Licensing Survey Re- Licensure	Certification Survey Initial	Certification Survey Re-Certification	Follow-Up & Revisits
1	Acute Psychiatric Hospital	3	3	-	2	6
2	Adult Day Health Care	14	-	-	-	1
3	Alternative Birthing Center	1	-	-	-	-
4	Chemical Dependency Recovery Hospital	-	-	-	-	-
5	Chronic Dialysis Clinic	5	2	1	23	22
6	Congregate Living Health Facility	15	77	-	-	33
7	Correctional Treatment Center	-	11	-	-	11
8	General Acute Care Hospital	29	22	-	6	11
9	Home Health Agency	-	-	-	-	-
10	Hospice	-	-	-	-	-
11	Hospice Facility	-	-	-	-	-
12	Intermediate Care Facility	1	6	-	-	5
13	Intermediate Care Facility-DD/H/N/CN/IID	19	6	6	749	604
14	Pediatric Day Health & Respite Care Facility	-	-	-	-	-
15	Primary Care Clinic	17	2	2	1	1
16	Psychology Clinic	1	-	2	-	-
17	Referral Agency	1	-	-	-	-
18	Rehabilitation Clinic	-	-	-	3	2
19	X-Ray	-	-	5	1	-
20	Skilled Nursing Facility	18	29	1	787	799
21	Surgical Clinic	-	-	-	-	-
22	Organ	-	-	-	-	-
	<b>Totals</b>	<b>124</b>	<b>158</b>	<b>17</b>	<b>1,572</b>	<b>1,495</b>
	<b>Long-Term Care Totals</b>	<b>53</b>	<b>118</b>	<b>7</b>	<b>1,536</b>	<b>1,441</b>
	<b>Non-Long-Term Care Totals</b>	<b>71</b>	<b>40</b>	<b>10</b>	<b>36</b>	<b>54</b>

Data Source: ASPEN Database

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

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

Facility Type	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Percent Initiated Timely	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Number Received	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Percent Initiated Timely
<b>Long-Term Care</b>							
Congregated Living Health Facility	345	341	4	125	99%	195	95%
Intermediate Care Facility	735	926	-191	4	100%	675	97%
Intermediate Care Facility-DD/H/N/CN/IID	367	398	-31	71	99%	285	94%
Pediatric Care Health and Respite Care Facility	2	3	-1	1	100%	1	100%
Skilled Nursing Facility	14,082	14,885	-803	2,460	98%	11,123	93%
<b>Long-Term Care Total</b>	<b>15,531</b>	<b>16,553</b>	<b>-1,022</b>	<b>2,661</b>	<b>98%</b>	<b>12,279</b>	<b>93%</b>
<b>Non-Long-Term Care</b>							
Acute Psychiatric Hospital	648	575	73	43	79%		
Adult Day Health Care	85	88	-3	6	100%		
Chemical Dependency Recovery Hospital	14	17	-3	-	0%		
Chronic Dialysis Clinic	240	191	49	14	86%		
Correctional Treatment Center	47	56	-9	-	0%		
General Acute Care Hospital	7,786	6,682	1,104	362	92%		
Home Health Agency	379	307	72	43	100%		
Hospice	469	376	93	54	100%		
Hospice Facility	2	2	-	-	0%		
Organ	1	1	-	-	0%		
Primary Care Clinic	287	283	4	4	100%		
Psychology Clinic	-	-	-	-	N/A		
Rehabilitation Clinic	2	2	-	-	0%		
Surgical Clinic	96	60	36	4	100%		
<b>Non-Long-Term Care Total</b>	<b>10,056</b>	<b>8,640</b>	<b>1,416</b>	<b>530</b>	<b>92%</b>		
<b>Total</b>	<b>25,587</b>	<b>25,193</b>	<b>394</b>	<b>3,191</b>	<b>97%</b>		

### Number of Open Complaint Investigations by Facility Type

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
<b>Long-Term Care</b>										
Congregated Living Health Facility	53	49	46	3	3	1	87%	6%	6%	2%
Intermediate Care Facility	73	45	69	-	2	2	95%	0%	3%	3%
Intermediate Care Facility-DD/H/N/CN/IID	47	44	43	2	2	-	91%	4%	4%	0%
Pediatric Care Health and Respite Care Facility	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Skilled Nursing Facility	1,398	34	1,322	56	14	6	95%	4%	1%	0%
<b>Long-Term Care Total</b>	<b>1,571</b>	<b>35</b>	<b>1,480</b>	<b>61</b>	<b>21</b>	<b>9</b>	<b>94%</b>	<b>4%</b>	<b>1%</b>	<b>1%</b>
<b>Non-Long-Term Care</b>										
Acute Psychiatric Hospital	345	408	99	46	70	130	29%	13%	20%	38%
Adult Day Health Care	21	470	5	-	9	7	24%	0%	43%	33%
Chemical Dependency Recovery Hospital	3	145	1	1	1	-	33%	33%	33%	0%
Chronic Dialysis Clinic	221	498	54	22	31	114	24%	10%	14%	52%
Correctional Treatment Center	8	489	4	2	-	2	50%	25%	0%	25%
General Acute Care Hospital	5,778	498	1,247	711	1,190	2,630	22%	12%	21%	46%
Home Health Agency	168	1,327	-	-	-	168	0%	0%	0%	100%
Hospice	253	904	-	-	-	253	0%	0%	0%	100%
Hospice Facility	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Organ	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Primary Care Clinic	177	468	44	19	33	81	25%	11%	19%	46%
Psychology Clinic	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Rehabilitation Clinic	1	738	-	-	-	1	0%	0%	0%	100%
Surgical Clinic	45	1,254	-	-	-	45	0%	0%	0%	100%
<b>Non-Long-Term Care Total</b>	<b>7,020</b>	<b>532</b>	<b>1,454</b>	<b>801</b>	<b>1,334</b>	<b>3,431</b>	<b>21%</b>	<b>11%</b>	<b>19%</b>	<b>49%</b>
<b>Total</b>	<b>8,591</b>	<b>441</b>	<b>2,934</b>	<b>862</b>	<b>1,355</b>	<b>3,440</b>	<b>34%</b>	<b>10%</b>	<b>16%</b>	<b>40%</b>

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

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

**Table 7: Number of Entity Reported Incident (ERI) Investigations by Facility Type**

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

Facility Category	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Percent Initiated Timely
<b>Long-Term Care</b>					
Congregated Living Health Facility	84	77	7	17	100%
Intermediate Care Facility	845	1,695	-850	-	0%
Intermediate Care Facility-DD/H/N/CN/IID	4,168	4,251	-83	66	97%
Pediatric Care Health and Respite Care Facility	1	2	-1	-	0%
Skilled Nursing Facility	13,337	14,258	-921	922	98%
<b>Long-Term Care Total</b>	<b>18,435</b>	<b>20,283</b>	<b>-1,848</b>	<b>1,005</b>	<b>98%</b>
<b>Non-Long Term Care</b>					
Acute Psychiatric Hospital	649	766	-117	35	100%
Adult Day Health Care	455	433	22	7	100%
Chemical Dependency Recovery Hospital	19	4	15	-	0%
Chronic Dialysis Clinic	95	97	-2	6	100%
Correctional Treatment Center	2,449	3,054	-605	1	100%
General Acute Care Hospital	5,614	5,357	257	353	92%
Home Health Agency	55	31	24	3	100%
Hospice	75	52	23	2	100%
Organ	-	-	-	-	0%
Primary Care Clinic	274	380	-106	1	100%
Psychology Clinic	-	-	-	-	0%
Rehabilitation Clinic	-	-	-	-	N/A
Surgical Clinic	20	14	6	-	0%
<b>Non-Long Term Care Total</b>	<b>9,705</b>	<b>10,188</b>	<b>-483</b>	<b>408</b>	<b>93%</b>
<b>Total</b>	<b>28,140</b>	<b>30,471</b>	<b>-2,331</b>	<b>1,413</b>	<b>96%</b>

