



Center for Health Care Quality

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

Annual Fee Report for Fiscal Year 2020-21

February 2020

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EXECUTIVE SUMMARY

Program Overview

The California Department of Public Health (Public Health), Center for Health Care Quality (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 10,000 health care facilities and agencies in California in 30 different licensure and certification categories.

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

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

Fees Overview

Health Care Facility License Fees

Public Health publishes the "Center for Health Care Quality, Health Facility License Fees and Nursing Home Administrator Program Fees Annual Fee Report for Fiscal Year 2020-21" in accordance with California Health and Safety Code (HSC) section 1266(e) as follows:

- Publish the list of estimated fees by February 1 of each year;
- Publish a report of all costs for activities of CHCQ; and,
- Prepare a staffing and systems analysis report including:
 - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities;
 - The percentage of time devoted to licensing and certification activities for the various types of health facilities;
 - The number of facilities receiving full surveys and the frequency and number of follow up visits;
 - The number and timeliness of complaint investigations;
 - Data on deficiencies and citations issued, and numbers of citation review conferences and arbitration hearings; and,
 - Other applicable activities of CHCQ.

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

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

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

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

Nursing Home Administrator Program Fees

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

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

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

Fee Methodology

Health Care Facility Licensing Fees

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

- Projects the state workload percentage for each health care facility type based on mandated workload. (See Attachment 1).
- Determines the budget year adjusted Fund 3098 appropriation, including baseline adjustments and mandated credits. (See Attachment 2).
- Applies the individual workload percentage to the budget year adjusted appropriation to calculate the revenue required of each health care facility type.
- Divides the revenue required of each health care facility type by the total number of health care facilities or beds to calculate the fee.

To determine the Los Angeles County supplemental fee, CHCQ:

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

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 2020-21 shows the distribution of state workload activities by facility type.

For 2020-21, Public Health proposes to:

1. Increase statewide fees by 28 percent for those facilities that would have received an increase based on their percentage of the state's total workload.
2. Keep statewide fees at the 2019-20 level for those health care facilities that had a decreased share of their percentage of the state's total workload.
3. Increase the supplemental fee to result in a combined fee increase of up to 35 percent for those health care facilities located in Los Angeles County.
4. The 2020-21 fees are expected to raise \$206 million from statewide health care facility licensing fees, and \$22.5 million from the Los Angeles County supplemental fee.

Table 1 on the following page provides the proposed 2020-21 licensing fees for each facility type.

Nursing Home Administrator Program Fees

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

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

For 2020-21, Public Health proposes a 5% percent increase to bring the fees more in line with projected program cost of \$780,000. The fee increase will allow the program to better manage demand for various program services and to help keep up with inflationary cost increases.

Table 2 on the following page provides the proposed 2020-21 Nursing Home Administrator Program fees.

Table 1: Health Care Facility License Fee Table

Facility Type	Fee Per Bed or Facility	Number of Licensed Facilities/ Beds	Health Care Facility License Fees (rounded in nearest dollar)			
			2019-20		2020-21	
			Statewide	Los Angeles County Supplemental Fee	Statewide	Los Angeles County Supplemental Fee ²
Acute Psychiatric Hospitals	Bed	8,207	\$ 661	\$ 156	\$ 846	\$ 156
Adult Day Health Centers	Facility	285	\$ 7,490	\$ 365	\$ 9,587	\$ 998
Alternative Birthing Centers	Facility	12	\$ 2,914	\$ -	\$ 3,729	\$ 204
Chemical Dependency Recovery Hospitals	Bed	412	\$ 321	\$ 60	\$ 333	\$ 183
Chronic Dialysis Clinics	Facility	609	\$ 3,431	\$ 2,689	\$ 4,392	\$ 3,871
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,682	\$ 1,780	\$ 328	\$ 2,278	\$ 567
Congregate Living Health Facilities	Bed	1,533	\$ 773	\$ 311	\$ 885	\$ 313
Correctional Treatment Centers	Bed	2,492	\$ 1,422	\$ -	\$ 1,820	\$ 7
District Hospital Less Than 100 Beds	Bed		\$ 661	\$ 156	\$ 846	\$ 156
General Acute Care Hospitals	Bed	74,657	\$ 661	\$ 156	\$ 846	\$ 156
Home Health Agencies	Facility	2,039	\$ 2,762	\$ 1,061	\$ 2,762	\$ 2,400
Hospices (2-Year License Total)	Facility	1,381	\$ 2,970	\$ 1,150	\$ 2,970	\$ 2,592
Hospice Facilities	Bed	102	\$ 558	\$ -	\$ 715	\$ -
Intermediate Care Facilities (ICF)	Bed	5,238	\$ 773	\$ 97	\$ 885	\$ 290
ICF/Developmentally Disabled (DD)	Bed	9,514	\$ 1,438	\$ 591	\$ 1,841	\$ 898
ICF/DD - Habilitative	Bed		\$ 1,438	\$ 591	\$ 1,841	\$ 898
ICF/DD - Nursing	Bed		\$ 1,438	\$ 591	\$ 1,841	\$ 898
ICF/DD - Continuous Nursing	Bed		\$ 1,438	\$ 591	\$ 1,841	\$ 898
Pediatric Day Health and Respite Care Facility	Bed	390	\$ 373	\$ 46	\$ 477	\$ 89
Psychology Clinics	Facility	18	\$ 2,876	\$ 480	\$ 3,681	\$ 850
Referral Agencies	Facility	2	\$ 3,729	\$ 1,080	\$ 3,729	\$ 1,080
Rehab Clinics	Facility	13	\$ 643	\$ 241	\$ 823	\$ 370
Skilled Nursing Facilities ¹	Bed	118,891	\$ 777	\$ 312	\$ 888	\$ 313
Special Hospitals	Bed		\$ 661	\$ 156	\$ 846	\$ 156
Surgical Clinics	Facility	31	\$ 6,163	\$ 2,332	\$ 7,888	\$ 3,579

¹ SNF license fee includes the statewide fee of \$893 and the California Department of Aging SNF LTC Ombudsman program fee of \$4.

² CDPH does not assess a supplemental fee on facilities that Los Angeles County Department of Public Health does not regulate.

Note: Final 2018-19 year-end figures are unavailable; therefore, these proposed fees are subject to change.

Table 2: Nursing Home Administrator Program Fee Table

Nursing Home Administrator Program Fees Health and Safety Code section 1416.36 (a)			
Fee Categories	2019-20	2020-21	% Change
(1) Examination Application Fee	\$ 60	\$ 63	5%
(2) Reciprocity Licensure Application Fee	\$ 108	\$ 113	5%
(3) AIT Program Application Fee	\$ 252	\$ 265	5%
(4) Written State Exam	\$ 372	\$ 391	5%
(5) Initial License Fee	\$ 468	\$ 491	5%
(6) (A) Active License Renewal Fee	\$ 468	\$ 491	5%
(6) (B) Inactive License Fee	\$ 468	\$ 491	5%
(7) Delinquency Fee	\$ 108	\$ 113	5%
(8) Duplicate License Fee	\$ 60	\$ 63	5%
(9) Provisional License Fee	\$ 600	\$ 630	5%
(10) Endorsement of Credential Verification Fee	\$ 60	\$ 63	5%
(11) Preceptor Certification Fee	\$ 144	\$ 151	5%
(12) Continuing Education Provider Fee	\$ 348	\$ 365	5%
(13) Continuing Education Course Fee	\$ 36	\$ 38	5%

Staffing and Systems Analysis

Center for Health Care Quality

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

The following tables depict information from 2018-19, 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 80 percent of the authorized positions to field offices and 20 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 Public Health's internet website due to differences in reporting periods and because the Quarterly Performance Metrics report deficiencies by survey type.

