



Center for Health Care Quality

Health Facility License Fees

And

Nursing Home Administrator Program Fees

Annual Fee Report for Fiscal Year 2023-24

Table of Contents

Executive Summary 3

Program Overview..... 3

Program and Fee Background 4

Licensing and Certification Expenditures, Revenue and Fund Balance 5

Federal Funding 6

Expanded Federal Requirements..... 6

COVID-19 Surveys Completed 2020-2022 6

Licensing and Certification Fund Reserve..... 7

Health Care Facility Licensing Fees..... 8

Table 1: Health Care Facility License Fee Table..... 9

Nursing Home Administrator Program Fees..... 11

Table 2: Nursing Home Administrator Program Fees..... 11

CHCQ Initiatives and Next Steps 12

Staffing and Systems Analysis 14

Table 3: Number of Authorized Personnel Devoted to the Licensing and Certification of Health Care Facilities 17

Table 4: The Percentage of Licensing and Certification Activities by Licensed Health Facility Type 18

Table 5: Surveys and Follow-up Visits Performed..... 19

Table 6: Number of Complaint Investigations by Facility Type..... 20

Table 6: Number of Complaint Investigations by Facility Type (cont'd)..... 21

Table 7: Number of Facility-Reported Incident Investigations by Facility Type 22

Table 7: Number of Facility-Reported Incident Investigations by Facility Type (cont'd) 23

Table 8: Citations, Administrative Penalties, and Enforcement Penalties Issued by Facility Type 24

Table 9: Deficiencies by Facility Type 25

Table 10: State Civil Monetary Penalties Issued by Facility Type 26

Table 11: Detailed Adverse Event Report Category and Type..... 27

Table 12: Adverse Event Timeliness Report 28

Table 13: Surveyor Training Provided 29

Nursing Home Administrator Program..... 36

Table 14: Nursing Home Administrator Violations..... 37

Table 15: Nursing Home Administrator License, Exam, and Administrator-in-Training Program..... 38

Attachment 1: State Workload Percentages, 2023-24 39

Attachment 2: Annual Health Care Facility License Fee 2023-24 46

Attachment 2: Annual Health Care Facility License Fee 2023-24 (cont'd) 47

Attachment 3: Glossary 48

Executive Summary

For 2023-24, the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) proposes:

1. No adjustments to the current statewide licensing fees.
2. No adjustment to the supplemental fee for health care facilities located in Los Angeles County.
3. A 4.5 percent increase in Nursing Home Administrator Program (NHAP) fees to bring the fees in line with the projected program cost of \$1.2 million. This increase will cover increased program costs, including the cost of the 2022-23 Budget Change Proposal for Health Facilities Oversight.
4. The 2023-24 fees are expected to raise \$242 million in revenues from statewide health care facility licensing fees, and \$53 million from the Los Angeles County (LAC) supplemental fee.

CDPH/CHCQ will continue to refine its cost estimate for federally mandated workload by collaborating with CMS to develop a model that reflects California's actual costs of implementing CMS requirements. Additionally, CDPH/CHCQ will continue to work with the Department of Finance's Research and Analysis Unit to look for opportunities to refine the fee development process and better align revenue sources with workload drivers. This will help CDPH request additional federal funding. CHCQ will continue to implement efficiencies to control cost growth in the long term. Furthermore, to avoid future dramatic swings in the annual licensing fee, CHCQ will revise its fee development methodology to account for realistic anticipated costs, including projected savings, rather than budgeted levels.

Program Overview

The CDPH, CHCQ is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and health care quality for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ licenses and certifies over 14,000 health care facilities and agencies in California in 30 different licensure and certification categories.

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

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

Program and Fee Background

Since 2014-15, the annual health care facility licensing fees have increased by approximately 200 percent for the majority of facilities. This average 30 percent year over year increase is primarily attributable to increased program costs associated with a series of Budget Change Proposals (BCPs) initiated in response to a CMS finding that the program was not meeting performance expectations and a subsequent Gap Analysis Report conducted by an external consultant. Between 2014-15 and 2021-22, approved BCPs for CHCQ added over 500 positions and over \$180 million in annual ongoing expenditure authority to Fund 3098. A significant portion of this growth is attributable to the expansion of the LAC contract, which increased from \$27 million in 2014-15 to \$106 million in 2021-22. A supplemental licensing fee for health facilities located in Los Angeles County was established in 2018-19.

The following table illustrates recent trends in (1) Licensing and Certification (L&C) fee revenues (2) program expenditures by fund source, and (3) the balance of CHCQ's primary special fund, the L&C Fund. Program expenditures and fee revenue have grown significantly since 2007-08, with a sharp increase in both after 2014-15. As the program expenditures were growing due to new CMS requirements, available federal funds did little more than keep pace with inflation. Federal funding covered 45 percent of program expenditures in 2013-14, but this share decreased to 30 percent by 2020-21, indicating that the vast majority of the increased costs were borne by facility licensing fee revenue. While the L&C fees have risen significantly, the table indicates that the revenue generated was insufficient to cover the costs incurred by the L&C Fund for several years and drawing down the fund balance was necessary to make up the difference. (This was possible because the fund balance doubled from 2010-11 to 2012-13, reaching a balance of nearly \$75 million in 2012-13, primarily due to high vacancy rates.)

Licensing and Certification Expenditures, Revenue and Fund Balance

State Fiscal Year	3098 Ending Fund Balance	L&C Revenues	L&C Expenditures	Federal Funding
2007-08	\$41,020	\$80,361	\$56,609	\$58,537
2008-09	\$35,267	\$78,142	\$72,264	\$56,763
2009-10	\$48,454	\$75,632	\$64,864	\$60,797
2010-11	\$39,900	\$65,482	\$75,094	\$65,517
2011-12	\$52,393	\$78,287	\$70,280	\$65,085
2012-13	\$74,827	\$79,623	\$67,587	\$75,047
2013-14	\$73,753	\$78,955	\$78,380	\$84,416
2014-15	\$67,193	\$78,161	\$87,686	\$88,733
2015-16	\$41,656	\$91,685	\$115,374	\$88,585
2016-17	\$30,293	\$123,063	\$133,122	\$86,608
2017-18	\$26,221	\$143,650	\$153,511	\$85,444
2018-19	\$25,765	\$163,641	\$164,097	\$105,642
2019-20	\$21,251	\$200,028	\$201,714	\$91,383
2020-21	\$30,126	\$226,049	\$217,745	\$96,681

Federal Funding

A significant portion of the program’s workload is related to fulfilling federal requirements on behalf of the CMS, including annual inspections of facilities receiving funding through the Medicare and Medi-Cal programs to verify that they meet federally required standards. In addition, CHCQ investigates complaints involving such facilities. CHCQ receives an annual federal funding award to provide these services.

Federal workload has increased significantly in recent years, however federal funding levels have not increased to account for the additional workload. This has led to a significant and widening gap between the cost of fulfilling federal mandates and the federal funding received. A federal costing analysis completed by the program suggests that the cost to fulfill CMS requirements may be nearly double the amount received through the federal grant, an estimated gap of over \$100 million annually.

This federal funding gap is not unique to California as the funding provided nationwide for Title XVIII and Title XIX oversight workload has remained largely unchanged since 2015. In 2021, the Biden Administration proposed a 25 percent increase to support health and safety inspections at nursing homes, recognizing that complaints have surged while funding has remained flat, however no additional funding was included in the budget adopted by Congress. Additionally, national organizations, such as the Association of Health Facility Survey Agencies, have called attention to the ever-increasing federally mandated workload by providing a list of nearly two dozen new or expanded CMS requirements imposed since 2016.

CHCQ continues to meet federally mandated inspection and investigation requirements, as they serve as important and necessary tools in the oversight of health care facilities, however it has meant that the Licensing and Certification Fund has been subsidizing the completion of this federal workload. If these requirements were not met, consequences from CMS could include extension of a corrective action plan and/or reduction of future funding. Furthermore, federal regulations provide enforcement mechanisms that enable CDPH to enforce compliance and provide the level of oversight stakeholders expects. Finally, facilities must abide by federal regulations in order to maintain Medicare and Medicaid eligibility.

Expanded Federal Requirements

The COVID-19 Pandemic brought a significant increase in workload for CHCQ with nearly 15,000 COVID-19 infection control surveys completed through 2022.

COVID-19 Surveys Completed 2020-2022

Fiscal Year	COVID Surveys
2020	7,385
2021	4,923
2022	2,654
Total	14,962

Although this temporary spike in workload is easing, CMS has imposed new, ongoing requirements for infection control. In Federal Fiscal Year 2023 CMS mandated that 20% of all Skilled Nursing Facilities (SNFs) must have a separate, standalone infection control survey every year, in addition to incorporating an infection control component for all recertification surveys. CMS has not provided any additional funding for this workload and CHCQ does not currently have sufficient federal funds to absorb these additional tasks.

In recent years, additional federally required workload imposed includes surveys related to CMS' Dialysis Clinic Outcomes List, life safety code inspections, emergency preparedness surveys, monitoring visits for facilities cited for Immediate Jeopardy administrative penalties, and hearings. Also, added requirements to the Long-Term Care Survey Process have necessitated additional preparation, onsite time, resources, and training for surveyors. Additionally, more stringent requirements for Special Focus Facilities (nursing homes with a history of serious quality issues) have increased federal workload. Finally, while the required recertification frequencies may have remained constant, increased facility counts have also created additional workload.

Licensing and Certification Fund Reserve

The department must maintain a prudent reserve in the L&C Fund to maintain fund solvency and the continuation of normal operations if there is an unanticipated decline in revenue. The fiscal year 2021-22 ending balance in the L&C Fund is roughly \$81 million, or about 26 percent of projected fund expenditures in 2022-23. This represents a relatively large balance by historical standards, as the fund balance has not exceeded \$50 million since 2014-15.

The increased fund balance is not the result of a deliberate shift in fiscal policy but is rather the consequence of unanticipated and temporary events. In particular, the public health emergency associated with the onset of the COVID-19 Pandemic in early 2020 substantially impacted licensing and certification operations and introduced new and challenging working conditions for staff while also increasing the nationwide demand for nurses. These factors complicated CHCQ's efforts to recruit and retain certain key staff, such as Health Facility Evaluator Nurses (HFENs), and CHCQ's vacancy rate increased from 6.46 percent in 2018-19 to 14.8 percent in 2021-22. LAC experienced similar vacancy issues; their vacancy rate increased from 8% in 2019-20 to 27% in 2021-22. As a result, CHCQ's expenditures on state operations fell below budgeted levels by \$41.5 million in FY 2021-22. In addition, Los Angeles County has experienced similarly high vacancy rates among staff assigned to complete licensing and certification operations on behalf of CHCQ. As a result, expenditures on the LA County contract are projected to be below budget by \$16 million in FY 2021-22.

Looking forward to 2023-24 and beyond, CHCQ has made significant progress towards restoring normal operations as the state continues to recover from the public health emergency. While staffing challenges are likely to remain given the nationwide nursing

shortage, CHCQ is developing and implementing strategies to adapt and continue delivering critical licensing and certification services. For example, CHCQ is currently utilizing social media platforms, such as Indeed and LinkedIn, to attract candidates, increase engagement, and guide them through the complex state hiring process. CHCQ is also promoting all internal employment opportunities with CHCQ staff via email blasts to create vacancy awareness. Finally, an onboarding program was developed to welcome new hires and introduce them to CDPH's culture, mission, and values. These onboarding meetings help new hires to feel engaged, integrated, and part of the team. Similarly, LAC began holding job fairs and gained access to a larger number of candidates as well as expedited the recruitment process. Los Angeles County held two job fairs and made offers to more than 40 candidates for the HFEN position, which will significantly reduce the HFEN vacancy rate, once filled. In the forthcoming contract with CHCQ, LAC and CHCQ will increase joint efforts to continuously assess and provide training that matches staff growth. An element of this joint effort includes monthly reporting to CHCQ about LAC's vacancies, recruitment efforts, and staff training progress/needs. In addition, CHCQ is exploring opportunities to contract for licensing and certification services, enabling CHCQ to re-establish the normal cycle of mandated surveys following the pandemic and fulfill oversight responsibilities that cannot be completed due to the staffing shortage. CHCQ anticipates that over time these initiatives will reduce vacancy rates resulting in increased expenditures, thereby reducing, and eventually eliminating the operating surpluses of recent years that contributed to the growing fund balance. In the meantime, the robust reserve will allow CHCQ to stabilize annual licensing fee levels.

