


California Department of Public Health  
 Center for Health Care Quality  
 Licensing and Certification Program

**CAHF Annual Convention**  
 Palm Springs, CA

November 13, 2017




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**CHCQ L&C Organization**


Jean Iacino, Deputy Director

Scott Vivona, Assistant Deputy Director

CJ Howard, Chief of Policy and Planning

Virginia Yamashiro, Chief of Field Operations, Non-Long-Term Care

Cassie Dunham, Chief of Field Operations, Long-Term Care




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**CHCQ L&C Organization**

Field Operations Branch Chiefs:

**Tina Paschke – Region I**  
 Chico, Sacramento, Santa Rosa  
 Centralized Applications Unit

**Eric Morikawa – Region II**  
 San Diego North, San Diego South, State Facilities Section  
 Medical Breach Enforcement, Emergency Preparedness

**Andy Barbusca – Region III**  
 Bakersfield, Fresno, Ventura  
 Field Operations Support




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### CHCQ L&C Organization

Field Operations Branch Chiefs:  
 Vacant– Region IV  
**Deena McFarland – Region V**  
 East Bay, San Francisco, San Jose  
**Jackie Lincer – Region VI**  
 Orange County, Riverside  
 Consultants, Life Safety Code  
**Lena Resurreccion– Region VII**  
 Los Angeles County, San Bernardino  
 Staff Education and Quality Improvement Section (SEQIS)




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### CHCQ L&C Organization

<p><b>Virginia Yamashiro</b>  <u>Chief of Field Operations, Non-Long-Term Care</u>        East Bay, San Francisco, San Jose, Orange, Riverside, San Bernardino, LA County        Oversight Responsibilities:</p> <ul style="list-style-type: none"> <li>• Non-Long-Term Care Policy Issues</li> <li>• Tier 2 Workload</li> <li>• State APs for Adverse Events</li> <li>• LA County</li> <li>• State Facilities Section</li> <li>• Medical, Pharmacy and Nutrition Consultants</li> <li>• SEQIS-Staff Education and Quality Improvement</li> </ul>	<p><b>Cassie Dunham</b>  <u>Chief of Field Operations, Long-Term Care</u>        Chico, Sacramento, Santa Rosa, San Diego N/S, Bakersfield, Fresno, Ventura        Oversight Responsibilities:</p> <ul style="list-style-type: none"> <li>•Long-Term Care Policy Issues</li> <li>•Citations</li> <li>•Tier 1 Workload</li> <li>•Temporary Managers</li> <li>•Special Focus Facilities</li> <li>•Centralized Applications Unit</li> <li>•Breach Enforcement</li> <li>•Emergency Preparedness</li> </ul>
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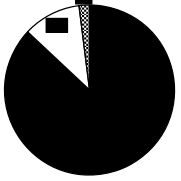
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### Surveyor Staffing Status

Health Facilities Evaluator Nurse Positions




610 Positions  
 530 Filled  
 68 Vacant  
 12 Pending Hires

Projected Vacancy rate of 11% once 12 pending are on board

Data as of 9/27/2017

■ Filled □ Vacant ▣ Pending




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## Workload Completion Long-Term Care (LTC) Complaints

- SB 75 - Effective 7/1/17 CDPH must complete all LTC complaints within 90 days of receipt
- Data as of Quarter 4 of SFY 16-17:
  - Q1: 218 IJs received, 97% completed  
2,009 Non-IJs received, 63% completed
  - Q2: 177 IJs received, 85% completed  
1,847 Non-IJs received, 63% completed
  - Q3: 215 IJs received, 93% completed  
2,084 Non-IJs received, 66% completed
  - Q4: 309 IJs received, 2,094 Non-IJs received; completion rates pending




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## ePOC Implementation

- In January 2016, California implemented CMS web-based e-POC program with roll-out LTC provider enrollment and activation by District offices
  - As of July 2017: 15 District offices activated
  - As of July 7, 2017- provider activation/enrollment:
    - Activated facilities: 16
    - Waiting for activation: 89
    - **TOTAL: 305 (263 in Dec 2016)**
- Total 2567's adjudicated: **1450 (250 in Sept.2016)**  
Open: 66      Closed: 1384      LSC: 136