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

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

Table 12: Adverse Event Timeliness Report

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

Table 13: Surveyor Training Provided in 2017-18

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

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

Number of Authorized Personnel for Licensing and Certification of Health Care Facilities								
Health and Safety Code section 1266(e)(2)(B)(i)								
SFY 2018-19 (July 1, 2018 - June 30, 2019)								
Personnel Types	13 Field Offices		Headquarters		Total L&C		Los Angeles County Contract	
	Positions	% to Total L&C	Positions	% to Total L&C	Positions	% to Total L&C	Positions	% to Total LA Contract
Surveyors & Various State Consultants								
Surveyors	615 ¹	47.15%	-	0.00%	615	47.15%	145	64.16%
Various State Consultants	50 ²	3.83%	-	0.00%	50	3.83%	6	2.65%
Administrative Support Personnel								
Managers/Supervisors & Support Staff	373.3 ³	28.62%	266 ³	20.39%	639.30	49.01%	75	33.19%
Total	1038.3	79.61%	266	20.39%	1,304.30	100.00%	226	100.00%

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

Personnel in the Field Offices and Los Angeles County Contract

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

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

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

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

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

The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Care Facilities		
Health and Safety Code section 1266(e)(2)(B)(ii)		
SFY 2018-19 (July 1, 2018 - June 30, 2019)		
Facility Type	Total Survey Hours*	Percentage to Total Hours
1 Acute Psychiatric Hospital	8,227	0.73%
2 Adult Day Health Centers	2,077	0.18%
3 Alternate Birthing Center	-	0.00%
4 Chemical Dependency Recovery Hospital	20	0.00%
5 Chronic Dialysis Clinic / End Stage Renal Disease	23,505	2.08%
6 Community Clinic / Rural Health Clinic	4,079	0.36%
7 Congregate Living Health Facility	4,580	0.41%
8 Correctional Treatment Center	4,348	0.39%
9 General Acute Care Hospital	140,676	12.47%
10 Home Health Agencies	31,013	2.75%
11 Hospice	15,393	1.36%
12 Hospice Facility	193	0.02%
13 Intermediate Care Facilities	9,568	0.85%
14 Intermediate Care Facilities DD/H/N/IID	117,489	10.41%
15 Pediatric Day Health or Respite Care	121	0.01%
16 Psychology Clinics	-	0.00%
17 Referral Agency	13	0.00%
18 Rehab Clinic/CORF/OPT/SP	868	0.08%
20 Skilled Nursing Facilities	737,260	65.34%
23 Surgical Clinic / Ambulatory Surgical Center	28,968	2.57%
	-	0.00%
Total	1,128,397	100.00%

* Includes activities started on or after 07-01-2018 and exited on or before 06-30-2019. Total workload survey hours represents the number of direct survey hours, facility and pure administration hours.

Data Source: 2018-19 Standard Average Hours Report (SAH)

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-up Visits Performed Health and Safety Code section 1266(e)(2)(B)(iii) SFY 2018-19 (July 1, 2018 - June 30, 2019)							
	Facility Type	Licensing Survey		Certification Survey		Follow-Up & Revisits	Total
		Initial	Re-Licensure	Initial	Re-Certification		
1	Acute Psychiatric Hospital	2	2	-	7	10	21
2	Adult Day Health Care	18	4	-	-	4	26
3	Alternative Birthing Center	-	-	-	-	-	-
4	Chemical Dependency Recovery Hospital	-	-	-	-	-	-
5	Chronic Dialysis Clinic/ESRD	27	-	27	157	161	372
6	Congregate Living Health Facility	36	8	-	-	2	46
7	Correctional Treatment Center	-	9	-	-	6	15
8	General Acute Care Hospital	36	115	-	21	79	251
9	Home Health Agency	62	12	1	174	166	415
10	Hospice	115	4	-	60	56	235
11	Hospice Facility	2	-	-	-	-	2
12	Intermediate Care Facility	1	4	-	-	5	10
13	Intermediate Care Facility-DD/H/N/CN/IID	14	2	6	1,082	1,019	2,123
14	Pediatric Care Health and Respite Care Facility	-	-	-	-	-	-
15	Primary Care Clinic	12	2	-	47	27	88
16	Psychology Clinic	-	-	-	-	-	-
17	Referral Agency	1	-	-	-	-	1
18	Rehabilitation Clinic/CORF/OTP/SP	-	-	-	11	8	19
19	Skilled Nursing Facility	4	437	4	1,196	1,400	3,041
20	Surgical Clinic/ASC	1	3	2	142	135	283
Total		331	602	40	2,897	3,078	6,948
Category Total		933		2,937		3,078	6,948
Category Percentages to Total		13%		42%		44%	100%
Long Term Care Total		55	451	10	2,278	2,426	5,220
Non-Long Term Care Total		276	151	30	619	652	1,728

Table 6: Number of Complaint Investigations by Facility Type

Number of Complaint Investigations by Facility Type																	
Health and Safety Code section 1266(e)(2)(B)(iv)																	
SFY 2018-19 (July 1, 2018 - June 30, 2019)																	
Facility Type	Volume			Timeliness													
				Initiation				Complaints Open at Close of Reporting Period									
	Immediate Jeopardy (IJ) *		Non-Immediate Jeopardy (Non-IJ)**														
	(24 hours LTC - 2 days NLTC)		(10 working days)		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval						
Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely	≤90			91-180	181-365	>365	≤90	91-180	181-365	>365				
Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely	Total Open	Average Days Open	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	
Long-Term Care																	
Congregate Living Health Facility	222	203	19	46	100%	167	98%	78	262	40	24	3	11	51%	31%	4%	14%
Intermediate Care Facility	505	503	2	6	100%	455	96%	58	34	55	1	2	-	95%	2%	3%	0%
Intermediate Care Facility-DD/H/N/CN/IID	535	527	8	62	97%	445	94%	223	307	121	18	20	64	54%	8%	9%	29%
Pediatric Care Health and Respite Care Facility	6	8	(2)	1	100%	5	100%	4	401	-	-	1	3	0%	0%	25%	75%
Skilled Nursing Facility	9,508	9,687	(179)	1,316	97%	7,961	97%	4,923	602	1,599	509	542	2,273	32%	10%	11%	46%
Long-Term Care Total	10,776	10,928	-152	1,431	97%	9,033	96%	5,286	578	1,815	552	568	2,351	34%	10%	11%	44%
Non-Long Term Care																	
Acute Psychiatric Hospital	334	294	40	28	100%			428	822	89	39	52	248	21%	9%	12%	58%
Adult Day Health Care	39	37	2	1	100%			13	94	11	1	-	1	85%	8%	0%	8%
Alternative Birthing Center	-	-	-	-	N/A			-	-	-	-	-	-	N/A	N/A	N/A	N/A
Chemical Dependency Recovery Hospital	-	1	(1)	-	N/A			-	N/A	-	-	-	-	N/A	N/A	N/A	N/A
Chronic Dialysis Clinic/ESRD	266	240	26	19	95%			266	957	54	31	37	144	20%	12%	14%	54%
Correctional Treatment Center	28	41	(13)	-	N/A			18	110	9	6	3	-	50%	33%	17%	0%
General Acute Care Hospital	4,583	4,322	261	171	93%			5,845	953	913	705	664	3,563	16%	12%	11%	61%
Home Health Agency	301	265	36	14	100%			218	424	60	48	33	77	28%	22%	15%	35%
Hospice	258	233	25	20	85%			163	358	62	23	29	49	38%	14%	18%	30%
Hospice Facility	1	2	(1)	-	N/A			1	403	-	-	-	1	0%	0%	0%	100%
Primary Care Clinic	191	179	12	1	100%			260	820	45	36	21	158	17%	14%	8%	61%
Psychology Clinic	1	1	-	-	N/A			2	921	-	-	1	1	0%	0%	50%	50%
Rehabilitation Clinic/CORF/OTD/SP	1	2	(1)	-	N/A			2	1,839	-	-	-	2	0%	0%	0%	100%
Surgical Clinic/ASC	71	59	12	7	86%			55	789	16	10	6	23	29%	18%	11%	42%
Other Non-Long-Term Care	2	3	(1)	-	N/A			2	617	1	-	-	1	50%	0%	0%	50%
Non-Long Term Care Total	6,076	5,679	397	261	93%	-	-	7,273	907	1,260	899	846	4,268	17%	12%	12%	59%
Total	16,852	16,607	245	1,692	97%	-	-	12,559	768	3,075	1,451	1,414	6,619	24%	12%	11%	53%

Notes on Method:

