

2020 CAHF QUALITY REPORT



02

EXECUTIVE OVERVIEW

03

COVID TIMELINE

06

MASTER PLAN ON AGING

07

COVID CONNECTIONS

09

CAPTURING QUALITY

11

MEASURING QUALITY

13

WORKFORCE & STAFFING

14

IMPROVING QUALITY

15

CAHF SHOWCASE AWARDS

16

DEVELOPMENTAL SERVICES

17

LONG TERM CARE DATA REPORT

EXECUTIVE OVERVIEW



A MESSAGE FROM THE CEO

CAHF's annual Quality Report highlights the ongoing efforts of California's skilled nursing providers to deliver person-centered quality care. The global coronavirus pandemic intensified those efforts – testing the commitment and perseverance of everyone in the long-term care profession.

As we memorialize those who were lost and shift to new post-pandemic practices and activities, I want to acknowledge the efforts of our dedicated staff and caregivers as well as the stamina of our residents who were isolated during the COVID-19 crisis.

Throughout the last 12 months, our members focused on the single goal of protecting the lives and well-being of sick and vulnerable individuals most susceptible to COVID-19.

The challenges included:

- Shortages of personal protective equipment like masks, gloves and gowns
- Inconsistent guidance from federal, state and local health officials
- Scarce testing supplies and slow results
- Worker burnout from overtime and double shifts during outbreaks

Throughout the chaos, tens of thousands of heroic caregivers in California risked their own lives as well as exposure to their families to provide 24-hour care. One third caught the coronavirus, recovered and returned to work. They encountered countless new regulations and protocols to prevent further spread of the virus and chose resilience over defeat.

As we worked on other areas of improvement during the year as outlined in this report, the pandemic brought the importance of quality care into clear focus, especially as the first wave of vaccines arrived in late December. With that promising development, we will move forward to assess our capabilities, take note of lessons learned and continue to strengthen our efforts on behalf of individuals seeking quality long-term care. Thank you for your continued support.

A handwritten signature in black ink that reads "Craig Cornett". The signature is written in a cursive, flowing style.

Craig Cornett
CEO/President

C O R I O N E T I M E

This timeline captures the response of providers as the pandemic unfolded including efforts to deal with PPE shortages, employee screening, admissions, testing, visitations and ongoing infections. As the pandemic surged federal, state and local regulators issued dozens of directives as new information became available. At times, the guidance was conflicting and repetitive. During the peak of the pandemic, orders often changed daily or weekly, forcing providers to shift protocols and follow new regulations while struggling to keep residents safe and facilities free from outbreaks.

2020

JANUARY

- 26 | CDC confirms first case of coronavirus in CA
- 31 | CDPH does not recommend the use of face masks for the general public

FEBRUARY

- 6 | First California COVID-19 death in San Jose
- 8 | **CDC says healthcare workers who travelled or were in contact with COVID patients must quarantine for 14 days**
- 10 | CDC recommends health facilities use clinical judgment when evaluating risk of exposure
- 28 | If testing for COVID-19 is approved obtain respiratory samples from persons of interest using CDC guidance

MARCH

- 1 | Use negative pressure isolation room, or if not available put a surgical mask on patient
- 3 | CDPH guidance on use of expired N-95 masks
- 4 | **CMS says screen visitor and staff upon entry**
- 4 | Nursing homes can accept COVID+ patient if equipped to follow CDC precautions
- 4 | **Facilities without an airborne infection isolation room are not required to transfer residents**
- 10 | CMS says facemasks are an acceptable temporary alternative when respirators are unavailable
- 10 | Patients with known or suspected COVID-19 should be cared for in a single room with door closed
- 11 | CDPH issues statewide waiver for facilities to modify visitation policies
- 11 | CDPH says actively screen and restrict visitation
- 13 | **CMS restricts visits for all non-essential health care personnel except for compassionate care**
- 13 | CMS guidance for infection control and prevention
- 18 | CDC says re-use facemasks to extend their life if there are PPE shortages
- 18 | **CMS declaration of a national emergency**
- 20 | Report infections to local public health. Cohort suspected and confirmed cases in single rooms
- 20 | **CDPH says use N-95 respirators when available, if not wear a facemask when working with COVID-19 patients**
- 20 | **All healthcare personnel should wear a facemask at all times when in the facility**
- 20 | Hospitals should not send suspected or confirmed cases to SNFs without consulting local public health department
- 20 | Local public health may direct placement of COVID-19 patients into facilities

AVOID LINE BRUS

MARCH (cont.)

