



Center for Health Care Quality  
Licensing & Certification Program

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

Annual Fee Report for Fiscal Year 2017-18

March, 2017

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## EXECUTIVE SUMMARY

### **Program Overview**

The California Department of Public Health (Department), Center for Health Care Quality (Center), Licensing and Certification Program is responsible for regulatory oversight of licensed health care facilities and health care professionals to provide safe, effective, and quality health care for all Californians. The Center conducts periodic inspections and complaint investigations of health care facilities to oversee compliance with federal and state laws and regulations. The Center licenses and certifies over 7,500 health care facilities and agencies in California in 30 different licensure and certification categories. The Center also oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

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

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

### **Fees Overview**

#### **Health Facility License Fees**

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

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

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

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

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

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

### **Nursing Home Administrator Program Fees**

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

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

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

## **Fee Methodology**

### **Health Care Facility Licensing Fees**

The licensing fees are intended to cover the Center's costs to develop, administer, and enforce state licensure standards and other compliance activities.

To determine health care facility licensing fees, the Center:

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

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

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

Attachment 1: The State Workload Percentages 2017-18, shows the distribution of state workload activities by facility type.

For 2017-18, the Center proposes to:

1. Increase fees by up to 15 percent for those facilities that would have received an increase based on their percentage of the state's total workload.
2. Keep fees at the 2016-17 level for those facilities that had a decreased share of their percentage of the state's total workload.

Table 1 below provides the proposed 2017-18 licensing fees for each facility type.

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

License Fees by Facility Type					
Facility Type	Number of Licensed Facilities/Beds		License Fees		
	2016-17	2017-18	Fee Per Bed or Facility	2016-17	2017-18
Acute Psychiatric Hospitals	8,315	8,233	Bed	\$ 447.86	\$ 515.04
Adult Day Health Centers	266	266	Facility	\$ 6,241.53	\$ 6,241.53
Alternative Birthing Centers	11	11	Facility	\$ 2,380.19	\$ 2,737.22
Chemical Dependency Recovery Hospitals	403	496	Bed	\$ 321.33	\$ 321.33
Chronic Dialysis Clinics	534	555	Facility	\$ 3,407.02	\$ 3,407.02
Community Clinics	1,298	1,373	Facility	\$ 1,206.84	\$ 1,387.87
Congregate Living Health Facilities	721	909	Bed	\$ 524.16	\$ 602.78
Correctional Treatment Centers	2,345	2,493	Bed	\$ 963.82	\$ 1,108.39
General Acute Care Hospitals	74,841	74,517	Bed	\$ 447.86	\$ 515.04
Home Health Agencies	1,532	1,603	Facility	\$ 2,761.90	\$ 2,761.90
Hospices (2-Year License Total)	860	1,007	Facility	\$ 2,970.86	\$ 2,970.86
Hospice Facilities	76	88	Bed	\$ 524.16	\$ 524.16
Intermediate Care Facilities (ICF)	5,372	5,330	Bed	\$ 524.16	\$ 602.78
ICF/Developmentally Disabled (DD)	11,061	10,338	Bed	\$ 975.07	\$ 1,121.33
ICF/DD - Habilitative			Bed	\$ 975.07	\$ 1,121.33
ICF/DD - Nursing			Bed	\$ 975.07	\$ 1,121.33
Pediatric Day Health and Respite Care Facility	264	318	Bed	\$ 252.69	\$ 290.59
Psychology Clinics	22	21	Facility	\$ 2,480.79	\$ 2,852.91
Referral Agencies	2	2	Facility	\$ 3,728.78	\$ 3,728.78
Rehab Clinics	12	12	Facility	\$ 435.71	\$ 501.07
Skilled Nursing Facilities *	119,446	120,140	Bed	\$ 527.51	\$ 606.17
Surgical Clinics	33	36	Facility	\$ 4,178.16	\$ 4,804.88

Data Source: 2017-18 Licensing Fees Chart

\* SNF fee of \$606.17 includes a basic license fee of 602.78 and \$3.39 additional fee in support of the Department of Aging's SNF Long Term Care Ombudsman Program.

### **Nursing Home Administrator Program Fees**

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

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

For 2017-18, the Department proposes to increase the AIT Program Application, Written State Exam, Initial License, Provisional License, Continuing Education Provider, and Continuing education Course fees by up to 5.7 percent to align with the projected program cost of \$664,685.

Table 2 below provides the proposed 2017 -18 Nursing Home Administrator Program fees.



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

<b>Nursing Home Administrator Program Fees</b> Health and Safety Code section 1416.36 (a) 2016-17 and 2017-18		
Fee Categories	2016-17 Fee	2017-18 Proposed Fee
(1) Examination Application Fee	\$ 50	\$ 50
(2) Reciprocity Licensure Application Fee	\$ 90	\$ 90
(3) AIT Program Application Fee	\$ 190	\$ 200
(4) (A) Automated National Exam*	N/A	N/A
(4) (B1) Automated State Exam**	N/A	N/A
(4) (B2) Written State Exam	\$ 260	\$ 270
(5) Initial License Fee	\$ 350	\$ 370
(6) (A) Active License Renewal Fee	\$ 350	\$ 370
(6) (B) Inactive License Fee	\$ 350	\$ 370
(7) Delinquency Fee	\$ 90	\$ 90
(8) Duplicate License Fee	\$ 50	\$ 50
(9) Provisional License Fee	\$ 460	\$ 480
(10) Endorsement of Credential Verification Fee	\$ 50	\$ 50
(11) Preceptor Certification Fee	\$ 90	\$ 90
(12) Continuing Education Provider Fee	\$ 270	\$ 280
(13) Continuing Education Course Fee	\$ 25	\$ 26

Data Source: 2017-18 NHAP Fees Chart

\* Automated National Exam is not administered by the State.

\*\* The Automated State Exam is currently not offered.

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

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

The following tables depict information from 2015-16, which represents the last full fiscal year for which the Center has data.

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

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

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

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

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

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

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

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

- Levels A through D for complaints that require an on-site investigation;
  - Level A for complaints of immediate jeopardy; statute requires the investigation be initiated within 24 hours for long-term care facilities and 48 hours 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;
- Level E for complaints that the Center reviews and investigates without an on-site component to the investigation;
- Levels F and G for complaints that the Center refers to other organizations, such as the California Department of Justice;
- Level H for complaints that initial prioritization review indicates require no further action.

The Center considers a case complete when it has fully completed the investigation and documented the complaint as completed in its database.

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

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

- Levels A through D for entity-reported incidents that require an on-site investigations;
  - Level A for entity-reported incidents of immediate jeopardy; statute requires the investigation be initiated within 24 hours for long-term care facilities and 48 hours for non-long-term care facilities;
  - Levels B through D for entity-reported incidents of non-immediate jeopardy;
- Level E for entity-reported incidents that the Center reviews and investigates without an on-site component to the investigation;
- Levels F and G for entity-reported incidents that the Center refers to other organizations, such as the California Department of Justice;
- Level H for entity-reported incidents that initial prioritization review indicates require no further action.

The Center considers a case complete when it has fully completed the investigation and documented the entity-reported incident as completed in its database.

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

Pursuant to Health and Safety Code section 1266(e)(2)(B)(v)(vi), Table 8 shows the number of citations issued, the number of administrative penalties issued, and the number of failure-to-report penalties issued for adverse events and medical breaches. Table 8 also provides the number of appeals received in 2015-16.

**Table 9: Deficiencies by Facility Type**

Pursuant to Health and Safety Code section 1266(e)(2)(B)(iv), Table 9 shows the total number of deficiencies issued in 2015-16. The Center may identify one or more deficiencies (violations of statutory or regulatory requirements) for a substantiated survey or investigation. The number of deficiencies reported for long-term care facilities will not match the Quarterly Performance Metrics reports posted on the Department's internet website due to differences in reporting periods and because the Quarterly Performance Metrics report deficiencies by survey type.

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

Table 10 shows the total monetary amount of penalties issued in 2015-16.

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

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

**Table 12: Adverse Event Timeliness Report**

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

**Table 13: Surveyor Training Provided in 2015-16**

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

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

Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities								
Health and Safety Code section 1266(e)(2)(B)(i)								
2015-16								
Personnel Types	14 Field Offices		Headquarters		Total L&C		LA County Contract	
	# of	% of	# of	% of	# of	% of	# of	% of
	Positions	Total	Positions	Total	Positions	Total	Positions	Total
<b>Surveyors &amp; Various State Consultants</b>								
Surveyors	616 <sup>1</sup>	47.45%	-	0.00%	616	47.45%	145	61.70%
Various State Consultants	59 <sup>2</sup>	4.54%	-	0.00%	59	4.54%	6	2.55%
<b>Administrative Support Personnel</b>								
Managers/Supervisors & Support Staff	378.3 <sup>3</sup>	29.14%	245	18.87%	623.3	48.01%	84	35.74%
<b>Total</b>	<b>1053.3</b>	<b>81.13%</b>	<b>245</b>	<b>18.87%</b>	<b>1,298.3</b>	<b>100.00%</b>	<b>235</b>	<b>100.00%</b>
<p>This chart represents the number of positions in the Center for Health Care Quality, Licensing and Certification Program and Los Angeles County Contract (Note: All 235 of the LA County positions in 2015-16 are partial FTE (Full Time Equivalent) positions. Some positions have changed to full FTE status in subsequent fiscal years). The following detail describes personnel function in 14 Licensing and Certification field offices statewide and 5 Los Angeles County Contract Offices:</p> <p><b>Personnel in the Field Offices and LA County Contract</b></p> <p>Los Angeles County contracts with the Department to conduct licensing and certification activities. Licensing and Certification Field Offices and Los Angeles County perform common functions which include: evaluating and reporting on services and conditions, cite deficiencies and issue penalties, and approve plans of correction.</p> <p><sup>1</sup> Classifications include: Health Facilities Evaluator Nurse, Health Facilities Evaluator I, Health Facilities Evaluator Trainee.</p> <p><sup>2</sup> Classifications include: Medical Consultant I, Nurse Consultant III and II, Pharmaceutical Consultant II, Public Health Nutrition Consultant III, Occupational Therapy Consultant, Medical Record Consultant.</p> <p><sup>3</sup> Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager I/II/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator I/II, Health Facilities Evaluator Manager I/II, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist I/II, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist I/II, Staff Programmer Analyst, Supervising Program Technician I/II, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager I/II/III, Word Processing Technician, Chief Environmental Health Specialist III, Environmental Health Specialist III.</p>								