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

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

Data Source: ASPEN Database

Extraction Date: July 16, 2019

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

Number of Facility-Reported Incident (FRI) Investigations by Facility Type															
Health and Safety Code section 1266(e)(2)(B)(iv)															
SFY 2018-19 (July 1,2018 - June 30, 2019)															
Facility Type	Volume			Timeliness											
				Initiation		Facility-Report Incident Open at Close of Reporting Period									
	Immediate Jeopardy (U)*		Total Open	Average Days Open	Number Open by Open Days Interval				Percent Open by Open Days Interval						
	(24 hours LTC - 2 days NLTC)	Number Received			Percent Initiated Timely	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365		
FRI Received During Reporting Period	FRI Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open FRIs	Number Received	Percent Initiated Timely	Total Open	Average Days Open	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365	
Long-Term Care															
Congregate Living Health Facility	39	41	-2	4	100%	14	217	7	-	5	2	50%	0%	N/A	14%
Intermediate Care Facility	481	926	-445	-	N/A	345	276	84	78	58	125	24%	23%	17%	36%
Intermediate Care Facility-DD/H/N/CN/IID	5,371	5,584	-213	75	95%	1,686	331	555	274	311	546	33%	16%	18%	32%
Pediatric Care Health and Respite Care Facility	4	3	1	1	100%	1	66	1	-	-	-	100%	0%	N/A	N/A
Skilled Nursing Facility	15,053	14,578	475	828	97%	9,382	551	2,398	1,139	1,512	4,333	26%	12%	16%	46%
Long-Term Care Total	20,948	21,132	-184	908	97%	11,428	451	3,045	1,491	1,886	5,006	27%	13%	17%	44%
Non-Long Term Care															
Acute Psychiatric Hospital	440	452	-12	19	100%	495	652	109	60	83	243	22%	12%	17%	49%
Adult Day Health Care	293	272	21	1	100%	142	343	30	13	30	69	21%	9%	21%	49%
Chemical Dependency Recovery Hospital	9	7	2	-	N/A	4	739	3	-	-	1	75%	0%	N/A	N/A
Chronic Dialysis Clinic/ESRD	147	128	19	1	100%	174	729	23	18	35	98	13%	10%	20%	56%
Correctional Treatment Center	539	619	-80	-	N/A	396	179	177	91	63	65	45%	23%	16%	16%
General Acute Care Hospital	6,646	6,767	-121	128	95%	10,851	995	1,282	899	1,314	7,356	12%	8%	12%	68%
Home Health Agency	115	104	11	2	100%	109	672	25	9	17	58	23%	8%	16%	53%
Hospice	92	105	-13	5	100%	70	475	14	8	10	38	20%	11%	14%	54%
Hospice Facility	2	1	1	-	N/A	2	627	-	-	1	1	0%	N/A	N/A	50%
Primary Care Clinic	423	442	-19	2	100%	548	896	60	65	59	364	11%	12%	11%	66%
Psychology Clinic	-	1	-1	-	N/A	1	657	-	-	-	1	0%	N/A	N/A	N/A
Rehabilitation Clinic/CORF/OTP/SP	-	-	-	-	N/A	-	-	-	-	-	-	N/A	N/A	N/A	N/A
Surgical Clinic/ASC	17	16	1	3	100%	25	1,048	3	3	1	18	12%	12%	4%	72%
Non-Long Term Care Total	8,723	8,914	-191	161	96%	12,817	936	1,726	1,166	1,613	8,312	13%	9%	13%	65%
Total	29,671	30,046	-375	1,069	97%	24,245	735	4,771	2,657	3,499	13,318	20%	11%	14%	55%

Notes on Method:

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

Data Source: ASPEN Database

Extraction Date: July 16, 2019

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

Data on Citations, Administrative Penalties & Enforcement Penalties												
Health & Safety Code section 1266(e)(2)(B)(v)(vi)												
SFY 2018-19 (July 1, 2018 - June 30, 2019)												
Facility Category	Citations Issued (by Definitions) (HSC 1424)						3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches	
	AA	A	B	WMF	WMO	RD					Administrative Penalties (HSC 1280.15)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital									1			
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic											2	
Congregate Living Health Facility	1	5	8									
Correctional Treatment Center												
General Acute Care Hospital							24	35	89	16	7	
Home Health Agency												
Hospice										1		
Hospice Facility												
Intermediate Care Facility	1	2	2									
Intermediate Care Facility/Developmentally Disabled			3									
Intermediate Care Facility/Developmentally Disabled - Habilitative	1	4	30									
Intermediate Care Facility/Developmentally Disabled - Nursing	3	6	18									
Pediatric Day Health & Respite Care Facility												
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	15	163	419	7			54					
Surgical Clinic												
Total	21	180	480	7			54	24	36	89	19	7

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

Citation Appeals Statewide				
Health and Safety Code section 1266(e)(2)(B)(vi)				
SFY 2018-19 (July 1, 2018 - June 30, 2019)				
Appeal Received Type	Collection	Decision	Event	Total
Administrative Law Judge (ALJ)	-	-	44	44
Binding Arbitration (BA)	-	-	12	12
Court Appeal	-	-	102	102
Total	-	-	158	158

Data Source: ELMS Database
Data Extraction Date: July 16, 2019

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type Health and Safety Code section 1266(e)(2)(B)(iv) SFY 2018-19 (July 1, 2018-June 30, 2019)	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	212
Adult Day Health Care	129
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	2
Chronic Dialysis Clinic/ESRD	1,594
Congregate Living Health Facility	194
Correctional Treatment Center	126
General Acute Care Hospital	3,672
Home Health Agency	1,401
Hospice	811
Hospice Facility	-
Intermediate Care Facility	85
Intermediate Care Facility-DD/H/N/CN/IID	6,907
Pediatric Care Health and Respite Care Facility	4
Primary Care Clinic	206
Psychology Clinic	-
Referral Agency	-
Rehabilitation Clinic/CORF/OTP/SP	43
Skilled Nursing Facility	18,520
Surgical Clinic/ASC	1,542
Total	35,448
Long-Term Care Total	25,710
Non-Long-Term Care Total	9,738

Data Source: ASPEN Database
Data Extraction Date: July 16, 2019

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type							
Health and Safety Code section 1266(e)(2)(B)(v)(vi)							
SFY 2018-19 (July 1, 2018 - June 30, 2019)							
Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non- Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches	
						Administrative Penalties (HSC 1280.15)	Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital				\$ 4,000			
Adult Day Health Care							
Alternative Birthing Center							
Chemical Dependency Recovery Hospital							
Chronic Dialysis Clinic							
Community Clinic							
Congregate Living Health Facility	\$ 79,375						
Correctional Treatment Center							
General Acute Care Hospital			\$ 1,267,770	\$ 449,714	\$ 343,100	\$ 132,000	\$ 36,500
Home Health Agency							
Hospice							
Hospice Facility							
Intermediate Care Facility	\$ 105,000						
Intermediate Care Facility/Developmentally Disabled	\$ 3,000						
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$ 120,500						
Intermediate Care Facility/Developmentally Disabled - Nursing	\$ 147,805						
Pediatric Day Health & Respite Care Facility							
Psychology Clinic							
Referral Agency							
Rehabilitation Clinic							
Skilled Nursing Facility	\$ 5,059,630	\$ 870,000					
Surgical Clinic							
Total	\$ 5,515,310	\$ 870,000	\$ 1,267,770	\$ 453,714	\$ 343,100	\$ 132,000	\$ 36,500

= Facilities with statutorily mandated enforcement action.

Data Source: ELMS Database

Data Extraction Date: July 16, 2019

Table 11: Detailed Adverse Event Report Category and Type

Detailed Adverse Event Report Category and Type	
Health and Safety Code section 1279.1 SFY 2018-19 (July 1, 2018-June 30, 2019)	
Adverse Event by Category and Type	
01 - Surgical Events	383
01. Surgery performed on a wrong body part	34
02. Surgery Performed on the wrong patient	2
03. Wrong surgical procedure performed on a patient	7
04. Retention of a foreign object in a patient	322
05. Death during or up to 24 hours after surgery	18
02 - Product or Device Events	8
06. Death or serious disability associated with the use of contaminated drug, device, or biologic	5
07. Death or serious disability associated with the use of a device other than as intended	2
08. Death or serious disability due to intravascular air embolism	1
03 - Patient Protection Events	9
09. Infant discharged to the wrong person	-
10. Death or serious disability due to disappearance	1
11. Suicide or attempted suicide	8
04 - Care Management Events	1,439
12. Death/serious disability associated with a medication error	12
13. Death/serious disability associated with the administration of ABO-incompatible blood or blood products	2
14. Maternal death/serious disability associated with labor/delivery/within 42 days post-delivery	3
15. Death/serious disability directly related to hypoglycemia	3
16. Death or serious disability associated with hyperbilirubinemia in neonates	1
17. Stage 3 or 4 decubitis ulcer acquired after admission	1,417
18. Death or serious disability due to spinal manipulation therapy	1
05 - Environmental Events	26
19. Death or serious disability associated with electric shock	1
20. Oxygen line contains wrong or toxic gas	-
21. Death or serious disability associated with a burn	2
22. Death associated with a fall	16
23. Death or serious disability associated with the use of restraints or bedrails	7
06 - Criminal Events	12
24. Case ordered or provided by someone impersonating a licensed health provider	-
25. Abduction of a patient of any age	1
26. Sexual assault on a patient	5
27. Death or significant injury from a physical assault	6
07 - Other	141
28. Adverse event or series of adverse events	141
Total	2,018

Data Source: ASPEN Database
Data Extraction Date: July 16, 2019

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report						
Health and Safety Code section 1279.2						
SFY 2018-19 (July 1, 2018-June 30, 2019)						
Adverse Event Category	Total AEs	Immediate Jeopardy ¹			Non-Immediate Jeopardy ²	
		Number Required Investigation Within 2 Days	Number Initiated Within 2 Days	Number Completed Within 45 Days	Number Non-Immediate Jeopardy Adverse Events	Number Completed Within 45 Days
Surgical Events	383	3	3	2	380	38
Product or Device Events	8	-	-	-	8	-
Patient Protection Events	9	3	3	1	6	1
Care Management Events	1,439	4	4	-	1,435	161
Environmental Events	26	-	-	-	26	2
Criminal Events	12	2	2	-	10	2
Other	141	2	2	1	139	39
Total	2,018	14	14	4	2,004	243