Health Care Facility Licensing Fees

The statewide health care facility licensing fees are intended to support CHCQ's costs to develop, administer, and enforce state licensure standards and other compliance activities. Historically, the annual fee calculation has included a determination of the costs associated with the workload of the various facility types and subsequently the revenue required for each facility type based on that workload. Workload activities include state licensing, federal certification, initial state licensure, initial federal certification, follow-up/revisits, and complaint investigations. Due to the current balance of the L&C Fund, discussed above, for 2023-24 CDPH proposes no adjustments to the current licensing fees for both the statewide and the Los Angeles County supplement fee. The 2023-24 fees are expected to raise \$242 million from statewide health care facility licensing fees, and \$53 million from the Los Angeles County supplemental fee.

Table 1 on the following page provides the proposed 2023-24 licensing fees for each facility type.

Table 1: Health Care Facility License Fee Table
Health Care Facility License Fees
 (Rounded in nearest dollar)

Facility Type	Fee Per Facility/ Bed	Number of Licensed Facilities/ Beds ²	2022-23 Statewide License Fee	2022-23 Los Angeles County Supplemental License Fee ³	2023-24 Statewide License Fee	2023-24 Los Angeles County Supplemental License Fee ³
Acute Psychiatric Hospitals	Bed	6,536	\$953	\$352	\$953	\$352
Adult Day Health Centers	Facility	310	\$10,800	\$1,826	\$10,800	\$1,826
Alternative Birthing Centers	Facility	11	\$4,201	\$327	\$4,201	\$327
Chemical Dependency Recovery Hospitals	Bed	495	\$369	\$308	\$369	\$308
Chronic Dialysis Clinics	Facility	659	\$4,870	\$7,642	\$4,870	\$7,642
Primary Care Clinics - Community Clinics/Free Clinics	Facility	1,361	\$2,566	\$1,085	\$2,566	\$1,085
Congregate Living Health Facilities	Bed	1,851	\$1,056	\$704	\$1,056	\$704
Correctional Treatment Centers	Bed	195	\$2,050	\$16	\$2,050	\$16
District Hospital Less Than 100 Beds	Bed	0	\$953	\$352	\$953	\$352
General Acute Care Hospitals	Bed	74,202	\$953	\$352	\$953	\$352
Home Health Agencies	Facility	3,069	\$2,946	\$4,106	\$2,946	\$4,106
Hospices (2-Year License Total)	Facility	2,984	\$2,970	\$4,440	\$2,970	\$4,440
Hospice Facilities	Bed	148	\$805	\$0	\$805	\$0
Intermediate Care Facilities (ICF)	Bed	64	\$1,056	\$453	\$1,056	\$453
ICF/Developmentally Disabled (DD)	Bed	7,032	\$2,074	\$1,756	\$2,074	\$1,756
ICF/DD - Habilitative	Bed	7,032	\$2,074	\$1,756	\$2,074	\$1,756
ICF/DD - Nursing	Bed	7,032	\$2,074	\$1,756	\$2,074	\$1,756
Pediatric Day Health and Respite Care Facility	Bed	405	\$537	\$167	\$537	\$167
Psychology Clinics	Facility	19	\$4,146	\$1,619	\$4,146	\$1,619
Referral Agencies	Facility	2	\$3,729	\$2,429	\$3,729	\$2,429
Rehab Clinics	Facility	11	\$927	\$722	\$927	\$722
Skilled Nursing Facilities ¹	Bed	116,461	\$1,061	\$704	\$1,061	\$704
Special Hospitals	Bed	0	\$953	\$352	\$953	\$352
Surgical Clinics	Facility	31	\$8,885	\$6,984	\$8,885	\$6,984

¹ SNF license fee includes the statewide fee of \$1057 and the California Department of Aging SNF LTC Ombudsman program fee of \$4.

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

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

Data Source: 2023-24 Licensing Fees Chart

The Department of Finance's Research and Analysis Unit (RAU) has recently begun working with CHCQ to better understand the cause of sharply increasing health facility licensing fees over the past several years and identify ways to slow the escalation of those fees. As discussed above, the impact of the pandemic and the accompanying high vacancy rates have resulted in a higher than typical balance in the L&C Fund, which allows for a rate freeze this year. However, this fund balance will be depleted as the program rebuilds from the pandemic so it is important that RAU and CHCQ identify a strategy that will provide more long-term stability for fees.

So far, the team has identified some changes that are likely to aid future rate stability. Historically, the annual fee calculation has assumed that future expenditures will equal budgeted amounts and that fees are set to bring in sufficient revenue to cover those projected costs. This fee setting methodology was working well for several years because the actual costs of the program equaled, or sometimes exceeded, the revenue generated by fees. However, in recent years actual year-end expenditures have been significantly lower than budgeted projections. This is largely due to the pandemic, but also attributable to significant program expansions, particularly for the LAC contract. This rapid expansion in program size outpaced the ability of CHCQ and LA to hire new positions during the pandemic, resulting in significant salary savings. Using an alternate fee calculation methodology wherein costs are estimated based on reasonable assumptions for vacancy rates rather than budgeted amounts will likely smooth out the annual rate of fee increases and reduce the likelihood of having consecutive years of large fee increases followed by consecutive years of minor or no increases.

The review has also considered ways to better align fees with the program's workload drivers. In particular, the Central Application Branch (CAB) is responsible for processing applications for health facilities to make certain operational, administrative and ownership changes. There are 22 types of applications subject to CAB review and the workload required to review these applications varies widely depending on the application type. For example, the workload associated with a facility name change is minimal, while an application to change the location of a facility requires substantial review by CAB, as well as an onsite inspection by district office staff. For the majority of the 22 application types, CHCQ currently does not charge any fee or assesses a nominal fee of \$25, even though many of these applications require significant review. While many applications require no fee, other applications may impose fees that are disproportionately high. Statute requires that an application to change ownership triggers a fee equivalent to the annual licensing fee and while this application imposes significant workload for CAB, the revenue recovered may exceed the cost for the review. The primary benefit of revising the application fee schedule is better alignment of the costs of reviewing applications with the facilities that are generating the workload.

The additional revenue generated will also mitigate the need for future increases in broad-based facility licensing fees.

Nursing Home Administrator Program Fees

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

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

For 2023-24, CDPH proposes a 4.5 percent increase to bring the fees in line with the projected program cost of \$1.2 million. This increase will cover increased program costs, including the cost of the 2022-23 Budget Change Proposal for Health Facilities Oversight.

Table 2 provides the proposed 2023-24 NHAP fees.

Table 2: Nursing Home Administrator Program Fees

Nursing Home Administrator Program Fees
Health and Safety Code section 1416.36 (a)

Fee Categories	2022-23	2023-2024
(1) Examination Application Fee	\$96	\$100
(2) Reciprocity Licensure Application Fee	\$172	\$180
(3) AIT Program Application Fee	\$403	\$421
(4) (B2) Written State Exam	\$595	\$622
(5) Initial License Fee	\$747	\$781
(6a) Active License Renewal Fee (Biennial)	\$747	\$781
(6b) Inactive License Fee (Biennial)	\$747	\$781
(7) Delinquency Fee	\$172	\$180
(8) Duplicate License Fee	\$96	\$100
(9) Provisional License Fee	\$959	\$1,002
(10) Endorsement of Credential Verification Fee	\$96	\$100
(11) Preceptor Certification Fee (Biennial)	\$230	\$240
(12) Continuing Education Provider Fee (Biennial)	\$556	\$581
(13) Continuing Education Course Fee (Biennial)	\$58	\$61

Data Source: 2023-24 Nursing Home Administrator (NHAP) program fee

CHCQ Initiatives and Next Steps

Over the next year, CHCQ will continue efforts to improve performance through increased efficiencies and look for opportunities to refine the rate setting process and better align revenue sources with workload drivers.

First and foremost, CHCQ will continue implementing initiatives to increase efficiencies that will help to control cost growth in the long term. These initiatives include:

- Expanding the use of technology to standardize work and increase efficiencies:
 - CAB launched the Online Application for General Acute Care Hospital (GACH)/ Acute Psychiatric Hospital (APH) providers, transitioning to a paperless process. The online process has reduced processing times.
 - CHCQ is exploring technological solutions to improve customer service and reduce application review times. As part of that effort, CAB is currently working on the CAB Online Application Project to implement online applications for all facility types.
- LEAN/Process Improvement
 - Telework: During COVID, both field and Headquarters-based staff that conduct facility field work have converted to telework and are working from their homes as a home base. This has greatly reduced travel costs, and increased productivity as some units have converted 100% to electronic submittal and review of documents.
 - CAB has streamlined the paper application review process by reducing the timeframe in which applicants and CAB analysts must make corrections on submitted applications.
 - CHCQ is exploring using a broader set of classifications to conduct portions of survey work that does not require a Registered Nurse (RN) license. This effort reduces the costs to conduct survey activities and frees up HFENs to conduct more surveys per year.
 - As of January 3, 2022, CHCQ has reduced its baseline complaint & Facility Reported Incidents (FRI) backlog by 88.6% and its net backlog by 10,370. CHCQ accomplished this by developing LEAN process maps to bundle investigations and streamline efforts to close older intakes. CHCQ plans to maintain the success achieved so far and remains focused on resolving existing complaint and entity reported backlog. CHCQ has redirected resources to address these open complaints with the goal of eliminating the backlog by July 11, 2024.
- CAB finalized efforts to consolidate all district office licensing approvals within one branch. This process has significantly improved provider experiences with securing and making updates to existing licenses and has provided consistency

in decisions that were lacking when individual offices were charged with licensing processes.

- Significantly improved processing time for resolving all licensing applications. In 2018, the average number of days to complete an application was 120 days. As of 2021, the average day for completing applications is 40 days: a 63% reduction in processing these applications.
- CHCQ has also launched the Risk and Safety Solutions (RSS) online survey/investigation tool to eliminate the need for surveyors to conduct Complaint & FRI investigations on paper.
 - Streamlined the surveyor's off-site writing process, the supervisory review process, and data entry, eliminating hand-written reports and using robotic process automation to eliminate duplicate data entry into multiple systems.
 - Enabled District Offices to send survey/investigation results to facilities instantly and review Plans of Correction (POC) electronically, eliminating mail delays and facilitating surveyor, supervisor, and support staff telework
 - Facilities can log in, review and open or past survey/inspection results and submit POC's online.
 - Eliminated the need for paper filing.
- CHCQ is also using RSS to centralize and have a paperless process review/approval of facility Program Flex waivers, Patient Needs Waivers and Workforce Staffing waivers
 - Frees up field staff to perform other work and allows facilities to electronically submit program flexes, log in and view records of past waivers, see status of current ones.

As the widening federal funding gap continues to be a significant driver of increased licensing fees, CHCQ will continue to refine its cost estimate for federally mandated workload. This will include collaboration with CMS to better understand how states' funding needs are evaluated and how California's workload performance measures compare to that of other states. The goal is to develop a model that both CHCQ and CMS agree accurately reflects California's actual costs of implementing CMS requirements. This will strengthen California's position to receive additional and federal funding should it become available.

As described above, CHCQ will engage in an analysis to determine how to align the workload drivers within the CAB unit with revenue sources. This will likely result in increased application fees for many change request applications that were previously charged no fee or were assessed a nominal fee of \$25 but may also result in decreases for some application types. Ultimately, the goal is to bring in sufficient revenue to cover all CAB workload, and the associated district office workload, for all

change applications, thereby eliminating the current annual licensing fee subsidization of these costs.