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## Performance Metric Dashboards

**LICENSING AND CERTIFICATION PROGRAM**

Dashboard overview with sections for:
 

- Stakeholders and Policy Makers
- Health Care Partnerships
- Stakeholder Information
- Program Performance
- Budgetary and Fiscal Reports
- Performance Metrics Dashboards
- Field Operations
- Professional Certification Branch
- Vacancy Reports

**Stakeholders and Policy Makers**

**Health Care Partnerships**

**Stakeholder Information**

**Program Performance**

**Budgetary and Fiscal Reports**

**Performance Metrics Dashboards**

**Field Operations**

- Complaints/Notified-Offender Incidents (NRI)
- Satisfaction/Recapitulation Surveys
- Long-Term Care Citations

**Professional Certification Branch**

**Vacancy Reports**




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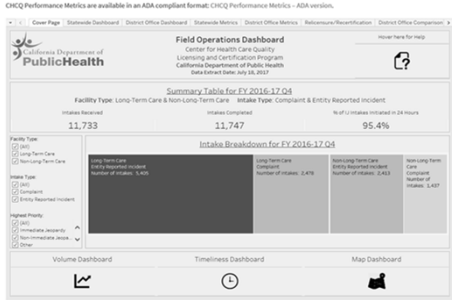
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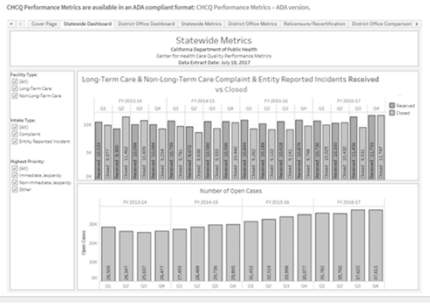
## Field Operations Performance Dashboard

### Field Operations Complaints/Entity-Reported Incidents (ERIs)



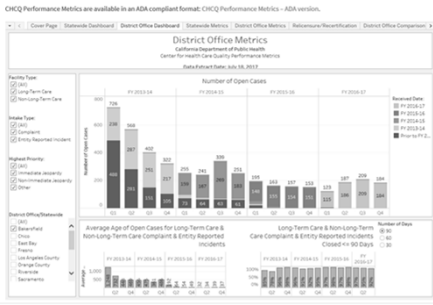
## All Complaints and Entity Reported Incidents (ERIs)