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

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

Data Source: ASPEN Database

Data Extraction Date: July 16, 2019

Table 13: Surveyor Training Provided

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) 2018-19		
Activity Name	Types of Training	Number of Surveyors Trained
"Dealing with Turbulence in Organizations"	Federal	18
"Listening: It's Not Just Hearing the Words."	Federal	138
2005 Survey and Certification's LTC Policy Year in Review	Federal	2
Advanced EMTALA	Federal	18
Advancing Excellence in America's Nursing Home	Federal	73
Ambulatory Surgical Center Basic Training	Federal	49
Ambulatory Surgical Centers (ASC) Refresher Training	Federal	25
Archived - HHA Updated Conditions of Participation Webinar	Federal	22
Archived - ICF/IID Interpretive Guideline Revision	Federal	4
Archived - ICF/IID Tag-W120 Review	Federal	23
Archived - ICF/IID Tag-W249 Review	Federal	17
Archived - ICF/MR Understanding Investigation and the Investigation Process Webinar	Federal	5
Archived - Infection Control and Preventions Webinar Series (1 - 3)	Federal	130
Archived - Nursing Homes vs. ICF/MR Webinar	Federal	6
Archived - Psych Hospital: Follow Up Survey Webinar	Federal	1
Archived - Safe Reprocessing of Flexible Endoscopes	Federal	13
ASPEN and the Long Term Care Survey Process	Federal	229
ASPEN Overview Webex	Federal	126
Basic ICF OSSUP MODULES	Federal	11
Basic Life Safety Code Training Online Course	Federal	8
Basic Life Safety Code: The Survey Process	Federal	18
Basic Medication in an ICF/MR	Federal	4
Basic Medications in Nursing Homes	Federal	39
Basic Writing Skills for Survey Staff	Federal	269
Behavior Modification: Theories and Approaches	Federal	12
Being an Effective Witness	Federal	23
Burnout: Caregiver	Federal	8
Burnout: Staff	Federal	13
Burnout: Surveyors	Federal	19
CLIA Enforcement System	Federal	1
CLIA Orientation Program Manual Training	Federal	13
CLIA Principles of Documentation Learning Activity	Federal	37
CLIA Surveyor Basic Training	Federal	1
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	11
Common Issues Facing the Elderly Population: Communication	Federal	5
Community Mental Health Centers Basic Training	Federal	7
Complaint & Incident Intake for Long-term Care	Federal	100

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) Fiscal year 2018-19		
Activity Name	Types of Training	Number of Surveyors Trained
Complaint and Incident Intake and Triage	Federal	209
Compliance with Liability Notices and Beneficiary Appeal Rights	Federal	20
Critical Access Hospital Basic Training	Federal	8
Current Issues/Trends in Hospice Survey and Certification	Federal	1
Decision Making	Federal	6
Delivery of Care to a Diverse Population	Federal	11
Dementia in the LTC and HHA Settings	Federal	72
Diabetes	Federal	15
Discharge Planning (Hospitals)	Federal	3
Down Syndrome Aging and Dementia	Federal	8
Electronic Code of Federal Regulations Simulation	Federal	314
Emergency Medical Treatment and Labor Act Basic Training	Federal	32
Emergency Preparedness Basic Surveyor Training Course	Federal	143
End Stage Renal Disease Basic Core Survey Training	Federal	53
Enforcement Specialist	Federal	2
Evaluation and Treatment of Depression in Patients with Cognitive Impairment	Federal	7
Facilitating Communication in Individuals with Neurological Disease also known as "Communicating Skills"	Federal	5
Fall Prevention	Federal	28
Fire Inspector One Certification (NFPA Issued)	Federal	9
FISC: Depositions and Hearing Testimony	Federal	252
FISC: Effective Observations Using the Five Senses	Federal	263
FISC: Sexual Abuse in Long Term Care	Federal	253
FISC: Surveyor Boundaries: To Do or Not to Do	Federal	258
FISC: The Surveyor in Court: Writing Defensible Citations	Federal	251
Forensic Wound Identification and Documentation	Federal	13
Foundational Investigative Skills	Federal	249
From Institutional to Individual Care Part II: Transforming Systems to Achieve Better Clinical Outcomes	Federal	4
From Institutional to Individual Care Part III: Clinical Case Studies in Culture Change	Federal	4
From Institutional to Individualized Care Part IV: The How of Change	Federal	4
Fundamentals of Patient Safety in Hospitals	Federal	21
H1N1 and the Elderly Population	Federal	11
Home Health Agency (HHA) Basic	Federal	5
Home Health Agency Basic Surveyor Training	Federal	47
Home Health Quality Initiative (HHQI)	Federal	3
Hospice Basic Training	Federal	52
Hospice QAPI Part I: The QAPI Condition of Participation	Federal	14
Hospice QAPI Part II: Hospice QAPI Requirements in Practice	Federal	10

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) Fiscal Year 2018-19		
Activity Name	Types of Training	Number of Surveyors Trained
Hospital Basic Training Part 1 & 2	Federal	185
Hospital Basic Training Part 1 & 2 (Phase 1,2,3)	Federal	498
Hospital Immediate Jeopardy	Federal	17
How People with Severe/Profound Disabilities Learn	Federal	12
How to be an Effective Team	Federal	13
How to Enhance the Quality of Dining Assistance in Nursing Homes	Federal	7
Hydration	Federal	24
ICF/IID Tag-W159 (Role of QIDP) Webinar	Federal	20
Immediate Jeopardy Basic Training	Federal	1
Immediate Jeopardy Update Training	Federal	965
Improving Nursing Home Quality and Payment	Federal	3
Infection Control (Hospitals)	Federal	6
Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents	Federal	144
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Basic Training Online Course	Federal	97
Interviewing Techniques	Federal	157
Introducing the New Psychosocial Outcome Severity Guide	Federal	184
Introduction to Surveying for Non-Long Term Care	Federal	214
Investigative Techniques	Federal	37
Life Safety Code Transition Course	Federal	4
Live Webinar - Safe Reprocessing of Flexible Endoscopes	Federal	6
Long Term Care Basic Training	Federal	207
Long Term Care Survey Process - 11.5 Regional Office Automated Comparative Survey Training	Federal	26
Long Term Care Survey Process - Resident Screening and Interview Process	Federal	219
Long Term Care Survey Process - Survey Outcome and Activity Reports (SOAR) - Updated March 2019	Federal	1
Long Term Care Survey Process (LTCSP) Review	Federal	184
Long Term Care Survey Process Executive Training	Federal	5
Long Term Care Survey Process- Understanding the Survey Outcome Activity Report	Federal	41
LTC Survey Process SME Videos	Federal	226
LTCSP -Software and Other Updates (11.2, 11.4, 11.7)	Federal	1,335
LTCSP Training Summer 2017	Federal	240
Making Sense of Data	Federal	9
Managing Depression in the Long-Term Care Community	Federal	1
MDS 3.0 Focused Surveys	Federal	19
Medical Aspects of Neglect	Federal	26
Medicare Part D Impact on Nursing Home Surveys	Federal	2
Mental Illness in Nursing Homes	Federal	19
Module 3: Assessing Compounding Safety in Hospitals and Critical Access Hospitals	Federal	112

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) Fiscal Year 2018-19		
Activity Name	Types of Training	Number of Surveyors Trained
National Fire Protection Association (NFPA) 99 Health Care Facilities Code Training	Federal	5
New Dining Practice Standards for Nursing Home Residents	Federal	168
Nursing Home Immunization	Federal	5
Nursing Home Journal Volume IV Unnecessary Medications	Federal	20
Orientation for Newly Employed Surveyors	Federal	163
Orientation to Basic Life Safety Code	Federal	12
Outpatient Physical Therapy/Outpatient Speech Language Pathology Services Basic Training	Federal	8
Overview of Anti-Psychotic Medication Use in Nursing Homes	Federal	167
Overview of the New Hospice Conditions of Participation (Subpart C & D)	Federal	22
Pain Management	Federal	21
Phase 1 Implementation of New Nursing Home Regulations	Federal	3
Physical Restraint Use in Nursing Homes: The Exception Not the Rule (Part I - 3)	Federal	520
Primarily Engaged New Guidance for Appendix A (Hospitals)-Archived	Federal	4
Primary Prevention: Preventative Measures Leading to Better Health Outcomes	Federal	3
Principles of Documentation for Non-Long Term Care	Federal	280
Psychiatric Residential Treatment Facilities	Federal	1
Psychiatric Residential Treatment Facilities Basic Training	Federal	8
Quality Assessments Performance Improvement (QAPI)(Hospitals)	Federal	4
Reducing the Use of Seclusion and Restraints in the Psychiatric Facilities	Federal	1
RHC and FQHC Basic Training Online Course	Federal	27
S & C Policy Memo Navigation Simulation	Federal	315
SCG News Magazine: Legal Ramifications of Surveyors' Failure to Use Best Practices in Documentation, Investigation and Deficiency Writing	Federal	1
SCG Semi-Annual News Magazine: Mind and Body Medicine	Federal	2
Secondary Prevention: Preventing Disabilities Through Chronic Disease Management	Federal	1
Severity & Scope Guidance - Antipsychotic Medication Use in Nursing Homes	Federal	172
SOM Appendix (7A, AA, J and Q)	Federal	79
SOM Navigation Simulation	Federal	312
State RAI Coordinator Fundamentals	Federal	5
State RAI Coordinator Fundamentals Part 2: The Care Area Assessments (CAAs)	Federal	3
Surveying for Anti-Psychotic Medication Use in Nursing Homes	Federal	175
Team Leadership Skills for Survey Teams	Federal	169
The Survey Team Leader: Entrance and Exit Conferences	Federal	168
The Survey Team Leader: Time Management	Federal	167
Transplant Program Basic Training	Federal	137
Treatment Modalities for the Management of Distressed Behaviors in Elderly Nursing Home Residents	Federal	12
Universal Infection Prevention and Control	Federal	151
Use of Anti-Psychotic Med w/o Clinical Justification	Federal	22

Data Source: Staff Education Quality Improvement Section (SEQIS)

Table 13: Surveyor Training Provided (cont.)