- 23 | Federal and state surveyors will conduct focused infection control surveys
- 27 | CDC declares that workers with suspected or confirmed COVID-19 should not work until three days have passed since recovery and at least seven days have passed since symptoms first appeared
- 30 | **CDPH says SNFs shall not refuse to admit suspected or confirmed COVID-19 cases**
- 31 | CDPH releases instructions on reuse and decontamination of N-95 masks

APRIL

- 1 | **CDPH says patients with confirmed or suspected COVID-19 should not be sent to a SNF from the hospital without consulting local public health**
 - | CDPH requires that SNFs may not require a negative COVID-19 test before admitting patients
- 2 | **CMS recommends that state and local governments prioritize SNFs for PPE and testing**
- 10 | CDPH approves visitation for end-of-life
- 11 | CDPH recommends collection of used N-95 respirators for decontamination and reuse by the state
- 13 | **CDPH says reuse and conserve PPE due to supply shortages**
- 15 | CDPH tells facilities to prepare to accept COVID-19 positive patients
 - | CDC says use face masks for residents as well as staff
- 19 | **CDPH requires daily electronic reporting for COVID-19; replaces reporting to district offices**
- 21 | CDPH says report urgent staff shortages per unusual occurrence guidelines to CDPH and local public health
- 24 | CMS says new SNF admissions should be tested if available
 - | **SNFs can't require negative COVID-19 testing as admission criteria**
 - | CDPH releases process for transfer to alternate care sites
 - | CDPH says that patients with negative test results may be transferred from hospitals and alternate care sites to SNFs
 - | CDPH says SNFs can be expected to accept residents diagnosed with COVID-19
 - | Patients under investigation for COVID-19 with test results pending should not be transferred to SNFs until test results are available
 - | Local public health departments may direct patient placement
 - | **CDPH requires daily reporting of new COVID-19 cases, staffing levels and PPE availability and resident and family notification of COVID cases**

MAY

- 2 | Patients with COVID-19 should not be sent to SNFs without consulting with local health department
 - | CDPH says sick staff should quarantine for ten days
 - | CDPH updates visitation guidelines
- 6 | Facilities must report cases to the national NHSN system on a weekly basis or face penalties
- 7 | Additional CDPH guidance on decontamination and reuse of N-95
- 11 | **SNFs must develop a mitigation plan by June 1 to includes baseline and regular testing of residents and staff; staff shortages, PPE, respirator reuse guidance; COVID-19 transfers to designated facilities or alternate care sites**

MAY (cont.)

- 11 | **CDPH mandates full time infection prevention facility role**
CDPH updates testing requirements
- 13 | Urgent staffing resources to be coordinated by MHOAC

JUNE

- 1 | CMS orders states to conduct focused infection control surveys of all SNFs by July 21
- 2 | CDPH requires baseline testing reporting
- 12 | Changes to CDPH daily reporting and updated reporting requirements to families
- 26 | CDPH updates visitation guidance and exceptions to restrictions
- 30 | **Ongoing testing of all residents and staff becomes effective**

JULY

- 17 | CDC changes test-based strategies and precautions
- 20 | CDPH requires weekly reporting of surveillance/response testing
- 25 | CDPH issues COVID-19 reporting and notification requirements for intermediate care facilities
- 28 | CDPH deploys online survey portal for mitigation surveys
- 29 | New CDPH updates regarding isolation of residents, positive staff and testing
| If one positive case, retest all healthcare staff every seven days until no new cases

AUGUST

- 25 | Visitation guidelines updated by CDPH to allow ombudsman visits
- 31 | Report urgent staff requests to state and local public health

SEPTEMBER

- 12 | Establish a testing plan for newly admitted residents
- 14 | Recall of one N95 model respirator
- 17 | **CMS updates visitation guidance**
- 22 | **CMS says cohort residents in red, yellow or green zones**

OCTOBER

- 5 | **CDC confirms airborne transmission of coronavirus**
- 23 | CDPH guidance on outdoor, communal and in-room visitation and restrictions

NOVEMBER

- 9 | New law requires all SNFs to have a full time infection preventionist by January 1, 2021
- 24 | Updates to quarantine and testing of new admissions

DECEMBER

- 10 | **Los Angeles Department of Public Health pulls out of Pharmacy Partnership Program**

2021

JANUARY

- 13 | **State provides fit testing assistance to nursing homes**

“March 31 is when our county suggested we do wear masks. Before that they were saying do not wear masks, preserve PPE.

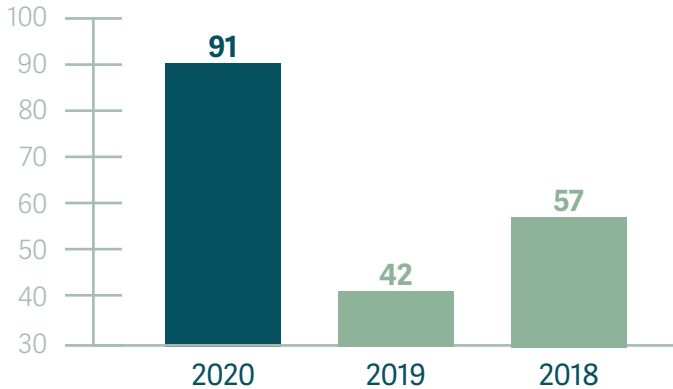
It was the most stressful time most of us have ever experienced.”