To avoid future dramatic swings in the annual licensing fee and allow for a comprehensive and clear accountability of expenditures, CHCQ will revise its rate setting methodology to account for realistic anticipated costs, rather than budgeted levels. This will primarily involve projecting an estimate for salary savings for the upcoming fiscal years based on current vacancy rates and reasonable assumptions for how quickly those vacancies can be filled.

Staffing and Systems Analysis

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

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

Attachment 1: The State Workload Percentages 2023-24 shows the distribution of state workload activities by facility type.

The following tables depict information from 2021-22, which represents the last full fiscal year for which CHCQ has data.

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

Pursuant to HSC section 1266(e)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel devoted to licensing and certification activities for all health care facility types. CHCQ assigned 64.5 percent of the authorized positions to field offices and 35.5 percent to other branches in headquarters.

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

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

Table 5: Surveys and Follow-up Visits Performed

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

Table 6: Number of Complaint Investigations by Facility Type

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

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

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

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

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

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

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

Table 9: Deficiencies by Facility Type

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

Table 10: State Civil Monetary Penalties Issued by Facility Type

Table 10 shows the total monetary amount of penalties issued.

Table 11: Detailed Adverse Event Report Category and Type

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

Table 12: Adverse Event Timeliness Report

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

Table 13: Surveyor Training Provided in 2021-22

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

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

Number of Authorized Personnel for Licensing and Certification of Health Care Facilities

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)

Personnel Types	Field Office Positions	Field Office % to Total L&C	Headquarter Positions	Headquarter % to Total L&C	Total L&C Positions	Total L&C % to Total L&C	Los Angeles County Contract Positions	Los Angeles County Contract % to Total LAC Contract Positions
Surveyors and Consultants	653 ¹	42.71%	-	0.00%	653	42.71%	333	67.82%
Managers/Supervisors & Support Staff	333 ²	21.78%	543 ²	35.51%	876	57.29%	158	32.18%
Total	986	64.49%	543	35.51%	1529	100.00%	491	100.00%

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

Personnel in the Field Offices and Los Angeles County Contract

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

¹ Classifications include: Health Facilities Evaluator Nurse, Associate Governmental Program Analyst, Special Investigators, and Consultants

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

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

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)

	Facility Type	Total Survey Hours*	Percentage to Total Hours
1	Acute Psychiatric Hospital	12,085	1.17%
2	Adult Day Health Centers	1,860	0.18%
3	Alternative Care Site	0	0.00%
4	Chemical Dependency Recovery Hospital	98	0.01%
5	Chronic Dialysis Clinic / End Stage Renal Disease	4,315	0.42%
6	Community Clinic / Rural Health Clinic/Community Mental Health Center	2,628	0.25%
7	Congregate Living Health Facility	9,626	0.93%
8	Correctional Treatment Center	8,634	0.83%
9	General Acute Care Hospital	116,766	11.27%
10	Home Health Agencies	18,465	1.78%
11	Hospice	15,604	1.51%
12	Hospice Facility	123	0.01%
13	Intermediate Care Facilities	13,072	1.26%
14	Intermediate Care Facilities DD/H/N/IID	73,726	7.12%
15	Pediatric Day Health or Respite Care	128	0.01%
16	Psychiatric Health Facility	12	0.00%
17	Psychology Clinic	52	0.00%
18	Rehab Clinic/CORF/OPT/SP	1,587	0.15%
19	Skilled Nursing Facilities	754,977	72.87%
20	Surgical Clinic / Ambulatory Surgical Center	2,206	0.21%
21	Unlicensed and Not Certified Facility	125	0.01%
	Total	1,036,087	100.00%

* Includes activities started on or after 07-01-2021 and exited on or before 06-30-2022. Total workload survey hours represents the number of direct survey hours, facility and pure administration hours.

Data Source: 2021-22 Standard Average Hours Report (SAH)

Table 5: Surveys and Follow-up Visits Performed

Surveys and Follow-up Visits Performed
 Health and Safety Code section 1266(e)(2)(B)(iii)
 SFY 2021-22 (July 1, 2021 - June 30, 2022)

	Facility Type	Licensing Survey Initial	Licensing Survey Re-Licensure	Certification Survey Initial	Certification Survey Re-Certification	Follow-Up & Revisits
1	Acute Psychiatric Hospital	2	1	1	1	2
2	Adult Day Health Care	1	12	12	-	-
3	Chronic Dialysis Clinic	-	18	18	22	16
4	Congregate Living Health Facility	28	15	15	-	31
5	Correctional Treatment Center	10	-	-	-	13
6	General Acute Care Hospital	22	32	32	4	4
7	Home Health Agency	1	9	9	-	9
8	Hospice	10	22	22	36	25
9	Hospice Facility	-	1	1	-	-
10	Intermediate Care Facility	4	-	-	-	7
11	Intermediate Care Facility-DD/H/N/CN/IID	4	11	11	468	468
12	Pediatric Day Health & Respite Care Facility	-	2	2	-	1
13	Primary Care Clinic	2	20	20	-	-
14	Psychology Clinic	-	2	2	-	-
15	Rehabilitation Clinic	-	-	-	2	1
16	Portable X-Ray	-	-	-	2	-
17	Skilled Nursing Facility	20	4	4	517	671
18	Surgical Clinic	-	3	3	3	2
19	Organ	-	-	-	4	-
	Totals	104	152	152	1,059	1,250
	Long-term Care Totals	56	32	32	985	1,178
	Non-long-term Care Totals	48	120	120	74	72

Data Source: ASPEN Database

Table 6: Number of Complaint Investigations by Facility Type

Number of Complaint Investigations by Facility Type

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)

Facility Type	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC-2 days NLTC) Percent Initiated Timely	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Number Received	Non-Immediate Jeopardy (Non-IJ) ** (10 working days) Percent Initiated Timely
Long-Term Care							
Congregated Living Health Facility	288	271	17	138	99%	145	88%
Intermediate Care Facility	786	905	-119	8	100%	744	97%
Intermediate Care Facility-DD/H/N/CN/IID	358	411	-53	71	96%	276	87%
Pediatric Care Health and Respite Care Facility	4	3	1	0	N/A	4	75%
Skilled Nursing Facility	11,271	12,181	-910	1,991	96%	9,000	86%
Total Long-Term Care Total	12,707	13,771	-1,064	2,208	96%	10,169	86%
Non-Long Term Care							
Acute Psychiatric Hospital	470	617	-147	86	95%		
Adult Day Health Care	38	35	3	0	N/A		
Chemical Dependency Recovery Hospital	3	5	-2	1	100%		
Chronic Dialysis Clinic	190	229	-39	22	100%		
Correctional Treatment Center	35	49	-14	0	N/A		
General Acute Care Hospital	6,130	7,647	-1,517	652	96%		
Home Health Agency	268	140	128	54	94%		
Hospice	370	273	97	67	94%		
Hospice Facility	3	4	-1	0	N/A		
Primary Care Clinic	197	240	-43	2	100%		
Psychology Clinic	1	1	0	0	N/A		
Rehabilitation Clinic	1	2	-1	0	N/A		
Surgical Clinic	59	60	-1	3	100%		
Non-Long Term Care Total	7,765	9,302	-1,537	887	95%		
Total	20,472	23,073	-2,601	3,095	96%		

Table 6: Number of Complaint Investigations by Facility Type (cont'd)

Number of Complaint Investigations by Facility Type

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)

Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
Long-Term Care										
Congregated Living Health Facility	83	109	59	5	13	6	71%	6%	16%	7%
Intermediate Care Facility	228	66	164	58	5	1	72%	25%	2%	0%
Intermediate Care Facility-DD/H/N/CN/IID	159	368	45	21	43	50	28%	13%	27%	31%
Pediatric Care Health and Respite Care Facility	2	67	2	-	-	-	100%	0%	0%	0%
Skilled Nursing Facility	4,464	391	1,918	727	754	1,065	43%	16%	17%	24%
Long-Term Care Total	4,936	370	2,188	811	815	1,122	44%	16%	17%	23%
Non-Long Term Care										
Acute Psychiatric Hospital	321	554	82	37	64	138	26%	12%	20%	43%
Adult Day Health Care	14	447	3	3	1	7	21%	21%	7%	50%
Chemical Dependency Recovery Hospital	1	118	-	1	-	-	0%	100%	0%	0%
Chronic Dialysis Clinic	180	1,109	42	16	19	103	23%	9%	11%	57%
Correctional Treatment Center	17	298	5	6	2	4	29%	35%	12%	24%
General Acute Care Hospital	4,516	587	1,030	579	852	2,055	23%	13%	19%	46%
Home Health Agency	353	350	61	74	108	110	17%	21%	31%	31%
Hospice	247	227	62	48	107	30	25%	19%	43%	12%
Hospice Facility	2	172	1	-	1	-	50%	0%	50%	0%
Primary Care Clinic	198	786	48	12	18	120	24%	6%	9%	61%
Psychology Clinic	2	2,017	-	-	-	2	0%	0%	0%	100%
Rehabilitation Clinic	2	1,632	1	-	-	1	50%	0%	0%	50%
Surgical Clinic	53	446	18	4	10	21	34%	8%	19%	40%
Non-Long Term Care Total	5,906	577	1,353	780	1,182	2,591	23%	13%	20%	44%
Total	10,842	483	3,541	1,591	1,997	3,713	33%	15%	18%	34%

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

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

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

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

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)

Facility Category	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Number Received	Immediate Jeopardy (IJ)* (24 hours LTC - 2 days NLTC) Percent Initiated Timely
Long-Term Care					
Congregated Living Health Facility	73	69	4	16	94%
Intermediate Care Facility	476	702	-226	0	N/A
Intermediate Care Facility-DD/H/N/CN/IID	3,589	3,812	-223	72	94%
Pediatric Care Health and Respite Care Facility	4	4	0	0	N/A
Skilled Nursing Facility	12,406	14,026	-1,620	1,324	95%
Long-Term Care Total	16,548	18,613	-2,065	1,412	95%
Non-Long Term Care					
Acute Psychiatric Hospital	557	718	-161	48	96%
Adult Day Health Care	161	133	28	2	100%
Chemical Dependency Recovery Hospital	10	12	-2	1	100%
Chronic Dialysis Clinic	108	106	2	50	96%
Correctional Treatment Center	1,041	1,771	-730	0	N/A
General Acute Care Hospital	5,556	6,857	-1,301	501	95%
Home Health Agency	48	19	29	9	89%
Hospice	72	70	2	12	92%
Organ	0	0	0	0	N/A
Primary Care Clinic	300	289	11	1	100%
Psychology Clinic	0	0	0	0	N/A
Rehabilitation Clinic	0	0	0	0	N/A
Surgical Clinic	13	8	5	1	100%
Non-Long Term Care Total	7,866	9,983	-2,117	625	95%
Total	24,414	28,596	-4,182	2,037	95%

Table 7: Number of Facility-Reported Incident Investigations by Facility Type (cont'd)

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

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

SFY 2021-22 (July 1, 2021 - June 30, 2022)