Surveyor Training Provided Health and Safety Code section 1266 (e)(2)(B)(vi) 2018-19		
Activity Name	Types of Training	Number of Surveyors Trained
Wound Care	Federal	13
Adaptation: Dealing with Changing Needs and Capabilities Part II Dealing with the Loss of Independence	Federal	16
Adaptation: Dealing with Changing Needs and Capabilities Part III Dealing with the Loss of a Body Part	Federal	9
Adaptation: Dealing with the Changing Needs and Capabilities Part I Maslow's Hierarchy of Needs	Federal	8
Alzheimer's and Related Dementia Part I (The Medical Perspective)	Federal	27
Alzheimer's and Related Dementia Part II (The Surveyor's Perspective)	Federal	31
C.L.I.A. New Quality Control Requirements	Federal	2
CMS Long Term Care Journal Volume I Pressure Ulcer Care	Federal	28
CMS Long Term Care Journal Volume II Urinary Incontinence	Federal	170
From Institutional to Individualized Care Part I Integrating Individualized Care and Quality Improvement	Federal	8
Hospice/End of Life Issues Part I	Federal	6
Hospice/Hospitalization and Death Part II	Federal	5
Improving MDS Accuracy ADLs and Restorative Nursing	Federal	9
Improving MDS Accuracy Disease Diagnosis, Medications and Health Conditions	Federal	10
MDS 3.0: Part I An Introduction	Federal	26
Principles of Documentation Learning Activity Long Term Care	Federal	47
Semi Annual SCG News Magazine Part I Delivering Bad News	Federal	6
Semi-Annual SCG News Magazine Part II Dealing with Difficult People	Federal	7
Nursing Home Journal Volume III: Surveying the Activities Requirements Introduction of New Activities Guidelines	Federal	161
Activities Investigation Protocol	State	2
Antipsychotic Tool Webinar	State	590
Antipsychotic Tool Webinar - Special Event	State	36
CMS 2567 Doc IJ Consistent with App Q	State	2
Complaint/FRI Training and Retake	State	841
Electronic Licensing Management (PowerPoint/Video)	State	28
Elder Abuse	State	193
GACH General Acute Hospital relicensing Survey Hospital Training	State	10
Gach Phase I	State	10
GACH Phase II	State	10
GACH Relicensing Survey Update 3-8-17	State	10
GACH RLS	State	10
HAI-Prevention What Really Works	State	243
Investigating Food & Nutrition Service	State	35
LTC Survey Process Refresher Training (Santa Rosa)	State	70
LTC Survey Process Refresher Training (Chico)	State	40
Microsoft Surface Training	State	379
New Supervisors Orientation Academy	State	50

Data Source: Staff Education Quality Improvement Section (SEQIS)

Nursing Home Administrator Program

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2014-15 through 2018-19.

Table 14: Nursing Home Administrator Violations

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

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

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

Table 14: Nursing Home Administrator Violations

Nursing Home Administrator Program Nursing Home Administrators' Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) Fiscal Year 2014-15 to 2018-19			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
4620	Fraud	12 Month probation	14/15
7579	Unprofessional conduct	12 Month probation	14/15
7618	Gross Negligence	License Revoked	14/15
7712	Patient Care	12 Months Probation	14/15
4868	Patient Care	NHA Required to Take Continuing Education	14/15
4921	Fraud	License Revoked	15/16
E001	Patient Care	12 Months Probation	15/16
6342	Failure to report	12 months probation	15/16
6339	Unprofessional conduct	24 months probation	15/16
7156	Failure to report	12 months probation	15/16
881	Theft/Embezzlement	Revocation	16/17
7570	Patient Care	12 months Suspension	17/18
6635	Unprofessional conduct	License Revoked	17/18
8115	Failure to Report	Warning Letter	17/18
7709	Failure to Report	Warning Letter	17/18
8115	Patient Care	Warning Letter	17/18
6669	Unprofessional conduct	License Revoked	17/18
5380	Abuse	License Revoked	18/19
6050	Failure to Report	Warning Letter	18/19
3232	Failure to Report	Warning Letter	18/19
4620	Unsafe Discharge	Warning Letter	18/19
7156	Unprofessional conduct	Warning Letter	18/19
AIT4176	Fraud	License Denied	18/19
8170	Failure to Report	Warning Letter	18/19
5723	Failure to Report	Warning Letter	18/19
7762	Failure to Report	Warning Letter	18/19
7761	Fraud	License Revoked	18/19

Data Source: PCB-NHAP (Nursing Home Administrator Program)

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

Nursing Home Administrator Program License, Exam, and AIT Program Health and Safety Code section 1416.36 (d)(1)(C) Fiscal Year 2014-15 to 2018-19						
		2014-15	2015-16	2016-17	2017-18	2018-19
(i) Persons applying for NHA License	Applied [1]	109	137	214	168	127
	Approved	93	100	114	143	110
	Denied	-	-	2	-	1
	Renewed	1,186	1,026	1,065	981	874
(ii) State Exam	Examinees	213	244	230	219	160
	Passed	101	121	148	128	101
	Failed	112	123	82	91	59
(iii) Administrator-In-Training Program	Applied	136	147	132	111	107
	Accepted	116	145	127	111	106
	Completed	83	125	137	98	103
(iv) Complaints Received [2]	Administrator-In-Training	-	1	-	3	3
	Nursing Home Administrators	45	15	24	32	29
(v) Actions Against Nursing Home Administrators [3]		5	5	1	6	10
(vi) Nursing Home Administrator Violations Listing		See Table 14				
(vii) Appeals, Informal Appeals, Informal conferences or Hearings [4]	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	1	1	1	-	2
	Time Between Request & Final Determination	2 months	1 month	4 month	N/A	N/A
	Final Actions Upheld	1	1	1	-	N/A

Data are current through June 30, 2019

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

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

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

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

Data Source: Nursing Home Administrator Program

Attachment 1: State Workload Percentages, 2020-21

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	12	39	4	194	194	0.021%	0.02%
	COMPLAINT INVESTIGATION		4	1	5	5	0.001%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	285	110	143	19,306	19,306	2.061%	3.13%
	RE-LICENSURE - FOLLOW-UP		36	3	134	134	0.014%	
	INITIAL LICENSURE		34	6	252	252	0.027%	
	INITIAL LICENSURE - FOLLOW-UP		1	1	1	1	0.000%	
	COMPLAINT / ERI INVESTIGATION		17	451	9,564	9,564	1.021%	
	FIELD VISIT		22	2	53	53	0.006%	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	40	165	13	2,716	2,716	0.290%	1.49%
	COMPLAINT (or ERI)		11	772	10,662	10,662	1.138%	
	COMPLAINT INVESTIGATION - DEEMED	40	11	36	504	63	0.007%	
	COMPLAINT INVESTIGATION - NON-DEEMED		11	9	126	16	0.002%	
	COMPLAINT VALIDATION - DEEMED		108	3	400	50	0.005%	
	VALIDATION - DEEMED		310	3	1,148	144	0.015%	
	VALIDATION FOLLOW UP - DEEMED		51	4	232	29	0.003%	
	FULL VALIDATION AFTER COMPLAINT		329	-	-	-	0.000%	
	INITIAL CERTIFICATION		33	-	-	-	0.000%	
	RE-CERTIFICATION 3-YEAR AVERAGE		322	2	663	83	0.009%	
	RECERTIFICATION FOLLOW UP / REVISITS		134	3	505	63	0.007%	
	TARGET SURVEYS		322	1	398	50	0.005%	
	5-YEAR MAX INTERVAL		322	1	398	50	0.005%	
	LIFE SAFETY CODE		38	4	174	22	0.002%	