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

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)


Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
<b>Long-Term Care</b>										
Congregated Living Health Facility	23	307	13	1	-	9	57%	4%	0%	39%
Intermediate Care Facility	111	272	62	25	6	18	56%	23%	5%	16%
Intermediate Care Facility-DD/H/N/CN/IID	842	306	366	120	111	245	43%	14%	13%	29%
Pediatric Care Health and Respite Care Facility	1	129	-	1	-	-	0%	100%	0%	0%
Skilled Nursing Facility	3,303	233	1,643	470	391	799	50%	14%	12%	24%
<b>Long-Term Care Total</b>	<b>4,280</b>	<b>249</b>	<b>2,084</b>	<b>617</b>	<b>508</b>	<b>1,071</b>	<b>49%</b>	<b>14%</b>	<b>12%</b>	<b>25%</b>
<b>Non-Long Term Care</b>										
Acute Psychiatric Hospital	338	393	109	74	54	101	32%	22%	16%	30%
Adult Day Health Care	184	790	43	5	39	97	23%	3%	21%	53%
Chemical Dependency Recovery Hospital	29	364	6	2	8	13	21%	7%	28%	45%
Chronic Dialysis Clinic	91	711	14	3	12	62	15%	3%	13%	68%
Correctional Treatment Center	234	103	164	58	2	10	70%	25%	1%	4%
General Acute Care Hospital	7,881	787	1,042	695	1,045	5,099	13%	9%	13%	65%
Home Health Agency	49	1,838	1	-	-	48	2%	0%	0%	98%
Hospice	66	1,315	-	-	-	66	0%	0%	0%	100%
Organ	1	4,594	-	-	-	1	0%	0%	0%	100%
Primary Care Clinic	306	966	39	11	28	228	13%	4%	9%	75%
Psychology Clinic	1	2,484	-	-	-	1	0%	0%	0%	100%
Rehabilitation Clinic	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Surgical Clinic	11	1,372	-	-	-	11	0%	0%	0%	100%
<b>Non-Long Term Care Total</b>	<b>9,180</b>	<b>769</b>	<b>1,418</b>	<b>848</b>	<b>1,188</b>	<b>5,737</b>	<b>15%</b>	<b>9%</b>	<b>13%</b>	<b>62%</b>
<b>Total</b>	<b>13,460</b>	<b>604</b>	<b>3,502</b>	<b>1,465</b>	<b>1,696</b>	<b>6,808</b>	<b>26%</b>	<b>11%</b>	<b>13%</b>	<b>51%</b>

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



**Table 8: Data on Citations, Administrative Penalties & Enforcement Penalties**  
Health & Safety Code section 1266(d)(2)(B)(v)(vi)  
SFY 2023-24 (July 1, 2023 - June 30, 2024)

Facility Category	Citations Issued AA (HSC 1424)	Citations Issued A (HSC 1424)	Citations Issued B (HSC 1424)	Citations Issued WMF (HSC 1424)	Citations Issued WMO (HSC 1424)	Citations Issued RD (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties – Immediate Jeopardy (HSC 1280.3)	Administrative Penalties -Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital								1		2		
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic											3	
Congregate Living Health Facility	1	3	63									
Correctional Treatment Center												
General Acute Care Hospital								38	20	31	44	6
Home Health Agency												
Hospice												
Hospice Facility												
Intermediate Care Facility	1	1	1									
Intermediate Care Facility/Developmentally Disabled			1									
Intermediate Care Facility/Developmentally Disabled – Habilitative		1	28									
Intermediate Care Facility/Developmentally Disabled – Nursing		4	18									
Pediatric Day Health & Respite Care Facility			1									
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	30	197	629	18			194				3	
Surgical Clinic												
Primary Care Clinic												
Total	32	206	741	18			194	39	20	33	50	6

 Facilities with statutorily mandated enforcement action.  
Data Source: ELMS Database

**Citation Appeals Statewide**  
Health and Safety Code section 1266(e)(2)(B)(vi)  
SFY 2022-23 (July 1, 2023 - June 30, 2024)

Appeal Received Type	Collection	Decision	Event	Total
Appeal Received/Postmark>ALJ	0	0	13	13
Appeal Received/Postmark>BA	0	0	1	1
Appeal Received/Postmark>Court	0	0	77	77
Total	0	0	91	91

Data Source: ELMS Database

**Table 9: Deficiencies by Facility Type**  
Health and Safety Code section 1266(e)(2)(B)(iv)  
SFY 2023-24 (July 1, 2023-June 30, 2024)

<b>Facility Type</b>	<b>Deficiencies Issued</b>
Acute Psychiatric Hospital	262
Adult Day Health Care	65
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	6
Chronic Dialysis Clinic	242
Congregate Living Health Facility	804
Correctional Treatment Center	173
General Acute Care Hospital	3,520
Home Health Agency	-
Hospice	-
Hospice Facility	3
Intermediate Care Facility	137
Intermediate Care Facility-DD/H/N/CN/IID	4,978
Pediatric Day Health & Respite Care Facility	-
Primary Care Clinic	36
Psychology Clinic	-
Rehabilitation Clinic	30
Skilled Nursing Facility	18,318
Surgical Clinic	-
<b>Total</b>	<b>28,574</b>
<b>Long-Term Care Totals</b>	<b>24,237</b>
<b>Non-long-Term Care Totals</b>	<b>4,337</b>


Data Source: ASPEN Database

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

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

SFY 2023-24 (July 1, 2023 - June 30, 2024)

Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital			\$29,925		\$600		
Adult Day Health Care							
Alternative Birthing Center							
Chemical Dependency Recovery Hospital							
Chronic Dialysis Clinic							
Community Clinic						\$82,500	
Congregate Living Health Facility	\$117,000						
Correctional Treatment Center							
General Acute Care Hospital			\$3,170,700	\$237,435	\$615,400	\$2,987,000	\$20,500
Home Health Agency							
Hospice							
Hospice Facility							
Intermediate Care Facility (ICF)	\$123,000						
ICF/Developmentally Disabled (ICF/DD)	\$3,000						
ICF/DD - Habilitative	\$67,900						
ICF/DD - Nursing	\$92,000						
Pediatric Day Health & Respite Care Facility	\$1,000						
Psychology Clinic							
Referral Agency							
Rehabilitation Clinic							
Skilled Nursing Facility	\$9,873,750	\$5,550,000				\$220,000	
Surgical Clinic							
<b>Total</b>	<b>\$10,277,650</b>	<b>\$5,550,000</b>	<b>\$3,200,625</b>	<b>\$237,435</b>	<b>\$616,000</b>	<b>\$3,289,700</b>	<b>\$20,500</b>

 Facilities with statutorily mandated enforcement action.