Facility Type	Total Open	Average Days Open	Number Open ≤90 Days	Number Open 91-180 Days	Number Open 181-365 Days	Number Open >365 Days	Percent Open ≤90 Days	Percent Open 91-180 Days	Percent Open 181-365 Days	Percent Open >365 Days
Long-Term Care										
Congregated Living Health Facility	18	140	7	4	6	1	39%	22%	33%	6%
Intermediate Care Facility	217	352	76	25	27	89	35%	12%	12%	41%
Intermediate Care Facility-DD/H/N/CN/IID	1,052	328	412	199	125	316	39%	19%	12%	30%
Pediatric Care Health and Respite Care Facility	4	195	1	2	0	1	25%	50%	0%	25%
Skilled Nursing Facility	5,458	309	2,003	1,018	1,084	1,353	37%	19%	20%	25%
Long-Term Care Total	6,749	313	2,499	1,248	1,242	1,760	37%	18%	18%	26%
Non-Long Term Care										
Acute Psychiatric Hospital	232	450	84	32	28	88	36%	14%	12%	38%
Adult Day Health Care	184	844	47	11	2	124	26%	6%	1%	67%
Chemical Dependency Recovery Hospital	9	236	3	3	1	2	33%	33%	11%	22%
Chronic Dialysis Clinic	69	794	19	8	4	38	28%	12%	6%	55%
Correctional Treatment Center	293	221	162	35	26	70	55%	12%	9%	24%
General Acute Care Hospital	6,755	652	930	767	1,104	3,954	14%	11%	16%	59%
Home Health Agency	90	726	14	12	13	51	16%	13%	14%	57%
Hospice	67	602	15	7	9	36	22%	10%	13%	54%
Organ	1	3,863	0	0	0	1	0%	0%	0%	100%
Primary Care Clinic	341	728	32	18	54	237	9%	5%	16%	70%
Psychology Clinic	1	1,753	0	0	0	1	0%	0%	0%	100%
Rehabilitation Clinic	1	827	0	0	0	1	0%	0%	0%	100%
Surgical Clinic	13	548	3	2	3	5	23%	15%	23%	38%
Non-Long Term Care Total	8,056	640	1,309	895	1,244	4,608	16%	11%	15%	57%
Total	14,805	491	3,808	2,143	2,486	6,368	26%	14%	17%	43%

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

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

Data on Citations, Administrative Penalties & Enforcement Penalties
Health & Safety Code section 1266(d)(2)(B)(v)(vi)
SFY 2021-22 (July 1, 2021 - June 30, 2022)

Facility Category	Citations Issued AA (HSC 1424)	Citations Issued A (HSC 1424)	Citations Issued B (HSC 1424)	Citations Issued WMF (HSC 1424)	Citations Issued WMO (HSC 1424)	Citations Issued RD (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties – Immediate Jeopardy (HSC 1280.3)	Administrative Penalties -Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital									2			
Adult Day Health Care												
Alternative Birthing Center												
Chemical Dependency Recovery Hospital												
Chronic Dialysis Clinic												
Community Clinic												
Congregate Living Health Facility		11	29									
Correctional Treatment Center												
General Acute Care Hospital								20	20	71	10	4
Home Health Agency												
Hospice												
Hospice Facility												
Intermediate Care Facility			1									
Intermediate Care Facility/Developmentally Disabled	1	1	25									
Intermediate Care Facility/Developmentally Disabled – Habilitative												
Intermediate Care Facility/Developmentally Disabled – Nursing												
Pediatric Day Health & Respite Care Facility			1									
Psychology Clinic												
Referral Agency												
Rehabilitation Clinic												
Skilled Nursing Facility	17	122	437	3			218				1	
Surgical Clinic												
Primary Care Clinic											1	
Total	18	134	493	3	0	0	218	20	22	71	12	4

 Facilities with statutorily mandated enforcement action.

Citation Appeals Statewide
Health and Safety Code section 1266(e)(2)(B)(vi)
SFY 2021-22 (July 1, 2021 - June 30, 2022)

Appeal Received Type	Collection	Decision	Event	Total
Appeal Received/Postmark>ALJ	0	0	72	72
Appeal Received/Postmark>BA	0	0	4	4
Appeal Received/Postmark>Court	0	0	66	66
Total	0	0	142	142

Data Source: ELMS Database

Table 9: Deficiencies by Facility Type

Deficiencies by Facility Type
Health and Safety Code section 1266(e)(2)(B)(iv)
SFY 2021-22 (July 1, 2021-June 30, 2022)

Facility Type	Deficiencies Issued
Acute Psychiatric Hospital	178
Adult Day Health Care	9
Alternative Birthing Center	0
Chemical Dependency Recovery Hospital	7
Chronic Dialysis Clinic	136
Congregate Living Health Facility	496
Correctional Treatment Center	204
General Acute Care Hospital	1,934
Home Health Agency	124
Hospice	589
Hospice Facility	0
Intermediate Care Facility	69
Intermediate Care Facility-DD/H/N/CN/IID	3,409
Pediatric Day Health & Respite Care Facility	6
Primary Care Clinic	108
Psychology Clinic	14
Rehabilitation Clinic	73
Skilled Nursing Facility	13,588
Surgical Clinic	50
Total	20,994
Long-term Care Totals	17,568
Non-long-term Care Totals	3,426

Data Source: ASPEN Database

Table 10: State Civil Monetary Penalties Issued by Facility Type

State Civil Monetary Penalties Issued by Facility Type
 Health and Safety Code section 1266(e)(2)(B)(v)(vi)
 SFY 2021-22 (July 1, 2021 - June 30, 2022)

Facility Type	Citations (HSC 1424)	3.2 NHPPD Administrative Penalties (HSC 1276.5)	Administrative Penalties - Immediate Jeopardy (HSC 1280.3)	Administrative Penalties - Non-Immediate Jeopardy (HSC 1280.3)	Failure to Report Penalties Adverse Events (HSC 1280.4)	Medical Breaches Administrative Penalties (HSC 1280.15)	Medical Breaches Failure to Report Penalties (HSC 1280.15)
Acute Psychiatric Hospital				\$20,000			
Adult Day Health Care							
Alternative Birthing Center							
Chemical Dependency Recovery Hospital							
Chronic Dialysis Clinic							
Community Clinic						\$15,000	
Congregate Living Health Facility	\$137,000						
Correctional Treatment Center							
General Acute Care Hospital			\$1,529,880	\$220,723	\$250,600	\$155,000	\$9,000
Home Health Agency							
Hospice							
Hospice Facility							
Intermediate Care Facility	\$2,000						
Intermediate Care Facility/Developmentally Disabled	\$4,000						
Intermediate Care Facility/Developmentally Disabled – Habilitative	\$25,000						
Intermediate Care Facility/Developmentally Disabled – Nursing	\$35,000						
Pediatric Day Health & Respite Care Facility	\$1,000						
Psychology Clinic							
Referral Agency							
Rehabilitation Clinic							
Skilled Nursing Facility	\$4,775,100	\$3,945,000				\$250,000	
Surgical Clinic							
Total	\$4,979,100	\$3,945,000	\$1,529,880	\$240,723	\$250,600	\$420,000	\$9,000

Facilities with statutorily mandated enforcement action.

Data Source: ELMS Database

Table 11: Detailed Adverse Event Report Category and Type

Detailed Adverse Event Report Category and Type
 Health and Safety Code section 1279.1
 SFY 2021-22 (July 1, 2021-June 30, 2022)

Adverse Event by Category and Type	
01 - Surgical Events	405
01: Surgery Performed on a Wrong Body Part, Inconsistent with Informed Consent	35
02: Surgery Performed on the Wrong Patient	3
03: Wrong Surgical Procedure Performed, Inconsistent with the Informed Consent	19
04: Retention of a Foreign Object After Surgery/Procedure	334
05: Death During or up to 24 Hours After Induction of Anesthesia After Surgery	14
02 - Product or Device Events	6
06: Death/Serious Disability Associated with the Use of a Contaminated Drug, Device, or Biologic	0
07: Death/Serious Disability Associated with the Use of Device Other Than as Intended	4
08: Death/Serious Disability Associated with Intravascular Air Embolism	2
03 - Patient Protection Events	13
09: Infant Discharged to the Wrong Person	1
10: Death/Serious Disability Associated with Patient Disappearance for More Than Four Hours	3
11: Patient Suicide or Attempted Suicide Resulting in Serious Disability After Admission	9
04 - Care Management Events	1,778
12: Death/Serious Disability Associated with a Medication Error	11
13: Death/Serious Disability Associated with the Administration of Abo-Incompatible Blood or Blood Products	0
14: Maternal Death/Serious Disability Associated with Labor/Delivery/Within 42 Days Post-Delivery	6
15: Death/Serious Disability Directly Related to Hypoglycemia	2
16: Death/Serious Disability Associated with Failure to Identify/Treat Hyperbilirubinemia	0
17: Stage 3 or 4 Pressure Ulcer, Acquired After Admission, Excluding Stage 2 Ulcers Recognized upon Admission	1,758
18: Death/Serious Disability Due to Spinal Manipulative Therapy	1
05 - Environmental Events	39
19: Death/Serious Disability Associated with an Electric Shock	0
20: Oxygen or Other Gas Line Contains Wrong Gas or Is Contaminated by a Toxic Substance	0
21: Death/Serious Disability Associated with a Burn	5
22: Patient Death Associated with a Fall	29
23: Death/Serious Disability Associated with Use of Restraints/Bedrails	5
06 - Criminal Events	25
24: Care Ordered by or Provided by Impersonating a Licensed Provider	4
25: Abduction of a Patient of Any Age	1
26: Sexual Assault on a Patient Within or on the Grounds of a Health Facility	17
27: Death/Significant Injury of a Patient or Staff from a Physical Assault	3
07 - Other	93
28: Adverse event or series of adverse events	93
Total	2,359

Data Source: ASPEN Database

Table 12: Adverse Event Timeliness Report

Adverse Event Timeliness Report
 Health and Safety Code section 1279.2
 SFY 2021-22 (July 1, 2021-June 30, 2022)

Adverse Event Category	Total AEs	Immediate Jeopardy ¹ Number Required Investigation Within 2 Days	Immediate Jeopardy ¹ Number Initiated Within 2 Days	Immediate Jeopardy ¹ Number Completed Within 45 Days	Non-Immediate Jeopardy ² Number Non-Immediate Jeopardy Adverse Events	Non-Immediate Jeopardy ² Number Completed Within 45 Days
Surgical Events	405	8	7	4	397	70
Product or Device Events	6	1	1	0	5	1
Patient Protection Events	13	2	2	0	11	1
Care Management Events	1,778	4	2	2	1,774	251
Environmental Events	39	5	5	2	34	6
Criminal Events	25	3	2	1	22	9
Other	93	5	3	1	88	13
Total	2,359	28	22	10	2,331	351

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

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

Data Source: ASPEN Database

Table 13: Surveyor Training Provided

Surveyor Training Provided
Health and Safety Code section 1266 (e)(2)(B)(vi)
SFY 2021-22 (July 1, 2021-June 30, 2022)

Activity Name	Types of Training	Attendees
42 CFR (various sections)	Federal	99
Acts - Definition of Input Dates 11.17.16	State	7
Administrative Penalties (AP/IJ& Non IJ) Supervisor Academy 2022 – Relaunch	Federal	5
Advanced LSC: Building Construction Systems	Federal	7
Adverse Events/Sub-Categories	State	10
Alzheimer's and Related Dementia (Parts I & II)	Federal	283
Ambulatory Surgical Center (ASC) Basic Training	Federal	14
Antibiotic Stewardship Program for Nursing Home Providers	Federal	174
AO Referrals 06/29/17	Federal	9
Appendix (AA,A,B,C,E,G,H,J,L,M,N,PP,Q,R,W,Y,Z)	Federal	1230
Assessing Endoscope Reprocessing Compliance Webinar	Federal	131
Automated Survey Process Environment (ASPEN) Overview	Federal	302
Basic ACO - Exercise (1,2,3,4,5,6)	State	30
Basic Health Facility Surveyor (BHFS)—Introduction to Surveying for Long Term Care (LTC)	Federal	161
Basic Life Safety Code (BLSC) Training / The Survey Process	Federal	13
Basic Medications in Nursing Homes	Federal	152
Basic Writing Skills for Survey Staff	Federal	200
Beneficiary Notice LTCSP Refresher	Federal	194
Burnout: Surveyors	Federal	135
CAB Licensing Process - Supervisor Academy 2022 - Relaunch	State	5
CBTs (Formerly ASPEN and The Long Term Care Survey Process)	Federal	243
CDPH CHCQ Paperless Process	State	52
Chapter (1-7 & 10)	Federal	1135
CHCQ Training Supervisor Academy 2022 - Virtual	Federal	75
Citation & Penalties SNF 4.15.20 SEQIS	Federal	121
CLIA Orientation Training	Federal	5
CMS Aspen (Aug 2021)	Federal	78
CMS Enforcement Overview - Supervisor Academy 2022 - Relaunch	Federal	5
CMS Immediate Jeopardy (IJ) All Facilities	Federal	646
CMS Intake Prioritization & Immediate Jeopardy (IJ) - Supervisor Academy 2022	Federal	8
CMS intake Prioritization Timeline-Complaints & FRIs (CAPS)	Federal	11
CMS Legionella and Other Waterborne Pathogens Webinar - Archived	Federal	39
CMS Long Term Care Journal Volume (I & II)	Federal	237
CMS Phase I New Regulatory Section Changes	Federal	8
CMS Prioritization Workshop	Federal	24
CMS State RAI Coordinator FAQ Training	Federal	123
CMS Survey & Certification: Voluntary Terminations	Federal	3
CMS: Complaint & Incident Management Intake & Triage	Federal	6

