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May 14, 2015

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H. *Cynthia A. Harding*
Interim Director

SUBJECT: **STATE METRICS RELATED TO LONG-TERM CARE HEALTH FACILITIES COMPLAINT AND ENTITY REPORTED INCIDENT INVESTIGATIONS**

This is to provide your Board with notice of posting by the California Department of Public Health (CDPH) of statewide and local district metrics related to complaint and entity reported incident (ERI) investigations of long-term care health facilities. The CDPH Center for Health Care Quality, Licensing and Certification Program (L&C) has been posting quarterly metrics on their website since last year. L&C informed the Los Angeles County (LAC) Department of Public Health (DPH) that it would be breaking down the metrics publicly posted, by district offices. This includes complaint and ERI investigation metrics for the DPH Health Facilities Inspection Division (HFID), which is contracted by the State to conduct these services for the district office in LAC. Cumulative metrics through the third quarter of the State's fiscal year (FY) (through March 31, 2015), posted on CDPH's website on May 14, 2015, are provided in the Attachment and are available online at <http://www.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx>.

At first glance, the metrics appear to show that LAC is underperforming in some areas. We have previously reported to your Board on deficiencies that were noted in this program by State and Auditor-Controller quality reviews and corrective actions taken. We have also reported to your Board on the chronic under-resourcing of this program by the State, and the successful actions DPH is taking in contract negotiations with the CDPH to secure additional resources. The Governor's FY 2015-16 Proposed Budget allocated a 48% increase in staff and a 30% decrease in workload. DPH continues to meet with Legislative and Administration leadership to request additional resources through the State's Budget process and to negotiate a new three-year contract with CDPH, assuring the funding and staffing is commensurate with the workload.

According to the State staffing model used to allocate funds in the Governor's Proposed Budget, DPH would need 331 positions to complete all of the workload. Currently responsible for all the workload with less than half the needed positions (151 funded positions), on July 1, 2014, HFID implemented a fiscal year work plan, focusing on the highest risk complaints (immediate jeopardy

[IJ]) and in providing a reduced number of quality surveys and investigations. This work plan included working IJ complaints from initiation to completion, but did not include completion of non-IJ complaints and addressing aged complaints as a priority.

Given the lack of sufficient resources, LAC worked from a prioritized work plan and has met or exceeded expectations. With a new three-year contract allocating adequate staffing and resources, DPH will be able to increase the completion of non-IJ complaints/ERIs and address aged complaints, which are currently included in calculating the numbers identified in the metrics. The following is our summary analysis of the CDPH's metrics for LAC.

Timeliness of Complaints and ERIs

The State's metrics summarize the timeliness of initiating IJ and non-IJ complaints and IJ ERIs, as well as timeliness of completion of complaints and ERI investigations. (See Long-Term Care Health Facility Complaints by District Office, page 7, and Long-Term Care Health Facility Entity Reported Incidents by District Office, page 7).

For LAC complaint investigations, the metrics indicate that 89% of non-IJ complaints were initiated timely. The percentage below 100% was due to clerical errors with data entry, previously reported to your Board in July 2014, that have since been corrected.

In terms of timely initiation of IJ complaints, we are at 99%. (A total of 1,300 complaints, approximately 23% of the total complaints statewide, were received during this reporting period. Of these, 164 were IJ complaints).

For timeliness of completion, we completed 290 of the 1,300 complaints within 90 days and over half of the complaints within 180 days. The timeliness of completion of outstanding non-IJ and aged complaints will not be prioritized in our work plan until sufficient resources are available.

In terms of timely initiation of IJ ERIs, 99% of high-risk ERIs are initiated timely. (A total of 2,495 were received during this reporting period, representing approximately 17% of the State total. Of these, 133 were IJ ERIs).

We completed 842 ERIs (61% of the total received) within 90 days, and 79% within 180 days. As above, outstanding non-IJ and aged ERIs will remain a low priority for completion until sufficient resources are available.

Recertification Surveys

For recertification surveys (Long-Term Care Health Facility State Recertification Surveys by District Office, page 2), the data indicate that LAC completed 293 recertification surveys. According to our prioritized work plan, LAC was scheduled to complete 210 recertification surveys during this reporting period. This number will significantly increase as additional staff becomes available.

Each Supervisor
May 14, 2015
Page 3

Relicensure Surveys

LAC is reported to have completed 2% of the State Relicensure Surveys. (See Long-Term Care Health Facility State Relicensure Surveys by District Office, page 2). This State activity is not part of the LAC priority work plan, which accounts for the low completion percentage.