### Field Operations Complaints/Entity-Reported Incidents (ERIs)

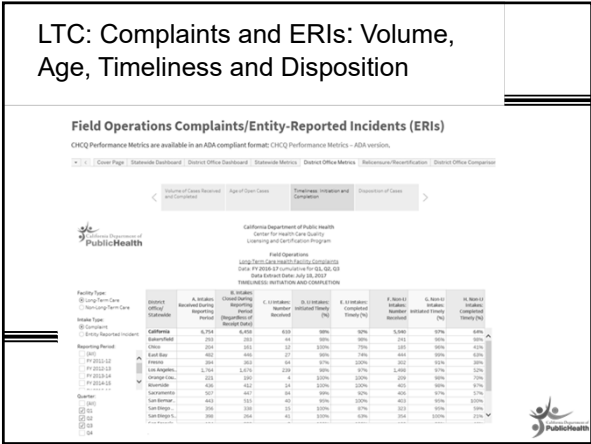


## All Complaints and ERIs by District Office

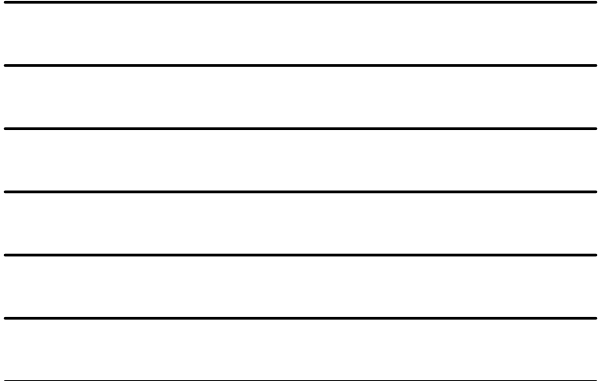
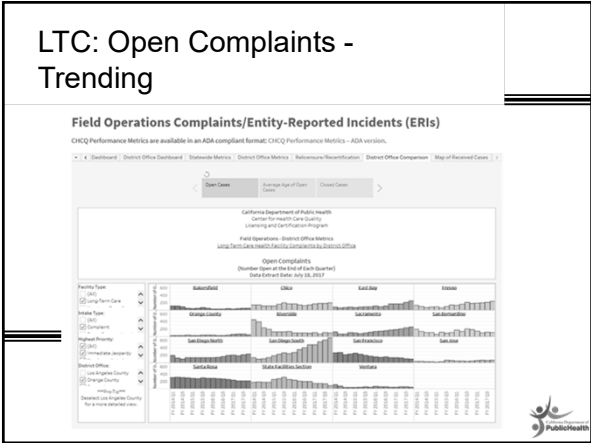
### Field Operations Complaints/Entity-Reported Incidents (ERIs)



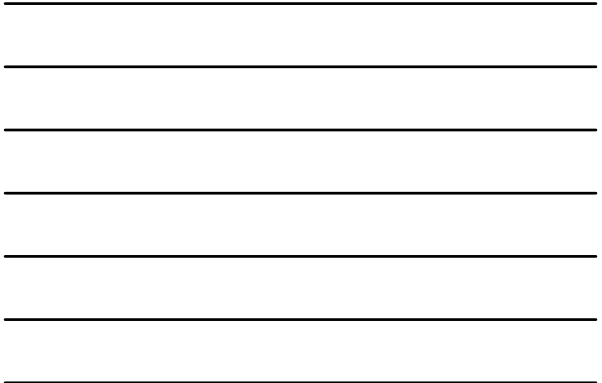
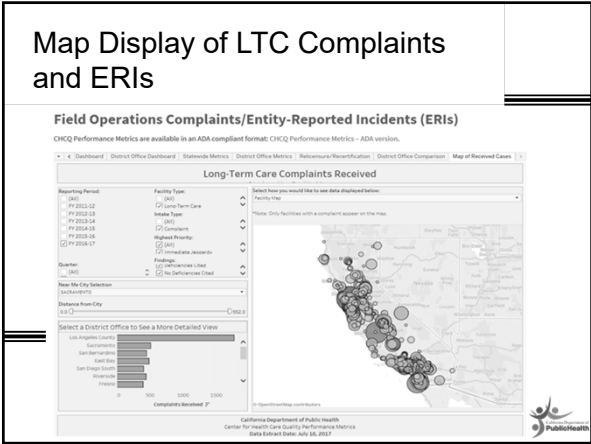
## LTC: Complaints and ERIs: Volume, Age, Timeliness and Disposition