Bethany Murray, nursing home administrator

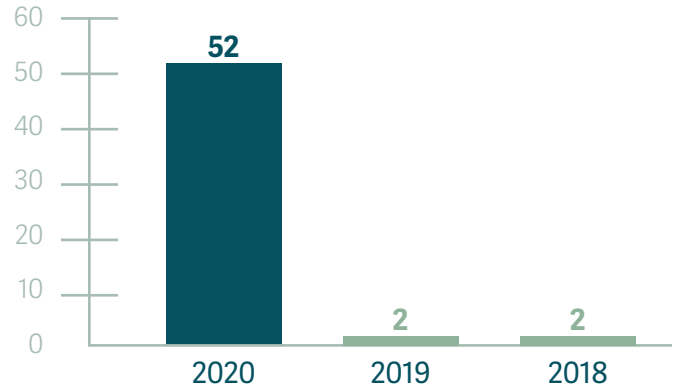
REGULATORY CHALLENGES

During an unprecedented year of state regulations, the California Department of Public Health issued more than double the normal number of All Facility Letters as well as dozens of revisions to existing requirements.

AFL Topics



AFL Revisions



MASTER PLAN ON AGING LOOKING TO THE FUTURE

PREDICTION:

California's over-60 population will grow faster than any other age group. By 2030, one quarter of the population will be comprised of older adults.

Following an 18-month stakeholder process, the state released a Master Plan for Aging – a comprehensive framework to prepare the state for a significant demographic change beginning in nine years.

CAHF CEO/President Craig Cornett was part of a large stakeholder group that developed recommendations for the Master Plan which encompasses nursing home innovation and workforce initiatives. The plan includes short-and long-term strategies on value-based payments, smaller nursing home designs, continued transparency, workforce shortage solutions and increased caregiver training opportunities.

The Master Plan has five major goals and 23 strategies:

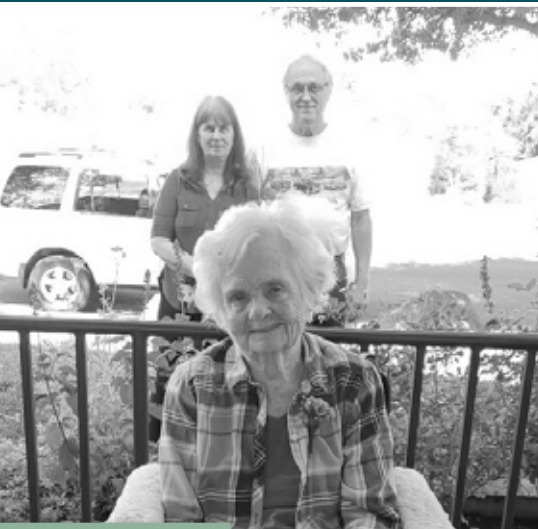
- Housing for All Stages & Ages
- Health Reimagined
- Inclusion & Equity, not Isolation
- Caregiving that Works
- Affording Aging





COVID-19 Connections

Most individuals in nursing homes have underlying health issues making the population extremely vulnerable to COVID-19. As a precaution, public health authorities ended in-person visits with friends and families in March 2020. Providers turned to technology to help families communicate on Facetime and Zoom and where possible, encouraged window visits. When outbreaks subsided, outdoor visits permitted face-to-face meetings with social distancing measures in place.





Lifting Spirits with Music

VIRTUAL STUDENT MUSICIANS ENTERTAIN NURSING HOME RESIDENTS

Student musicians have been virtually connecting with nursing home residents who have limited entertainment options due to pandemic visitation restrictions.

For nearly twenty years, “Lifting Spirits with Music” provided live, in-person concerts at senior living centers and hospitals throughout the Sacramento region. After a modest beginning, the program expanded to include more than 1000 student musicians and vocalists from 40 schools. When the pandemic forced nursing homes to close, music teacher and program creator Kathy Atkins moved to an online format.

“Lifting Spirits with Music” debuted on YouTube in the spring of 2020, allowing thousands of residents in nursing homes and elsewhere across the country to view the performances. The free concerts benefit sheltered residents as well as budding student artists who want to showcase their talents.

Today, five dozen virtual entertainers record their performances at home and Atkins stitches them together into 45-60-minute programs. Some of the videos incorporate duets and ensembles from musicians in different households. Atkins founded the program as part of her master’s degree program in gerontology and music to promote dialogue between younger and older generations.

CAHF’S VOLUNTEER ENGAGEMENT PROJECT INSPIRED SUCCESS

SNF VOLUNTEERS MAKE A SIGNIFICANT DIFFERENCE

Recognizing the value of social and emotional support that volunteers bring to individuals, the Volunteer Engagement Project concluded in 2020 with the creation of a comprehensive guide to help skilled nursing facilities create and sustain active, robust volunteer programs.