Activity Name	Types of Training	Attendees
CMS: Immediate Jeopardy (IJ) Analysis & Determination	Federal	9
CMS: Infection Control Tools & IC Survey (CAPS)	Federal	17
CMS: Survey Process, Infection Control Tool & Complaint Mgmt	Federal	13
CMS-Abuse & Neglect (CAP)	Federal	21
Community Mental Health Centers Basic Training	Federal	4
Complaint & Incident Intake for Long Term Care	Federal	103
Complaint and Incident Intake and Triage	Federal	118
Complaint and Incident Intake Triage Overview	Federal	42
Complaint Tracker - Supervisor Academy 2022 - Relaunch	Federal	5
Complaint/FRI (Abb. Standard Survey)	Federal	120
Compliance with Liability Notices and Beneficiary Appeal Rights	Federal	131
CoP & Standards Training	Federal	600
COVID-19 Focused (F.I.C.) Survey for NH	Federal	136
COVID-19 LTC-Surveyor Training	Federal	132
COVID-19 NON-LTC-Surveyor Training	Federal	67
COVID-19 Surveyor Training for LTC related to Staff and Resident Testing	Federal	186
Critical Access Hospital Basic Training	Federal	17
Critical Access Hospital Standard Operating Procedure Training	Federal	6
Data Analytics Pulling it All Together	State	6
Definition of Adverse Events & Case Studies	State	5
Dementia in the LTC and HHA Settings	Federal	53
Disability Management Unit (DMU) Supervisor Academy 2022 – Relaunch	State	4
Editing Legal Writing - Supervisor Academy	State	4
Elder Abuse	State	99
Electronic Code of Federal Regulations Simulation (Demonstration)	Federal	212
Electronic Licensing Management System	State	2
Emergency Preparedness Basic Training	Federal	110
Emergency Preparedness: Provider Readiness	Federal	310
EMTALA Basic Training	Federal	18
End Stage Renal Disease Basic Core Survey Training	Federal	15
Enforcement Specialist	Federal	68
Exit Conference in the LTCSP Refresher	Federal	167
Facility Entrance Preparation in the LTCSP	Federal	180
Facility Staff Vaccination Requirements (F888)	Federal	853
Fall Prevention	Federal	126
Field Operations Annual Competency Training 2022	Federal	795
Fire Safety Evaluation System (FSES) for Residential Board and Care Occupancies (RBCO) Online Training	Federal	11
Fire Safety Evaluation System/Health Care Training	Federal	11
Foundational Investigative Skills	Federal	212
Fundamentals of Patient Safety in Hospitals	Federal	20
GACH General Acute Care Hospital Relicensing Survey Hospital Training	Federal	5

Activity Name	Types of Training	Attendees
GACH Infection Control Worksheets	State	12
GACH Licensing Survey	State	7
GACH Phase 1 & 2	State	10
GACHRLS Updates 03/27/17– Retired	State	6
GACHRLS, Pharmaceutical, Dietetic Services Licensing	Federal	289
HAI Prevention: What Really Works	Federal	11
HAI Training (Modules 1 CDC & 2 & 3) & CDC Covid 19 training	Federal	97
Health Facility Evaluator Nurse Processes	State	7
HFEN Recruitment Resource Section Training	State	43
HMS AEM In-Service for HFE II Supervisors June 2022	Federal	2
HMS Complaint/FRI Intake in Service Training	Federal	112
HMS Enforcement Training April 2, 2022	Federal	83
Home Health Agency (HHA) Licensing	State	255
Home Health Agency Basic Training	Federal	39
Hospice Basic Training	Federal	27
Hospice Quality Assurance and Performance Improvement (Part I & II)	Federal	26
Hospice Stakeholders Engagement Series - Archive	Federal	11
Hospital Basic Training (Part 1 and II)	Federal	65
Hospital Immediate Jeopardy	Federal	45
How to Write State Citations - Supervisor Academy 2022 - Relaunch	State	5
Hydration Refresher	State	26
ICF for Individuals with Intellectual Disabilities (Basic, Tag W120, W159, W249)	Federal	82
ICF/IID (Guidance, Probes and IG's)	Federal	14
Immediate Jeopardy Basic Training	Federal	416
Implicit Bias: The Impact of Unconscious Bias in Healthcare	State	131
Infection Control Tool & Infection Control Survey (CAP)	Federal	9
Initial Kitchen Tour, Dining Observation, Meal Prep & Cooling LTCSP Refresh	Federal	224
Initial Pool Refresher in the LTCSP	Federal	185
Intermediate Care Facilities (ICF) Licensing	Federal	244
Intermediate Care Facilities for Individuals with Intellectual Disabilities Basic Training	Federal	36
Interviewing and Investigative Techniques	Federal	243
Introduction to ACT Windows	State	6
Introduction to Surveying for Continuing and Acute Care Providers	Federal	92
iQIES - Life Safety Code	Federal	11
iQIES - Manage a Provider	Federal	37
iQIES - Manage a Survey	Federal	31
iQIES - Manage an Enforcement	Federal	21
iQIES - Manage an Intake	Federal	28
iQIES - S&C New User Orientation	Federal	52
iQIES - Survey and Certification Reports	Federal	24
IQIES ACS/HHA Intake Training (ST22D5)	Federal	44
IQIES ASC Go-Live Training 2022	Federal	80

Activity Name	Types of Training	Attendees
IQIES ASC Go-Live Training 2022 ST22D4	Federal	54
IQIES: HHA-Intake Workflow Training	Federal	102
iQIES-Go Live	Federal	149
It's Not Just Weight Loss	State	2
Kitchen Staff Competency, Food & Nutrition Leadership & DSS Qualifications	Federal	234
Licensing Facilities: Abuse – Relaunch	Federal	25
Licensing Facilities: Clinic Licensing – Relaunch	Federal	11
Licensing Facilities: CMS Immediate Jeopardy (IJ) All Facility Types – Relaunch	Federal	32
Licensing Facilities: Congregate Living Health Facility (CLHF) – Relaunch	Federal	21
Licensing Facilities: EMTALA – Relaunch	Federal	19
Licensing Facilities: Home Health Agency (HHA) Licensing – Relaunch	Federal	25
Licensing Facilities: Hospice Licensing – Relaunch	Federal	21
Licensing Facilities: Intermediate Care Facilities ICF/IID Licensing – Relaunch	Federal	12
Licensing Facilities: Licensing Health Facilities – Relaunch	Federal	30
Licensing Facilities: Medical Records – Relaunch	Federal	24
Licensing Facilities: Opportunities & Challenges Oct. 2021 – Virtual	Federal	684
Licensing Facilities: Skilled Nursing Facilities (SNF) Consent & Camera Bedroom – Relaunch	Federal	25
Licensing Facilities: SNF-Licensing – Relaunch	Federal	18
Life Safety Code Transition Course	Federal	5
Long Term Care (LTC) Survey Process SME Videos	Federal	250
Long Term Care Basic Training	Federal	124
LTC Survey Process - Resident Screening and Interview Process	Federal	333
LTC Survey Process - Survey Outcome and Activity Reports (SOAR)	Federal	67
LTC Survey Process (LTCSP) Review Training	Federal	270
LTC Survey Process (LTCSP) Training Summer 2017	Federal	117
LTC Survey Process- Understanding the Survey Outcome Activity Report (SOAR)	Federal	139
LTCSP - 11.2, 11.4 & 11.7, Software and Other Updates	Federal	386
Mandatory Task: Infection Control	Federal	152
MDS 3.0 Updates	State	9
Medication Administration in the LTCSP Refresher	Federal	196
Medication Storage & Labeling in the LTCSP Refresher	Federal	164
Mental Illness in Nursing Homes	Federal	141
Microsoft Surface Training	State	39
Mock Survey Wrap-Up	State	9
National Fire Protection Association (NFPA) 99 Health Care Facilities Code Training	Federal	7
National Fire Protection Association (NFPA) Pro Board-recognized Certified Fire Inspector-I	Federal	3
Navigating ASPEN Enforcement Manager AEM	Federal	23
Navigating the LTCSP	Federal	207
New LTC Survey Process	State	12

Activity Name	Types of Training	Attendees
New Surveyor Academies (4 weeks) - 23-28	Federal	152
New Surveyor Mock Med Pass 2021	Federal	35
NLTC Regulatory Updates 2019	Federal	337
Nutrition & Weight Loss in the LTCSP Refresher	Federal	227
Offsite Preparation In the LTCSP	Federal	190
On-the-job observation with preceptor (ASC, CAH, EMTALA, ESRD, Hospital, ICF/IID, LTC, LSC)	Federal	303
Orientation to Life Safety Code	Federal	11
Outpatient Physical Therapy/Outpatient Speech Language Pathology Services Basic Training	Federal	3
Overview of Anti-Psychotic Medication Use in Nursing Homes	Federal	107
Overview of Revised Abbreviated Standard Survey-Fed. Complaint Process	Federal	17
Overview of the New Hospice Conditions of Participation (Subpart C&D)	Federal	29
Pain Management	Federal	134
Performance Management & Performance - Supervisor Academy 2022 – Relaunch	State	4
Physical Restraint Use in Nursing Homes (The Exception Not the Rule Part I, II & III)	Federal	368
POI-POD Training	State	125
Post Survey Cont. CMS670 in the LTCSP Refresher	Federal	591
Post Survey in the LTCSP Refresher	Federal	201
Potential Citation in the LTCSP Refresher	Federal	167
Principles of Documentation - Exhibit 7A	Federal	195
Principles of Documentation for (LTC and Non LTC)	Federal	313
Principles of Documentation for Life Safety Code	Federal	14
Psychiatric Hospital Basic Training	Federal	21
QAA/QAPI - End Survey in the LTCSP Refresher	Federal	158
QI Active Voice in Deficiency Writing	Federal	127
QSOG Navigation Simulation	Federal	214
Quality State Performance Standards	State	9
Read ASPEN Complaints/Incidents Tracking System (ACTS) Procedures Guide	Federal	12
Read ESRD statute at §1881 of the SS Act (42 CFR 494.1 - 42 CFR 494.180)	Federal	27
Read Hospice COP 42 CFR 418 & OPT/OSP Regulations 42 CFR 485.701-729	Federal	49
Recruitment Outreach & Onboarding (ROOU) Supervisor Academy 2022 – Relaunch	State	4
Report of Hospital Death Associated With the Use of Restraint or Seclusion: Form CMS-10455	Federal	46
Reports of Mycobacterium Chimaera Infections	State	17
Resident Council in the LTCSP Refresher	Federal	159
Resident to Resident Abuse Altercation Training (CAP)	Federal	67
Resources Management – Relaunch	Federal	5
Review 42 CFR Part 485 Medicare Program: COP for Community Mental Health Centers	Federal	11
RSS All Staff Webinars 2020-21	Federal	30