Data Source: 2016-17 May Revise Report and LA County Contract #15-10003 A01

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

The Percentage of Time Devoted to Licensing and Certification Activities for all Licensed Health Facilities Health and Safety Code section 1266(e)(2)(B)(ii) 2015-16		
Facility Type	Hours*	Percentage to Total Hours
Acute Psychiatric Hospital	3,273	0.36%
Adult Day Health Center	1,317	0.14%
Alternate Birthing Center	12	0.00%
Chemical Dependency Recovery Hospital	543	0.06%
Chronic Dialysis Clinic/End Stage Renal Disease	16,703	1.83%
Community Clinic/Free Clinics/Rural Health Clinic	2,051	0.22%
Community Mental Health Center	770	0.08%
Congregate Living Health Facility	2,530	0.28%
Correctional Treatment Center	1,231	0.14%
General Acute Care Hospital/Critical Access Hospital	111,321	12.21%
Home Health Agencies	31,812	3.49%
Hospices	9,798	1.07%
Hospice Facility	209	0.02%
Intermediate Care Facilities	3,756	0.41%
Intermediate Care Facilities(ICF)/Developmentally Disabled(DD); ICF/DD-Habilitative; ICF/DD-Nursing; Individual with Intellectual	98,321	10.78%
Pediatric Day Health and Respite Care Facility	119	0.01%
Psychology Clinics	-	0.00%
Referral Agency	28	0.00%
Rehabilitation Clinic/Comprehensive Outpatient Rehabilitation Facilities/Outpatient/Speech Pathologist	1,990	0.22%
Skilled Nursing Facilities	600,620	65.87%
Surgical Clinic/Ambulatory Surgical Center	24,204	2.65%
Unlicensed and not Certified Facilities	1,157	0.13%
<b>Totals</b>	<b>911,766</b>	<b>100%</b>

Data Source: TEAM 2015-16 Standard Average Hours Report for Exited Complaints/Closed Surveys

\* Licensing and Certification hours includes direct survey hours and facility/administration hours.

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

<b>Surveys and Follow-up Visits Performed</b> Health and Safety Code section 1266(e)(2)(B)(iii) 2015-16					
Facility Type	Licensing Survey		Certification Survey		Follow-up & Revisits
	Initial	Re-licensure	Initial	Re-certification	
Acute Psychiatric Hospital	4	5	-	4	5
Adult Day Health Center	2	2	-	-	2
Alternative Birthing Center	2	-	-	-	-
Chemical Dependency Recovery Hospital	2	-	-	-	-
Chronic Dialysis Clinic/End Stage Renal Disease	21	2	11	131	124
Community Clinic/Free Clinics/Rural Health Clinic	27	7	-	24	15
Congregated Living Health Facility	34	3	-	-	1
Correctional Treatment Center		2	-	-	1
General Acute Care Hospital	14	96	-	19	44
Home Health Agencies	125	12	2	186	202
Hospice	169	5		37	33
Hospice Facility	10	-	-	-	-
Intermediate Care Facilities	-	1	-	-	1
Facilities(ICF)/Developmentally Disabled(DD); ICF/DD-Habilitative; ICF/DD-Nursing; Individual with Intellectual Disabilities	6	9	18	1,163	1,024
Pediatric Care Health and Respite Care Facility	1	-	-	-	-
Psychology Clinic	-	-	-	-	-
Referral Agency	2	-		-	-
Rehabilitation Clinic/Comprehensive Outpatient Rehabilitation Facilities/Outpatient/Speech Pathologist	-	-	-	10	11
Skilled Nursing Facilities	23	251	14	1,144	1,325
Surgical Clinic/Ambulatory Surgical Center	3	-	1	125	144
<b>Totals</b>	<b>445</b>	<b>395</b>	<b>46</b>	<b>2,843</b>	<b>2,932</b>
<b>Category Totals</b>	<b>840</b>		<b>2,889</b>		<b>2,932</b>
<b>Category Percentages</b>	<b>13%</b>		<b>43%</b>		<b>44%</b>
<b>Non-long Term Care Totals</b>	<b>6,661</b>				

Data Source: ASPEN Database

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

<b>Number of Complaint Investigations by Facility Type</b> Health & Safety Code section 1266(e)(2)(B)(iv) 2015-16															
Facility Type	Volume			Timeliness											
				Initiation				Completion							
				Immediate Jeopardy (IJ) *		Non-Immediate Jeopardy (Non-IJ)**		Number of Complaints Completed During Reporting Period by Working Days from Receipt to Completion				Complaints Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period			
				(24 hours LTC - 2 days NLTC)		(10 working days)									
	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	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365
<b>Long-Term Care</b>															
Congregated Living Health Facility	82	73	9	8	100%	72	96%	62	9	1	1	85%	12%	1%	1%
Intermediate Care Facility	241	314	-73	1	100%	196	91%	138	49	91	36	44%	16%	29%	11%
Intermediate Care Facilities - Developmentally Disabled - Habilitative/Nursing/Continuous Nursing	456	424	32	50	92%	385	96%	329	50	29	16	78%	12%	7%	4%
Pediatric Care Health and Respite Care Facility	5	5	-	1	100%	4	25%	3	1	-	1	60%	20%	-	20%
Skilled Nursing Facility	7,502	7,507	-5	641	98%	6,632	97%	5,255	1,030	519	703	70%	14%	7%	9%
<b>Total Long-Term Care</b>	<b>8,286</b>	<b>8,323</b>	<b>-37</b>	<b>701</b>	<b>97%</b>	<b>7,289</b>	<b>97%</b>	<b>5,787</b>	<b>1,139</b>	<b>640</b>	<b>757</b>	<b>70%</b>	<b>14%</b>	<b>8%</b>	<b>9%</b>
<b>Non-Long Term Care</b>															
Acute Psychiatric Hospital	214	150	64	8	88%			70	15	16	49	47%	10%	11%	33%
Adult Day Health Care	28	36	-8	-	-			12	13	5	6	33%	36%	14%	17%
Alternative Birthing Center	1	1	0	-	-			-	-	-	1	-	-	-	-
Chemical Dependency Recovery Hospital	2	2	0	-	-			2	-	-	-	100%	-	-	100%
Chronic Dialysis Clinic	214	206	8	7	100%			113	53	16	24	55%	26%	8%	12%
Community Clinic	169	127	42	-	-			76	27	8	16	60%	21%	6%	13%
Correctional Treatment Center	65	60	5	-	-			34	12	9	5	57%	20%	15%	8%
General Acute Care Hospital	4,090	3,073	1,017	133	87%			1,638	557	415	463	53%	18%	14%	15%
Home Health Agency	299	239	60	8	88%			139	57	26	17	58%	24%	11%	7%
Hospice	174	130	44	6	100%			71	31	18	10	55%	24%	14%	8%
Hospice Facility	1	1	0	-	-			-	1	-	-	-	100%	-	-
Rehabilitation Clinic	-	-	-	-	-			-	-	-	-	-	-	-	-
Surgical Clinic	43	49	-6	3	100%			30	6	4	9	61%	12%	8%	18%
Other Non-Long-Term Care	1	1	0	-	-			1	-	-	-	100%	-	-	-
<b>Total Non-Long Term Care</b>	<b>5,301</b>	<b>4,075</b>	<b>1,226</b>	<b>165</b>	<b>88%</b>			<b>2,186</b>	<b>772</b>	<b>517</b>	<b>600</b>	<b>54%</b>	<b>19%</b>	<b>13%</b>	<b>15%</b>
<b>Total</b>	<b>13,587</b>	<b>12,398</b>	<b>1,189</b>	<b>866</b>	<b>96%</b>			<b>7,973</b>	<b>1,911</b>	<b>1,157</b>	<b>1,357</b>	<b>64%</b>	<b>15%</b>	<b>9%</b>	<b>11%</b>

Data Source: ASPEN Database

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-U column shows the number of Non-U 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.

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

Number of Entity Reported Incident (ERI) Investigations by Facility Type													
Health & Safety Code section 1266(e)(2)(B)(iv)													
2015-16													
Facility Type	Volume			Timeliness									
				Initiation		Completion							
				Immediate Jeopardy (IJ)*  (24 hours LTC - 2 days NLTC)		Number of ERIs Completed During Reporting Period by Working Days from Receipt to Completion				ERIs Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period			
	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Number Received	Percent Initiated Timely	≤90	91-180	181-365	>365	≤90	91-180	181-365	>365
Long-Term Care													
Congregated Living Health Facility	18	17	1	2	100%	15	2	-	-	88%	12%	-	-
Intermediate Care Facility	928	893	35	-	-	511	188	114	80	57%	21%	13%	9%
Intermediate Care Facilities - Developmentally Disabled - Habilitative/Nursing/Continuous Nursing	5,910	5,858	52	41	93%	4,867	488	273	230	83%	8%	5%	4%
Pediatric Care Health and Respite Care Facility	4	3	1	-	-	3	-	-	-	100%	-	-	-
Skilled Nursing Facility	13,045	11,575	1,470	538	95%	9,069	1,331	712	463	78%	11%	6%	4%
Total Long-Term Care	19,905	18,346	1,559	581	94%	14,465	2,009	1,099	773	79%	11%	6%	4%
Non-Long Term Care													
Acute Psychiatric Hospital	505	348	157	3	100%	197	48	42	61	57%	14%	12%	18%
Adult Day Health Care	26	37	-11	-	-	20	5	4	8	54%	14%	11%	22%
Chemical Dependency Recovery Hospital	15	17	-2	-	-	14	1		2	82%	6%		12%
Chronic Dialysis Clinic	178	139	39	-	-	93	25	9	12	67%	18%	6%	9%
Community Clinic	255	165	90	-	-	101	29	10	25	61%	18%	6%	15%
Correctional Treatment Center	441	381	60	-	-	244	55	50	32	64%	14%	13%	8%
General Acute Care Hospital	6,610	5,159	1,451	75	89%	2,930	792	543	894	57%	15%	11%	17%
Home Health Agency	74	76	-2	-	-	39	4	3	30	51%	5%	4%	39%
Hospice	102	86	16	3	100%	53	18	7	8	62%	21%	8%	9%
Hospice Facility		1	-	-	-	-	-	1	-	-	-	100%	-
Rehabilitation Clinic	1	1	0	-	-	1	-	-	-	100%	-	-	-
Surgical Clinic	23	16	7	-	-	10	3	-	3	63%	19%	-	19%
Total Non-Long Term Care	8,230	6,426	1,805	81	90%	3,702	980	669	1,075	58%	15%	10%	17%
Total	28,135	24,772	3,364	662	94%	18,167	2,989	1,768	1,848	73%	12%	7%	7%