Although nursing homes have Activity departments, successful volunteer efforts benefit from the involvement and support of the entire staff. The project toolkit includes a staff training video, a wide-ranging handbook (in English and Spanish) which outlines the key components of a successful volunteer program, an idea guide and a promotional volunteer video to post on social media. All are available for free download at www.cahf.org



CAPTURING *Quality*

The American Health Care Association National Quality Award Program recognizes skilled nursing providers across the nation for efforts to enhance quality, and this year, many California facilities were recipients of this prestigious award.

Based on the Baldrige Performance Excellence Framework, a nationally recognized method for improving business performance, the program sets levels for quality and excellence. The program has three levels of awards: Bronze – Commitment to Quality, Silver - Achievement in Quality, and Gold – Excellence in Quality, each of which set progressively higher standards for performance. By moving through the three award levels, organizations will improve the quality of the care and services they provide.



2020 SILVER

ACHIEVEMENT IN QUALITY AWARD RECIPIENTS

- Eskaton Care Center Greenhaven | Sacramento
- Prestige Assisted Living at Visalia
- Windsor Gardens Care Center of Hayward

2020 BRONZE

COMMITMENT TO QUALITY AWARD RECIPIENTS

- Arroyo Vista Nursing Center | San Diego
- Aviara Healthcare Center | Encinitas
- Broadway Villa | Sonoma
- Country Manor La Mesa Healthcare Center
- Diamond Ridge HealthCare Center | Pittsburg
- Eskaton Care Center - Manzanita | Carmichael
- Excell Health Care Center | Oakland
- Extended Care Hospital of Westminster
- Glenwood Care Center | Oxnard
- Manorcare Health Svcs - Rossmoor | Walnut Creek
- Mission Hills Post Acute Care | San Diego
- Monte Vista Healthcare Center | Duarte
- Northbrook Healthcare Center | Willits
- Oakwood Gardens Care Center | Fresno
- Oroville Hospital Post Acute Center
- Palomar Vista Healthcare Center | Escondido
- Riverside Behavioral Healthcare Center
- Springs Road Healthcare | Vallejo
- Sunrise at Palos Verdes | Torrance
- Sunrise at San Marino | San Gabriel
- Sunrise at Tustin | Santa Ana
- Sunrise of Hermosa Beach
- Sunrise of Huntington Beach
- Sunrise of Pleasanton
- Sunrise of Sacramento
- Sunrise of Santa Monica
- Sunrise of Studio City
- Sunrise of Walnut Creek
- Sunrise of West Hills
- The Veterans Home of California | Fresno
- Town & Country Manor | Santa Ana
- Upland Rehabilitation & Care Center
- West Covina Healthcare Center
- Windsor Care Center of Petaluma
- Windsor Court Assisted Living | Palm Springs
- Windsor El Camino Care Center | Carmichael
- Windsor Gardens Care Center of Fullerton
- Windsor Gardens Convalescent Hospital of Los Angeles
- Windsor Gardens HC Center of the Valley | N. Hollywood
- Windsor Hampton Care Center | Stockton
- Windsor Rosewood Care Center | Pleasant Hill

MEASURING QUALITY

California skilled nursing providers continue to lead the nation in delivering quality care. According to the federal government, the state ranks # 1, 2 or 3 in the country in 10 separate quality performance categories as of October 1, 2020.

California providers are 4th best in the nation at reducing the inappropriate use of antipsychotic medication.

2020 QUALITY MEASURES	CA Average	U.S. Average	National Rank
ADL Decline	9.4	15.0	1
Catheter	1.7	1.6	
Depressive Symptoms	2.1	6.1	
Incontinence	38.3	48.1	3
Injurious Falls	1.7	3.4	2
Restraints	0.3	0.2	
Urinary Tract Infection	1.5	2.5	1
Weight Loss	4.8	5.9	2
NURSING HOURS			
Nurse Aide Hours per Resident per Day	2.62	2.33	1
LVN Hours per Resident per Day	1.26	0.92	
RN Hours per Resident per Day	0.71	0.75	
LONG STAY			
Ability to Move Worsened	13.7	18.5	2
Antianxiety/Hypnotic Medications	13.8	19.5	
Antipsychotic Medications	10.3	14.0	3
Emergency Room Visits per 1000 Resident Days	1.93	1.69	
Flu Vaccine	98.0	96.1	3
High-Risk Pressure Ulcers	6.9	7.4	
Pneumonia Vaccine	97.9	94.1	
SHORT STAY			
Antipsychotic Medications	1.3	1.8	
Emergency Room Visits	9.4	9.8	
Flu Vaccine	91.5	82.6	1
Improvements in Function	73.4	69.0	
Pneumonia Vaccine	93.1	83.7	1
Re-Hospitalization	22.0	21.7	

*Percentage of Nursing Home Residents if unit is not provided
Center for Medicare & Medicaid Services, 2020.