Activity Name	Types of Training	Attendees
RSS Complaint - FRI Training	Federal	1005
RSS Live Q & A	Federal	876
Rural Health Clinic/Federally Qualified Health Center Basic Training	Federal	8
Sample Selection Refresher in the LTCSP	Federal	165
SB 361 Updated: License Only	State	4
SEQIS Virtual Supervisor Academy 2021	State	3
SNF Consents HSC 1418.8 & OLS Updates Cameras in Bedrooms	Federal	443
SNF COVID-19 Mitigation Plan Onsite Survey Tool (ST21i1)	Federal	662
SNF Licensing	Federal	489
SNF Re-licensing Survey Process	State	11
SNF-Antipsychotic Use AUST II	Federal	100
State Agency Surveyor Orientation	Federal	170
State Operations Manual Navigation Simulation	Federal	213
State RAI Coordinator (SRAIC) Foundational Training	Federal	98
State RAI Coordinator Resources and Contacts List	Federal	122
Strategies for Success (Dealing with Dementia)	State	21
Successful completion of one survey (ASC, ESRD, HHA, Hospice, ICF/IID, LSC, CMHC, EMTALA, Hospital, Transplant COP) with lead surveyor	Federal	301
Sufficient Staffing in the LTCSP Refresher	Federal	169
Supervisor Academy March & April 2022 3-days	Federal	61
Supervisor Academy March & April 2022 5 day	Federal	81
Supervisor Academy March & April 2022 5-days	Federal	81
Survey and Certification Transition Training: Voluntary Terminations	Federal	132
Surveying for the New Staff Vaccination Rule - Acute and Continuing Care Providers	Federal	422
Surveying for the New Staff Vaccination Rule - Long Term Care (LTC)	Federal	823
Tablet & Computer Skills-ProProfs	State	9
Team Leadership Skills for Survey Teams	Federal	118
Team Meeting and Data Share Refresher	Federal	178
Teleworking & Managing Staff Productivity & Workload – Supervisor Academy 2022 - Relaunch	State	5
The Survey Team Leader (Time Management and Entrance and Exit Conferences)	Federal	232
Title 22	State	112
Transplant Program Basic Training	Federal	6
Trayline, Meal Distribution & Sanitation	Federal	236
Triggered Task: Environment in the LTCSP	Federal	168
Triggered Task: Personal Funds in the LTCSP Refresher	Federal	156
Triggered Task: Resident Assessment in the LTCSP Refresher	Federal	164
Universal Infection Prevention and Control	Federal	317
Working Remotely 101	State	16
Wound Care	Federal	125
Writing Defensible Citations (OLS) & Editing 2567 - Supervisor Academy 2022 – Relaunch	Federal	4
Writing Skills & Advanced Interview Skills	State	26

Activity Name	Types of Training	Attendees
Your legal Duty Reporting Elder & Dependent Adult Abuse (Part 1-4)	Federal	112

Data Source: Training Section

Nursing Home Administrator Program

HSC section 1416 requires the Nursing Home Administrator Program to prepare data showing license, exam, and Administrator-in-Training Program activities and administrator violations as shown in the tables for 2017-18 through 2021-22.

Table 14: Nursing Home Administrator Violations

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

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

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

Table 14: Nursing Home Administrator Violations

Nursing Home Administrator Program
Nursing Home Administrators' Violations
 Health & Safety Code Section 1416.36 (d)(1)(C)(vi)
 Fiscal Year 2017-18 to 2021-22

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
7570	Patient Care	12 months Suspension	17/18
6635	Unprofessional conduct	License Revoked	17/18
8115	Failure to Report	Warning Letter	17/18
7709	Failure to Report	Warning Letter	17/18
8115	Patient Care	Warning Letter	17/18
6669	Unprofessional conduct	License Revoked	17/18
5380	Abuse	License Revoked	18/19
6050	Failure to Report	Warning Letter	18/19
3232	Failure to Report	Warning Letter	18/19
4620	Unsafe Discharge	Warning Letter	18/19
7156	Unprofessional conduct	Warning Letter	18/19
AIT4176	Fraud	License Denied	18/19
8170	Failure to Report	Warning Letter	18/19
5723	Failure to Report	Warning Letter	18/19
7762	Failure to Report	Warning Letter	18/19
7761	Fraud	License Revoked	18/19
5552	Unprofessional conduct	License Revoked	19/20
6862	Unprofessional conduct	Warning Letter	19/20
7931	Failure to Report	Warning Letter	19/20
8127	Abuse	Warning Letter	19/20
AIT1128871	Fraud	License Denied	19/20
6420	Unprofessional conduct	License Revoked	20/21
AIT1127876	Unprofessional conduct	License Denied	20/21
6287	Unprofessional conduct	Warning Letter	20/21

Data Source: Healthcare Workforce Branch, Nursing Home Administrator

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

Nursing Home Administrator Program
 License, Exam, and AIT Program
 Health and Safety Code section 1416.36 (d)(1)(C)
 Fiscal Year 2017-18 to 2021-22

		2017-18	2018-19	2019-20	2020-21	2021-22
(i) Persons applying for NHA License	Applied ¹	168	127	146	187	162
	Approved	143	110	91	112	116
	Denied	-	1	2	3	-
	Renewed	981	874	954	987	915
(ii) State Exam	Examinees	219	160	133	178	192
	Passed	128	101	79	116	129
	Failed	91	59	54	62	63
(iii) Administrator-In-Training Program	Applied	111	107	93	124	91
	Accepted	111	106	92	110	95
	Completed	98	103	97	89	72
(iv) Complaints Received ²	Administrator-In-Training	3	3	4	3	-
	Nursing Home Administrators	32	29	25	15	13
(v) Actions Against Nursing Home Administrators ³		6	10	5	3	0
(vi) Nursing Home Administrator Violations Listing		See Table 14				
(vii) Appeals, Informal Appeals, Informal conferences or Hearings ⁴	Number of Nursing Home Administrator Appeals, Informal Conferences or Hearings Filed	0	2	6	0	1
	Time Between Request & Final Determination	N/A	N/A	4 months	N/A	N/A
	Final Actions Upheld	-	N/A	1	1	-

Data are current through June 30, 2022

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

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

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

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

Data Source: Healthcare Workforce Branch, Nursing Home Administrator Program

Attachment 1: State Workload Percentages, 2023-24

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY – LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES 2023-24**

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
ALTERNATE BIRTHING CENTER	COMPLAINT INVESTIGATION	11	4	1	2	2	0.000%	0.02%
	RE-LICENSURE	-	35	4	158	158	0.020%	
ADULT DAY HEALTH CENTER	COMPLAINT / ERI INVESTIGATION	310	17	241	5,156	5,156	0.641%	3.95%
	FIELD VISIT	-	22	16	447	447	0.056%	
	INITIAL LICENSURE	-	33	12	500	500	0.062%	
	OPEN COMPLAINTS	-	17	66	1,404	1,404	0.175%	
	RE-LICENSURE	-	110	155	21,239	21,239	2.641%	
	RE-LICENSURE - FOLLOW UP	-	36	66	3,006	3,006	0.374%	
ACUTE PSYCHIATRIC HOSPITAL	COMPLAINT (OR ERI)	42	11	770	10,840	10,840	1.348%	2.09%
	FIELD VISIT	-	17	11	234	234	0.029%	
	OPEN COMPLAINTS	-	11	114	1,598	1,598	0.199%	
	RE-LICENSURE	-	221	14	3,843	3,843	0.478%	
	COMPLAINT INVESTIGATION - DEEMED	-	11	34	475	59	0.007%	
	COMPLAINT VALIDATION - DEEMED	-	126	3	471	59	0.007%	
	FULL VALIDATION AFTER COMPLAINT	-	262	2	544	68	0.008%	
	LIFE SAFETY CODE - VALIDATION	-	39	2	82	10	0.001%	
	LIFE SAFETY CODE - VALIDATION FOLLOW UP	-	5	0	2	0	0.000%	
	VALIDATION - DEEMED	-	237	2	591	74	0.009%	
	VALIDATION FOLLOW UP - DEEMED	-	59	2	127	16	0.002%	
	5% TARGET SURVEYS	-	262	0	65	8	0.001%	
	COMPLAINT INVESTIGATION - NON-DEEMED	-	11	7	102	13	0.002%	
	LIFE SAFETY CODE	-	34	0	8	1	0.000%	
	LIFE SAFETY CODE - FOLLOW UP	-	5	0	0	0	0.000%	
CHRONIC DIALYSIS CLINIC	COMPLAINT / ERI INVESTIGATION	18	16	164	3,280	3,280	0.408%	0.83%
	FIELD VISIT	-	19	33	775	775	0.096%	
	OPEN COMPLAINTS	-	16	71	1,408	1,408	0.175%	
	RE-LICENSURE	-	12	6	91	91	0.011%	
	INITIAL LICENSURE	-	20	17	423	423	0.053%	
	END STAGE RENAL DISEASE	758	-	-	-	-	-	
	COMPLAINT INVESTIGATION	-	16	167	3,335	417	0.052%	
	INITIAL CERTIFICATION (NEW PROVIDERS)	-	40	19	920	115	0.014%	
	INITIAL CERTIFICATION - FOLLOW UP	-	21	0	9	1	0.000%	
	OUTCOME LIST	-	1	758	1,003	125	0.016%	
	VALIDATION	-	116	1	144	18	0.002%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	COMPLAINT / ERI INVESTIGATION	7	8	15	144	144	0.018%	0.12%
	INITIAL LICENSURE	-	149	2	372	372	0.046%	
	OPEN COMPLAINTS	-	8	1	10	10	0.001%	
	RE-LICENSURE	-	103	4	449	449	0.056%	
CONGREGATE LIVING HEALTH FACILITY	COMPLAINT / ERI INVESTIGATION	261	20	396	10,100	10,100	1.256%	1.85%
	FIELD VISIT	-	19	20	485	485	0.060%	
	INITIAL LICENSURE	-	32	33	1,332	1,332	0.166%	
	INITIAL LICENSURE FOLLOW UP	-	8	1	11	11	0.001%	
	OPEN COMPLAINTS	-	20	4	89	89	0.011%	
	RE-LICENSURE	-	36	65	2,895	2,895	0.360%	
COMMUNITY CLINIC	COMPLAINT / ERI INVESTIGATION	1,136	13	193	3,010	3,010	0.374%	1.44%
	FIELD VISIT	-	10	70	888	888	0.110%	
	INITIAL LICENSURE	-	19	34	792	792	0.098%	
	OPEN COMPLAINTS	-	13	179	2,780	2,780	0.346%	
	RE-LICENSURE	-	8	379	3,824	3,824	0.475%	
	COMMUNITY MENTAL HEALTH CENTER	8	-	-	-	-	-	
	5% TARGETED SURVEYS	-	94	0	47	6	0.001%	
	RURAL HEALTH CLINIC	277	-	-	-	-	-	
	5% TARGETED SURVEYS (NON-DEEMED)	-	37	10	437	55	0.007%	
	COMPLAINT INVESTIGATION - NLTC	-	15	85	1,619	202	0.025%	
	PORTABLE X-RAY SUPPLIERS	56	-	-	-	-	-	
	5% TARGETED SURVEYS	-	37	3	128	16	0.002%	
CORRECTIONAL TREATMENT CENTER	COMPLAINT INVESTIGATION	21	8	1,562	15,912	15,912	1.979%	2.28%
	OPEN COMPLAINTS	-	8	38	382	382	0.047%	
	RE-LICENSURE	-	159	11	2,075	2,075	0.258%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE	
GENERAL ACUTE CARE HOSPITAL	CAL	416	9	0	4	4	0.000%	34.08%	
	COMPLAINT	-	15	8,998	163,037	163,037	20.273%		
	FIELD VISIT	-	20	374	9,185	9,185	1.142%		
	INITIAL LICENSURE	-	46	20	1,162	1,162	0.144%		
	INITIAL LICENSURE - FOLLOWUP	-	23	0	9	9	0.001%		
	OPEN COMPLAINTS	-	15	3,008	54,503	54,503	6.777%		
	RE-LICENSURE	-	244	139	42,092	42,092	5.234%		
	RE-LICENSURE FOLLOW UP	-	2	1	3	3	0.000%		
	REVIEW MEDICAL ERROR PLAN MERP	-	242	0	101	101	0.013%		
	DEEMED FACILITY		374	-	-	-	-		-
	COMPLAINT SURVEYS EMTALA (ACCREDITED)	-	66	14	1,134	142	0.018%		
	COMPLAINT VALIDATION	-	184	71	16,175	2,022	0.251%		
	COMPLAINT VALIDATION/LSC	-	51	0	21	3	0.000%		
	COMPLAINT VALIDATION/LSC - FOLLOWUP	-	24	0	10	1	0.000%		
	FULL VALIDATION AFTER COMPLAINT	-	296	8	2,949	369	0.046%		
	LIFE SAFETY CODE	-	75	2	188	23	0.003%		
	TARGETED ADD'L SAMPLE	-	296	1	369	46	0.006%		
	VALIDATION	-	409	1	508	64	0.008%		
	VALIDATION FOLLOW UP	-	105	1	98	12	0.001%		
	VALIDATION - LSC - FOLLOWUP	-	21	0	3	0	0.000%		
	NON-DEEMED FACILITY		162	-	-	-	-		-
	5% TARGETED SAMPLE	-	296	8	2,986	373	0.046%		
	COMPLAINT INVESTIGATIONS - NLTC (EMTALA)	-	66	3	284	35	0.004%		
	COMPLAINT SURVEYS	-	15	321	5,813	727	0.090%		
	LIFE SAFETY CODE	-	55	3	237	30	0.004%		
	LIFE SAFETY CODE - FOLLOW UP	-	35	1	26	3	0.000%		
	ORGAN TRANSPLANT CENTER		5	-	-	-	-		-
	RE-CERTIFICATION	-	296	2	614	77	0.010%		
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	106	1	163	20	0.002%		