Data Source: ELMS Database

**Table 11: Detailed Adverse Event Report Category and Type**  
Health and Safety Code section 1279.1  
SFY 2023-24 (July 1, 2023-June 30, 2024)

<b>ADVERSE EVENT BY CATEGORY AND TYPE</b>	
<b>01 - Surgical Events</b>	<b>205</b>
01: Surgery Performed on a Wrong Body Part, Inconsistent with Informed Consent	27
02: Surgery Performed on the Wrong Patient	1
03: Wrong Surgical Procedure Performed, Inconsistent with the Informed Consent	11
04: Retention of a Foreign Object After Surgery/Procedure	158
05: Death During or up to 24 Hours After Induction of Anesthesia After Surgery	8
<b>02 - Product or Device Events</b>	<b>12</b>
06: Death/Serious Disability Associated with the Use of a Contaminated Drug, Device, or Biologic	3
07: Death/Serious Disability Associated with the Use of Device Other Than as Intended	6
08: Death/Serious Disability Associated with Intravascular Air Embolism	3
<b>03 - Patient Protection Events</b>	<b>5</b>
09: Infant Discharged to the Wrong Person	-
10: Death/Serious Disability Associated with Patient Disappearance for More Than Four Hours	2
11: Patient Suicide or Attempted Suicide Resulting in Serious Disability After Admission	3
<b>04 - Care Management Events</b>	<b>1,350</b>
12: Death/Serious Disability Associated with a Medication Error	15
13: Death/Serious Disability Associated with the Administration of Abo-Incompatible Blood or Blood Products	-
14: Maternal Death/Serious Disability Associated with Labor/Delivery/Within 42 Days Post-Delivery	67
15: Death/Serious Disability Directly Related to Hypoglycemia	1
16: Death/Serious Disability Associated with Failure to Identify/Treat Hyperbilirubinemia	-
17: Stage 3 or 4 Pressure Ulcer, Acquired After Admission, Excluding Stage 2 Ulcers Recognized upon Admission	1,266
18: Death/Serious Disability Due to Spinal Manipulative Therapy	1
<b>05 - Environmental Events</b>	<b>50</b>
19: Death/Serious Disability Associated with an Electric Shock	-
20: Oxygen or Other Gas Line Contains Wrong Gas or Is Contaminated by a Toxic Substance	-
21: Death/Serious Disability Associated with a Burn	5
22: Patient Death Associated with a Fall	19
23: Death/Serious Disability Associated with Use of Restraints/Bedrails	26
<b>06 - Criminal Events</b>	<b>32</b>
24: Care Ordered by or Provided by Impersonating a Licensed Provider	-
25: Abduction of a Patient of Any Age	-
26: Sexual Assault on a Patient Within or on the Grounds of a Health Facility	19
27: Death/Significant Injury of a Patient or Staff from a Physical Assault	13
<b>07 - Other</b>	<b>111</b>
28: Adverse event or series of adverse events	111
<b>Total</b>	<b>1,765</b>

Data Source: ASPEN Database

**Table 12: Adverse Event Timeliness Report**

Health and Safety Code section 1279.2  
 SFY 2023-24 (July 1, 2023-June 30, 2024)

<b>Adverse Event Category</b>	<b>Total Adverse Events</b>	<b>Immediate Jeopardy <sup>1</sup> Number Required Investigation Within 2 Days</b>	<b>Immediate Jeopardy<sup>1</sup> Number Initiated Within 2 Days</b>	<b>Immediate Jeopardy <sup>1</sup> Number Completed Within 45 Days</b>	<b>Non-Immediate Jeopardy <sup>2</sup> Number Non-Immediate Jeopardy Adverse Events</b>	<b>Non- Immediate Jeopardy <sup>2</sup> Number Completed Within 45 Days</b>
Surgical Events	205	9	9	5	196	37
Product or Device Events	12	-	-	-	12	2
Patient Protection Events	5	1	1	-	4	-
Care Management Events	1,350	74	60	8	1,276	304
Environmental Events	50	12	11	10	38	6
Criminal Events	32	5	5	1	27	6
Other	111	3	3	1	108	18
<b>Total</b>	<b>1,765</b>	<b>104</b>	<b>89</b>	<b>25</b>	<b>1,661</b>	<b>373</b>

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

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

Data Source: ASPEN Database

**Table 13: Surveyor Training Provided**  
Health and Safety Code section 1266 (e)(2)(B)(vi)  
SFY 2023-24 (July 1, 2023-June 30, 2024)

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
New Surveyor Academies (5 weeks) - 31 - 36	Federal	156
Your Legal Duty Reporting Elder & Dependent Adult Abuse Part 1-4	Federal	188
Abuse Resident to Resident - Annual Comp. 2022 (CAP)	Federal	19
Admission, Transfer, & Discharge (ADT) Surveyor Investigation - Annual Comp. 2022 (CAP)	Federal	7
Behavior Health – Annual Comp. 2023 #1	Federal	17
Beneficiary Notice: LTCSP SNF Refresher	Federal	33
CDC HAI Covid -19 Training (certificate upload)	Federal	14
CDC Train Nursing Home Infection Preventionist Training	Federal	6
CHCQ HFEN/Surveyor Spotlight Training January 2024	Federal	413
CHCQ HFEN/Surveyor Spotlight Training May 2024 virtual	Federal	596
CHCQ Mandatory DO Management Leadership Training	Federal	94
CMS Intake Prioritization Timeline-Complaints & FRIs (CAPS)	Federal	4
CMS Phase I New Regulatory Section Changes	Federal	2
CMS Updates - New Day, New Direction	Federal	116
CMS/CDPH EMTALA Update 2.22.23	Federal	10
CMS: Complaint & Incident Management Intake & Triage	Federal	6
CMS: Immediate Jeopardy (IJ) Analysis & Determination	Federal	6
CMS: Infection Control Tool & Infection Control	Federal	5
CMS: Prioritization Workshop - January 2020	Federal	3
CMS: Survey & Certification: Voluntary Terminations	Federal	2
CMS: Survey Process, Infection Control Tool & Complaint Management	Federal	7
CMS-Abuse & Neglect (CAP)	Federal	7
Complaint/FRI (Abb. Standard Survey)	Federal	153
Conditions of Participation (CoP) and Standards Self-Assessment 2021	Federal	17
COVID-19 Focused (F.I.C.) Survey for NH	Federal	21
Dementia Strategies for Success	Federal	6
Elder Abuse	Federal	195
Environment: LTCSP SNF Refresher	Federal	29