In summary, the CDPH metrics report was developed with the assumption of appropriate staffing and resources to address complete workload. LAC has been severely under-resourced and thereby our productivity is not accurately reflected compared to available staffing and resources. We are continuing to work with the State to negotiate a contract commensurate with the workload, and look forward to the appropriation of adequate resources and the ability to reflect LAC performance improvement within future CDPH published metrics.

CAH:eh

Attachment

c: Interim Chief Executive Officer
County Counsel
Acting Executive Officer, Board of Supervisors



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

Attachment

Field Operations
 Long-Term Care Health Facility Complaints
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
VOLUME

	A	B	C	D
Reporting Period	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints by Reporting Period	Open Complaints Remaining by Reporting Period Received
Current State Fiscal Year				
2014-2015, Cumulative through Quarter 3	5,534	4,676	858	2,663
Previous State Fiscal Years				
2013-2014	6,507	6,675	-168	1,237
2012-2013	6,412	6,737	-325	546
2011-2012	6,161	5,986	175	324
Totals	24,614	24,074	540	4903*

This table identifies the number and growth or reduction in open complaints cases related to Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. Licensing and Certification Program's Field Operations considers a case completed when it has fully completed the investigation and documented the case as completed in its database.

Table Notes:

- Column A shows the number of new complaints Field Operations received during the respective reporting period.
- Column B shows the number of complaints Field Operations completed during the respective reporting period, regardless of the reporting period in which the complaint was received.
- Column C shows the difference between complaints received and completed during the respective reporting period (C=A-B). When the value of Column C is positive, the number of open complaints increased during that reporting period. When the value of Column C is negative, the number of open complaints decreased.
- Column D shows the number of complaints received in a given reporting period that Field Operations has not completed as of the current reporting period. This does include some cases where the investigation has been fully completed, however the case may not have been completed in the database.

*There are 133 open complaints received prior to Fiscal Year 2011-2012, for a total of 4903 (133 + 4770) open complaints as of April 1, 2015.



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 Licensing and Certification Program

Attachment

Field Operations
 Long-Term Care Health Facility Complaints
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
TIMELINESS

Reporting Period	A	B	C		D	E		F	G		H	I	J	K	L	M	N				
	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt of Receipt Date)	Immediate Jeopardy (IJ)		Percent Initiated Timely	Non-Immediate Jeopardy (10 working days)		Percent Initiated Timely	Number of Complaints Completed During Reporting Period by Working Days from Receipt to Completion		Complaints Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period										
			Number Received	Percent Initiated Timely		Number Received	Percent Initiated Timely		≤90	91-180	181-365	≥365						≤90	91-180	181-365	>365
Current State Fiscal Year																					
2014-2015, Cumulative through Quarter 3	5,534	4,676	401	97%	4,923	94%	3,300	571	377	428	71%	12%	8%	9%							
Previous State Fiscal Years																					
2013-2014	6,507	6,675	347	96%	5,796	97%	4,015	844	690	1,126	60%	13%	10%	17%							
2012-2013	6,412	6,737	226	99%	5,671	98%	4,029	1,023	790	895	60%	15%	12%	13%							
2011-2012	6,161	5,986	237	97%	5,480	97%	3,399	1,030	647	910	57%	17%	11%	15%							

This table identifies how long it takes Licensing and Certification Program's Field Operations to initiate and complete complaint cases related to Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. Licensing and Certification Program's Field Operations considers a case complete when it has fully completed the investigation and documented the case as completed in its database.

Table Notes:

- Column A shows the number of new complaints Field Operations received during the respective reporting period.
- Column B shows the number of complaints Field Operations completed during the respective reporting period, regardless of the reporting period in which the complaint was received.
- Columns C and D show the number of immediate jeopardy (IJ) complaints received, and the percentage of those received that Field Operations initiated within 24 hours during the respective reporting period. (This includes all complaints prioritized as level A by federal requirements upon intake.)
- Columns E and F show the number of Non-IJ (this includes all complaints prioritized as levels B-E by federal requirements upon intake) 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.
- Columns G through J show the range of days Field Operations took to complete open complaints during the reporting period (G+H+I+J=B).
- Columns K through N show the percentage of open complaints that Field Operations completed within specific ranges of days during the reporting period (K=G/B, L=H/B, M=I/B, N=J/B). Numbers may not add to 100 due to rounding.