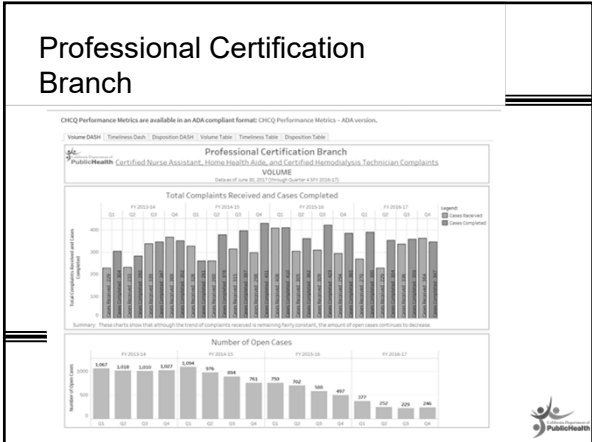


## LTC: Open Complaints - Trending



## Map Display of LTC Complaints and ERIs






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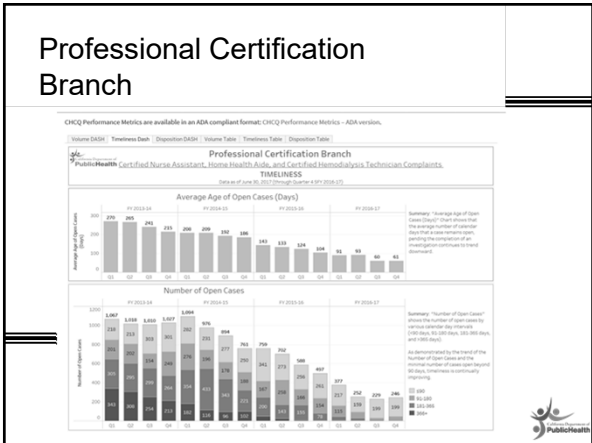
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### Top 10 Federal Violations

Skilled Nursing Facility Deficiency Top 10 - State Fiscal Year 2016-17 (7/1/2016-6/30/2017) - FEDERAL

Regulation Description	% of Total	Count	Top 10 Ranking	Calendar Year 2016	Calendar Year 2015
483.25(d) / FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	5.5	983	1	1	1
483.65 / INFECTION CONTROL, PREVENT SPREAD, LINENS	4.9	873	2	2	2
483.25 / PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	4.8	752	3	3	4
483.60(i) / FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	4.2	752	4	4	3
483.20(d), 483.20(b)(1) / DEVELOP COMPREHENSIVE CARE PLANS	3.5	630	5	5	5
483.70(i)(1) / RES RECORDS-COMplete/ACCURATE/ACCESSIBLE	3.5	621	6	6	6
483.60(b) / DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	3.3	592	7	7	8
483.10 / DIGNITY AND RESPECT OF INDIVIDUALITY	2.8	497	8	8	10
483.20(x)(3)(i) / SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	2.7	492	9	9	9
483.25(j) / DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	2.6	469	10	10	7
<b>Total</b>		<b>6661</b>		<b>4745</b>	

Data Extract 7/18/2017

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# Top 10 State Deficiencies

Skilled Nursing Facility Deficiency Top 10 - Calendar Year 2016 (1/1/2016-9/30/2016) - STATE

Regulation Description	Count	Top 10 Ranking	2016	2015
T22 DIV5 CH3 ART5-72535(a) / Employees' Health Exam and Health Records	83	1	1	2
T22 DIV5 CH3 ART5-72533(a)(1)(i) / Employee Personnel Records	68	2	5	5
T22 DIV5 CH3 ART3-72305(b)(4) / Physician Services—Medical Director	63	3	4	9
T22 DIV5 CH3 ART3-72322(c)(2) / Nursing Service—Patients with Infectious Dis	56	4	6	NA
T22 DIV5 CH3 ART5-72535(b) / Employees' Health Exam and Health Records	54	5	2	3
T22 DIV5 CH3 ART5-72547(a)(4) / Content of Health Records	52	6	8	NA
1276.5(a) / HSC Section 1276	44	7	NA	NA
T22 DIV5 CH3 ART5-72547(a)(6) / Content of Health Records	42	8	7	7
T22 DIV5 CH3 ART3-72322(c)(1) / Nursing Service—Patients with Infectious Dis	39	9	NA	NA
T22 DIV5 CH3 ART5-72533(a)(1)(E) / Employee Personnel Records	33	10	NA	NA
Total	534			

Data Extract 10/16/2017



# Centralized Applications Unit- Volume and Performance

CHCQ Performance Metrics are available in an ADA compliant format: CHCQ Performance Metrics - ADA version.