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
Exit Conference: LTCSP SNF Refresher	Federal	30
Facility Entrance: LTCSP SNF Refresher	Federal	38
GACH Infection Control Worksheets	Federal	6
GACH Licensing Survey	Federal	3
GACH Phase 1 & 2	Federal	15
HAI - Enhanced Standard Precaution for SNF	Federal	14
HMS – Intake for Surveyor & Support Staff	Federal	17
HMS: 1st Scheduling Training for HFE II, Supervisors & Support Staff of New Scheduling Process	Federal	1
HMS: 1st Scheduling Training for Surveyors Overview of New Scheduling Process	Federal	5
HMS: 2nd Scheduling Training for HFE II, Supervisors & Support Staff	Federal	5
HMS: ASPEN Training August 2021	Federal	13
HMS: Scheduling Implementation Check-In	Federal	2
Hydration Refresher 2014	Federal	166
Immunization – Annual Comp. 2023 #2	Federal	16
Infection Control: LTCSP SNF Refresher	Federal	36
Infection Preventionist – Annual Comp. 2023 #3	Federal	16
Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling: LTCSP SNF Refresher	Federal	34
Initial Pool: LTCSP SNF Refresher	Federal	29
Introduction to ACT Windows	Federal	2
Investigating New Onset Nursing Home Diagnosis of Schizophrenia & Behavioral Health Considerations in the Elderly	Federal	37
Investigation, Scope & Severity (S&S), Complaint/Facility Incident (FRI) - Annual Comp. 2022 (CAP)	Federal	2
iQIES - New Day, New Direction	Federal	79
iQIES - Support Staff Training 2024	Federal	7
iQIES ACS/HHA Intake Training	Federal	2
iQIES ASC Go-Live Training 2022	Federal	2
iQIES: HHA-Intake Workflow Training	Federal	3
iQIES-Go Live	Federal	1
Language & Communication – Annual Comp. 2023 #4	Federal	17
Learning Matters: Surveying for a New Era - Pro Profs	Federal	44
Learning Matters: Surveying for a New Era - Virtual Event	Federal	322

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
Licensing Facilities: Abuse	Federal	38
Licensing Facilities: Clinic Licensing	Federal	11
Licensing Facilities: CMS Immediate Jeopardy (IJ) All Facility Types	Federal	54
Licensing Facilities: Congregate Living Health Facility (CLHF)	Federal	11
Licensing Facilities: EMTALA	Federal	27
Licensing Facilities: Home Health Agency (HHA) Licensing	Federal	12
Licensing Facilities: Hospice Licensing	Federal	14
Licensing Facilities: Intermediate Care Facilities ICF/IID Licensing	Federal	17
Licensing Facilities: Licensing Health Facilities	Federal	47
Licensing Facilities: Medical Records	Federal	28
Licensing Facilities: Skilled Nursing Facilities (SNF) Consent & Camera Bedroom	Federal	24
Licensing Facilities: SNF-Licensing	Federal	51
LTCSP 5.2023 Updated	Federal	2
LTCSP SNF Refresher: Post Survey Cont. CMS 670 - HFEN	Federal	227
Medication Administration: LTCSP SNF Refresher	Federal	38
Medication Storage and Labeling: LTCSP SNF Refresher	Federal	36
Navigating ASPEN Enforcement Manager (AEM)	Federal	3
Navigating the LTCSP: LTCSP SNF Refresher	Federal	47
New Day, New Direction CHCQ October's Training Event 2022	Federal	3
New Surveyor Mock Med Pass 2021	Federal	23
Nursing Home Psychotropic Gradual Dose Reductions (GDRs): Updated F758, CMS Surveyor Guidance	Federal	20
Nutrition & Weight Loss: LTCSP SNF Refresher	Federal	35
Offsite Prep: LTCSP SNF Refresher	Federal	41
Overview of Revised Abbreviated Standard Survey-Fed. Complaint Process	Federal	1
Personal Funds: LTCSP SNF Refresher	Federal	28
Plan of Correction (POC) Training & Resources	Federal	7
Plan of Correction (POC) Training & Resources 2023 # 2	Federal	390
POI-POD Training 2020-22	Federal	234
Post Survey: LTCSP SNF Refresher	Federal	29
Potential Citations: LTCSP SNF Refresher	Federal	30



<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
QAA/QAPI- End Survey: LTCSP SNF Refresher	Federal	30
Resident Assessment: LTCSP SNF Refresher	Federal	29
Resident Council: LTCSP SNF Refresher	Federal	31
Resident-to-Resident Altercations 2021	Federal	13
RSS - New Day, New Direction	Federal	161
RSS & IQIES In-Person Training 2023	Federal	13
RSS Complaint - FRI Training 2021	Federal	49
Sample Selection: LTCSP SNF Refresher	Federal	35
Small Bites: Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling	Federal	198
Small Bites: Kitchen Staff Competency, Food & Nutrition Leadership & DSS Qualifications	Federal	196
Small Bites: Nutrition - TrayLine, Meal Distribution & Sanitation	Federal	210
Small Bites: Nutrition & Weight Loss	Federal	195
SNF Antipsychotic Tool	Federal	156
SNF Citation & Penalties 4.15.20	Federal	8
SNF COVID-19 Mitigation Plan Onsite Survey Tool	Federal	1
SNF Re-licensing Survey Process	Federal	5
Sufficient Staffing: LTCSP SNF Refresher	Federal	31
Team Meeting: LTCSP SNF Refresher	Federal	34
Title 22	Federal	204
42 CFR (various sections)	Federal	73
Advanced LSC: Building Construction Systems	Federal	2
Ambulatory Surgical Center (ASC) Basic Training	Federal	32
Appendix (AA,A,B,C,E,G,H,J,L,M,N,PP,Q,R,W,Y,Z)	Federal	1320
Assessing Endoscope Reprocessing Compliance Webinar	Federal	61
Automated Survey Process Environment (ASPEN) Overview	Federal	185
Basic Life Safety Code (BLSC) Training / The Survey Process	Federal	36
Basic Medications in Nursing Homes	Federal	79
Basic Writing Skills for Survey Staff	Federal	205
CBTs (Formerly ASPEN and The Long-Term Care Survey Process)	Federal	186
CLIA (Orientation, POD, Basic) Trainings	Federal	14
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	47

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
CMS State RAI Coordinator FAQ Training	Federal	96
Community Mental Health Centers Basic Training	Federal	5
Complaint and Incident Intake and Triage and Overview	Federal	397
COVID-19 LTC-Surveyor Training	Federal	2
Critical Access Hospital (Basic, Standard Operating) Training	Federal	17
Electronic Code of Federal Regulations Simulation (Demonstration)	Federal	193
Emergency Preparedness Basic Training	Federal	189
Emergency Preparedness: Provider Readiness	Federal	4
EMTALA Advanced Training	Federal	44
EMTALA Basic Training	Federal	70
End Stage Renal Disease Basic Core Survey Training	Federal	25
Enforcement Process for Home Health Agency and Hospice Programs	Federal	21
Enforcement Specialist	Federal	57
Fire Safety Evaluation System/Health Care Training	Federal	26
Foundational Investigative Skills	Federal	201
Fundamentals of Patient Safety in Hospitals	Federal	50
Home Health Agency Basic Training	Federal	36
Hospice Basic Training	Federal	38
Hospice Quality Assurance and Performance Improvement (Part I & II)	Federal	25
Hospital Basic Training	Federal	91
Hospital Immediate Jeopardy	Federal	61
ICF for Individuals with Intellectual Disabilities (Basic, Tag W120, W159, W249)	Federal	231
Immediate Jeopardy Basic Training	Federal	200
Interviewing and Investigative Techniques	Federal	149
Introduction to Surveying for Continuing and Acute Care Providers	Federal	111
iQIES - ACC S&C Dashboard	Federal	67
iQIES - Letter Template Management	Federal	68
iQIES - Life Safety Code	Federal	1
iQIES - Manage a Form	Federal	84
iQIES - Manage a Provider	Federal	79
iQIES - Manage a Survey	Federal	77