*Health and Safety Code section 1420(a)(1) requires the onsite investigation of a complaint that involves imminent danger of death or serious bodily harm to be initiated within 24 hours of receipt; and requires investigation of a complaint that does not involve a threat of immediate danger of death or serious bodily harm to be initiated within 10 working days.



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

Attachment

Field Operations
 Long-Term Care Health Facility Complaints
 Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)
DISPOSITION

Reporting Period	A	B	C	D	E	F	G	H
	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Unsubstantiated Complaints	Substantiated Complaints	Substantiated Complaints as a Percentage of Total Complaints Completed	Total Deficiencies for All Substantiated Complaints	Average Deficiencies per Substantiated Complaint	Number of Complaints Referred to Other Entities
Current State Fiscal Year								
2014-2015, Cumulative through Quarter 3	5,534	4,676	2,543	1,891	40%	2,471	1.31	299
Previous State Fiscal Years								
2013-2014	6,507	6,675	3,435	2,788	42%	3,373	1.21	242
2012-2013	6,412	6,737	3,220	2,976	44%	3,183	1.07	188
2011-2012	6,161	5,986	2,951	2,583	43%	3,042	1.18	136
Totals	24,614	24,074	12,149	10,238	43%	12,069	1.18	865

This table identifies the disposition of completed complaint investigations related to Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. Licensing and Certification Program's Field Operations may identify one or more deficiencies (violations of statutory or regulatory requirements) for a "substantiated" complaint.

Table Notes:

- Column A shows the number of new complaints Field Operations received during the respective reporting period.
- Column B shows the number of complaints Field Operations completed during the respective reporting period, regardless of the reporting period in which field operations received the complaint.
- Columns C and D show the number of unsubstantiated and substantiated complaints completed in a given reporting period.
- Column E shows the number of substantiated complaints completed as percentage of all complaints completed in a given reporting period (E=D/B.)
- Column F shows the number of deficiencies Field Operations issued for all complaints completed in a given reporting period. This is a preliminary count, final numbers will be published Q4.
- Column G shows the average number of deficiencies for each substantiated complaint in a given reporting period (G=F/D.)
- Column H shows the number of complaints received in the given reporting period for which the system shows Field Operations referred the complaint to an outside entity. These figures are likely understated as a result of inconsistent data entry.



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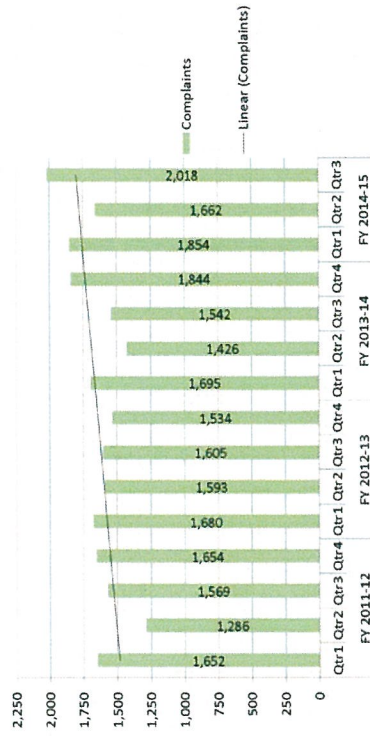
Attachment

Field Operations

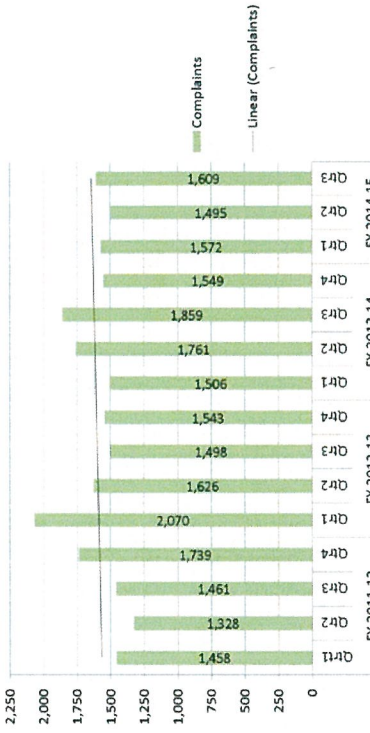
Long-Term Care Health Facility Complaints

Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)