Data Source: ASPEN Database

Notes on Method:

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

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**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)												
2015-16												
Facility Category	Citations Issued (by Definitions) (HSC 1424)						3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties (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								2				4
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic											1	2
Congregate Living Health Facility	-	4	5									
Correctional Treatment Center												
General Acute Care Hospital								20	26	74	31	63
Home Health Agency												5
Hospice											1	3
Hospice Facility												
Intermediate Care Facility	1	1	6									
Intermediate Care Facility/Developmentally Disabled:	-	-	-									
Intermediate Care Facility/Developmentally Disabled	-	5	8									
Intermediate Care Facility/Developmentally Disabled - Habilitative	1	4	21									
Intermediate Care Facility/Developmentally Disabled - Nursing	-	4	12									
Pediatric Day Health & Respite Care Facility	-	-	-									
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	10	115	270	2			17					
Surgical Clinic										1		
Total	12	133	322	2			17	22	26	75	33	77

Facilities not covered under this enforcement actions mandate

Facilities with statutorily mandated enforcement action

<b>Citation Appeals Statewide</b> Health and Safety Code section 1266(e)(2)(B)(v) 2015-16	
Appeal Received Type	Appeals
Administrative Law Judge (ALJ)	35
Binding Arbitration (BA)	5
Court Appeal	56
<b>Total</b>	<b>96</b>

Data Source: ELMS Database  
 Data Extraction Date: July 18, 2016  
 Publication Date: August 19, 2016

**Table 9: Deficiencies by Facility Type**

<b>2015 Deficiencies by Facility Type</b> Health and Safety Code section 1266(e)(2)(B)(iv) 2015-16	
Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	185
Adult Day Health Center	52
Alternative Birthing Center	-
Chemical Dependency Recovery Hospital	5
Chronic Dialysis Clinic//End Stage Renal Disease	1,285
Community Clinic/Free Clinic/Rural Health Clinic	134
Congregated Living Health Facility	113
Correctional Treatment Center	53
General Acute Care Hospital	4,168
Home Health Agencies	1,971
Hospices	763
Hospice Facilities	21
Intermediate Care Facilities	65
Intermediate Care Facilities(ICF) /Developmentally Disabled(DD); ICF/DD- Habilitative; ICF/DD- Nursing	6,341
Pediatric Care Health and Respite Care Facilities	2
Psychology Clinic	-
Referral Agencies	-
Rehabilitation Clinic/Comprehensive Outpatient Rehabilitation Facilities/Outpatient/Speech Pathologist	150
Skilled Nursing Facilities	15,668
Surgical Clinic/Ambulatory Surgical Center	1,382
<b>Total</b>	<b>32,358</b>

Data Source: ASPEN Database

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

State Civil Monetary Penalties Issued by Facility Type							
Health & Safety Code section 1266(e)(2)(B)(v)(vi)							
2015-16							
Facility Category	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties (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	-	-	\$ 125,000	-	-	-	\$ 2,500
Adult Day Health Care	-	-	-	-	-	-	-
Alternative Birthing Center	-	-	-	-	-	-	-
Chemical Dependency Recovery Hospital	-	-	-	-	-	-	-
Chronic Dialysis Clinic	-	-	-	-	-	-	-
Community Clinic	-	-	-	-	-	\$ 25,000	\$ 400
Congregate Living Health Facility	\$ 45,000	-	-	-	-	-	-
Correctional Treatment Center	-	-	-	-	-	-	-
General Acute Care Hospital	-	-	\$ 1,368,637	\$ 314,724	\$ 294,300	\$ 1,978,500	\$ 108,800
Home Health Agency	-	-	-	-	-	-	\$ 800
Hospice	-	-	-	-	-	\$ 225,000	\$ 16,600
Hospice Facility	-	-	-	-	-	-	-
Intermediate Care Facility	\$ 117,800	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled	\$ 53,250	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Habilitative	\$ 96,600	-	-	-	-	-	-
Intermediate Care Facility/Developmentally Disabled - Nursing	\$ 51,300	-	-	-	-	-	-
Pediatric Day Health and Respite Care Facility	-	-	-	-	-	-	-
Psychology Clinic	-	-	-	-	-	-	-
Referral Agency	-	-	-	-	-	-	-
Rehabilitation Clinic	-	-	-	-	-	-	-
Skilled Nursing Facility	\$ 3,398,597	\$ 300,000	-	-	-	-	-
Surgical Clinic	-	-	-	-	\$ 13,500	-	-
<b>Total</b>	<b>\$ 3,762,547</b>	<b>\$ 300,000</b>	<b>\$ 1,493,637</b>	<b>\$ 314,724</b>	<b>\$ 307,800</b>	<b>\$ 2,228,500</b>	<b>\$ 129,100</b>

Data Source: ELMS Database  
Extraction Date: July 18, 2016  
Publication Date: August 19, 2016

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

Detailed Adverse Event Report Category and Type Health and Safety Code section 1279.1 2015-2016	
Adverse Event by Category and Type	
<b>01 - Surgical Events</b>	<b>269</b>
01.- Surgery performed on a wrong body part	26
02. Surgery performed on the wrong patient	4
03. Wrong surgical procedure performed on a patient	14
04. Retention of a foreign object in a patient	202
05. Death during or up to 24 hours after surgery	23
<b>02 - Product or Device Events</b>	<b>8</b>
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	1
08. Death or serious disability due to intravascular air embolism	2
<b>03 - Patient Protection Events</b>	<b>11</b>
09. Infant discharged to the wrong person	-
10. Death or serious disability due to disappearance	1
11. Suicide or attempted suicide	10
<b>04 - Care Management Events</b>	<b>747</b>
12. Death/serious disability associated with a medication error	15
13. Death/serious disability associated with the administration of ABO-incompatible blood or blood products	2
14. Maternal death/serious disability associated with labor/delivery/within 42 days post-delivery	4
15. Death/serious disability directly related to hypoglycemia	1
16. Death or serious disability associated with hyperbilirubinemia in neonates	-
17. Stage 3 or 4 decubitis ulcer acquired after admission	725
18. Death or serious disability due to spinal manipulation therapy	-
<b>05 - Environmental Events</b>	<b>25</b>
19.- Death or serious disability associated with electric shock	-
20. Oxygen line contains wrong or toxic gas	1
21. Death or serious disability associated with a burn	4
22. Death associated with a fall	17
23. Death or serious disability associated with the use of restraints or bedrails	3
<b>06 - Criminal Events</b>	<b>14</b>
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	10
27. Death or significant injury from a physical assault	3
<b>07 - Other</b>	<b>46</b>
28. Adverse event or series of adverse events	46
<b>Total</b>	<b>1,120</b>

Data Source: ASPEN Database

Data Extraction Date: September 16, 2016

**Table 12: Adverse Event Timeliness Report**

<b>Adverse Event Timeliness Report</b> Health and Safety Code section 1279.2 SFY 2015-16						
Adverse Event (AE) Type	Total AEs	Immediate Jeopardy <sup>1</sup>			Non-Immediate Jeopardy <sup>2</sup>	
		Number Requiring Initiation of 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
<b>Surgical Events</b>	269	-	-	-	269	59
<b>Product or Device Events</b>	8	1	1	-	7	1
<b>Patient Protection Events</b>	11	5	5	1	6	1
<b>Care Management Events</b>	747	-	-	-	747	135
<b>Environmental Events</b>	25	1	1	-	24	2
<b>Criminal Events</b>	14	1	1	-	13	3
<b>Other</b>	46	2	2	1	44	5
<b>Total</b>	1,120	10	10	2	1,110	206

Data Source: ASPEN Database

Data Extraction Date: September 16, 2016

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."

**Table 13: Surveyor Training Provided in 2015-16**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
Adaptation: Dealing with Changing Needs Part I II and III	20
Advanced EMTALA	10
Advanced Life Safety Code: Building Construction WBT	11
Advanced Life Safety Code: Fire Alarm Systems WBT	3
Advanced Life Safety Code: Sprinkler System WBT	4
Alzheimer's and Related Dementia - Part I and II	25
Ambulatory Surgery Centers (ASC) Basic Surveyor Online	31
Appendix J	1
Active Treatment and People with Multiple Sever/Profound Dis.	17
Advancing Excellence in Americas Nursing Homes	41
Alternative Sanctions for Home Health Agencies	3
ASPEN Overview WebEx	29
Basic Health Facility Surveyor: LTC	203
Basic Health Facility Surveyor: Non - LTC	294
Basic Hospice Webinar	38
Basic Instructor Course	6
Basic Life Safety Code: The Surveyor Process	15
Basic Long Term Care QIS Questions	18
Basic Long Term Care Surveyor Training Course - CA MAT	177
Basic Long Term Care Traditional Questions	192
Basic Medication in ICF/MR	3
Basic Medications in Nursing Homes	29
Behavior Modification: Theories and Approaches	17
Being An Effective Witness	9
Burnout: Caregiver	43
Burnout: Staff	15
Burnout: Surveyors	17
Certification and Enforcement Orientation	34
CLIA New Quality Control Requirements	5
CLIA IQCP Part 2	72
CLIA IQAP Refresher	9
CMS Basic Home Health Agency Surveyor Training Course	25
CMS Basic Hospice Surveyor Training Course	34
CMS Basic Long Term Care Surveyor Training Course	152
CMS Hand-in-Hand Discs 1-7	6
CMS Long Term Care Journal: Pressure Ulcer Care Vol. I	210
CMS Long Term Care Journal: Urinary Incontinence Vol. II	183