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
iQIES - Manage an Enforcement	Federal	66
iQIES - Manage an Intake	Federal	69
iQIES - S&C New User Orientation	Federal	87
iQIES - Survey and Certification Reports/Event	Federal	84
Life Safety Code Transition Course	Federal	3
Long Term Care (LTC) Survey Process SME Videos	Federal	98
Long Term Care Basic Training	Federal	169
LTC Regulatory and IG and Psychosocial Severity Guide Updates – June 2022	Federal	220
LTC Survey Process - Resident Screening and Interview Process	Federal	190
LTC Survey Process (LTCSP) Review Training	Federal	98
LTC Survey Process (LTCSP) Training Summer 2017	Federal	88
LTCSP - 11.7, 12.2 & 12.4, Software and Other Updates	Federal	912
LTC RAI Training on MDS 3.0	Federal	124
NFPA 99 Health Care Facilities Code Training	Federal	19
NFPA Pro Board-recognized Certified Fire Inspector-I	Federal	3
NLTC Regulatory Updates 2019	Federal	194
On-the-job observation with preceptor (ASC, CAH, EMTALA, ESRD, Hospital, ICF/IID, LTC, LSC)	Federal	288
OPT/Outpatient Speech Language Pathology Services Basic Training	Federal	2
Organ Procurement Organizations Basic Training	Federal	4
Orientation to Life Safety Code	Federal	17
Principles of Documentation - Exhibit 7A	Federal	206
Principles of Documentation for (LTC and Non LTC)	Federal	304
Principles of Documentation for Life Safety Code	Federal	19
Psychiatric Hospital Basic Training	Federal	35
Psychiatric Residential Treatment Facilities Basic Training	Federal	8
QSOG Navigation Simulation	Federal	191
Read ESRD statute at §1881 of the SS Act (42 CFR 494.1 - 42 CFR 494.180)	Federal	41
Read Hospice COP 42 CFR 418 & OPT/OSP Regulations 42 CFR 485.701-729	Federal	63
Report of Hospital Death Associated with the Use of Restraint or Seclusion	Federal	50

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
Rural Health Clinic/Federally Qualified Health Center Basic Training	Federal	5
Singular Event & Immediate Jeopardy (IJ) Start/End Dates Determination on Surveys	Federal	233
SOM Chapter (1-7 & 10)	Federal	1079
State Agency Surveyor Orientation	Federal	192
State Operations Manual Navigation Simulation	Federal	196
State RAI Coordinator (SRAIC) Foundational Training	Federal	79
Successful completion one survey (All survey types) with lead surveyor	Federal	196
Survey and Certification Transition Training: Voluntary Terminations	Federal	3
Surveying for the New Staff Vaccination Rule - Acute and Continuing Care Providers	Federal	5
Transplant Program Basic Training	Federal	28
Universal Infection Prevention and Control	Federal	200
EMTALA: An Introduction	Federal	59
Advanced Interview & Writing Skills	State	14
Adverse Events/Sub-Categories	State	3
AFL & QSO Updates 2023	State	30
Basic ACO - Exercise 1-6	State	45
CDPH CHCQ Paperless Process	State	11
CHCQ HFEN/Surveyor Spotlight Training March 2024	State	310
Data Analytics Pulling it All Together	State	2
Definition of Adverse Events & Case Studies	State	1
Implicit Bias: The Impact of Unconscious Bias in Healthcare	State	184
Mycobacterium Chimaera Infections from devices	State	5
Principles of Documentation and Deficiency Writing	State	26
Principles of Documentation	State	437
Principles of Documentation (POD) training	State	31
Principles of Investigation	State	239
Principles of Investigation (POI)	State	31
QA (QI) Active Voice in Deficiency Writing	State	173
Quality State Performance Standards	State	2
SEQIS Shuffle 2017	State	2
Severity and Scope Refresher Training - Santa Rosa	State	18

<b>Activity Name</b>	<b>Type of Training</b>	<b>Attendees</b>
SNF Licensing & Re-licensing 2021-10-14	State	2
State Citation Process 2023	State	401
Supervisor and Training Supervisor Summer Training	State	6
Support Staff Training - Survey Workload Activity Tracking (SWAT) Demo - March 2023	State	1
Support Staff Training: Nurse to Patient Ratio & ELMS Update 2024-06-18	State	98
Surface Pro 8 Computer Training (2-in-1 Tablet & Laptop)	State	11
Tablet & Computer Skills-ProProfs	State	4

Data Source: Training Section

## **Nursing Home Administrator Program**

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2019-20 through 2023-24.

### **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**  
Health & Safety Code Section 1416.36 (d)(1)(C)(vi)  
Fiscal Year 2019-20 to 2023-24

<b>NHA #</b>	<b>Complaint/Allegation</b>	<b>Final Administrative, Remedial, or Disciplinary Action</b>	<b>FY 19/20</b>
5552	Unprofessional conduct	License Revoked	19/20
6862	Unprofessional conduct	Warning Letter	19/20
7931	Failure to Report	Warning Letter	19/20
8127	Abuse	Warning Letter	19/20
AIT1128871	Fraud	License Denied	19/20
<b>NHA #</b>	<b>Complaint/Allegation</b>	<b>Final Administrative, Remedial, or Disciplinary Action</b>	<b>FY 20/21</b>
6420	Unprofessional conduct	License Revoked	20/21
AIT1127876	Unprofessional conduct	License Denied	20/21
6287	Unprofessional conduct	Warning Letter	20/21
<b>NHA #</b>	<b>Complaint/Allegation</b>	<b>Final Administrative, Remedial, or Disciplinary Action</b>	<b>FY 21/22</b>
N/A	N/A	N/A	N/A
<b>NHA #</b>	<b>Complaint/Allegation</b>	<b>Final Administrative, Remedial, or Disciplinary Action</b>	<b>FY 22/23</b>
N/A	N/A	N/A	N/A
<b>NHA #</b>	<b>Complaint/Allegation</b>	<b>Final Administrative, Remedial, or Disciplinary Action</b>	<b>FY 23/24</b>
7499	Unprofessional conduct	Warning Letter	23/24

Data Source: Healthcare Workforce Branch, Nursing Home Administrator

**Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program**  
Health and Safety Code section 1416.36 (d)(1)(C)  
Fiscal Year 2019-20 to 2023-24