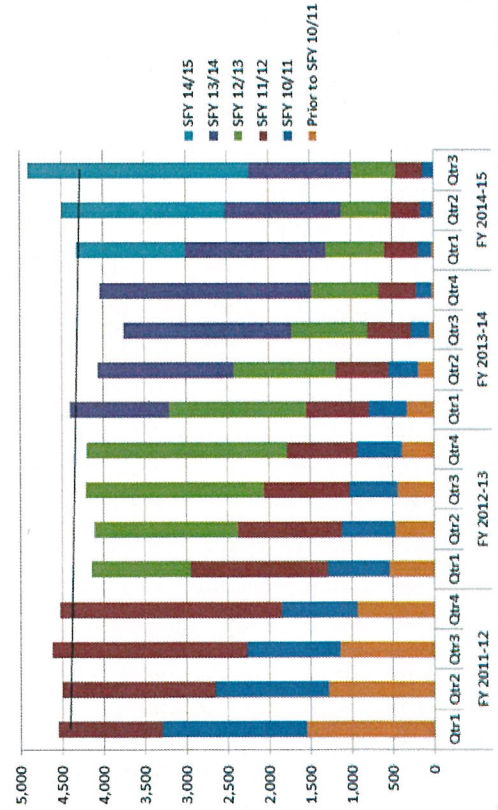
Complaints Received



Complaints Completed



Open Complaints



Summary: Recent trends show an increase in the number of complaints that Field Operations has received, and a slight increasing trend in the number of complaints that are being completed. Though the 15 quarter trend indicates the number of open complaints at the end of each quarter is decreasing, CHCQ notes that the number of open complaints has grown in each of the past 4 quarters. This is in large part attributable to the increase in the number of complaints received compared to the relatively stable number of complaints completed. CHCQ continues to identify areas of improvement to reduce the number of open complaints.



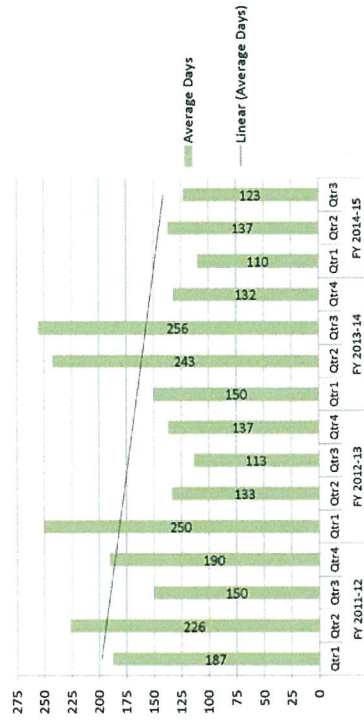
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Center for Health Care Quality
Licensing and Certification Program

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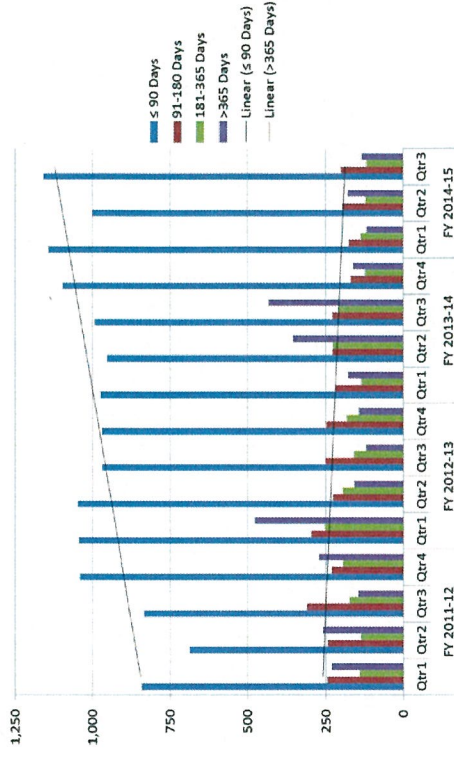
Field Operations
Long-Term Care Health Facility Complaints

Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)

Average Days from Complaint Receipt to Completion



Complaints Completed by Intervals



Summary: The "Average Days from Complaint Receipt to Completion" chart shows a steadily declining trend in the average number of business days it takes to complete a complaint.

The "Complaints Completed by Intervals" chart shows the number of cases completed by interval (<90 days, 91-180 days, 181-365 days, >365 days.) There is an increasing trend in the number of cases completed in less than 90 days, and a decreasing trend in the number of cases completed in more than 365 days. Quarters that have the greatest number of complaints completed in the >365 day interval also have the highest average days from receipt to completion of the complaint.