Data Source: Staff Education Quality Improvement Section

**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
Common Drugs Side Effects in ICF/MR	16
Common Issues Facing the Elderly Population: Comm...	14
D.A.V.E	4
Dealing with Turbulence in Organizations	13
Decision Making	22
Delivery of Care to a Diverse Population	6
Dementia in LTC Facilities	23
Diabetes	15
ELMS Accessing Evaluations	20
ELMS Learner, Manager, Admin, Compatibility, Disabling	26
ELMS upgrade - Record Disposition	15
Electronic Health Records and Meaningful Use 1 and 2	19
EMTALA Basic Surveyor Training Online Course	65
Encore: Infection Control and Prevention Webinar (1 of 3)	36
ESRD Annual Update	10
ESRD Basic Technical Core Survey Training Draft 2014	23
ESRD Star Lite Webinar	2
Evaluation and Treatment of Depression in Pt With Cognit..	15
Facilitating Communication with Neuro Disease	8
Fall Prevention	35
Fire Inspector One Certification (NFPA Hosted)	1
Fire Safety Evaluation System/Board and Care Surveyor Tr..	1
Fire Safety Evaluation System/Health Care Surveyor Train..	1
First Things First: Nursing Assessment in ICF/MR	3
Focused Dementia Care Survey Training	13
Forensic Wound Identification and Documentation	22
Foundational Investigation Skills Training Online	393
Form Institutional to Individual Care Pt. I, II, III, and IV	62
Fundamentals of Patient Safety in Hospitals Online Course	53
Getting The Most Out of ICF/IID Interviews	2
Governing Body Refresher Webinar	4
H1N1 in the Elderly Population	18
HHA Survey Protocol Webinar	46
Hospice QAPI Part I and II	7
Hospice/End of Life Issues Part I and II	17
Hospital Basic Training Online Course Part 1 and 2	144
Hospital Basic Training Online Course part 2	74

Data Source: Staff Education Quality Improvement Section



**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
Hospital Complaint Investigation	19
Hospital Immediate Jeopardy	4
Hospital System and Unified Medical Staff	3
How People with Severe/Profound Disabilities Learn	10
How to be an Effective Team	24
How to Enhance the Quality of Dining	15
Hydration	29
ICF/IID Interpretive Guidelines Revision	104
ICF OSSUP_Modules 1-6	58
ICF/IID Basic Training	25
ICF/IID Tag - W249, W369, W120	18
ICF/MR Understanding Investigation/Process	8
Improving MDS Accuracy - ADL's and Restorative Nursing	17
Improving MDS Accuracy - Disease Diagnosis Medications	10
Infection Control and Prevention 1 - 3	826
Infection Control in ASCs And Hospitals Webinar	28
Infection Control in Nursing Homes	46
Improving Nursing Home Quality and Payment	2
Individualized Quality Control Plan	8
Interviewing Techniques	70
Introduction to ELMS and archived webinar	910
Initiative to Improve Behavioral Health	35
Issues in Infection Control	6
Introducing the New Psychosocial Severity Guide	179
Liability Notices and Beneficial Appeal Rights	174
Listening: It's Not Just Hearing the Words	25
Making Sense of Data	25
Managing Depression in LTC	14
MDS 3.0: Part 1 - An Introduction	185
MDS 3.0 Focused Survey	52
MDS Staffing Focused Survey Training	76
Medical Aspects of Neglect	29
Medicare Part D Impact on the Nursing Homes	3
Mental Illness in Nursing Homes	42
Nursing Home Immunization	10
Nursing Home Journal Vol. III Surveying the Activities	176
Nursing Home Journal Vol. IV Unnecessary Medications	27

Data Source: Staff Education Quality Improvement Section

**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
Nursing Homes vs ICF/MR Webinar	5
Orientation of Newly Employed Surveyors	199
Orientation to Basic Life Safety Code	7
Overview of the New Hospice CoP's, Subpart C	11
Overview of the New Hospice CoP's, Subpart D	8
Paid Feeding Assistant Guidance Training	4
Pain Management	18
Partnership for Discharge Planning Webinar	4
Physical Restraint Use in Nursing Homes Part 1 - 3	476
Preventative Measures Leading to Better Health Outcomes	8
Principles of Documentation LTC	228
Principles of Documentation for Life Safety Code	57
Principles of Documentation Non - LTC	255
Principles of Documentation Web Based Training	216
Psych Hospital Follow up Survey Webinar	1
Psych Residential Treatment Facility Basic Surveyor Training	4
Psych Residential Treatment Facility Surveyor Training	2
QIES Advances	2
QIES Basic	2
Quality Indicator Survey (QIS) Process	2
Reducing the use of Seclusion and Restraint Psych Facilities	18
SCG News Magazine: Legal Ramifications	53
SCG News Magazine: Mind and Body Medicine	5
SCG News Magazine: Part 1 Delivering Bad News	13
SCG News Magazine: Part 2 Dealing with Difficult People	14
Secondary Prevention: Preventing Disabilities Through Chronic Disease	8
Severity and Scope Guidance - Anti-Psychotic Use in NH	192
Sexual Abuse in LTC	27
SOM Appendix 7A, AA, J and Q	49
STAR Training Course (ESRD)	17
State RAI Coordinators Fundamentals	19
Survey Executives Training Institute (SETI)	2
Surveying Hospitals with Electronic Health Records	4
Surveying for Anti-Psych Medication use in NH	198
Team Leadership Skills for Survey Teams	182
The Care Area Assessments (CAAs) - RAI Coordinators	17
The Survey Leader: Time Management	183

Data Source: Staff Education Quality Improvement Section

**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
The Surveyor in Court: Depositions and Testimony	12
The Surveyor in Court: Entrance and Exit Conference	183
The Surveyor in Court: Writing Defensible Citations	21
The Use Of The 5 Senses in Decisions	181
To Do or Not To DO: Surveyor Boundaries	42
TotalLMS Bulletin - Administrator Guide	14
TotalLMS Bulletin - Administrator Mode	6
TotalLMS Bulletin - Compatibility Settings	30
TotalLMS Bulletin - Enrollment Specialist Assessment	1
TotalLMS Bulletin - Learner Basics	330
TotalLMS Bulletin - Learner Mode	12
TotalLMS Bulletin - Manager Mode	2
TotalLMS Bulletin - Printing Diploma Certificates	9
TotalLMS Bulletin - Report Manager	2
TotalLMS State Training Coordinator Course	3
Treatment Modalities Management of Distressed Behavior	10
Overview of Anti-Psychotic Medication Use in Nursing Home	196
Use of Antipsychotic Meds with Clinical Justification	158
Wound Care	5
Abbreviated Standard Survey - Federal Complaint Process	12
Active Treatment Loop ICF/IID	17
Activities Investigation Protocol	260
ASPEN ACTS Exercise 1 - 6	167
ASPEN ACTS Exercise 3 & 4	62
ASPEN ACTS Exercise 5 & 6	52
ASPEN Basic ACO Exercise 3 - 6	90
ASPEN Intro to ACTS Windows	67
BMFEA	180
CMS 2567 Doc IJ	278
CMS Updated Appendix P,F155,F309,F322	25
Definitions of Adverse Events - A Case Study	230
Dementia	214
De-Mystifying A Statement of Qualifications	4
District Office Manager/Administrator Academy	70
DPH - Preadmission Screening and Resident Review PASSR	299
DRT - Process	1
Dual Enforcement	17

Data Source: Staff Education Quality Improvement Section

**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of
ELMS Enhancements	62
ePOC Electronic Plan of Correction	59
Excellence in SNF	1
FY16 ASC Sample Survey Submission Process Training	32
GACH Discharge & QAPI Worksheet	24
GACH Infection Control Worksheet	24
GACH Relicensing Survey Process	31
HFEN SPS Training Q1 - Q9 AP	23
Hospital Adverse Events	230
Hydration Refresher	24
ICF/IID Guidance, Probes and IG's	16
Investigating Falls and Fractures	24
Investigating Pressure Ulcers	27
Its Not Just Weight Loss	21
LTC Infection Prevention Program & Surveillance	96
Major Changes to MSDS 3.0	18
Meeting State Performance Standards F4	4
MMRO Manage Multi-Drug Resist. Org.	264
New Dining Standards	20
New Surveyor Academy 35B Week 2 - 42C Week 3	596
New Surveyor Academy 35C Week 3	21
New Surveyor Academy 36A Week 1	29
New Surveyor Academy 36B Week 2	25
New Surveyor Academy 36C Week 3	24
New Surveyor Academy 37A Week 1	28
New Surveyor Academy 37B Week 2	26
New Surveyor Academy 37C Week 3	26
New Surveyor Academy 38A Week 1	29
New Surveyor Academy 38B Week 2	25
New Surveyor Academy 38C Week 3	24
New Surveyor Academy 39A Week 1	24
New Surveyor Academy 39B Week 2	22
New Surveyor Academy 39C Week 3	25
New Surveyor Academy 40A Week 1	28
New Surveyor Academy 40B Week 2	29
New Surveyor Academy 40C Week 3	29
New Surveyor Academy 41A Week 1	29

Data Source: Staff Education Quality Improvement Section

**Table 13: Surveyor Training Provided in 2015-16 (cont.)**

<b>Surveyor Training Provided</b> Health and Safety Code section 1266 (e)(2)(b)(vi) 2015-16	
Activity Name/Description	Number of Surveyors Trained
New Surveyor Academy 41B Week 2	28
New Surveyor Academy 41C Week 3	27
New Surveyor Academy 42A Week 1	27
New Surveyor Academy 42B Week 2	23
New Surveyor Academy 42C Week 3	27
NFEN Hiring Process	58
Offsite Prep - QM/QI Reports	22
Plan of Correction Approval and Verification	2
Principle of Investigative Skills	20
Prioritizing Complaints	4
Processing EMTALA Surveys	19
QI Study Results POC	4
QI Using Active Voice	353
RN Unit Function Including Appeals, IIDR, & Waivers	252
SNF - Surveying Their Infection Control Program	88
SNF Licensing Survey Process	348
SNF Relicensing Survey	300
SPS Supervisors & Managers	3
Strategies for Success: Dealing with Dementia Behaviors	20
Supervisors Orientation Academy	28
Surveying Anti-Psychotic use in SNF	37
Surveying to NH Antipsychotic Use - Dementia	19
Using the Automated Dispensing Cabinet ADC Tool in SNF	24
Ventura Training - Office Specific	17

Data Source: Staff Education Quality Improvement Section

## **Nursing Home Administrator Program**

Health and Safety Code section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2012-13 through 2015-16.