		2019-20	2020-21	2021-22	2022-23	2023-24
(i) Persons applying for NHA License	Applied <sup>1</sup>	146	187	162	157	178
	Approved	91	112	116	99	119
	Denied	2	3	-	4	3
	Renewed	954	987	915	896	844
(ii) State Exam	Examinees	133	178	192	173	181
	Passed	79	116	129	106	140
	Failed	54	62	63	67	41
(iii) Administrator-In-Training Program	Applied	93	124	91	113	93
	Accepted	92	110	95	76	74
	Completed	97	89	72	59	54
(iv) Complaints Received <sup>2</sup>	Administrator-In-Training	4	3	-	2	2
	Nursing Home Administrators	25	15	13	11	10
(v) Actions Against Nursing Home Administrators <sup>3</sup>		5	3	-	-	1
(vi) Nursing Home Administrator Violations Listing		<b>See Table 14</b>				
(vii) Appeals, Informal Appeals, Informal Conferences or Hearings <sup>4</sup>	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	6	-	1	5	5
	Time Between Request & Final Determination	4 months	N/A	N/A	N/A	N/A
	Final Actions Upheld	1	1	-	-	-

Data Source: Healthcare Workforce Branch, Nursing Home Administrator Program

Data are current through June 30, 2024

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

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

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

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



**Attachment 1: State Workload Percentages, 2025-26**

California Department of Public Health  
Center For Health Care Quality – Licensing and Certification Program  
State Workload Percentages 2025-26

Facility Type	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
Alternate Birthing Center	Initial Licensure	9	31	2	78	78	0.007%	0.02%
	Re-Licensure		35	3	129	129	0.011%	
Adult Day Health Center	Complaint / ERI Investigation	328	11	303	4,006	4,006	0.346%	0.62%
	Field Visit		12	29	427	427	0.037%	
	Initial Licensure		32	17	684	684	0.059%	
	Open Complaints		11	26	344	344	0.030%	
	Re-Licensure		8	164	1,729	1,729	0.149%	
Acute Psychiatric Hospital	Complaint (Or ERI)	41	14	1,099	18,885	18,885	1.632%	2.25%
	Field Visit		28	13	460	460	0.040%	
	Open Complaints		14	58	992	992	0.086%	
	Re-Licensure		319	14	5,418	5,418	0.468%	
	Complaint Validation		189	8	1,959	245	0.021%	
	Complaint Investigation		14	16	281	35	0.003%	
Chronic Dialysis Clinic	Complaint / ERI Investigation	15	20	100	2,500	2,500	0.216%	0.54%
	Field Visit		16	80	1,598	1,598	0.138%	
	Open Complaints		20	44	1,105	1,105	0.095%	
	Re-Licensure		31	5	193	193	0.017%	
	Initial Licensure		22	4	111	111	0.010%	
	End Stage Renal Disease	747	-	-	-	-	0.000%	
	Complaint Investigation		20	230	5,778	722	0.062%	
Chemical Dependency Recovery	Complaint / ERI Investigation	8	13	24	401	401	0.035%	0.08%
	Open Complaints		13	3	54	54	0.005%	
	Re-Licensure		103	4	513	513	0.044%	

Facility Type	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
Congregate Living Health Facility	Complaint / ERI Investigation	254	19	366	8,641	8,641	0.747%	1.39%
	Field Visit		9	12	140	140	0.012%	
	Initial Licensure		45	25	1,390	1,390	0.120%	
	Open Complaints		19	3	59	59	0.005%	
	Re-Licensure		74	64	5,817	5,817	0.503%	
Community Clinic	Complaint / ERI Investigation	1,208	11	269	3,724	3,724	0.322%	2.68%
	Field Visit		13	55	921	921	0.080%	
	Initial Licensure		19	34	793	793	0.069%	
	Open Complaints		11	77	1,071	1,071	0.093%	
	Re-Licensure		49	403	24,518	24,518	2.119%	
Correctional Treatment Center	Complaint Investigation	21	11	2,574	36,678	36,678	3.170%	3.41%
	Field Visit		22	4	111	111	0.010%	
	Open Complaints		11	3	46	46	0.004%	
	Re-Licensure		202	11	2,637	2,637	0.228%	
General Acute Care Hospital	CAL	419	4	0	2	2	0.000%	28.32%
	Complaint		17	9,816	210,151	210,151	18.160%	
	Field Visit		20	294	7,452	7,452	0.644%	
	Initial Licensure		48	17	987	987	0.085%	
	Open Complaints		17	3,865	82,735	82,735	7.150%	
	Re-Licensure		152	140	26,386	26,386	2.280%	
	Review Medical Error Plan MERP		12	1	14	14	0.001%	
Home Health Agencies	Complaint / ERI Investigation	2,031	41	258	13,025	13,025	1.126%	
	Field Visit		69	605	51,769	51,769	4.474%	
	Initial Licensure		184	1,016	232,744	232,744	20.113%	
	Open Complaints		41	91	4,573	4,573	0.395%	
	Re-Licensure		15	2,031	37,631	37,631	3.252%	

Facility Type	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
Home Health Agencies	<b>Non-Deemed Facility</b>	449	-	-	-	-	0.000%	<b>29.74%</b>
	Complaint Investigation - NLTC Non-Deemed		12	86	1,291	161	0.014%	
	Re-Certification (Survey)		127	216	34,141	4,268	0.369%	
	<b>Deemed Facility</b>	1,397	-	-	-	-	0.000%	
	Validation		56	1	70	9	0.001%	
Hospice	Complaint / ERI Investigation	2,808	21	373	9,615	9,615	0.831%	<b>1.85%</b>
	Field Visit		14	390	6,696	6,696	0.579%	
	Initial Licensure		27	17	576	576	0.050%	
	Open Complaints		21	177	4,550	4,550	0.393%	
Hospice Facilities	Complaint / ERI Investigation	14	84	3	288	288	0.025%	<b>0.09%</b>
	Initial Licensure		219	2	546	546	0.047%	
	Re-Licensure		22	7	194	194	0.017%	
Intermediate Care Facility	Complaint / ERI Investigation	-	13	1,664	26,845	26,845	2.320%	<b>2.33%</b>
	Open Complaints		13	5	81	81	0.007%	
ICF - DD; DDH; DDN	Complaint / ERI Investigation	1,010	12	334	5,084	5,084	0.439%	<b>7.17%</b>
	Field Visit		30	4	148	148	0.013%	
	Initial Licensure		31	19	744	744	0.064%	
	Open Complaints		12	61	932	932	0.081%	
	Re-Licensure (Survey)		96	505	60,039	60,039	5.188%	
	Complaint Investigations		13	3,932	64,183	16,046	1.387%	
	Re-Certification		65	1	75	19	0.002%	
Pediatric Day Health / Respite Care	Complaint / ERI Investigation	23	15	5	97	97	0.008%	<b>0.12%</b>
	Re-Licensure		90	12	1,285	1,285	0.111%	
Psychology Clinic	Complaint (or ERI)	17	13	1	12	12	0.001%	<b>0.02%</b>
	Open Complaints		13	0	4	4	0.000%	
	Re-Licensure		35	6	247	247	0.021%	