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

Attachment

Field Operations

Long-Term Care Health Facility Complaints by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

VOLUME

	A	B	C	D
District Office / Statewide	Complaints Received During Reporting Period	Complaints Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open Complaints by Reporting Period	Open Complaints
California	5,534	4,676	858	4,903
Bakersfield	228	211	17	66
Chico	210	123	87	196
East Bay	386	376	10	91
Fresno	299	279	20	96
Los Angeles County	1,300	759	541	2,731
Orange County	168	165	3	39
Riverside	332	405	-73	129
Sacramento	433	438	-5	95
San Bernardino	344	365	-21	91
San Diego North	316	314	2	142
San Diego South	342	214	128	269
San Francisco	214	256	-42	200
San Jose	241	204	37	71
Santa Rosa/Redwood Coast	260	262	-2	298
State Facilities Section	275	135	140	331
Ventura	186	170	16	58



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

Attachment

Field Operations
 Long-Term Care Health Facility Complaints by District Office
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
TIMELINESS

District Office / Statewide	A Complaints Received During Reporting Period	B Complaints Completed During Reporting Period (Regardless of Receipt of Receipt of Date)	C Immediate Jeopardy (IJ) (24 hours)		E Non-Immediate Jeopardy (10 working days)		G Number of Complaints Completed During Reporting Period by Working Days from Receipt to Completion	K Complaints Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During			O Avg Days to Complete Complaints During Reporting Period	P Average Age of Open Complaints				
			Number Received	Percent Initiated Timely	Number Received	Percent Initiated Timely		≤90	91-180	181-365			>365			
														97%	94%	71%
California	5,534	4,676	401	97%	4,923	94%	3,300	571	377	428	71%	12%	8%	9%	122	255
Bakersfield	228	211	22	100%	199	95%	193	13	4	1	91%	6%	2%	0%	49	29
Chico	210	123	31	94%	173	98%	64	43	14	2	52%	35%	11%	2%	102	118
East Bay	386	376	3	100%	357	94%	353	22	1	0	94%	6%	0%	0%	38	35
Fresno	299	279	53	89%	223	91%	235	36	7	1	84%	13%	3%	0%	50	48
Los Angeles County	1,300	759	164	99%	1,103	89%	290	148	137	184	38%	19%	18%	24%	250	352
Orange County	168	165	0	0%	160	98%	160	5	0	0	97%	3%	0%	0%	38	25
Riverside	332	405	16	100%	307	97%	271	40	64	30	67%	10%	16%	7%	123	105
Sacramento	433	438	48	100%	383	96%	426	12	0	0	97%	3%	0%	0%	39	57
San Bernardino	344	365	26	100%	316	92%	310	24	2	29	85%	7%	1%	8%	101	36
San Diego North	316	314	9	89%	301	96%	224	75	14	1	71%	24%	4%	0%	71	113
San Diego South	342	214	0	0%	324	99%	127	57	29	1	59%	27%	14%	0%	96	101
San Francisco	214	256	0	0%	208	96%	132	40	31	53	52%	16%	12%	21%	260	342
San Jose	241	204	2	100%	232	98%	201	0	0	3	99%	0%	0%	1%	39	23
Santa Rosa/Redwood Coast	260	262	20	95%	230	96%	96	33	61	72	37%	13%	23%	27%	234	203
State Facilities Section	275	135	3	67%	230	96%	61	13	12	49	45%	10%	9%	36%	224	178
Ventura	186	170	4	75%	177	97%	157	10	1	2	92%	6%	1%	1%	52	27



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

Attachment

Field Operations

Long-Term Care Health Facility Complaints by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

DISPOSITION

	A	B	C	D	E	F	G	H
District Office / Statewide	Complaints Received During Reporting Period	Complaints Completed During Reporting Period	Unsubstantiated Complaints	Substantiated Complaints	Substantiated Complaints as a Percentage of Total Complaints Completed	Total Deficiencies for All Substantiated Complaints	Average Deficiencies per Substantiated Complaint	Number of Complaints Referred to Other Entities
California	5,534	4,676	2,543	1,891	40%	2,471	1.31	299
Bakersfield	228	211	96	107	51%	74	0.69	7
Chico	210	123	34	82	67%	234	2.85	32
East Bay	386	376	156	191	51%	198	1.04	2
Fresno	299	279	159	93	33%	103	1.11	7
Los Angeles County	1,300	759	458	265	35%	565	2.13	61
Orange County	168	165	55	101	61%	188	1.86	5
Riverside	332	405	284	107	26%	177	1.65	12
Sacramento	433	438	202	227	52%	217	0.96	34
San Bernardino	344	365	209	148	41%	47	0.32	6
San Diego North	316	314	227	82	26%	70	0.85	2
San Diego South	342	214	106	90	42%	72	0.80	3
San Francisco	214	256	152	91	36%	33	0.36	9
San Jose	241	204	104	92	45%	133	1.45	1
Santa Rosa/Redwood Coast	260	262	123	128	49%	188	1.47	6
State Facilities Section	275	135	79	23	17%	11	0.48	0
Ventura	186	170	99	64	38%	161	2.52	112