CALIFORNIA STAFFING MILESTONES

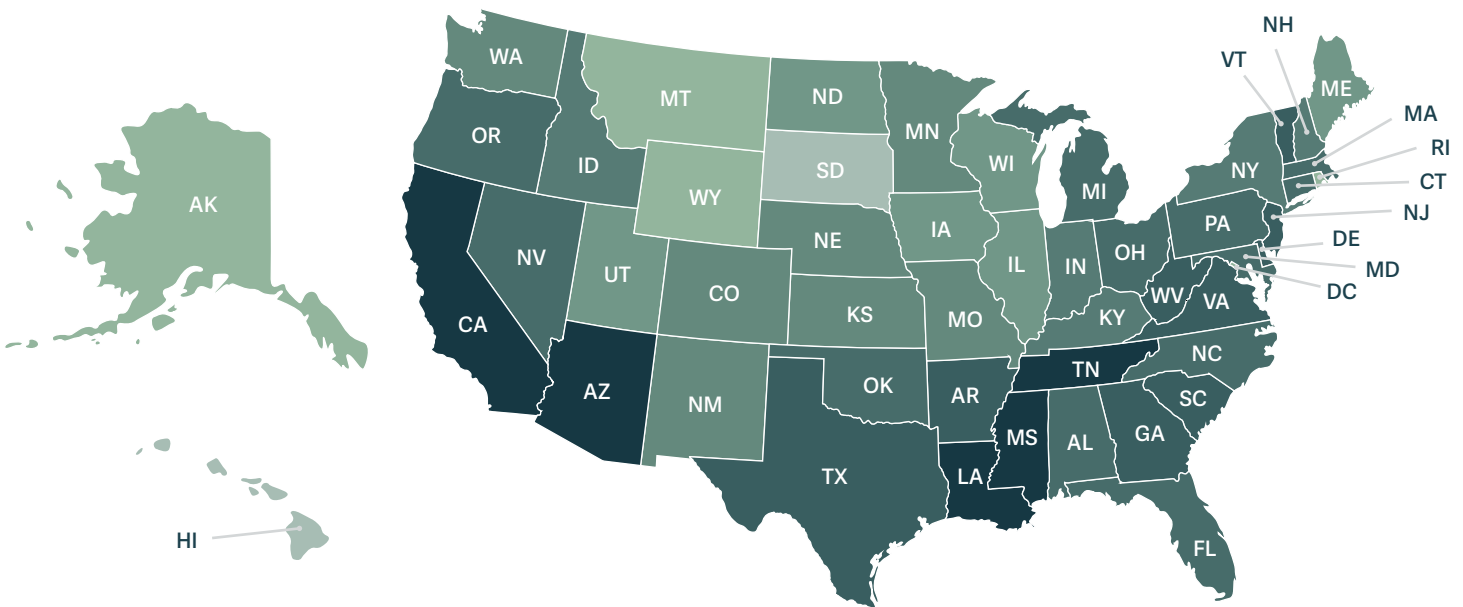
California has a requirement to deliver 3.5 hours of nursing care for each resident every day with 2.4 hours from a CNA.

According to federal data on total nursing hours, California is ranked 4th best out of the 50 states with nurse staffing averaging 4.05 hours per patient day. Data from the latest reporting period also shows that there are more licensed vocational nurses delivering care in California nursing homes than in 49 other states, RNs are at the national average and CNAs provide more hours of care per day than the national average.

TOTAL NURSING HOURS PER RESIDENT PER DAY WITH RNS, LVNS, AND CNAS

Top 10 States	RN Hours	LVN Hours	CNA Hours	Total Hours
ALASKA	1.34	0.48	3.78	5.61
OREGON	0.55	0.81	2.71	4.08
HAWAII	1.13	0.32	2.60	4.06
CALIFORNIA	0.46	1.09	2.49	4.05
VERMONT	0.62	0.91	2.47	4.01
NORTH DAKOTA	0.57	0.57	2.84	3.99
FLORIDA	0.56	0.80	2.61	3.98
WASHINGTON D.C.	0.82	0.49	2.60	3.92
IDAHO	0.67	0.78	2.46	3.92

LICENSED VOCATIONAL NURSE HOURS PER RESIDENT PER DAY





WORKFORCE CHALLENGES PERSIST

“In addition to caring for residents with COVID-19, employees had to comply with continuous changes to protocols. For many, days off were nonexistent due to staff being ill or coming in to be tested for COVID. The mental health of long term care employees will need to be addressed for years to come.”

Rebecca Turner, nursing home administrator

According to projections from the Office of Statewide Health Planning and Development (OSHPD) California will face a shortage of 31,000 nurses by 2030.