Facility Type	Activities	Facility Counts	Standard Average Hours	Survey Workload Count Estimate	Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate	State Funded Survey Workload Hours Estimate Percentages	State Funded Survey Workload Hours Estimate Percentages By Facility Type
Referral Agencies	Initial Licensure	2	18	6	138	138	0.012%	0.01%
Rehab Clinic	Complaint / ERI Investigation	10	129	1	161	161	0.014%	0.03%
	Open Complaints		129	0	40	40	0.003%	
	Re-Licensure		32	3	133	133	0.011%	
	Outpatient Physical Therapy Providers	43	-	-	-	-	0.000%	
	Complaint Investigations		24	2	60	7	0.001%	
Skilled Nursing Facility	Complaint / ERI Investigation	1,194	18	2,497	56,821	56,821	4.910%	19.02%
	Field Visit		60	64	4,818	4,818	0.416%	
	Initial Licensure		123	2	305	305	0.026%	
	Initial Licensure Follow Up		3	0	1	1	0.000%	
	Open Complaints		18	604	13,739	13,739	1.187%	
	Life Safety Code (State)		5	23	133	133	0.011%	
	Re-Licensure		107	478	63,449	63,449	5.483%	
	Title 19	26	-	-	-	-	0.000%	
Skilled Nursing Facility	Re-Certification Follow Up		51	5	294	73	0.006%	
	Complaint Investigation - LTC		18	2,231	50,779	12,695	1.097%	
	Title 18 & 19	1,092	-	-	-	-	0.000%	
	Re-Certification Follow Up		51	113	7,226	903	0.078%	
	Complaint Investigation - LTC		18	23,626	537,634	67,204	5.807%	
Surgical Clinic	Complaint / ERI Investigation	3	56	26	1,807	1,807	0.156%	0.30%
	Field Visit		8	1	10	10	0.001%	
	Initial Licensure		62	3	233	233	0.020%	
	Open Complaints		56	20	1,407	1,407	0.122%	

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

Attachment 2: Annual Health Care Facility License Fee, 2025-26

California Department of Public Health  
Center For Health Care Quality - Licensing and Certification Program  
Health Care Facility License Fees Table  
Fiscal Year 2025-26

Facility Type	Projected Statewide Funded Workload Percentage	2024-25 Expenditures Per Budget Act 4265-3098	General Fund Transfer Appropriation	2024-25 Total Expenditure Less General Fund Transfer	External Appropriation Adjustments*	Allocation For Employee Compensation	Allocation For Other Post- Employment Benefits	Allocation For Staff Benefits	Legislative Budget Change Proposals	Other Technical Adjustments
Acute Psychiatric Hospitals	1.35%	\$4,001,208	-	\$4,001,208	\$125,992	\$39,772	\$(73,667)	\$26,528	-	\$(82,261)
Adult Day Health Centers	0.54%	\$1,601,438	-	\$1,601,438	\$50,427	\$15,918	\$(29,484)	\$10,618	-	\$(32,924)
Alternative Birthing Centers	0.01%	\$20,853	-	\$20,853	\$657	\$207	\$(384)	\$138	-	\$(429)
Chemical Dependency Recovery Hospitals	0.03%	\$98,963	-	\$98,963	\$3,116	\$984	\$(1,822)	\$656	-	\$(2,035)
Chronic Dialysis Clinic	0.50%	\$1,466,848	-	\$1,466,848	\$46,189	\$14,580	\$(27,006)	\$9,725	-	\$(30,157)
Community Clinic/Free Clinic	0.84%	\$2,488,975	-	\$2,488,975	\$78,374	\$24,740	\$(45,825)	\$16,502	-	\$(51,171)
Congregate Living Health Facility	0.78%	\$2,314,197	-	\$2,314,197	\$72,871	\$23,003	\$(42,607)	\$15,343	-	\$(47,578)
Correctional Treatment Centers	1.88%	\$5,566,475	\$(3,505,000)	\$2,061,475	\$175,280	\$55,331	\$(102,485)	\$36,906	-	\$(114,442)
General Acute Care Hospitals	16.76%	\$52,584,276	-	\$52,584,276	\$1,559,496	\$492,287	\$(911,829)	\$328,359	-	\$(1,018,208)
Home Health Agencies	11.32%	\$33,454,432	-	\$33,454,432	\$1,053,432	\$332,538	\$(615,936)	\$221,805	-	\$(687,794)
Hospices	1.82%	\$5,365,698	-	\$5,365,698	\$168,958	\$53,335	\$(98,789)	\$35,575	-	\$(110,314)
Hospice Facility	0.03%	\$96,607	-	\$96,607	\$3,042	\$960	\$(1,779)	\$641	-	\$(1,986)
Intermediate Care Facility (ICF)	1.61%	\$4,954,868	-	\$4,954,868	\$149,741	\$47,269	\$(87,553)	\$31,529	-	\$(97,767)
ICF-DD, DDH, DDN, DDCN	7.51%	\$22,175,427	-	\$22,175,427	\$698,272	\$220,424	\$(408,276)	\$147,024	-	\$(455,908)
Pediatric Day Health/Respite Care	0.04%	\$105,823	-	\$105,823	\$3,332	\$1,052	\$(1,948)	\$702	-	\$(2,176)
Psychology Clinic	0.01%	\$25,854	-	\$25,854	\$814	\$257	\$(476)	\$171	-	\$(532)
Referral Agencies	0.00%	\$7,433	-	\$7,433	\$234	\$74	\$(137)	\$49	-	\$(153)
Rehab Clinics	0.06%	\$167,209	-	\$167,209	\$5,265	\$1,662	\$(3,079)	\$1,109	-	\$(3,438)
Skilled Nursing Facility	54.67%	\$165,996,352	-	\$165,996,352	\$5,086,712	\$1,605,726	\$(2,974,174)	\$1,071,031	-	\$(3,321,156)
Surgical Clinic	0.23%	\$692,158	-	\$692,158	\$21,795	\$6,880	\$(12,743)	\$4,589	-	\$(14,230)
Nursing Home Administrator Program**		\$1,205,909	-	\$1,205,909						
CA Dept of Aging (4170 CDA)		\$12,300,000	-	\$12,300,000						
CHCQ Acute Psychiatric Hospital Support BCP, CHCQ Operations Support BCP, Policy & Legislation Branch Expansion BCP, AB 3030, AB 3161, SB 1354		-	-	-					\$5,757,000	
Total	100.00%	\$316,691,000	\$(3,505,000)	\$313,186,000	\$9,304,000	\$2,937,000	\$(5,440,000)	\$1,959,000	\$5,757,000	\$(6,074,658)

\* Adjustment for 9900 Statewide General Administrative Expenditures (Pro Rata), \$16,000,000  
\*\* The health care facility license fee does not include the Nursing Home Administrator (NHAP) program fee. The NHAP fee is a separate mandate under the provision of Health and Safety Code section 1416.36(a).