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
HOME HEALTH AGENCIES	COMPLAINT / ERI INVESTIGATION	1,224	17	309	6,599	6,599	0.821%	13.39%
	FIELD VISIT	-	17	381	7,840	7,840	0.975%	
	INITIAL LICENSURE	-	34	1,647	68,708	68,708	8.543%	
	OPEN COMPLAINTS	-	17	81	1,721	1,721	0.214%	
	RE-LICENSURE	-	12	1,224	18,977	18,977	2.360%	
	NON-DEEMED FACILITY	448	-	-	-	-	-	
	36.9-MONTH MAX INTERVAL (RE-CERTIFICATION)	-	123	179	27,398	3,425	0.426%	
	COMPLAINT INVESTIGATION - NLTC NON-DEEMED	-	14	42	750	94	0.012%	
	DEEMED FACILITY	1,397	-	-	-	-	-	
	ADD'L TARGETED SAMPLE	-	123	1	153	19	0.002%	
	COMPLAINT	-	17	0	4	0	0.000%	
	COMPLAINT VALIDATION	-	91	10	1,098	137	0.017%	
	FULL VALIDATION AFTER COMPLAINT	-	123	10	1,478	185	0.023%	
	VALIDATION	-	126	1	157	20	0.002%	
	VALIDATION FOLLOW UP	-	22	0	4	0	0.000%	
HOSPICE	COMPLAINT / ERI INVESTIGATION	2,985	17	246	5,109	5,109	0.635%	1.49%
	FIELD VISIT	-	9	296	3,338	3,338	0.415%	
	INITIAL LICENSURE	-	21	38	1,009	1,009	0.125%	
	OPEN COMPLAINTS	-	17	34	708	708	0.088%	
	NON-DEEMED FACILITY	199	-	-	-	-	-	
	3.0 YEAR AVG. (RE-CERTIFICATION)	-	118	66	9,738	1,217	0.151%	
	COMPLAINT INVESTIGATIONS	-	17	85	1,768	221	0.027%	
	LIFE SAFETY CODE	-	13	1	11	1	0.000%	
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	28	17	592	74	0.009%	
	DEEMED FACILITY	1,564	-	-	-	-	-	
	COMPLAINT INVESTIGATIONS	-	17	15	313	39	0.005%	
	COMPLAINT VALIDATION - NLTC	-	65	13	1,029	129	0.016%	
	FULL VALIDATION AFTER COMPLAINT	-	118	5	685	86	0.011%	
	VALIDATION	-	117	1	146	18	0.002%	
	VALIDATION FOLLOW UP	-	48	0	17	2	0.000%	
HOSPICE FACILITIES	COMPLAINT / ERI INVESTIGATION	16	20	3	79	79	0.010%	0.05%
	INITIAL LICENSURE	-	32	1	39	39	0.005%	
	LIFE SAFETY CODE	-	26	1	22	22	0.003%	
	RE-LICENSURE	-	22	8	222	222	0.028%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
INTERMEDIATE CARE FACILITY	COMPLAINT / ERI INVESTIGATION	0	11	1,251	16,599	16,599	2.064%	2.14%
	OPEN COMPLAINTS	-	11	45	597	597	0.074%	
ICF - DD; DDH; DDN	COMPLAINT / ERI INVESTIGATION	1,055	11	1,489	20,230	20,230	2.515%	9.94%
	FIELD VISIT	-	39	14	671	671	0.083%	
	INITIAL LICENSURE	-	28	12	425	425	0.053%	
	OPEN COMPLAINTS	-	11	184	2,493	2,493	0.310%	
	RE-LICENSURE (SURVEY)	-	59	528	38,821	38,821	4.827%	
	12.9-MO. AVG	-	52	435	27,896	6,974	0.867%	
	COMPLAINT INVESTIGATIONS	-	10	3,295	41,138	10,285	1.279%	
	LIFE SAFETY CODE	-	9	11	123	31	0.004%	
	LIFE SAFETY CODE - FOLLOW UP	-	6	4	28	7	0.001%	
	COMPLAINT / ERI INVESTIGATION	21	19	9	210	210	0.026%	
	INITIAL LICENSURE	-	31	2	78	78	0.010%	
PEDIATRIC DAY HEALTH / RESPITE CARE	OPEN COMPLAINTS	-	19	1	12	12	0.001%	0.18%
	RE-LICENSURE	-	90	11	1,174	1,174	0.146%	
	COMPLAINT (OR ERI)	19	13	1	16	16	0.002%	
PSYCHOLOGY CLINIC	OPEN COMPLAINTS	-	13	2	23	23	0.003%	0.04%
	RE-LICENSURE	-	35	6	276	276	0.034%	
	COMPLAINT / ERI INVESTIGATION	11	33	3	101	101	0.013%	
REHAB CLINIC	FIELD VISIT	-	28	5	174	174	0.022%	0.07%
	OPEN COMPLAINTS	-	33	1	40	40	0.005%	
	RE-LICENSURE	-	32	4	146	146	0.018%	
	OUTPATIENT PHYSICAL THERAPY PROVIDERS	76	-	-	-	-	-	
	5% TARGETED SURVEYS - IDENTIFY MOST AT RISK	-	178	4	842	105	0.013%	
	VALIDATION	-	137	1	170	21	0.003%	
	COMPREHENSIVE OUTPATIENT REHAB FACILITY	7	-	-	-	-	-	
	5% TARGETED SURVEYS	-	87	0	38	5	0.001%	

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE	
SKILLED NURSING	COMPLAINT / ERI INVESTIGATION	1,209	17	805	16,804	16,804	2.089%		
	FIELD VISIT	-	61	59	4,497	4,497	0.559%		
	INITIAL LICENSURE	-	62	2	154	154	0.019%		
	OPEN COMPLAINTS	-	17	1,214	25,324	25,324	3.149%		
	RE-LICENSURE	-	71	484	42,736	42,736	5.314%		
	TITLE 18	50	-	-	-	-	-	-	
	12.9-MO. AVG	-	294	30	10,979	0	0.000%		
	RE-CERTIFICATION FOLLOW UP	-	68	5	436	0	0.000%		
	COMPLAINT INVESTIGATION - LTC	-	17	679	14,171	0	0.000%		
	LIFE SAFETY CODE	-	18	4	81	0	0.000%		
	FEDERAL FOCUSED INFECTION CONTROL (FFIC)	-	19	236	5,663	0	0.000%		
	TITLE 19	30	-	-	-	-	-	-	
	12.9-MO. AVG	-	294	18	6,587	1,647	0.205%		
	RE-CERTIFICATION FOLLOW UP	-	68	3	261	65	0.008%		
	COMPLAINT INVESTIGATION - LTC	-	17	1,909	39,841	9,960	1.238%		
	LIFE SAFETY CODE	-	18	18	395	99	0.012%		
	LIFE SAFETY CODE - FOLLOW UP	-	8	0	5	1	0.000%		
	FEDERAL FOCUSED INFECTION CONTROL (FFIC)	-	19	236	5,663	1,416	0.176%		
	TITLE 18 & 19	1,095	-	-	-	-	-	-	
	12.9-MO. AVG	-	294	657	240,430	30,054	3.737%		
	RE-CERTIFICATION FOLLOW UP	-	68	103	8,777	1,097	0.136%		
	COMPLAINT INVESTIGATION - LTC	-	17	20,267	422,932	52,867	6.574%		
	DEMENTIA CARE SURVEY	-	49	1	61	8	0.001%		
	LIFE SAFETY CODE	-	18	660	14,493	1,812	0.225%		
	LIFE SAFETY CODE - FOLLOW UP	-	8	17	169	21	0.003%		
	RE-CERTIFICATION/LSC	-	27	4	145	18	0.002%		
	RE-CERTIFICATION/LSC FOLLOW UP	-	9	0	1	0	0.000%		
	MDS STAFFING FOCUSED SURVEY	-	113	1	187	23	0.003%		
	MDS-STAFFING SURVEY - FOLLOWUP	-	108	1	135	17	0.002%		
	FEDERAL FOCUSED INFECTION CONTROL (FFIC)	-	19	236	5,663	708	0.088%		
	SPECIAL FOCUS FACILITIES	5	-	-	-	-	-	-	
	RE-CERTIFICATION - 6.0 MONTH	-	294	10	3,660	457	0.057%		
	LIFE SAFETY CODE	-	18	10	220	27	0.003%		
FEDERAL FOCUSED INFECTION CONTROL (FFIC)	-	19	236	5,663	708	0.088%			
RE-CERTIFICATION FOLLOW UP	-	68	2	145	18	0.002%	23.69%		

FACILITY TYPES	ACTIVITIES	FACILITY COUNTS	STANDARD AVERAGE HOURS	SURVEY WORKLOAD COUNT ESTIMATE	SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES	STATE FUNDED SURVEY WORKLOAD HOURS ESTIMATE PERCENTAGES BY FACILITY TYPE
SURGICAL CLINIC	COMPLAINT / ERI INVESTIGATION	4	46	48	2,748	2,748	0.342%	2.35%
	FIELD VISIT	-	62	19	1,473	1,473	0.183%	
	OPEN COMPLAINTS	-	46	13	752	752	0.094%	
	AMBULATORY SURGICAL CLINIC - DEEMED	462	-	-	-	-	-	
	COMPLAINT INVESTIGATIONS	-	26	10	333	42	0.005%	
	COMPLAINT VALIDATION - NLTC	-	83	19	1,958	245	0.030%	
	VALIDATION - LSC	-	19	10	234	29	0.004%	
	VALIDATION - LSC - FOLLOWUP	-	10	1	9	1	0.000%	
	VALIDATION SURVEYS	-	139	462	79,682	9,960	1.238%	
	VALIDATION SURVEYS FOLLOW UP	-	32	277	10,947	1,368	0.170%	
	AMBULATORY SURGICAL CLINIC - NON-DEEMED	392	-	-	-	-	-	
	COMPLAINT INVESTIGATIONS - NLTC	-	26	19	600	75	0.009%	
	LIFE SAFETY CODE	-	18	98	2,143	268	0.033%	
	LIFE SAFETY CODE - FOLLOW UP	-	10	2	31	4	0.000%	
	TARGETED SURVEYS 25% (RE-CERTIFICATION)	-	125	98	15,234	1,904	0.237%	