Even before COVID-19, the skilled nursing profession was dealing with a prolonged workforce shortage. The ongoing pandemic exacerbated the already difficult prospect of finding and maintaining a stable long term care workforce.

Large outbreaks took an emotional and physical toll on the workforce. Potentially exposed and sick employees were required to quarantine away from the nursing facility for two weeks, leaving others behind to take on additional duties, work extra shifts and forego time off. Administrators scrambled to find available help from nurse registries, other company facilities, county health departments and in some cases temporary assistance from the National Guard.

In the face of facility outbreaks, personal protective equipment shortages, and often a lack of childcare options, dedicated employees returned to work after recovering from COVID-19 to provide personal care to residents.

RECIPE FOR SUCCESS

DIETARY SERVICES GRANT

The safety and quality of dietary services in nursing homes has improved thanks to CAHF's three-year Dietary Services Project.

The grant funded program looked at common survey deficiencies and designed a program to help dietitians and food handlers to improve their kitchen practices.

A series of eight videos in English, Spanish and Tagalog were created to educate dietary workers on proper food storage, preparation, sanitation, hygiene and safe food handling. The toolkit, available to all skilled nursing homes in California, also includes sample checklists, logs, forms, posters and quizzes to stay informed on best kitchen practices.

Although the project faced challenges associated with the COVID-19 pandemic, an analysis of dietary survey performance showed that facilities that used the toolkits had lower numbers of dietary deficiencies and higher numbers of deficiency-free surveys compared to facilities that did not use the educational materials. In addition, nursing homes with a significant history of dietary deficiencies that used the toolkits showed drastic improvement.

The CDPH grant program concluded Dec. 31, 2020. Free toolkit materials, located on the CAHF website, remain available to all skilled nursing facilities in the state.



CNA KICKSTARTER PROJECT DELIVERS

Hundreds of new, much-needed certified nurse assistants entered the workforce during the past two years thanks to the efforts of the CNA Training Kickstarter grant.

The two-year project that concluded in Aug. 2020 focused on creating a sustainable culture for skilled nursing facilities to build and maintain a workforce of CNAs through their own Nurse Assistant Training Programs (NATP).

The educational components – delivered through online webinars – helped facility staff develop a reliable process for hiring, educating and retaining the nurse assistants.

The project was able to develop 41 new, facility based in-house training programs. That increased the total number of CDPH approved NATPs from 48 to more than 120 in the state. Initially, the grant added 313 certified nursing assistants to the California workforce, but the new training programs are adding countless others with ongoing classes and a willingness of providers to commit to their growth and sustainability.



CAHF SHOWCASE AWARD WINNERS

The Showcase Awards are designed to recognize facility, company, chapter or regional efforts promoting the positive image of long term care. CAHF's Showcase Awards are presented at the annual Spring Legislative Conference held in Sacramento.



VACCINATION "V" DAY ARARAT NURSING FACILITY

On January 7, 2021 staff and residents at the Ararat Nursing Facility in Mission Hills gathered in a large dining area and cheered and applauded when the Los Angeles County Strike Team entered the room to begin COVID-19 vaccinations. The goal of the event was to show the world the love and happiness that is shared within the facility and to demonstrate support and appreciation of the vaccine effort. Another goal was to address fears of getting the vaccine by demonstrating our trust in the science and research. Media outlets showed up to document the effort and the event was featured in USA Today. Many pictures have been distributed through Getty Images. The facility even received some phone calls from overseas after vaccination photos were circulated worldwide.



SOCIAL MEDIA "MOMENTS" HORIZON HEALTH & SUBACUTE CENTER

To counteract the loss of connection between residents and families due to COVID-19, Horizon Health & Subacute Center in Fresno decided to use social media (Facebook and Instagram) to give loved ones a way to look inside the facility and see that residents were thriving. The facility created short videos of staff parades performed on special days, including 'I Love Lucy Day' and 'Polka Dot Day.' It also posted staff awards and a message from the owner as well as pictures of staff and residents getting vaccinated. The postings brought comfort to families looking in and allowed them to see that the facility remains strong and committed to celebrating life and caring for residents.



ADOPT-A-WINDOW PROGRAM ROCKPORT HEALTHCARE SERVICES

After a Rockport Healthcare Services company facility hired a talented 14-year-old artist to paint the windows in a facility with messages of love, five other company facilities decided to do the same in their communities to bring art and creativity into their buildings. In each case, activity directors reached out to local artists who had experienced a loss of work due to the pandemic to ask them to participate. Each center developed a theme for their window artwork incorporating input from residents and staff. Now, hearts, oversized flowers, green vines and butterflies adorn the windows at many facilities for everyone to enjoy.