California Department of Public Health  
Center for Health Care Quality  
Licensing and Certification Program

Centralized Applications Unit  
Initial License Applications, Change of Ownership, and Request of Change  
Data as of Date: 09, 2017 (Completions Through Quarter: 9, FY 2016-17)

Filter by Approval Status: All, Approved, Denied, Pending

Reporting Period	Quarter	F	A. Applications Received During Reporting Period	B. Applications Completed During Reporting Period (Department Reported Total)	C. Grants/Revisions in Open Applications by Reporting Period	D. Applications Open by Reporting Period Reported
FY 2016-17	Q4	04	420	458	29	280
	Q3	03	1,243	1,311	776	862
	Q2	02	850	930	630	679
	Q1	01	823	928	584	542
			832	928	588	587
			519	598	384	348
			400	476	325	348
			379	386	253	248
			280	339	183	211
			205	243	96	144
			180	211	105	121
			135	162	73	82
			6,595	8,402	3,977	3,973

Notes:  
 - This table specifies the number of incoming or report of change applications that are part of Health Care Quality (CHCQ) Operations Applications Unit (OAU) that are used for health facilities, and the growth or reduction of open applications. Facilities that claim requests that either no applications/change requests were received for the quarter, or no report of change applications.  
 - Filter: Selects the number of applications (OAUs) received during the respective reporting period.  
 - Columns A and B: The number of applications (OAUs) completed during the respective reporting period, regardless of the reporting period in which they received the applications.  
 - Column C: Shows the difference between these applications received and completed during the respective reporting period (OAUs). When the value of Column C is positive, the number of open applications increased during the reporting period. When the value of Column C is negative, the number of open applications decreased during the reporting period.  
 - Column D: Shows the number of applications open at the end of the reporting period, by the reporting period in which CHCQ received the application.  
 - Filter: Health Care Quality (CHCQ) Operations Unit (OAU) includes applications for Initial License Applications, Change of Ownership, and Request of Change. Other categories include: Application for Renewal, Application for Renewal of License, Application for Renewal of Certificate of Approval, Application for Renewal of Certificate of Compliance, Application for Renewal of Certificate of Compliance (COC), Application for Renewal of Certificate of Compliance (COC) - Renewal, Application for Renewal of Certificate of Compliance (COC) - Renewal (COC), Application for Renewal of Certificate of Compliance (COC) - Renewal (COC) - Renewal (COC), Application for Renewal of Certificate of Compliance (COC) - Renewal (COC) - Renewal (COC) - Renewal (COC).



# Centralized Applications Unit- Volume and Performance

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California Department of Public Health  
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Centralized Applications Unit  
Initial License Applications, Change of Ownership, and Request of Change  
Data as of Date: 09, 2017 (Completions Through Quarter: 9, FY 2016-17)

Filter by Approval Status: All, Approved, Denied, Pending


Reporting Period	Quarter	F	A. Applications Received During Reporting Period	B. Applications Completed During Reporting Period	C. Average Days to Complete Application	D. Total Open Applications	E. Open Applications - Provider	F. Open Applications - CAO Renewal	G. Open Applications - Average	H. Open Applications - Average
FY 2016-17	Q4	04	420	458	230	611	1,112	249	352	352
	Q3	03	1,243	1,311	1,061	2,784	987	180	339	339
	Q2	02	850	930	1,001	2,030	937	174	288	288
	Q1	01	812	928	1,000	2,308	1,046	740	149	280
			832	928	1,001	1,821	1,021	620	126	253
			519	598	1,000	1,222	798	424	114	243
			400	476	1,000	928	488	232	104	244
			379	386	1,000	687	432	265	86	232
			280	339	1,000	442	240	133	90	184
			210	243	86	379	230	149	80	156
			180	211	60	279	173	106	67	122
			135	162	28	175	118	59	46	82

Notes:  
 - This table specifies the number of incoming or report of change applications that are used for health facilities, and the growth or reduction of open applications. Facilities that claim requests that either no applications/change requests were received for the quarter, or no report of change applications were received for the quarter, or no report of change applications.  
 - Filter: Selects the number of applications (OAUs) received during the respective reporting period.  
 - Columns A and B: Shows the number of applications (OAUs) received and completed during the respective reporting period (OAUs).  
 - Column C: Shows the average number of days taken to complete an application.  
 - Column D: Shows the total number of open applications at the end of the reporting period.  
 - Column E: Shows the number of open applications for Initial License Applications, Change of Ownership, and Request of Change.  
 - Column F: Shows the number of open applications for Renewal of License.  
 - Column G: Shows the number of open applications for Renewal of Certificate of Approval.  
 - Column H: Shows the number of open applications for Renewal of Certificate of Compliance.