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

Attachment 2: Annual Health Care Facility License Fee 2023-24

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
HEALTH CARE FACILITY LICENSE FEES CHART
FISCAL YEAR 2023-24

Facility Type	Statewide Funded Workload Percentage	2022-23 Expenditures Per Budget Act 4265-3098	General Fund Transfer Appropriation	2022-23 Total Expenditure Less General Fund Transfer	External Appropriation Adjustments*	Section 3.60 Pension Contribution Adjustment	Allocation for Employee Compensation	Allocation for Other Post-Employment Benefits	Allocation for Staff Benefits	Lease Revenue Debt Service	Legislative Budget Change Proposals	Budget Baseline Adjustment
Acute Psychiatric Hospitals	2.09%	\$6,447,134	-\$285,524	\$6,161,611	-\$173,100	\$52,652	\$39,912	-\$105	\$25,583	\$6,778	-	-\$206,560
Adult Day Health Centers	3.95%	\$12,168,425	-	\$12,168,425	-\$326,712	\$99,376	\$75,331	-\$197	\$48,286	\$12,792	-	-\$389,865
Alternative Birthing Centers	0.02%	\$61,317	-	\$61,317	-\$1,646	\$501	\$380	-\$1	\$243	\$64	-	-\$1,965
Chemical Dependency Recovery Hospitals	0.12%	\$373,652	-	\$373,652	-\$10,032	\$3,052	\$2,313	-\$6	\$1,483	\$393	-	-\$11,971
Chronic Dialysis Clinic	0.83%	\$2,549,651	-\$3,710	\$2,545,941	-\$68,456	\$20,822	\$15,784	-\$41	\$10,117	\$2,680	-	-\$81,688
Community Clinic/Free Clinic	1.44%	\$4,435,159	-	\$4,435,159	-\$119,080	\$36,221	\$27,457	-\$72	\$17,599	\$4,662	-	-\$142,098
Congregate Living Health Facility	1.85%	\$5,714,775	-	\$5,714,775	-\$153,437	\$46,671	\$35,379	-\$93	\$22,677	\$6,008	-	-\$183,096
Correctional Treatment Centers	2.28%	\$7,039,613	-\$1,261,253	\$5,778,360	-\$189,008	\$57,490	\$43,580	-\$114	\$27,934	\$7,400	-	-\$225,543
General Acute Care Hospitals	34.08%	\$106,239,997	-\$4,705	\$106,235,292	-\$2,819,762	\$857,685	\$650,164	-\$1,704	\$416,745	\$110,405	-	-\$3,364,818
Home Health Agencies	13.39%	\$41,283,811	-	\$41,283,811	-\$1,108,435	\$337,152	\$255,576	-\$670	\$163,821	\$43,400	-	-\$1,322,694
Hospices	1.49%	\$4,580,022	-\$297	\$4,579,725	-\$122,970	\$37,404	\$28,354	-\$74	\$18,174	\$4,815	-	-\$146,740
Hospice Facility	0.05%	\$138,730	-	\$138,730	-\$3,725	\$1,133	\$859	-\$2	\$551	\$146	-	-\$4,445
Intermediate Care Facility (ICF)	2.14%	\$7,731,566	-\$1,481,924	\$6,249,642	-\$176,938	\$53,819	\$40,797	-\$107	\$26,150	\$6,928	-	-\$211,140
ICF-DD, DDH, DDN, DDCN	9.94%	\$30,634,523	-\$510,109	\$30,124,413	-\$822,511	\$250,182	\$189,650	-\$497	\$121,563	\$32,205	-	-\$981,501
Pediatric Day Health/Respite Care	0.18%	\$564,886	-	\$564,886	-\$15,167	\$4,613	\$3,497	-\$9	\$2,242	\$594	-	-\$18,098
Psychology Clinic	0.04%	\$120,718	-	\$120,718	-\$3,241	\$986	\$747	-\$2	\$479	\$127	-	-\$3,868
Referral Agencies	0.00%	-	-	-	-	-	-	-	-	-	-	-
Rehab Clinics	0.07%	\$226,874	-	\$226,874	-\$6,091	\$1,853	\$1,405	-\$4	\$900	\$239	-	-\$7,269
Skilled Nursing Facility	23.69%	\$78,271,348	-\$152,478	\$78,118,870	-\$1,960,538	\$596,335	\$452,049	-\$1,185	\$289,757	\$76,763	-	-\$2,339,508
Surgical Clinic	2.35%	\$7,231,230	-	\$7,231,230	-\$194,152	\$59,055	\$44,766	-\$117	\$28,695	\$7,602	-	-\$231,682
Nursing Home Administrator Program	-	\$1,126,568	-	\$1,126,568	-	-	-	-	-	-	-	\$30,548
Legislative Budget Change Proposals	-	-	-	-	-	-	-	-	-	-	\$1,533,000	-
CA Dept of Aging (4170 CDA)	-	\$400,000	-	\$400,000	-	-	-	-	-	-	-	-
Total	100.00%	\$317,340,000	-\$3,700,000	\$313,640,000	-\$8,275,000	\$2,517,000	\$1,908,000	-\$5,000	\$1,223,000	\$324,000	\$1,533,000	-\$9,844,000

* Adjustment for 9900 Statewide General Administrative Expenditures (Pro Rata), \$8,275,000

Attachment 2: Annual Health Care Facility License Fee 2023-24 (cont'd)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
 HEALTH CARE FACILITY LICENSE FEES CHART
 FISCAL YEAR 2023-24

Facility Type	2023-24 Governor's Budget Expenditures (Proposed)	Miscellaneous Revenue Credit*	2023-24 Health Facility Licensure Fee Revenue (Projected)	Program Policy Adjustment	2023-24 Health Facility Licensure Fee Revenue (Proposed)	Statewide Fees Revenue	Los Angeles County Supplemental Fees Revenue	Statewide Fee	Los Angeles County Supplemental Fee
Acute Psychiatric Hospitals	\$5,938,839	-\$93,629	\$5,845,210	\$1,143,214	\$6,988,424	\$6,228,808	\$759,616	\$953	\$352
Adult Day Health Centers	\$11,747,962	-\$182,030	\$11,565,932	-\$8,217,932	\$3,348,000	\$3,348,000	-	\$10,800	\$1,826
Alternative Birthing Centers	\$59,199	-\$1,068	\$58,131	-\$11,593	\$46,538	\$46,211	\$327	\$4,201	\$327
Chemical Dependency Recovery Hospitals	\$360,741	-	\$360,741	-\$126,034	\$234,707	\$182,655	\$52,052	\$369	\$308
Chronic Dialysis Clinic	\$2,457,841	-\$138,146	\$2,319,696	\$2,440,960	\$4,760,656	\$3,209,330	\$1,551,326	\$4,870	\$7,642
Community Clinic/Free Clinic	\$4,281,909	-\$142,886	\$4,139,022	-\$244,161	\$3,894,861	\$3,492,326	\$402,535	\$2,566	\$1,085
Congregate Living Health Facility	\$5,517,309	-\$267,524	\$5,249,785	-\$2,592,537	\$2,657,248	\$1,954,656	\$702,592	\$1,056	\$704
Correctional Treatment Centers	\$5,535,116	-	\$5,535,116	-\$5,130,180	\$404,936	\$401,800	\$3,136	\$2,050	\$16
General Acute Care Hospitals	\$102,606,387	-\$576,515	\$102,029,872	-\$24,262,342	\$77,767,530	\$70,714,506	\$7,053,024	\$953	\$352
Home Health Agencies	\$39,857,305	-\$2,868,155	\$36,989,151	-\$19,616,803	\$17,372,348	\$9,041,274	\$8,331,074	\$2,946	\$4,106
Hospices	\$4,421,469	-\$2,396,552	\$2,024,917	\$6,890,723	\$8,915,640	\$4,431,240	\$4,484,400	\$1,485	\$2,220
Hospice Facility	\$133,937	-\$17,476	\$116,461	\$2,679	\$119,140	\$119,140	-	\$805	-
Intermediate Care Facility (ICF)	\$6,021,931	-	\$6,021,931	-\$5,954,347	\$67,584	\$67,584	-	\$1,056	\$453
ICF-DD, DDH, DDN, DDCN	\$29,065,880	-\$492,364	\$28,573,515	-\$10,751,083	\$17,822,432	\$14,584,368	\$3,238,064	\$2,074	\$1,756
Pediatric Day Health/Respite Care	\$545,367	-\$8,301	\$537,066	-\$307,056	\$230,010	\$217,485	\$12,525	\$537	\$167
Psychology Clinic	\$116,547	-\$5,233	\$111,314	-\$19,588	\$91,726	\$78,774	\$12,952	\$4,146	\$1,619
Referral Agencies	-	-\$10,805	-\$10,805	\$23,121	\$12,316	\$7,458	\$4,858	\$3,729	\$2,429
Rehab Clinics	\$219,035	-\$881	\$218,154	-\$204,347	\$13,807	\$10,197	\$3,610	\$927	\$722
Skilled Nursing Facility	\$75,595,747	-\$5,425,185	\$70,170,561	\$80,262,720	\$150,433,281	\$123,565,121	\$26,868,160	\$1,061	\$704
Surgical Clinic	\$6,981,365	-\$6,589	\$6,974,776	-\$6,692,357	\$282,419	\$275,435	\$6,984	\$8,885	\$6,984
Nursing Home Administrator Program**	\$1,157,115	-	-	-	-	-	-	-	-
CA Dept of Aging (4170 CDA)	\$400,000	-	-	-	-	-	-	-	-
Total	\$303,021,000	-\$12,633,339	\$288,830,545	\$6,633,058	\$295,463,603	\$241,976,368	\$53,487,235	-	-

*Miscellaneous revenue credit is calculated pursuant to Health & Safety Code section 1266(e)(1)(E).

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

Attachment 3: Glossary

Acute Psychiatric Hospital

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

Administrative Law Judge

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

Administrative Penalty

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

Administrator-in-Training Program

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

Adult Day Health Care

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

Adverse Event

Includes any of the following:

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

excluding reasonable differences in clinical judgment on drug selection and dose. (B) A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products. (C) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy. (D) Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility. (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter. (F) A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission. (G) A patient death or serious disability due to spinal manipulative therapy performed at the health facility.

- (5) Environmental events, including the following: (A) A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric counter shock. (B) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance. (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. (D) A patient death associated with a fall while being cared for in a health facility. (E) A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.
- (6) Criminal events, including the following: (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider. (B) The abduction of a patient of any age. (C) The sexual assault on a patient within or on the grounds of a health facility. (D) The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.
- (7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. (c) The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report made. (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part. (Ref: HSC section 1279.1).

Alternative Birthing Center

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

Ambulatory Surgical Center

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

Appeals

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

Automated Survey Processing Environment (ASPEN)

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

Chemical Dependency Recovery Hospital

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

Chronic Dialysis Clinic

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

Citations

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

“AA” Citations - Violations that meet the criteria for a class "A" violation and that CDPH determines to have been a direct proximate cause of death of a patient or resident of a

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

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

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

Community Clinic

A clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds,

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

Complaint

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

Comprehensive Outpatient Rehabilitation Facility

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

Congregate Living Health Facility

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

Correctional Treatment Center

A health facility operated by the California Department of Corrections and Rehabilitation, the Division of Juvenile Justice, or a county, city, or city and county law

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

Deficiencies

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

Distinct Part

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

Electronic Licensing Management System (ELMS)

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

End Stage Renal Disease

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

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

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

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

Facility-Reported Incident

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

Free Clinic

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

General Acute Care Hospital

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

Home Health Agency

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

Hospice

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

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

Hospice Facility

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

Immediate Jeopardy

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

Intermediate Care Facility

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

Intermediate Care Facility/Developmentally Disabled

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

Intermediate Care Facility/Developmentally Disabled - Habilitative

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

Intermediate Care Facility/Developmentally Disabled - Nursing

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

Long-Term Health Care Facility

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

Medical Breach

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

Non-Long Term Care Facility

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

Nursing Home Administrator

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

Nursing Hours per Patient Day

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

Pediatric Day Health & Respite Care Facility

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

Psychology Clinic

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

Referral Agency

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

Rehabilitation Clinic

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

Rural Health Clinic

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

Skilled Nursing Facility

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

Surgical Clinic

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

Survey Closure Date

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