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

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

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

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

**Table 14: Nursing Home Administrator Violations**

<b>Nursing Home Administrator Program</b> Nursing Home Administrators' Violations Health & Safety Code section 1416.36 (d)(1)(C)(vi) 2012-13 to 2015-16			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
6783	Patient care	<b>NHA Currently on Probation</b>	2012-13
5282	Patient care	Warning Letter	2012-13
6775	Patient care	Warning Letter	2012-13
4642	Patient care	Warning Letter	2012-13
6428	Patient care	Warning Letter	2012-13
6852	Patient care	Warning Letter	2012-13
144	Patient care	Warning Letter	2012-13
7170	Patient care	Warning Letter	2012-13
3256	Patient care	Warning Letter	2012-13
6873	Patient care	Warning Letter	2012-13
6513	Patient care	Warning Letter	2012-13
7292	Patient care	Warning Letter	2012-13
7286	Patient care	Warning Letter	2012-13
5839	Patient care	Warning Letter	2012-13
5870	Patient care	Warning Letter	2012-13
7056	Patient care	Warning Letter	2012-13
1688	Patient care	Warning Letter	2012-13
7097	Patient care	Warning Letter	2012-13
5869	Patient care	Warning Letter	2012-13
5715	Patient care	Warning Letter	2012-13
6868	Patient care	Warning Letter	2012-13
7149	Patient care	Warning Letter	2012-13
3883	Patient care	Warning Letter	2012-13
6729	Patient care	Warning Letter	2012-13
6418	Patient care	Warning Letter	2012-13
7072	Patient care	Warning Letter	2012-13
5759	Patient care	Warning Letter	2012-13
6960	Patient care	Warning Letter	2012-13
5685	Patient care	Warning Letter	2012-13
7527	Patient care	Warning Letter	2012-13
5065	Patient care	Warning Letter	2012-13
4488	Patient care	Warning Letter	2012-13
6897	Patient care	Warning Letter	2012-13
5509	Patient care	Warning Letter	2012-13
3688	Patient care	Warning Letter	2012-13
5861	Patient care	Warning Letter	2012-13
5869	Patient care	Warning Letter	2012-13
3552	Patient care	Warning Letter	2012-13
7291	Patient care	Warning Letter	2012-13

Data Source: Nursing Home Administrator Program

**Table 14: Nursing Home Administrator Violations (continued)**

<b>Nursing Home Administrator Program</b> Nursing Home Administrators' Violations Health & Safety Code section 1416.36 (d)(1)(C)(vi) 2012-13 to 2015-16			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
6966	Patient care	Warning Letter	2013-14
6877	Patient care	Warning Letter	2013-14
6885	Patient care	Warning Letter	2013-14
6784	Patient care	Warning Letter	2013-14
962	Patient care	Warning Letter	2013-14
6424	Patient care	Warning Letter	2013-14
7078	Patient care	Warning Letter	2013-14
7445	Patient care	Warning Letter	2013-14
6997	Patient care	Warning Letter	2013-14
6529	Patient care	Warning Letter	2013-14
5520	Patient care	Warning Letter	2013-14
5310	Patient care	Warning Letter	2013-14
5028	Patient care	Warning Letter	2013-14
6587	Patient care	Warning Letter	2013-14
7417	Patient care	Warning Letter	2013-14
3149	Patient care	Warning Letter	2013-14
7430	Patient care	Warning Letter	2013-14
6799	Patient care	Warning Letter	2013-14
5341	Failure to report abuse	12 Month probation	2013-14
3766	Failure to report abuse	12 Month probation	2013-14
6759	W & I 15630(B)(1)	Warning letter	2013-14
5932	Patient care negligence	Warning letter	2013-14
4921	Arrested for Fraud	Immediate suspension	2013-14
7321	Patient care negligence	Warning letter	2013-14
4620	Fraud	12 Month probation	2014-15
7579	Unprofessional conduct	12 Month probation	2014-15
7618	Gross Negligence	License Revoked	2014-15
7712	Patient Care	12 Months Probation	2014-15
4868	Patient Care	NHA Required to Take Continuing Education	2014-15
4921	Fraud	License Revoked	2015-16
E001	Patient Care	12 Months Probation	2015-16
6342	Fail to report	12 months probation	2015-16
6339	Unprofessional conduct	24 months probation	2015-16
7156	Failure to report	12 months probation	2015-16

Data Source: Nursing Home Administrator Program



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

<b>Nursing Home Administrator Program</b> License, Exam, and AIT Program Health and Safety Code section 1416.36 (d)(1)(C) 2012-13 to 2015-16					
		2012-13	2013-14	2014-15	2015-16
(i) Persons applying for NHA License	Applied <sup>[1]</sup>	142	124	109	137
	Approved	118	122	93	100
	Denied	-	2	-	-
	Renewed	1,180	1,077	1,186	1,026
(ii) State Exam	Examinees	219	219	213	244
	Passed	138	130	101	121
	Failed	81	89	112	123
(iii) Administrator-In-Training Program	Applied	147	124	136	147
	Accepted	135	122	116	145
	Completed	45	110	83	125
(iv) Complaints Received <sup>[2]</sup>	Administrator-In-Training	1	-	-	1
	Nursing Home Administrators	81	30	45	15
(v) Actions Against Nursing Home Administrators <sup>[3]</sup>		39	24	6	5
(vi) Nursing Home Administrator Violations Listing		See Table 14			
(vii) Appeals, Informal Appeals, Informal conferences or Hearings <sup>[4]</sup>	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	1	2	1	1
	Time Between Request & Final Determination	N/A	8 months	2 months	1 month
	Final Actions Upheld	-	2	1	1

Data Source: Nursing Home Administrator Program  
Data are current through September 2016.