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	30	49	10	607	607	0.065%	1.22%
	INITIAL LICENSURE		28	5	171	171	0.018%	
	INITIAL LICENSURE - FOLLOW-UP		9	1	11	11	0.001%	
	COMPLAINT / ERI INVESTIGATION		16	215	4,225	4,225	0.451%	
	FIELD VISIT		14	2	34	34	0.004%	
	RE-LICENSURE -FOLLOW UP		4	1	5	5	0.001%	
	End Stage Renal Disease	692			-	-		
	RE-CERTIFICATION 3.5 YEAR INTERVAL		116	198	28,315	3,539	0.378%	
	TARGETED SAMPLE		116	35	4,955	619	0.066%	
	3.0-YEAR AVERAGE (33%-29%)		116	33	4,716	589	0.063%	
	INITIAL CERTIFICATION (New Providers)		37	23	1,049	131	0.014%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS		31	92	3,505	438	0.047%	
	LIFE SAFETY CODE		13	265	4,413	552	0.059%	
COMPLAINT INVESTIGATION		16	203	3,976	497	0.053%		
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	6	103	3	382	382	0.041%	0.06%
	COMPLAINT / ERI INVESTIGATION		8	16	160	160	0.017%	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	219	25	110	3,436	3436	0.367%	1.25%
	INITIAL LICENSURE		29	15	528	528	0.056%	
	COMPLAINT / ERI INVESTIGATION		18	334	7,372	7,372	0.787%	
	FIELD VISIT		13	24	397	397	0.042%	

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE			
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE	
COMMUNITY CLINIC	RE-LICENSURE	1,293	31	431	16,386	16386	1.749%	2.85%	
	INITIAL LICENSURE		19	10	237	237	0.025%		
	COMPLAINT / ERI INVESTIGATION		12	587	8,914	8,914	0.951%		
	FIELD VISIT		11	24	330	330	0.035%		
	RE-LICENSURE FOLLOW UP		1	100	63	63	0.007%		
	Community Mental Health Center	7							
	RE-CERTIFICATION		85	1	105	13	0.001%		
	RE_CERTIFICATION FOLLOW UP		47	1	69	9	0.001%		
	5% TARGETED SURVEYS		85	1	105	13	0.001%		
	5-YEAR INTERVAL		85	1	147	18	0.002%		
	INITIAL SURVEY		61	1	75	9	0.001%		
	Rural Health Clinic	276							
	RE-CERTIFICATION 7 YEAR INTERVAL		37	39	1,816	227	0.024%		
	RE_CERTIFICATION - FOLLOW UP/REVISIT		18	14	310	39	0.004%		
	TARGETED SURVEYS		37	38	1,750	219	0.023%		
	6.0 YEAR AVG. (16.7%-14.3%)		37	7	305	38	0.004%		
	COMPLAINT INVESTIGATION - NLTC		15	45	848	106	0.011%		
	Portable X-Ray Suppliers	43			-				
	INITIAL SURVEY		25	3	94	12	0.001%		
	INITIAL FOLLOW UP		3	2	8	1	0.000%		
	RE-CERTIFICATION 7 YEAR INTERVAL		37	5	230	29	0.003%		
6.0- YEAR AVG. (16.6%-14.1%)		37	2	92	12	0.001%			
5% TARGETED SURVEYS		37	3	138	17	0.002%			
TOTAL									
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	21	159	11	2,059	2059	0.220%	1.05%	
	COMPLAINT INVESTIGATION		8	782	7,801	7,801	0.833%		
	FIELD VISIT		8	1	10	10	0.001%		
	TOTAL								

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	420	244	140	42,115	42,115	4.495%	27.28%
	RELICENSURE FOLLOW UP		2	3	6	6	0.001%	
	COMPLAINT		15	11,362	204,638	204,638	21.841%	
	FIELD VISIT		19	76	1,820	1,820	0.194%	
	Deemed Facility	328						
	VALIDATION		511	4	2,525	316	0.034%	
	FULL VALIDATION AFTER COMPLAINT		300	6	2,221	278	0.030%	
	VALIDATION FOLLOW UP		110	7	919	115	0.012%	
	LIFE SAFETY CODE		53	7	459	57	0.006%	
	LIFE SAFETY CODE - FOLLOW UP		35	1	36	4	0.000%	
	TARGETED ADD'L SAMPLE		300	3	1,110	139	0.015%	
	COMPLAINT VALIDATION		185	41	9,370	1,171	0.125%	
	COMPLAINT SURVEYS EMTALA (ACCREDITED)		66	12	983	123	0.013%	
	Non-Deemed Facility	89						
	COMPLAINT SURVEYS		15	545	9,817	1,227	0.131%	
	5-YEAR MAX INTERVAL		300	17	6,440	805	0.086%	
	TARGETED SAMPLE		300	4	1,610	201	0.021%	
	FOLLOW UP / REVISITS		102	37	4,668	583	0.062%	
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)		66	4	361	45	0.005%	
	LIFE SAFETY CODE		53	51	3,328	416	0.044%	
	LIFE SAFETY CODE - FOLLOW UP		35	4	167	21	0.002%	
	RECERTIFICATION 4 YEAR INTERVAL		300	22	8,050	1,006	0.107%	
	IPPS EXCLUSION VERIFICATION		300	4	1,610	201	0.021%	
3.0-YEAR AVG> 33.33-25=8.33		300	7	2,683	335	0.036%		
	TOTAL							

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Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
HOME HEALTH AGENCIES	RE-LICENSURE	535	12	535	7,958	7,958	0.849%	2.83%
	RE-LICENSURE FOLLOW UP		97	10	1,199	1,199	0.128%	
	INITIAL LICENSURE		31	117	4,506	4,506	0.481%	
	INITIAL LICENSURE FOLLOW UP		13	1	16	16	0.002%	
	COMPLAINT / ERI INVESTIGATION		18	277	6,291	6,291	0.671%	
	FIELD VISIT		16	47	903	903	0.096%	
	Non-Deemed Facility	580						
	RECERTIFICATION (SURVEY)		103	188	23,840	2,980	0.318%	
	RECERTIFICATION FOLLOW UP / REVISITS		37	57	2,602	325	0.035%	
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED		16	167	3,321	415	0.044%	
	Add'l Targeted Sample		103	2	253	32	0.003%	
	24.9 Month Average (48%-33%)		103	91	11,489	1,436	0.153%	
	Deemed Facility	924						
	VALIDATION		112	9	1,243	155	0.017%	
	VALIDATION FOLLOW UP		19	1	31	4	0.000%	
	FULL VALIDATION AFTER COMPLAINT		103	5	633	79	0.008%	
	COMPLAINT VALIDATION		82	13	1,314	164	0.018%	
	COMPLAINT		17	20	416	52	0.006%	
	TOTAL							

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
HOSPICES	RE-LICENSURE	1,383	35	1	43	43	0.005%	1.03%
	INITIAL LICENSURE		19	2	48	48	0.005%	
	COMPLAINT / ERI INVESTIGATION		17	325	6,857	6,857	0.732%	
	FIELD VISIT		8	30	304	304	0.032%	
	Non-Deemed Facility	259						
	LIFE SAFETY CODE - FOLLOW UP		10	86	1,114	139	0.015%	
	3.0 YEAR AVG.		104	86	11,062	1,383	0.148%	
	RECERTIFICATION FOLLOW UP / REVISITS		32	25	1,011	126	0.013%	
	COMPLAINT INVESTIGATIONS		17	58	1,224	153	0.016%	
	Deemed Facility	811						
	VALIDATION		114	11	1,543	193	0.021%	
	VALIDATION FOLLOW UP		44	3	180	22	0.002%	
	FULL VALIDATION AFTER COMPLAINT		104	5	643	80	0.009%	
	COMPLAINT VALIDATION - NLTC		70	20	1,738	217	0.023%	
	COMPLAINT INVESTIGATIONS		17	29	612	76	0.008%	
TOTAL								
HOSPICE FACILITIES	RE-LICENSURE	13	22	7	179	179	0.019%	0.05%
	INITIAL LICENSURE		30	1	37	37	0.004%	
	COMPLAINT / ERI INVESTIGATION		19	3	74	74	0.008%	
	LIFE SAFETY CODE		26	7	210	210	0.022%	
	TOTAL							
INTERMEDIATE CARE FACILITY	RELICENSURE	4	319	2	788	788	0.084%	1.51%
	COMPLAINT / ERI INVESTIGATION		11	1,030	13,374	13,374	1.427%	
	TOTAL							

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
ICF - DD; DDH; DDN	RELICENSURE	1,135	62	568	43,585	43,585	4.652%	11.15%
	INITIAL LICENSURE		30	2	73	73	0.008%	
	COMPLAINT / ERI INVESTIGATION		11	1,901	25,840	25,840	2.758%	
	FIELD VISIT		38	6	278	278	0.030%	
	RECERTIFICATION	1,123	51	1,123	70,038	17,510	1.869%	
	RECERTIFICATION FOLLOW UP / REVISITS		14	95	1,706	427	0.046%	
	COMPLAINT INVESTIGATIONS		10	4,185	52,567	13,142	1.403%	
	LIFE SAFETY CODE		10	1,123	13,546	3,386	0.361%	
	LIFE SAFETY CODE - FOLLOW UP		6	6	212	53	0.006%	
	INITIAL CERTIFICATION		40	13	635	159	0.017%	
	INITIAL CERTIFICATION FOLLOW UP		18	18	24	6	0.001%	
PEDIATRIC DAY HEALTH / RESPITE CARE	RELICENSURE	18	90	9	998	998	0.107%	0.14%
	COMPLAINT / ERI INVESTIGATION		19	11	260	260	0.028%	
	FIELD VISIT		11	1	13	13	0.001%	
PSYCHOLOGY CLINIC	RELICENSURE	18	35	6	259	259	0.028%	0.03%
	COMPLAINT (or ERI)		13	1	16	16	0.002%	
REFERRAL AGENCIES	COMPLAINT (or ERI)		13	1	15	15	0.002%	0.00%