DEVELOPMENTAL SERVICES LICENSURE & CLIENTS

CAHF represents providers that administer 24 hour care to individuals with developmental disabilities in licensed Intermediate Care Facilities (ICFs). California has three licensure categories for developmental services providers. Services provided include, but are not limited to, training and support in life skills such as mobility, socialization, employment and recreation.



Intermediate Care Facility for Persons with Developmental Disabilities - Habilitative (ICF/DD-H)

Facilities of 15 beds or less serving individuals who may have intermittent need for nursing care. The emphasis is on enhancing or preventing regression of intellect, functional skills and the emotional well-being of the person. Typically, care is provided in a group home setting. Approximately 97 percent of California's 677 ICF/DD-H facilities contain six or fewer beds.

Intermediate Care Facility for Persons with Developmental Disabilities - Nursing (ICF/DD-N)

Facilities of 15 beds or less that serve persons who have continuous needs for nursing care for monitoring of medications or conditions such as epilepsy. More than 90 percent of ICF/DD-N clients utilize wheelchairs. There are approximately 405 ICF/DD-Ns in California.



Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)

Facilities with 16 or more beds serving individuals who may have intermittent or continuous needs for nursing care. There are approximately 13 ICF/DDs in California – 9 free-standing, 3 distinct-parts (DPs) of state hospitals and 1 DP of a skilled nursing facility.

GENDER

46%
Women



54%
Men

AGE

3%
Under 22

32%
22 - 45

48%
46 - 65

17%
Over 65

DISABILITIES & CONDITIONS



Language Impaired 55%
Hard of Hearing 14%
Deaf 3%



Medical Care Plan 37%
Behavioral Drugs 47%
Restrained 2%



Controlled Epilepsy 42%
Uncontrolled Epilepsy 5%
Total Epilepsy 46%



Mild Mental Retardation 19%
Moderate MR 21%
Severe MR 24%
Profound MR 33%
Autistic 10%
Cerebral Palsy 39%



Impaired Vision 30%
Blind 9%

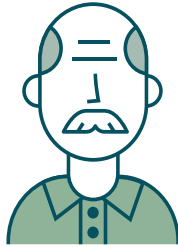
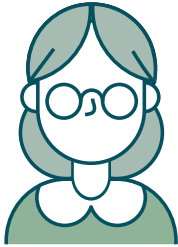