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

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

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

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

Attachment 1: State Workload Percentages 2017-18

Note: This table will not reconcile with the published November Estimate as this table does not reflect workload that is entirely federally funded.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						STATE FUNDING RATE (FUND 3098)	WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	11	22.39	4	109	100%	109	0.011%	0.02%
	INITIAL LICENSURE		14.29	1	17	100%	17	0.002%	
	COMPLAINT INVESTIGATION		20.84	1	25	100%	25	0.003%	
	OPEN COMPLAINTS		14.54	1	18	100%	18	0.002%	
	Total			7	169		169	0.018%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	266	28.65	133	4,637	100%	4,637	0.478%	0.83%
	RE-LICENSURE - FOLLOW-UP		93.92	-	-	100%	-	0.000%	
	INITIAL LICENSURE		44.45	-	-	100%	-	0.000%	
	INITIAL LICENSURE - FOLLOW-UP		1.16	-	-	100%	-	0.000%	
	COMPLAINT / ERI INVESTIGATION		50.01	41	2,495	100%	2,495	0.257%	
	FIELD VISIT		28.17	13	446	100%	446	0.046%	
	OPEN COMPLAINTS		50.01	7	426	100%	426	0.044%	
	Total			194	8,004		8,004	0.825%	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	39	177.59	13	2,809	100%	2,809	0.289%	1.27%
	FIELD VISIT		23.58	5	143	100%	143	0.015%	
	COMPLAINT (or ERI)		8.35	608	6,178	100%	6,178	0.637%	
	COMPLAINT - DEEMED	38	8.35	33	335	12.50%	42	0.004%	
	COMPLAINT VALIDATION		180.80	1	220	12.50%	28	0.003%	
	TARGET SURVEYS		232.87	0	99	12.50%	12	0.001%	
	5-YEAR MAX. INTERVAL		232.87	1	397	12.50%	50	0.005%	
	VALIDATION		174.58	2	425	12.50%	53	0.005%	
	VALIDATION FOLLOW UP		63.60	3	232	12.50%	29	0.003%	
	RE-CERTIFICATION 3-YEAR AVERAGE		253.22	2	718	12.50%	90	0.009%	
	RECERTIFICATION FOLLOW UP / REVISITS		92.96	1	113	12.50%	14	0.001%	
	LIFE SAFETY CODE		26.66	1	32	12.50%	4	0.000%	
	OPEN COMPLAINTS		8.35	284	2,886	100%	2,886	0.297%	
	Total			955	14,587		12,338	1.269%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS		STATE FUNDED WORKLOAD		
						STATE FUNDING RATE (FUND 3098)	WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	22	37.64	7	321	100%	321	0.033%	1.19%
	INITIAL LICENSURE		23.92	7	204	100%	204	0.021%	
	COMPLAINT / ERI INVESTIGATION		9.83	220	2,632	100%	2,632	0.271%	
	FIELD VISIT		13.70	14	233	100%	233	0.024%	
	End Stage Renal Disease	614			-				
	RE-CERTIFICATION		129.72	175	27,555	12.50%	3,444	0.355%	
	TARGETED SAMPLE		129.72	61	9,645	12.50%	1,206	0.124%	
	3.0-YEAR AVERAGE (33%-29%)		129.72	24	3,859	12.50%	482	0.050%	
	INITIAL CERTIFICATION (New Providers)		24.85	14	423	12.50%	53	0.005%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS		39.82	131	6,348	12.50%	794	0.082%	
	LIFE SAFETY CODE		10.30	3	38	12.50%	5	0.001%	
	COMPLAINT INVESTIGATION		13.54	120	1,977	12.50%	247	0.025%	
	OPEN COMPLAINTS		13.54	119	1,961	100%	1,961	0.202%	
	Total			895	55,196		11,582	1.193%	
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	8	103.00	4	501	100%	501	0.052%	0.08%
	COMPLAINT / ERI INVESTIGATION		8.39	15	153	100%	153	0.016%	
	OPEN COMPLAINTS		8.39	15	153	100%	153	0.016%	
	Total			34	807		807	0.084%	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	125	15.06	63	1,155	100%	1,155	0.119%	0.50%
	INITIAL LICENSURE		20.02	56	1,364	100%	1,364	0.141%	
	COMPLAINT / ERI INVESTIGATION		21.27	77	1,993	100%	1,993	0.205%	
	FIELD VISIT		9.24	3	34	100%	34	0.004%	
	OPEN COMPLAINTS		21.27	10	259	100%	259	0.027%	
	Total			209	4,805		4,805	0.496%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
COMMUNITY CLINIC	RE-LICENSURE	1,079	22.65	360	9,922	100%	9,922	1.023%	1.82%
	INITIAL LICENSURE		16.57	28	565	100%	565	0.058%	
	COMPLAINT / ERI INVESTIGATION		8.61	359	3,761	100%	3,761	0.388%	
	FIELD VISIT		10.20	19	236	100%	236	0.024%	
	Community Mental Health Center	21							
	5% TARGETED SURVEYS		118.78	3	434	12.50%	54	0.006%	
	INITIAL SURVEY		25.34	2	62	12.50%	8	0.001%	
	Rural Health Clinic	290							
	RE-CERTIFICATION (RHC)		39.46	42	1,996	12.50%	250	0.026%	
	RE_CERTIFICATION - FOLLOW UP		25.56	14	435	12.50%	54	0.006%	
	TARGETED SURVEYS		39.46	15	699	12.50%	87	0.009%	
	6.0 YEAR AVG. (16.7%-14.3%)		39.46	7	336	12.50%	42	0.004%	
	INITIAL SURVEY (New Providers)		20.19	3	74	12.50%	9	0.001%	
	COMPLAINT INVESTIGATION - NLTC		9.19	15	168	12.50%	21	0.002%	
	Portable X-Ray Suppliers	46							
	INITIAL SURVEY		25.34	6	185	12.50%	23	0.002%	
	INITIAL FOLLOW UP		3.10	6	23	12.50%	3	0.000%	
	RECERTIFICATION 7 YEAR INTERVAL		41.19	6	315	12.50%	39	0.004%	
	6.0- YEAR AVG. (16.6%-14.1%)		41.19	1	53	12.50%	7	0.001%	
	FOLLOW UP /REVISITS		22.92	7	195	12.50%	24	0.002%	
	5% TARGETED SURVEYS		41.19	2	100	12.50%	13	0.001%	
	OPEN COMPLAINTS		9.53	218	2,528	100%	2,528	0.261%	
	Total			1,112	22,087		17,646	1.819%	
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	21	138.40	11	1,853	100%	1,853	0.191%	0.73%
	COMPLAINT INVESTIGATION		6.85	500	4,168	100%	4,168	0.430%	
	FIELD VISIT		37.44	1	46	100%	46	0.005%	
	OPEN COMPLAINTS		6.85	116	967	100%	967	0.100%	
	Total			628	7,034		7,034	0.726%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	421	81.59	140	13,900	100%	13,900	1.432%	25.63%
	RELICENSURE FOLLOW UP		60.35	1	73	100%	73	0.008%	
	INITIAL LICENSURE		76.59	1	93	100%	93	0.010%	
	COMPLAINT		11.95	9,291	135,103	100%	135,103	13.923%	
	FIELD VISIT		19.00	186	4,300	100%	4,300	0.443%	
	CAL		25.07	1	31	100%	31	0.003%	
	Deemed Facility	292							
	VALIDATION		489.07	5	3,005	12.50%	376	0.039%	
	FULL VALIDATION AFTER COMPLAINT		443.01	9	4,852	12.50%	607	0.063%	
	VALIDATION FOLLOW UP		143.14	14	2,461	12.50%	308	0.032%	
	LIFE SAFETY CODE		79.97	55	5,352	12.50%	669	0.069%	
	LIFE SAFETY CODE - FOLLOW UP		59.38	4	289	12.50%	36	0.004%	
	TARGETED ADD'L SAMPLE		443.01	3	1,617	12.50%	202	0.021%	
	COMPLAINT VALIDATION		190.56	63	14,609	12.50%	1,826	0.188%	
	COMPLAINTS		11.95	751	10,920	12.50%	1,365	0.141%	
	COMPLAINT SURVEYS EMTALA (ACCREDITED)		66.35	17	1,373	12.50%	172	0.018%	
	Non-Deemed Facility	154							
	COMPLAINT SURVEYS		11.95	539	7,838	12.50%	980	0.101%	
	5-YEAR MAX INTERVAL		443.01	14	7,547	12.50%	943	0.097%	
	TARGETED SAMPLE		443.01	4	1,887	12.50%	236	0.024%	
	FOLLOW UP / REVISITS		190.29	45	10,420	12.50%	1,303	0.134%	
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)		66.35	2	161	12.50%	20	0.002%	
	LIFE SAFETY CODE		79.97	18	1,703	12.50%	213	0.022%	
	LIFE SAFETY CODE - FOLLOW UP		59.38	5	354	12.50%	44	0.005%	
	RECERTIFICATION 4 YEAR INTERVAL		443.01	18	9,434	12.50%	1,179	0.122%	
	IPPS EXCLUSION VERIFICATION		443.01	4	1,887	12.50%	236	0.024%	
	3.0-YEAR AVG> 33.33-25=8.33		443.01	6	3,143	12.50%	393	0.041%	
	Organ Transplant Centers	-							
	RECERTIFICATION		443.01	2	1,089	12.50%	136	0.014%	
	OPEN COMPLAINTS		11.95	5,772	83,932	100%	83,932	8.650%	
	Total			16,968	327,373		248,676	25.630%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
HOME HEALTH AGENCIES	RE-LICENSURE	277	33.34	277	11,238	100%	11,238	1.158%	3.03%
	INITIAL LICENSURE		22.26	105	2,844	100%	2,844	0.293%	
	COMPLAINT / ERI INVESTIGATION		20.80	235	5,948	100%	5,948	0.613%	
	FIELD VISIT		9.25	25	281	100%	281	0.029%	
	Non-Deemed Facility	559							
	RECERTIFICATION (SURVEY)		108.16	193	25,358	12.50%	3,170	0.327%	
	RECERTIFICATION FOLLOW UP / REVISITS		46.82	100	5,697	12.50%	712	0.073%	
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED		16.28	97	1,922	12.50%	240	0.025%	
	Add'l Targeted Sample		108.16	1	79	12.50%	10	0.001%	
	2.0-YEAR AVG. (50%-33%)		108.16	98	12,898	12.50%	1,612	0.166%	
	INITIAL SURVEY		64.25	4	313	12.50%	39	0.004%	
	INFORMAL DISPUTE RESOLUTION		4.00	6	30	12.50%	4	0.000%	
	Deemed Facility	740							
	VALIDATION		122.47	9	1,341	12.50%	168	0.017%	
	VALIDATION FOLLOW UP		79.63	4	388	12.50%	49	0.005%	
	FULL VALIDATION AFTER COMPLAINT		108.16	3	395	12.50%	49	0.005%	
	COMPLAINT VALIDATION		46.76	48	2,731	12.50%	341	0.035%	
	COMPLAINT		16.28	38	753	12.50%	94	0.010%	
	INFORMAL DISPUTE RESOLUTION		4.00	7	38	12.50%	5	0.001%	
	OPEN COMPLAINTS		16.28	133	2,635	100%	2,635	0.272%	
	Total			1,382	74,889		29,439	3.034%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**  
**CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM**  
**STATE WORKLOAD PERCENTAGES 2017-18**

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						STATE FUNDING RATE (FUND 3098)	WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
<b>HOSPICES</b>	RE-LICENSURE	1,007	8.40	3	31	100%	31	0.003%	<b>0.84%</b>
	INITIAL LICENSURE		13.25	129	2,080	100%	2,080	0.214%	
	COMPLAINT / ERI INVESTIGATION		15.49	177	3,336	100%	3,336	0.344%	
	FIELD VISIT		12.12	19	280	100%	280	0.029%	
	<b>Non-Deemed Facility</b>	137							
	INITIAL SURVEY		13.25	1	16	12.50%	2	0.000%	
	3.0 YEAR AVG.		107.76	40	5,245	12.50%	656	0.068%	
	RECERTIFICATION FOLLOW UP / REVISITS		41.32	5	251	12.50%	31	0.003%	
	COMPLAINT - NLTC		15.49	20	377	12.50%	47	0.005%	
	<b>Deemed Facility</b>	501							
	VALIDATION		108.12	15	1,973	12.50%	247	0.025%	
	VALIDATION FOLLOW UP		39.40	1	48	12.50%	6	0.001%	
	FULL VALIDATION AFTER COMPLAINT		107.76	5	656	12.50%	82	0.008%	
	COMPLAINT INVESTIGATIONS		15.49	60	1,131	12.50%	141	0.015%	
	OPEN COMPLAINTS		15.49	66	1,244	100%	1,244	0.128%	
	<b>Total</b>			<b>541</b>	<b>16,668</b>		<b>8,183</b>	<b>0.843%</b>	
<b>HOSPICE FACILITIES</b>	RE-LICENSURE	9	22.29	5	136	100%	136	0.014%	<b>0.03%</b>
	INITIAL LICENSURE		24.35	2	59	100%	59	0.006%	
	COMPLAINT / ERI INVESTIGATION		15.51	2	38	100%	38	0.004%	
	OPEN COMPLAINTS		15.51	1	19	100%	19	0.002%	
	<b>Total</b>			<b>10</b>	<b>252</b>		<b>252</b>	<b>0.026%</b>	
<b>INTERMEDIATE CARE FACILITIES</b>	RELICENSURE	4	391.19	2	952	100%	952	0.098%	<b>2.03%</b>
	COMPLAINT / ERI INVESTIGATION		9.20	1,383	15,483	100%	15,483	1.596%	
	FIELD VISIT		7.01	1	9	100%	9	0.001%	
	OPEN COMPLAINTS		9.20	290	3,247	100%	3,247	0.335%	
	<b>Total</b>			<b>1,676</b>	<b>19,691</b>		<b>19,691</b>	<b>2.030%</b>	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
INTERMEDIATE CARE FACILITIES(ICF) /DEVELOPMENTALLY DISABLED(DD); ICF/DD - HABILITATIVE; ICF/DD - NURSING	RELICENSURE (SURVEY)	1,163	35.45	582	25,106	100%	25,106	2.587%	11.19%
	INITIAL LICENSURE		28.09	9	308	100%	308	0.032%	
	COMPLAINT / ERI INVESTIGATION		8.65	5,059	53,249	100%	53,249	5.488%	
	FIELD VISIT		8.78	30	321	100%	321	0.033%	
	RECERTIFICATION	1,160	47.35	1,093	62,977	25%	15,744	1.623%	
	RECERTIFICATION FOLLOW UP / REVISITS		22.65	105	2,894	25%	724	0.075%	
	COMPLAINT INVESTIGATIONS		8.63	1,491	15,657	25%	3,914	0.403%	
	LIFE SAFETY CODE		7.25	1,093	9,643	25%	2,411	0.248%	
	LIFE SAFETY CODE - FOLLOW UP		2.23	10	27	25%	7	0.001%	
	INITIAL CERTIFICATION		46.74	19	1,081	25%	270	0.028%	
	INITIAL CERTIFICATION FOLLOW UP		29.85	2	73	25%	18	0.002%	
	OPEN COMPLAINTS		8.63	623	6,542	100%	6,542	0.674%	
	Total			10,116	177,878		108,614	11.194%	
PEDIATRIC DAY HEALTH AND RESPITE CARE FACILITIES	RELICENSURE	16	89.83	8	874	100%	874	0.090%	0.12%
	INITIAL LICENSURE		58.37	2	142	100%	142	0.015%	
	COMPLAINT / ERI INVESTIGATION		14.91	7	127	100%	127	0.013%	
	FIELD VISIT		13.90	2	34	100%	34	0.004%	
	OPEN COMPLAINTS		14.91	1	18	100%	18	0.002%	
	Total			20	1,195		1,195	0.124%	
PSYCHOLOGY CLINIC	RELICENSURE	21	48.82	7	416	100%	416	0.043%	0.044%
	INITIAL LICENSURE		7.00	1	9	100%	9	0.001%	
	Total			8	425		425	0.044%	
REFERRAL AGENCIES	Total			-	-		-	0.000%	0.00%