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
REHAB CLINIC	RELICENSURE	13	32	4	171	171	0.018%	0.10%
	COMPLAINT / ERI INVESTIGATION		24	1	38	38	0.004%	
	FIELD VISIT		28	1	35	35	0.004%	
	Outpatient Physical Therapy Providers	81			-			
	RECERTIFICATION 7 YEAR INTERVAL		137	12	1,956	244	0.026%	
	RECERTIFICATION FOLLOW UP		53	17	1,144	143	0.015%	
	TARGET SURVEYS		137	12	2,028	254	0.027%	
	6.0 YEAR AVG. (16.7%-14.3%)		137	2	331	41	0.004%	
	COMPLAINT INVESTIGATIONS		18	1	17	2	0.000%	
	Comprehensive Outpatient Rehab Facilities	8			-			
	RECERTIFICATION 7 YEAR INTERVAL		111	1	157	20	0.002%	
	5% TARGETED SURVEYS		111	1	137	17	0.002%	
	6.0 YEAR AVG. (16.7%-14.3%)		111	0.19	26	3	0.000%	
	RECERTIFICATION FOLLOW UP / REVISITS		31	2	60	8	0.001%	

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Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE			
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE	
SKILLED NURSING	RE-LICENSURE	1,234	69	617	52,771	52,771	5.632%	44.09%	
	RE-LICENSURE FOLLOW UP		1	10	16	16	0.002%		
	INITIAL LICENSURE		61	2	151	151	0.016%		
	INITIAL LICENSURE FOLLOW UP			26	1	32	32		0.003%
	COMPLAINT / ERI INVESTIGATION			16	7,655	153,520	153,520		16.385%
	FIELD VISIT			58	6	428	428		0.046%
	OPEN COMPLAINTS			16	4,772	95,713	95,713		10.216%
	Title 19		39						
	RECERTIFICATION			269	39	12,946	3,237		0.345%
	RECERTIFICATION FOLLOW UP			62	8	575	144		0.015%
	LIFE SAFETY CODE			16	39	789	197		0.021%
	LIFE SAFETY CODE - FOLLOW UP			8	1	11	3		0.000%
	RECERTIFICATION/LSC			22	39	1,064	266		0.028%
	RECERTIFICATION/LSC FOLLOW UP			7	1	9	2		0.000%
	COMPLAINT INVESTIGATION - LTC			16	1,778	35,656	8,914		0.951%
	MONITORING VISITS			5	4	24	6		0.001%
	Title 18 & 19		1,094						
	RECERTIFICATION			269	1,103	366,146	45,768		4.885%
	RECERTIFICATION FOLLOW UP			62	213	16,270	2,034		0.217%
	INITIAL CERTIFICATION			155	2	382	48		0.005%
	INITIAL CERTIFICATION - FOLLOW UP			13	2	33	4		0.000%
	LIFE SAFETY CODE			16	1,103	22,315	2,789		0.298%
	LIFE SAFETY CODE - FOLLOW UP			8	32	309	39		0.004%
	RECERTIFICATION/LSC			22	1,103	30,081	3,760		0.401%
	RECERTIFICATION/LSC FOLLOW UP			7	32	257	32		0.003%
	COMPLAINT INVESTIGATION - LTC			16	17,010	341,149	42,644		4.551%
	MONITORING VISITS			5	110	681	85		0.009%
	Special Focus Facilities		9						
	RECERTIFICATION - 7 year interval			269	10	3,320	415		0.044%
	LIFE SAFETY CODE			16	10	202	25		0.003%
	RECERTIFICATION FOLLOW UP			62	3	229	29		0.003%
	COMPLAINT INVESTIGATIONS			16	8	170	21		0.002%

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

Data Source; 2020-21 November Estimate

Attachment 1: State Workload Percentages, 2020-21 (cont'd)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2020-21**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STD AVG HRS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE		
						HOURS	PERCENTAGES	PERCENTAGES BY FACILITY TYPE
SURGICAL CLINIC	RELICENSURE (SURVEY)	4	220	1	362	362	0.039%	0.71%
	INITIAL LICENSURE		22	3	81	81	0.009%	
	COMPLAINT / ERI INVESTIGATION		23	55	1,605	1,605	0.171%	
	FIELD VISIT		18	5	110	110	0.012%	
	OPEN COMPLAINTS		0	-	-	-	0.000%	
	Ambulatory Surgical Clinic - Deemed	386						
	VALIDATION SURVEYS		134	10	1,657	207	0.022%	
	VALIDATION SURVEYS FOLLOW UP		28	6	206	26	0.003%	
	COMPLAINT VALIDATION - NLTC		77	18	1,704	213	0.023%	
	COMPLAINT INVESTIGATIONS		23	18	521	65	0.007%	
	Ambulatory Surgical Clinic - Non-Deemed	434						
	LIFE SAFETY CODE		18	191	4,273	534	0.057%	
	LIFE SAFETY CODE - FOLLOW UP		6	7	51	6	0.001%	
	TARGETED SURVEYS		114	118	16,590	2,074	0.221%	
	RECERTIFICATION FOLLOW UP / REVISITS		23	10	286	36	0.004%	
	COMPLAINT INVESTIGATIONS - NLTC		23	21	618	77	0.008%	
	RECERTIFICATION 6 YEAR INTERVAL		114	72	10,169	1,271	0.136%	
	INITIAL SURVEY			103.34	1	128	16	

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

Data Source; 2020-21 November Estimate

Attachment 2: Annual Health Care Facility License Fee 2020-21

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES CHART
FISCAL YEAR 2020-21