## Centralized Applications Unit- Volume and Performance

- Staffing
  - 1 Staff Service Manager II
  - 2 Staff Service Manager I
  - 13 Associate Governmental Program Analysts
  - 2 Program Technician II
  - 2 Retired Annuitant Associate Governmental Program Analysts
  - 2 Student Assistants
  
- Adding in November 2017:
  - 2 Staff Service Manager I
  - 5 Associate Governmental Program Analysts
  
- Potential expansion of an additional 5 analysts, 1 Office Technician and 1 Program Technician II




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## CalHealthFInD

- Replaces Health Facility Consumer Information System (HFCIS)
- Includes all provider/facility types
- Incorporates 5 star rating, links to CMS page, and other facility characteristics, details



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## CalHealthFInD

**-Sample- For Display Only**



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CalHealthFInD

**Golden County Health Center**

Facility Type: Skilled Nursing Facility

1112 Fair Oaks Blvd,  
Sacramento, CA 95822  
County: Sacramento  
Phone: (916)555-5222

29

Register a Complaint Report Entry Information

**Services**

- ✓ Basic Emergency Medical
- ✓ Outpatient Clinics
- ✓ Adult Day Care
- ✓ Outpatient Services
- ✓ Nuclear Medicine
- ✓ Nuclear Medicine
- ✓ Outpatient Services
- ✓ Outpatient Services
- ✓ Physical Therapy
- ✓ Physical Therapy
- ✓ Respiratory Care Services
- ✓ Respiratory Care
- ✓ Social Services
- ✓ Speech Pathology

**Offsite Services**

Type: Inpatient Surgery OR Outpatient Surgery Services  
Address: 3015 Health Center Drive, San Diego  
View Location Assistance Policy

LAC District Office Contact Information  
Previous Known Names  
License Information  
Certification Information  
Survey and Inspection Results  
Ownership Information

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## AEM (Adobe Experience Manager)

On-Line application form

Starting with SNF, ICF and Primary Care Clinic applications

Go Live January 2018

System Integration Testing & User Acceptance Testing currently underway

User Acceptance Testing cycles: Mid November to Mid December

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## Federal CMP Projects

- Music and memory (Approved)
  - 25 more facilities by 2/2018. Project end June 2018
- CAHF Improve Dietary Services, Training materials (Approved)
  - Launch 7/2017, analysis underway (7/1/17-12/31/2020) \$1.1M
- CNA Training Kickstarter Project (Application under review)
  - SNFs to become approved facility based CNA training programs (4/1/18-3/31/2020) \$2.65M
- Volunteers in SNFs (Preliminary approval)
  - 20 SNFs, positive person-centered practices & how to implement and sustain a volunteer program (7/1/18-12/31/2020) \$703K

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### Federal CMP Projects

- Dementia Care training program (Application pending)
  - Development of 2 hour curriculum on Alzheimer's and related dementias & person centered care that can be used by CNA training programs at no cost. \$27K
- Improve dementia care in California nursing homes (Application pending)
  - Involves Dementia Live™ which is a simulation training for professional and family caregivers, and Compassionate Touch, which is a skilled touch approach to reduce the use of antipsychotics.