Data Source: 2017-18 November Estimate and 2016-17 PCA Table



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
REHAB CLINIC	RELICENSURE	12	32.00	4	156	100%	156	0.016%	0.09%
	COMPLAINT / ERI INVESTIGATION		85.84	1	104	100%	104	0.011%	
	Outpatient Physical Therapy Providers								
	RECERTIFICATION	96	117.10	14	1,995	12.50%	249	0.026%	
	RECERTIFICATION FOLLOW UP		46.89	12	685	12.50%	86	0.009%	
	TARGET SURVEYS		117.10	4	570	12.50%	71	0.007%	
	6.0 YEAR AVG. (16.7%-14.3%)		117.10	2	335	12.50%	42	0.004%	
	COMPLAINT INVESTIGATIONS		85.84	2	209	12.50%	26	0.003%	
	Comprehensive Outpatient Rehab Facilities								
	RECERTIFICATION	9	109.44	1	172	12.50%	22	0.002%	
	5% TARGETED SURVEYS		109.44	1	133	12.50%	17	0.002%	
	6.0 YEAR AVG. (16.7%-14.3%)		109.44	0	24	12.50%	3	0.000%	
	RECERTIFICATION FOLLOW UP / REVISITS		3.09	1	4	12.50%	1	0.000%	
	OPEN COMPLAINTS		85.84	1	104	100%	104	0.011%	
	Total			44	4,491		881	0.091%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDING RATE (FUND 3098)	STATE FUNDED WORKLOAD		
							WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
SKILLED NURSING	RE-LICENSURE	1,242	72.18	621	54,543	100%	54,543	5.621%	49.91%
	INITIAL LICENSURE		104.69	1	127	100%	127	0.013%	
	COMPLAINT / ERI INVESTIGATION		15.32	15,898	296,370	100%	296,370	30.543%	
	FIELD VISIT		20.39	66	1,638	100%	1,638	0.169%	
	<b>Title 19</b>	48							
	RECERTIFICATION		243.35	47	13,769	25%	3,442	0.355%	
	RECERTIFICATION FOLLOW UP		52.69	10	641	25%	160	0.016%	
	LIFE SAFETY CODE		18.13	47	1,026	25%	257	0.026%	
	LIFE SAFETY CODE - FOLLOW UP		6.38	4	31	25%	8	0.001%	
	COMPLAINT INVESTIGATION - LTC		15.32	948	17,673	25%	4,418	0.455%	
	INITIAL CERTIFICATION		142.39	1	173	25%	43	0.004%	
	INFORMAL DISPUTE RESOLUTION		4.00	17	80	25%	20	0.002%	
	FEDERAL HEARING		500.00	1	304	25%	76	0.008%	
	MONITORING VISITS		5.00	5	30.00	25%	8	0.001%	
	<b>Title 18 &amp; 19</b>	1,111							
	RECERTIFICATION		243.35	1,032	305,683	12.50%	38,210	3.938%	
	RECERTIFICATION FOLLOW UP		52.69	228	14,618	12.50%	1,827	0.188%	
	MDS STAFFING FOCUSED SURVEY		99.71	21	2,548	12.50%	319	0.033%	
	INITIAL CERTIFICATION (Title 18 & 19)		142.39	3	520	12.50%	65	0.007%	
	INITIAL CERTIFICATION - FOLLOW UP (Title 18 & 19)		1.91	4	9	12.50%	1	0.000%	
	LIFE SAFETY CODE		18.13	1,032	22,774	12.50%	2,847	0.293%	
	LIFE SAFETY CODE - FOLLOW UP		6.38	82	637	12.50%	80	0.008%	
	COMPLAINT INVESTIGATION - LTC		15.32	2,500	46,605	12.50%	5,826	0.600%	
	INFORMAL DISPUTE RESOLUTION		4.00	366	1,783	12.50%	223	0.023%	
	FEDERAL HEARING		500.00	11	6,753	12.50%	844	0.087%	
	MONITORING VISITS		5.00	111	675	12.50%	84	0.009%	
	<b>Special Focus Facilities</b>	6							
	RECERTIFICATION - 7 year interval		243.35	12	3,553	12.50%	444	0.046%	
	LIFE SAFETY CODE		18.13	12	265	12.50%	33	0.003%	
	RECERTIFICATION FOLLOW UP		52.69	3	192	12.50%	24	0.002%	
	COMPLAINT INVESTIGATIONS		15.32	9	168	12.50%	21	0.002%	
	OPEN COMPLAINTS		15.32	3,879	72,312	100%	72,312	7.452%	
	<b>Total</b>			<b>26,970</b>	<b>865,500</b>		<b>484,270</b>	<b>49.905%</b>	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM  
STATE WORKLOAD PERCENTAGES 2017-18

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	STD AVG HRS	SURVEY WORKLOAD	ANNUALIZED SURVEY WORKLOAD HOURS	STATE FUNDED WORKLOAD			
						STATE FUNDING RATE (FUND 3098)	WORKLOAD HOURS	WORKLOAD PERCENTAGES	WORKLOAD PERCENTAGES BY FACILITY TYPE
SURGICAL CLINIC	RELICENSURE (SURVEY)	7	159.35	2	388	100%	388	0.040%	0.65%
	INITIAL LICENSURE		43.89	1	53	100%	53	0.005%	
	COMPLAINT / ERI INVESTIGATION		15.41	24	450	100%	450	0.046%	
	Ambulatory Surgical Clinic	315							
	VALIDATION SURVEYS		127.11	10	1,547	12.50%	193	0.020%	
	VALIDATION SURVEYS FOLLOW UP		48.92	7	417	12.50%	52	0.005%	
	FULL VALIDATION AFTER COMPLAINT		122.76	1	149	12.50%	19	0.002%	
	COMPLAINT VALIDATION - NLTC		45.55	13	721	12.50%	90	0.009%	
	LIFE SAFETY CODE		8.36	114	1,155	12.50%	144	0.015%	
	LIFE SAFETY CODE - FOLLOW UP		6.25	14	106	12.50%	13	0.001%	
	TARGETED SURVEYS		122.76	114	16,955	12.50%	2,119	0.218%	
	RECERTIFICATION FOLLOW UP / REVISITS		32.43	130	5,130	12.50%	641	0.066%	
	COMPLAINT INVESTIGATIONS - NLTC		21.97	36	962	12.50%	120	0.012%	
	RECERTIFICATION 6 YEAR INTERVAL	452	122.76	76	11,304	12.50%	1,413	0.146%	
	OPEN COMPLAINTS		21.97	24	642	100%	642	0.066%	
	Total			565	39,979		6,337	0.651%	
	Grand Total			62,335	1,641,030		970,348	100.00%	