Mobile Nonambulatory 42%
Total Nonambulatory 82%

SKILLED NURSING CARE RESIDENT DEMOGRAPHICS

GENDER

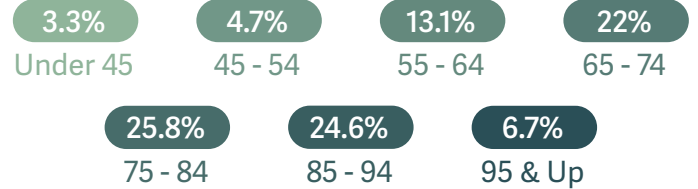
58%
Women



42%
Men

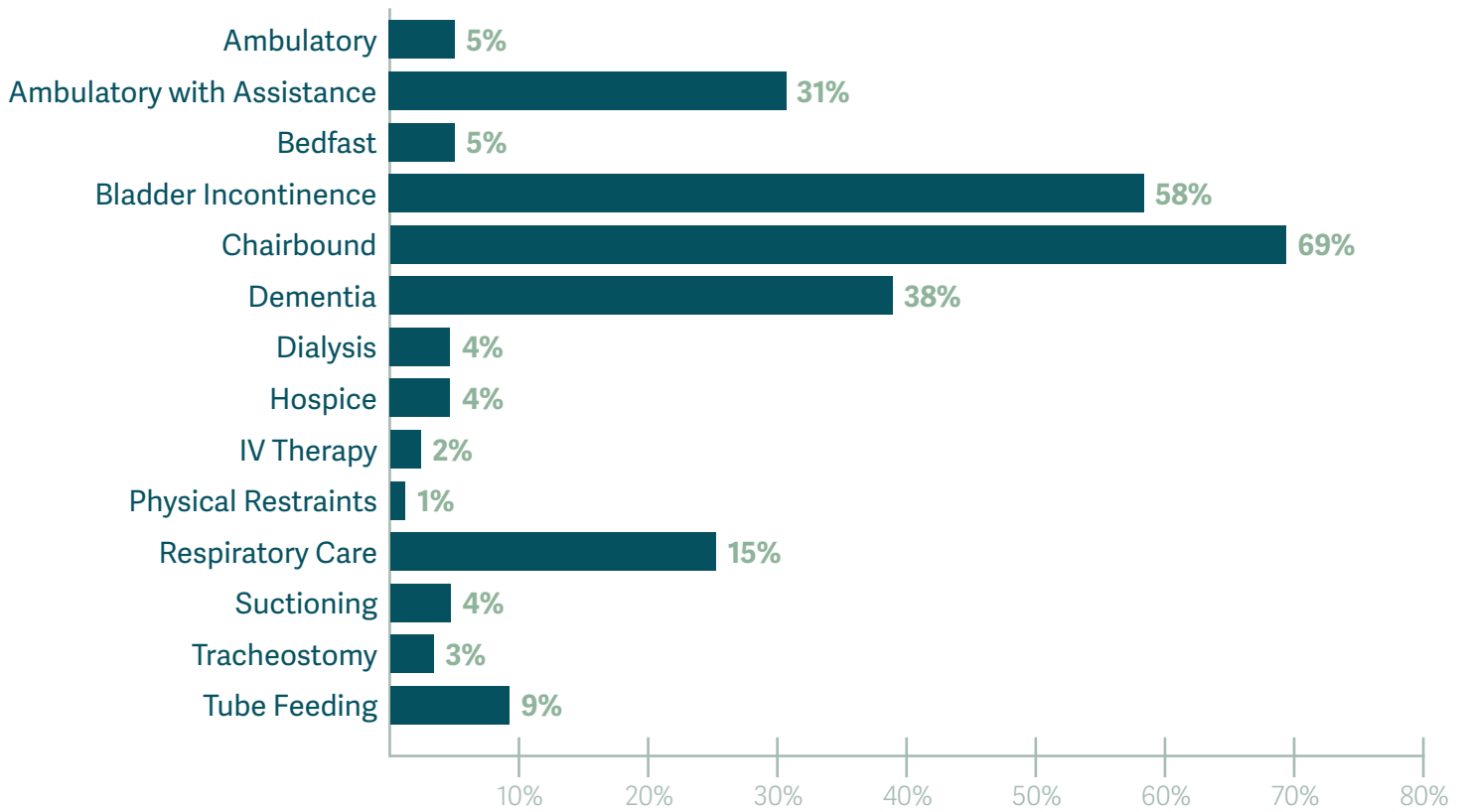
AGE

Nearly **60%** of LTC residents are 75 or older

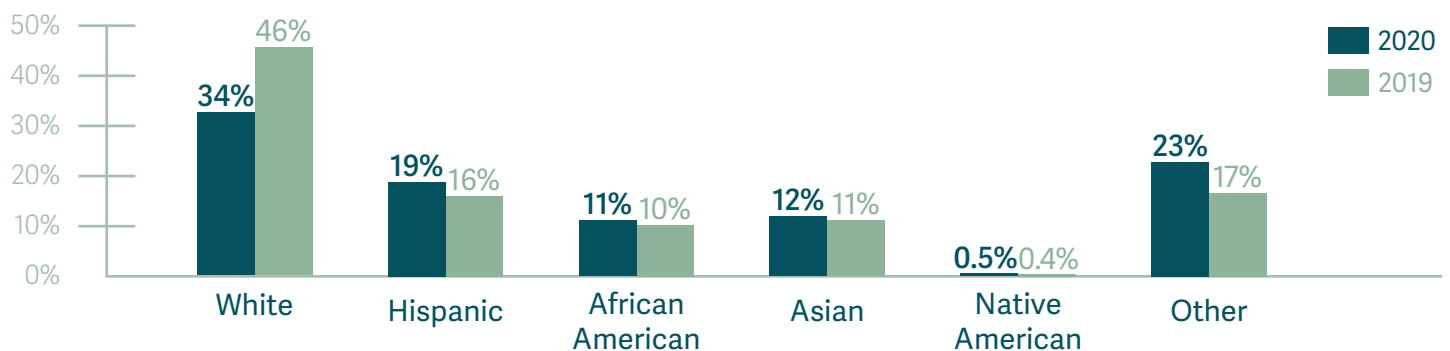


HEALTH CONDITIONS

PERCENTAGE OF RESIDENTS REQUIRING TREATMENT



RACIAL MAKEUP



SKILLED NURSING CARE DATA REPORT

QUICK FACTS

There are **1,101** freestanding skilled nursing facilities throughout California.



400,000

patients in facilities per year

147,000

facility employees

88%

occupancy rate

\$6.9 billion

in payroll and benefits annually

Less than 3 months

average length of stay
for 88% of patients

FACILITY SIZE



25%

1 - 59 Beds



42%

60 - 99 Beds



33%

100+ Beds

DAILY LIVING ACTIVITIES

Percentages represent the level of support provided to residents by nursing staff



99%

Bathing



97%

Dressing



74%

Feeding




95%

Toilet Use



94%

Transferring



Founded in 1950, the California Association of Health Facilities is a non-profit, professional organization representing more than 900 skilled nursing facilities and 400 intermediate care facilities for individuals with developmental disabilities. Each year, more than 147,000 caregivers provide short-term rehabilitation, long term care, end-of-life support and habilitative nursing services for 400,000 people. CAHF is the largest provider of continuing education for long term care providers in California.

For more information, visit www.cahf.org