FACILITY TYPE	STATEWIDE FUNDED WORKLOAD PERCENTAGE	2019-20 TOTAL EXPENDITURES	GENERAL FUND TRANSFER	2019-20 TOTAL EXPENDITURES	EXTERNAL APPROPRIATION ADJUSTMENTS *	ITEM 9800 AUGMENTATION FOR EMPLOYEE COMP	SECTION 3.60 PENSION CONTRIBUTION ADJUSTMENTS	CENTER FOR HEALTH CARE QUALITY PROGRAM ESTIMATE	CENTER FOR HEALTH CARE QUALITY PROGRAM EXPANSION	OTHER ADJUSTMENTS**	LA CONTRACT INCREASE FOR 2020-21	2020-21 TOTAL EXPENDITURES	MISCELLANEOUS REVENUE CREDIT	2020-21 PROJECTED LICENSE FEE REVENUE	PROGRAM POLICY ADJUSTMENT	2020-21 PROPOSED LICENSE FEE REVENUE	STATEWIDE REVENUE	LOS ANGELES COUNTY SUPPLEMENTAL REVENUE	STATEWIDE FEE	LOS ANGELES COUNTY SUPPLEMENTAL FEE
1 ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 42,056	\$ -	\$ 42,056	\$ (99)	\$ 542	\$ 264	\$ 1,149	\$ 1,393	\$ 537	\$ 4,473	\$ 50,316	\$ (520)	\$ 49,796	\$ (4,839)	\$ 44,957	\$ 44,753	\$ 204	\$ 3,729	\$ 204
2 ADULT DAY HEALTH CENTERS	3.13%	\$ 6,194,141	\$ -	\$ 6,194,141	\$ (14,547)	\$ 79,834	\$ 38,885	\$ 169,240	\$ 205,216	\$ 79,021	\$ 658,849	\$ 7,410,639	\$ (174,339)	\$ 7,236,300	\$ (4,346,365)	\$ 2,889,935	\$ 2,732,292	\$ 157,643	\$ 9,587	\$ 998
3 CHRONIC DIALYSIS CLINIC	1.22%	\$ 2,412,991	\$ (3,963)	\$ 2,409,028	\$ (5,667)	\$ 31,100	\$ 15,148	\$ 65,929	\$ 79,944	\$ 30,783	\$ 256,661	\$ 2,882,927	\$ (103,564)	\$ 2,779,364	\$ 599,914	\$ 3,379,278	\$ 2,674,792	\$ 704,486	\$ 4,392	\$ 3,871
4 CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.06%	\$ 114,541	\$ -	\$ 114,541	\$ (269)	\$ 1,476	\$ 719	\$ 3,130	\$ 3,795	\$ 1,461	\$ 12,183	\$ 137,037	\$ -	\$ 137,037	\$ 32,697	\$ 169,734	\$ 137,037	\$ 32,697	\$ 333	\$ 183
5 COMMUNITY CLINIC/FREE CLINIC	2.85%	\$ 5,640,876	\$ -	\$ 5,640,876	\$ (13,247)	\$ 72,703	\$ 35,411	\$ 154,124	\$ 186,886	\$ 71,962	\$ 600,000	\$ 6,748,715	\$ (121,313)	\$ 6,627,402	\$ (2,549,396)	\$ 4,078,006	\$ 3,832,397	\$ 245,609	\$ 2,278	\$ 567
6 CORRECTIONAL TREATMENT CENTERS	1.05%	\$ 2,087,928	\$ (644,491)	\$ 1,443,437	\$ (4,903)	\$ 26,911	\$ 13,107	\$ 57,048	\$ 69,174	\$ 26,636	\$ 222,086	\$ 1,853,495	\$ -	\$ 1,853,495	\$ (1,495,422)	\$ 358,073	\$ 356,654	\$ 1,419	\$ 1,820	\$ 7
7 HOME HEALTH AGENCIES	2.83%	\$ 5,603,467	\$ -	\$ 5,603,467	\$ (13,159)	\$ 72,221	\$ 35,177	\$ 153,102	\$ 185,646	\$ 71,485	\$ 596,021	\$ 6,703,959	\$ (1,872,445)	\$ 4,831,514	\$ 3,413,122	\$ 8,244,636	\$ 5,631,514	\$ 2,613,121	\$ 2,762	\$ 2,400
8 HOSPICES	1.03%	\$ 2,037,775	\$ (494)	\$ 2,037,281	\$ (4,786)	\$ 26,264	\$ 12,792	\$ 55,677	\$ 67,513	\$ 25,997	\$ 216,751	\$ 2,437,490	\$ (743,421)	\$ 1,694,069	\$ 1,308,881	\$ 3,002,950	\$ 2,051,379	\$ 951,572	\$ 1,485	\$ 1,296
9 HOSPICE FACILITY	0.05%	\$ 105,667	\$ -	\$ 105,667	\$ (248)	\$ 1,362	\$ 663	\$ 2,887	\$ 3,501	\$ 1,348	\$ 11,239	\$ 126,419	\$ (4,480)	\$ 121,939	\$ (49,028)	\$ 72,911	\$ 72,911	\$ -	\$ 715	\$ -
10 PEDIATRIC DAY HEALTH/RESPIRE CARE	0.14%	\$ 268,604	\$ -	\$ 268,604	\$ (631)	\$ 3,462	\$ 1,686	\$ 7,339	\$ 8,899	\$ 3,427	\$ 28,571	\$ 321,357	\$ (24)	\$ 321,333	\$ (127,015)	\$ 194,318	\$ 186,058	\$ 8,261	\$ 477	\$ 89
11 PSYCHOLOGY CLINIC	0.03%	\$ 58,116	\$ -	\$ 58,116	\$ (136)	\$ 749	\$ 365	\$ 1,588	\$ 1,925	\$ 741	\$ 6,182	\$ 69,530	\$ (2,981)	\$ 66,549	\$ 6,500	\$ 73,049	\$ 66,252	\$ 6,796	\$ 3,681	\$ 850
12 REFERRAL AGENCIES	0.00%	\$ 3,170	\$ -	\$ 3,170	\$ (7)	\$ 41	\$ 20	\$ 87	\$ 105	\$ 40	\$ 337	\$ 3,793	\$ -	\$ 3,793	\$ 5,826	\$ 9,618	\$ 7,458	\$ 2,161	\$ 3,729	\$ 1,080
13 REHAB CLINIC	0.10%	\$ 206,261	\$ -	\$ 206,261	\$ (484)	\$ 2,658	\$ 1,295	\$ 5,636	\$ 6,834	\$ 2,631	\$ 21,939	\$ 246,769	\$ (62)	\$ 246,707	\$ (234,163)	\$ 12,545	\$ 10,694	\$ 1,851	\$ 823	\$ 370
14 SURGICAL CLINIC	0.71%	\$ 1,413,609	\$ -	\$ 1,413,609	\$ (3,320)	\$ 18,219	\$ 8,874	\$ 38,624	\$ 46,834	\$ 18,034	\$ 150,361	\$ 1,691,234	\$ (24,992)	\$ 1,666,242	\$ (1,418,128)	\$ 248,115	\$ 244,535	\$ 3,579	\$ 7,888	\$ 3,579
15 ACUTE PSYCHIATRIC HOSPITALS	1.49%	\$ 2,947,661	\$ (228,264)	\$ 2,719,397	\$ (6,922)	\$ 37,991	\$ 18,504	\$ 80,538	\$ 97,658	\$ 37,604	\$ 313,532	\$ 3,298,303	\$ (188,727)	\$ 3,109,576	\$ 2,556,582	\$ 5,666,158	\$ 5,335,394	\$ 330,764	\$ 846	\$ 156
16 GENERAL ACUTE CARE HOSPITALS	27.28%	\$ 58,955,350	\$ (19,296)	\$ 58,936,053	\$ (126,865)	\$ 696,258	\$ 339,125	\$ 1,476,001	\$ 1,789,753	\$ 689,164	\$ 5,746,035	\$ 69,545,525	\$ (1,964,769)	\$ 67,580,756	\$ (1,296,533)	\$ 66,284,223	\$ 63,063,337	\$ 3,220,886	\$ 846	\$ 156
17 CONGREGATE LIVING HEALTH FACILITY	1.25%	\$ 2,479,558	\$ -	\$ 2,479,558	\$ (5,823)	\$ 31,958	\$ 15,566	\$ 67,748	\$ 82,149	\$ 31,632	\$ 263,742	\$ 2,966,531	\$ (167,893)	\$ 2,798,638	\$ (1,165,827)	\$ 1,632,811	\$ 1,355,955	\$ 276,856	\$ 885	\$ 313
18 INTERMEDIATE CARE FACILITY	1.51%	\$ 2,992,884	\$ (933,204)	\$ 2,059,680	\$ (7,029)	\$ 38,574	\$ 18,788	\$ 81,774	\$ 99,156	\$ 38,181	\$ 318,342	\$ 2,647,467	\$ (3,592)	\$ 2,643,875	\$ (2,272,684)	\$ 371,190	\$ 321,077	\$ 50,113	\$ 885	\$ 290
19 SKILLED NURSING FACILITY ¹	44.09%	\$ 87,298,162	\$ (443,044)	\$ 86,855,118	\$ (205,014)	\$ 1,125,153	\$ 548,027	\$ 2,385,218	\$ 2,892,243	\$ 1,113,690	\$ 9,285,598	\$ 104,000,033	\$ (4,198,174)	\$ 99,801,859	\$ 16,183,051	\$ 115,984,911	\$ 103,967,344	\$ 12,017,567	\$ 888	\$ 313
20 ICF-DD, DDH, DDN, DDCN	11.15%	\$ 22,075,528	\$ (1,427,244)	\$ 20,648,284	\$ (51,843)	\$ 284,523	\$ 138,582	\$ 603,162	\$ 731,376	\$ 281,624	\$ 2,348,096	\$ 24,983,805	\$ (302,578)	\$ 24,681,227	\$ (8,651,007)	\$ 16,030,220	\$ 14,134,444	\$ 1,895,776	\$ 1,841	\$ 898
NURSING HOME ADMINISTRATOR PROGRAM		\$ 779,652		\$ 779,652								\$ 779,652								
CA DEPT OF AGING (4170 CDA)		\$ 400,000		\$ 400,000								\$ 400,000								
	100.00%	\$ 204,117,996	\$ (3,700,000)	\$ 200,417,996	\$ (465,000)	\$ 2,552,000	\$ 1,243,000	\$ 5,410,000	\$ 6,560,000	\$ 2,526,000	\$ 21,061,000	\$ 239,304,995	\$ (9,873,873)	\$ 228,251,471	\$ 496,167	\$ 228,747,638	\$ 206,226,277	\$ 22,521,361		

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

* Adjustment for: 8880 Financial Information System for CA, \$13,000 and 9900 Statewide General Administrative Expenditures (Pro Rata), \$478,000

** Increases for: Attorney General Service Rate, \$595,000 and Cybersecurity Program Augmentation, \$1,931,000

Note: Final 2018-19 figures are unavailable; therefore, these proposed fees are subject to change.

Attachment 3: Glossary

Acute Psychiatric Hospital

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

Administrative Law Judge

An official appointed by the chief state administrative law judge, and includes any other person appointed to preside over a hearing. Whenever Public Health 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 Public Health, the hearing shall be conducted before an administrative law judge selected by Public Health 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 Public Health 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 Public Health 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 Public Health 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 Public Health 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 Public Health, 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 Public Health. (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: [CMS Website](#)).

Skilled Nursing Facility

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

Surgical Clinic

A clinic that is not part of a hospital and that provides ambulatory surgical care for patients who remain less than 24 hours. A surgical clinic does not include any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, regardless of the name used publicly to identify the place or establishment, provided, however, that physicians or

dentists may, at their option, apply for licensure. (Ref: Health and Safety Code section 1204(b)(1)).

Survey Closure Date

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