California Department of Public Health  
Center For Health Care Quality - Licensing and Certification Program  
Health Care Facility License Fees Table  
Fiscal Year 2025-26

Facility Type	2025-26 Governor's Budget Expenditures (Proposed)	Miscellaneous Revenue Credit*	2025-26 Health Facility Licensure Fee Revenue (Projected)	2025-26 Health Facility Licensure Fee Revenue (Proposed)	Program Policy Adjustment	Statewide Fees Revenue	Los Angeles County Supplemental Fees Revenue	Statewide Fee	Los Angeles County Supplemental Fee
Acute Psychiatric Hospitals	\$4,037,572	\$(215,409)	\$3,822,163	\$5,700,101	\$1,877,938	\$5,310,988	\$389,133	\$796	\$180
Adult Day Health Centers	\$1,615,992	\$(607,117)	\$1,008,876	\$2,896,388	\$1,887,512	\$2,896,388	-	\$8,830	-
Alternative Birthing Centers	\$21,042	\$(6,886)	\$14,156	\$29,973	\$15,817	\$29,973	-	\$3,330	\$168
Chemical Dependency Recovery Hospitals	\$99,862	\$(1,425)	\$98,437	\$196,568	\$98,131	\$169,905	\$26,664	\$313	\$158
Chronic Dialysis Clinic	\$1,480,179	\$(53,313)	\$1,426,866	\$2,411,167	\$984,301	\$1,628,244	\$782,923	\$2,509	\$3,915
Community Clinic/Free Clinic	\$2,511,596	\$(289,246)	\$2,222,350	\$2,287,636	\$65,286	\$2,094,221	\$193,415	\$1,646	\$556
Congregate Living Health Facility	\$2,335,229	\$(369,709)	\$1,965,520	\$2,297,404	\$331,884	\$1,948,320	\$349,084	\$1,056	\$361
Correctional Treatment Centers	\$2,112,065	-	\$2,112,065	-	\$(2,112,065)	-	-	\$2,050	\$8
General Acute Care Hospitals	\$53,034,382	\$(6,508,709)	\$46,525,673	\$62,487,903	\$15,962,230	\$58,908,168	\$3,579,735	\$796	\$180
Home Health Agencies	\$33,758,476	\$(5,363,810)	\$28,394,666	\$17,256,194	\$(11,138,472)	\$11,421,642	\$5,834,552	\$2,946	\$2,103
Hospices	\$5,414,463	\$(2,387,575)	\$3,026,888	\$6,046,059	\$3,019,171	\$3,901,309	\$2,144,750	\$1,390	\$1,137
Hospice Facility	\$97,485	\$(6,988)	\$90,496	\$75,623	\$(14,874)	\$75,623	-	\$573	-
Intermediate Care Facility (ICF)	\$4,998,086	\$(3,800)	\$4,994,286	\$67,584	\$(4,926,702)	\$67,584	-	\$1,056	\$232
ICF-DD, DDH, DDN, DDCN	\$22,376,964	\$(640,134)	\$21,736,830	\$15,571,117	\$(6,165,713)	\$13,968,188	\$1,602,929	\$2,066	\$900
Pediatric Day Health/Respite Care	\$106,785	\$(32,813)	\$73,972	\$132,597	\$58,625	\$126,181	\$6,416	\$298	\$86
Psychology Clinic	\$26,088	\$(5,343)	\$20,745	\$38,557	\$17,812	\$31,923	\$6,635	\$1,878	\$829
Referral Agencies	\$7,500	\$(11,928)	\$(4,428)	\$5,845	\$10,273	\$3,356	\$2,489	\$1,678	\$1,244
Rehab Clinics	\$168,729	\$(1,166)	\$167,563	\$11,119	\$(156,444)	\$9,270	\$1,849	\$927	\$370
Skilled Nursing Facility	\$167,464,490	\$(3,503,255)	\$163,961,236	\$135,961,744	\$(27,999,492)	\$122,309,958	\$13,651,786	\$1,061	\$361
Surgical Clinic	\$698,448	\$(3,376)	\$695,072	\$300,360	\$(394,712)	\$293,205	\$7,155	\$8,885	\$3,578
Nursing Home Administrator Program**	\$1,205,909								
CA Dept of Aging (4170 CDA)	\$12,300,000								
<b>Total</b>	<b>\$315,871,342</b>	<b>\$(20,012,001)</b>	<b>\$282,353,432</b>	<b>\$253,773,938</b>	<b>\$(28,579,494)</b>	<b>\$225,194,443</b>	<b>\$28,579,495</b>		

\* Reference Health & Safety Code section 1266(e)(1)(E) for determination and purpose of the Miscellaneous Revenue Credit.

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

## **Attachment 3: Glossary**

### Acute Psychiatric Hospital

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

### Administrative Law Judge

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

### Administrative Penalty

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

### Administrator-in-Training Program

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

### Adult Day Health Care

An organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults disabilities with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is

not medically necessary or viewed as desirable by the recipient or his or her family. (Ref: HSC section 1570.7(a)).

### Adverse Event

Includes any of the following:

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



to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

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

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

#### Alternative Birthing Center

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

#### Ambulatory Surgical Center

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

#### Appeals

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

#### Automated Survey Processing Environment (ASPEN)

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

#### Chemical Dependency Recovery Hospital

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

### Chronic Dialysis Clinic

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

### Citations

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

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

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

*“B” Citations* - Violations that the CDPH determines have a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Unless otherwise determined by the Department to be a class "A" violation pursuant to this chapter and rules and regulations adopted pursuant thereto, any violation of a patient's rights as set forth in sections 72527 and 73523 of Title 22 of the California Code of Regulations, that is determined by the Department to cause or under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to a patient is a class "B" violation. Except as provided in Health and Safety Code section 1424.5(4) (a), a class "B" citation is

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

### Community Clinic

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

### Complaint

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

### Comprehensive Outpatient Rehabilitation Facility

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

### Congregate Living Health Facility

A residential home with a capacity, of no more than 18 beds (pursuant to Health and Safety Code section 1250(i)(4)(A) a city or county operated facility delivering the same congregate living health facility services may have a capacity of 59 beds), that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least

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

#### Correctional Treatment Center

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

#### Deficiencies

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

#### Distinct Part

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

#### Electronic Licensing Management System (ELMS)

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

### End Stage Renal Disease

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

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

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

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

### Facility-Reported Incident

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

### Free Clinic

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

### General Acute Care Hospital

A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical,

anesthesia, laboratory, radiology, pharmacy, and dietary services. (Ref: Health and Safety Code section 1250(a)).

### Home Health Agency

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

### Hospice

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

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

### Hospice Facility

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

### Immediate Jeopardy

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

### Intermediate Care Facility

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

### Intermediate Care Facility/Developmentally Disabled

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

### Intermediate Care Facility/Developmentally Disabled - Habilitative

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

### Intermediate Care Facility/Developmentally Disabled - Nursing

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



### Long-Term Health Care Facility

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

### Medical Breach

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

### Non-Long Term Care Facility

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

### Nursing Home Administrator

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

### Nursing Hours per Patient Day

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

### Pediatric Day Health & Respite Care Facility

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

### Psychology Clinic

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

### Referral Agency

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

### Rehabilitation Clinic

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

### Rural Health Clinic

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

### Skilled Nursing Facility

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

### Surgical Clinic

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

### Survey Closure Date

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