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### National Partnership to Improve Dementia Care in Nursing Homes

	% change since Baseline 2011 Q4	State Ranking	2011 Q4	2017 Q2
Region 1	-34.9	Hawaii #1	12.5%	6.8%
Region 2	-41.4	California #4	21.6%	11.9%
Region 3	-31.9	Arizona #14	22.7%	13.8%
Region 4	-36.4	Nevada #29	20.3%	15.7%
Region 5	-31.9			
Region 6	-39.7			
Region 7	-26.9			
Region 8	-28.0			
Region 9	-43.4			
CA	-44.8			
Region 10	-32.6			
<b>National Avg.</b>	<b>-35.0</b>			




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### State Law Change: 3.5 Direct Care Nursing Hours Per Patient Day

- Effective July 1, 2018, SB 97 requires SNFs, except those that are a distinct part of a general acute care hospital or a state-owned hospital or developmental center, to have a minimum of 3.5 direct care hours
- Only operative upon appropriation in the annual budget act and on continued approval of the Skilled Nursing Facility Quality Assurance Fee.
- CDPH must develop emergency regulations in consultation with stakeholders to implement the 3.5 direct care services of per patient day with a minimum of 2.4 hours performed by CNAs
- Must provide notice to stakeholders at least 90 days prior to adopting regulations – by April 1, 2018
- The bill authorizes two types of waivers:
  - A waiver to meet individual patient needs while maintaining the 3.5 direct care service hours
  - A waiver process due to a shortage of appropriate health care personnel and direct caregivers




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**Provider and Consumer Engagement Expectations (PaCEE) project**

- **Goal:** To document provider and consumer (public) expectations from CDPH L&C program during surveys, complaint investigations, and informal conferences and appeal process and meet these expectations in the performance of L&C activities.
- **Workgroup members:** District office managers, administrators, supervisors and trainers led by Branch Chiefs
- Provider and Surveyor workgroup meetings - initiated- July 19,2016
- Consumer workgroup meetings-initiated -Dec. 2016




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**Provider and Consumer Engagement Expectations (PaCEE) project**

- **Provider Expectation (example):** CDPH L&C staff is expected to demonstrate professional conduct at all times, to include mutual respect and cooperation between the provider, consumer and CDPH L&C staff. CDPH L&C staff are expected to be trained and knowledgeable in conducting the survey and investigation process.
- **Customer Expectation (example):** The consumer can expect that CDPH L&C Staff will treat his/her concerns with privacy and confidentiality within the limits of the laws and regulations.
- **SURVEYOR CODE OF CONDUCT-** developed and will be included in the curriculum for the New Surveyor Academy on Surveyor Conduct.




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**Surveyor Code of Conduct**

S	Share expectations for survey process and investigations
U	Unbiased, understand the provider and complainant's perspective
R	Respond with respect and professionalism at all times
V	Verify the process and facts
E	Engage in open dialogue and communication
Y	Yearn for learning and opportunities for improvement
O	Opportunity to promote change by remaining open minded
R	Resolve conflicts in non threatening and non judgmental behavior




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# Nor Cal Fires

Impact:

- 2 – GACH
- 2 – APHs
- 1 – State Psych Hospital
- 11 – SNFs
- 13 – ICFs
- 6 – CDC/ESRD
- 1 – State Developmental Center
- 1 – Veterans Home




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# Nor Cal Fires

**October Wildfires 2017**




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# Nor Cal Fires



**Started Monday,  
By Wednesday afternoon:**  
 Number of facilities affected: 43  
 # evacuated: 20  
 # not at normal operations: 33  
 # of patients/residents evacuated: 905

**Final Count:**

Number of facilities affected: 52  
 # evacuated: 28  
 # not at normal operations: 52  
 # of patients/residents evacuated: 1,160  
 # approved to return: all  
 Damage to 1 primary care clinic and 1 dialysis clinic

*\*Anaheim fire also resulted in 1 Congregate Living Health Facility Evacuation*




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**Emergency Preparedness Regulations**

*Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*

Mandatory compliance :  
November 15, 2017.



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**Nor Cal Fires- Challenges and Questions**

- Communication/Updates with other departments
- Monitoring care at shelters
- Staff evacuations
- Tracking residents, secondary evacuations
- Reaching representatives from evacuated facilities
- Staff resources for repopulation site visits
- Utilities and communication lines compromised, unable to notify the department
- Temporary over-bedding, use of emergency space, hospital surges
- EMTALA waivers
- Evacuees in temporary housing
- Return transportation
- Payment for services



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**QUESTIONS?**



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