Data Source: 2017-18 November Estimate and 2016-17 PCA Table

Attachment 2: Annual Health Care Facility Licensing Fees, 2017-18

FACILITY TYPE	STATE FUNDED WORKLOAD PERCENTAGE RATE	2016-17 PROGRAM FUND 3098 PER BUDGET ACT MINUS THE NHAP COST	ADJUSTMENT TO BASELINE BUDGET (CY & BY ADJUSTMENTS)										2017-18 BASELINE BUDGET ADJUSTED	BCPs * FINANCE LTRs * NOV/MAY REVISION ESTIMATE						PROPOSED PROGRAM FUND 3098	CREDITS * PROGRAM FUND RESERVE USED				FACILITY (F) / BED COUNTS (B)					DEPARTMENT OF AGING SNF LTC OMBUDSMAN PROGRAM (H&S CODE SEC 1266 C )		PROPOSED HEALTH FACILITY FEES (+ SNF LTC OMBUDSMAN FEE)	LEGISLATIVE APPROVED GF TRANSFER STATE OPERATED FACILITY \$ 3,700,000
			COMPENSATIO N ADJUSTMENT	PRO-RATA ASSESSMENT REMOVAL	STAFF BENEFIT ADJUSTMENT	RETIREMENT ADJUSTMENT (CS3.60)	CALATERS FUND REMOVAL	OVERHEAD ADJUSTMENT	TENANT SAVINGS	LEASE REVENUE SERVICE ADJUSTMENT	MISC ADJUSTMENT	\$ 991,000		\$ 1,100,000	\$ 185,000	\$ 43,000	\$ 6,375,756	\$ (5,268,017)	PROPOSED PROGRAM FUND SUBTOTAL		\$ (12,699,818)	PROPOSED PROGRAM FUND 3098 LICENSURE REVENUE	NON-STATE OPERATED		STATE OPERATED		TOTAL COUNT	SNF LTC OMBUDSMAN PROGRAM COST	SNF LTC OMBUDSMAN PROGRAM FEE				
																							F	B	F	B							
1 ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 29,312	\$ 35	\$ (910)	\$ 8	\$ 208	\$ (7)	\$ 427	\$ (1)	\$ (0)	\$ (1)	\$ 29,071	\$ -	\$ 220	\$ 37	\$ 9	1,275	\$ 30,612	\$ -	\$ 30,612	\$ (503)	\$ 30,109	11	-	-	-	11			\$ 2,737.22	\$ -		
2 ADULT DAY HEALTH CENTERS	0.83%	1,216,463	1,436	(37,765)	315	8,640	(274)	17,737	\$ (58)	\$ (8)	\$ (33)	1,206,454	-	9,130	1,536	357	\$ 52,919	\$ 1,270,395	(33,236)	1,237,159	423,088	1,660,247	266	-	-	-	266			6,241.53	-		
3 CHRONIC DIALYSIS CLINICS	1.19%	1,744,086	2,059	(54,145)	452	12,388	(393)	25,430	\$ (83)	\$ (12)	\$ (48)	1,729,735	-	13,090	2,202	512	\$ 75,871	\$ 1,821,410	(127,816)	1,693,593	190,494	1,884,088	552	-	3	-	555			3,407.02	3,413		
4 CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.08%	117,249	138	(3,640)	30	833	(26)	1,710	\$ (6)	\$ (1)	\$ (3)	116,285	-	880	148	34	\$ 5,101	\$ 122,448	(20,278)	102,170	57,210	159,380	-	496	-	-	496			321.33	-		
5 COMMUNITY CLINIC/FREE CLINICS	1.82%	2,667,426	3,149	(82,810)	692	18,946	(601)	38,893	\$ (127)	\$ (18)	\$ (73)	2,645,477	-	20,020	3,367	783	\$ 116,039	\$ 2,785,685	(81,301)	2,704,384	(798,844)	1,905,540	1,373	-	-	-	1,373			1,387.87	-		
6 CORRECTIONAL TREATMENT CENTERS	0.73%	1,069,902	1,263	(33,215)	277	7,599	(241)	15,600	\$ (51)	\$ (7)	\$ (29)	1,061,098	-	8,030	1,351	314	\$ 46,543	\$ 1,117,335	(258)	1,117,077	(542,994)	574,082	-	196	-	2,297	2,493			1,108.39	356,837		
7 HOME HEALTH AGENCIES	3.03%	4,440,825	5,242	(137,865)	1,151	31,542	(1,000)	64,751	\$ (212)	\$ (30)	\$ (121)	4,404,283	-	33,330	5,606	1,303	\$ 193,185	\$ 4,637,707	(672,264)	3,965,443	461,883	4,427,326	1,603	-	-	-	1,603			2,761.90	-		
8 HOSPICES	0.84%	1,231,120	1,453	(38,220)	319	8,744	(277)	17,951	\$ (59)	\$ (8)	\$ (34)	1,220,989	-	9,240	1,554	361	\$ 53,556	\$ 1,285,701	-	1,285,701	209,084	1,494,785	1,006	-	1	-	1,007			1,485.43	443		
9 HOSPICE FACILITIES	0.03%	43,969	52	(1,365)	11	312	(10)	641	\$ (2)	\$ (0)	\$ (1)	43,607	-	330	56	13	\$ 1,913	\$ 45,918	(4,268)	41,650	4,476	46,126	-	88	-	-	88			524.16	-		
10 PEDIATRIC DAY HEALTH/RESPIRE CARE	0.12%	175,874	208	(5,460)	46	1,249	(40)	2,564	\$ (8)	\$ (1)	\$ (5)	174,427	-	1,320	222	52	\$ 7,651	\$ 183,672	(19,490)	164,182	(71,773)	92,409	-	318	-	-	318			290.59	-		
11 PSYCHOLOGY CLINICS	0.04%	58,625	69	(1,820)	15	416	(13)	855	\$ (3)	\$ (0)	\$ (2)	58,142	-	440	74	17	\$ 2,550	\$ 61,224	-	61,224	(1,313)	59,911	21	-	-	-	21			2,852.91	-		
12 REFERRAL AGENCIES	0.00%	-	-	-	-	-	-	-	\$ -	\$ -	\$ -	\$ -	-	-	-	-	\$ -	\$ -	-	-	7,458	7,458	2	-	-	-	2			3,728.78	-		
13 REHAB CLINICS	0.09%	131,906	156	(4,095)	34	937	(30)	1,923	\$ (6)	\$ (1)	\$ (4)	130,820	-	990	167	39	\$ 5,738	\$ 137,754	-	137,754	(131,741)	6,013	12	-	-	-	12			501.07	-		
14 SURGICAL CLINICS	0.65%	952,652	1,125	(29,575)	247	6,767	(215)	13,891	\$ (46)	\$ (7)	\$ (26)	944,813	-	7,150	1,203	280	\$ 41,442	\$ 994,888	(5,198)	989,690	(816,714)	172,976	36	-	-	-	36			4,804.88	-		
15 ACUTE PSYCHIATRIC HOSPITALS	1.27%	1,861,336	2,197	(57,785)	483	13,221	(419)	27,140	\$ (89)	\$ (13)	\$ (51)	1,846,019	-	13,970	2,350	546	\$ 80,972	\$ 1,943,857	(86,411)	1,857,446	(1,482,508)	41,863,458	-	6,372	-	1,861	82,750			515.04	424,965		
16 GENERAL ACUTE CARE HOSPITALS	25.63%	39,645,255	44,340	(1,166,165)	9,739	266,808	(8,458)	547,713	\$ (1,794)	\$ (256)	\$ (1,025)	39,336,157	991,000	281,930	47,416	11,021	\$ 1,634,106	\$ 42,301,630	(813,111)	41,488,519			-	74,085	-	432			515.04				
17 CONGREGATE LIVING HEALTH FACILITIES	0.50%	732,809	865	(22,750)	190	5,205	(165)	10,685	\$ (35)	\$ (5)	\$ (20)	726,779	-	5,500	925	215	\$ 31,879	\$ 765,298	(160,151)	605,147	(3,534,843)	73,491,156	-	909	-	-	126,379			602.78	1,546,475		
18 INTERMEDIATE CARE FACILITIES	2.03%	2,975,206	3,512	(92,365)	771	21,132	(670)	43,381	\$ (142)	\$ (20)	\$ (81)	2,950,724	-	22,330	3,756	873	\$ 129,428	\$ 3,107,110	(32,011)	3,075,099			-	419	-	4,911			602.78				
19 SKILLED NURSING FACILITY *	49.91%	73,149,027	86,344	(2,270,905)	18,966	519,563	(16,470)	1,066,577	\$ (3,494)	\$ (499)	\$ (1,996)	72,547,113	-	549,010	92,334	21,461	\$ 3,182,140	\$ 76,392,057	(3,046,303)	73,345,754			-	118,026	-	2,114		400,000	3.39	606.17			
20 ICF-DD, DDH, DDN	11.19%	16,400,273	19,359	(509,145)	4,252	116,488	(3,693)	239,130	\$ (783)	\$ (112)	\$ (448)	16,265,321	-	123,090	20,702	4,812	\$ 713,447	\$ 17,127,372	(165,920)	16,961,452	(6,672,279)	10,289,173	-	7,956	-	2,382	10,338			1,121.33	1,367,868		
	100.00%	\$ 148,643,315	\$ 173,000	\$ (4,550,000)	\$ 38,000	\$ 1,041,000	\$ (33,000)	\$ 2,137,000	\$ (7,000)	\$ (1,000)	\$ (4,000)	\$ 147,437,315	\$ 991,000	\$ 1,100,000	\$ 185,000	\$ 43,000	\$ 6,375,756	\$ 156,132,071	\$ (5,268,017)	\$ 150,864,054	\$ (12,699,818)	\$ 138,164,236	4,882	208,865	4	13,997	227,748			\$ 3,700,000			

\* SNF licensure fee include the basic licensing fee of \$ 602.78 and the SNF LTC Ombudsman program fee of \$3.39

## **Attachment 3: Glossary**

### **Acute Psychiatric Hospital**

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

### **Administrative Law Judge**

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

### **Administrative Penalty**

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

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

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

### **Adult Day Health Care**

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

**Adverse Event**

Includes any of the following:

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

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

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

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

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

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

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

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

**Alternative Birthing Center**

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

**Ambulatory Surgical Center**

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

**Appeals**

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

**Automated Survey Processing Environment (ASPEN)**

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

**Chemical Dependency Recovery Hospital**

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

**Chronic Dialysis Clinic**

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

**Citations**

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

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



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

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

### **Community Clinic**

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

**Complaint**

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

**Comprehensive Outpatient Rehabilitation Facility**

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

**Congregate Living Health Facility**

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

**Correctional Treatment Center**

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

**Deficiencies**

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

**Distinct Part**

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

**Electronic Licensing Management System (ELMS)**

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

**End Stage Renal Disease**

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

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

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

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

**Entity-Reported Incident**

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

**Free Clinic**

A clinic operated by a tax-exempt, nonprofit corporation supported in whole or in part by voluntary donations, bequests, gifts, grants, government funds, or contributions that may be in the form of money, goods, or services. In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances,

or apparatuses furnished. No corporation other than a nonprofit corporation exempt from federal income taxation under paragraph (3) of subsection (c) of section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a free clinic; provided, that the licensee of any free clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a free clinic. (Ref: Health and Safety Code section 1204(a)(1)(B)).

**General Acute Care Hospital**

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

**Home Health Agency**

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

**Hospice**

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

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

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

**Hospice Facility**

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

**Immediate Jeopardy**

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

**Intermediate Care Facility**

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

**Intermediate Care Facility/Developmentally Disabled**

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

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

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

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

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

**Long-Term Health Care Facility**

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

- (1) Skilled nursing facility.

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

**Medical Breach**

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

**Non-Long Term Care Facility**

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

**Nursing Home Administrator**

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

**Nursing Hours per Patient Day**

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

**Pediatric Day Health & Respite Care Facility**

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

**Psychology Clinic**

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

**Referral Agency**

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

**Rehabilitation Clinic**

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

**Rural Health Clinic**

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

**Skilled Nursing Facility**

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

**Surgical Clinic**

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

publicly to identify the place or establishment, provided, however, that physicians or dentists may, at their option, apply for licensure. (Ref: Health and Safety Code section 1204(b)(1)).

**Survey Closure Date**

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