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

Attachment

Field Operations
 Long-Term Care Health Facility Entity Report Incidents (ERIs)
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
VOLUME

Reporting Period	A ERIs Received During Reporting Period	B ERIs Completed During Reporting Period (Regardless of Receipt Date)	C Growth/Reduction in Open ERIs by Reporting Period	D Open ERIs Remaining by Reporting Period Received
Current State Fiscal Year				
2014-2015, Cumulative through Quarter 3	14,754	13,530	1,224	5,053
Previous State Fiscal Years				
2013-2014	19,589	20,905	-1,316	2,058
2012-2013	20,291	21,022	-731	546
2011-2012	20,520	21,769	-1,249	103
Totals	75,154	77,226	-2,072	7783*

This table identifies the number and growth or reduction in open ERIs reported by Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. Licensing and Certification Program's Field Operations considers a case completed when it has fully completed the investigation and documented the case as completed in its database.

Table Notes:

- Column A shows the number of new ERIs Field Operations received during the respective reporting period.
- Column B shows the number of ERIs Field Operations completed during the respective reporting period, regardless of the reporting period in which the ERIs was received.
- Column C shows the difference between ERIs received and completed during the respective reporting period (C=A-B). When the value of Column C is positive, the number of open ERIs increased during that reporting period. When the value of Column C is negative, the number of open ERIs decreased.
- Column D shows the number of ERIs received in a given reporting period that Field Operations has not completed as of the current reporting period. This does include some cases where the investigation has been fully completed, however the case may not have been completed in the database.

*There are 23 open ERIs received prior to Fiscal Year 2011-2012, for a total of 7783 (7760 + 23) open ERIs as of April 1, 2015.



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

Attachment

Field Operations
 Long-Term Care Health Facility Entity Reported Incidents (ERIs)
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
TIMELINESS

Reporting Period	A	B	C		D	E	F	G	H	I	J	K	L
	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt of Receipt Date)	Immediate Jeopardy (IJ)		Percent Initiated Timely	Number of ERIs Completed During Reporting Period by Working Days from Receipt to Completion			ERIs Completed by Working Days from Receipt to Total Completed During Reporting Period				
			Number Received	(24 hours)		≤90	91-180	181-365	>365	≤90	91-180	181-365	>365
Current State Fiscal Year													
2014-2015, Cumulative through Quarter 3	14,754	13,530	352	97%	10,439	1,309	1,269	513	77%	10%	9%	4%	
Previous State Fiscal Years													
2013-2014	19,589	20,905	303	96%	14,265	2,570	2,235	1,835	68%	12%	11%	9%	
2012-2013	20,291	21,022	217	95%	14,138	2,931	2,201	1,752	67%	14%	10%	8%	
2011-2012	20,520	21,769	240	99%	14,180	2,774	2,335	2,480	65%	13%	11%	11%	

This table identifies how long it takes Licensing and Certification Program's Field Operations to initiate and complete ERI cases related to Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. Licensing and Certification Program's Field Operations considers a case complete when it has fully completed the investigation and documented the case as completed in its database.

Table Notes:

- Column A shows the number of new ERIs Field Operations received during the respective reporting period.
 - Column B shows the number of ERIs Field Operations completed during the respective reporting period, regardless of the reporting period in which the ERI was received.
 - Columns C and D show the number of immediate Jeopardy (IJ) ERIs received, and the percentage of those received that Field Operations initiated within 24 hours during the respective reporting period. (This includes all ERIs prioritized as level A by federal requirements upon intake.)
 - Columns E through H show the range of days Field Operations took to complete open ERIs during the reporting period (E=F+G+H=B.)
 - Columns I through L show the percentage of open ERI cases that Field Operations completed within specific intervals during the reporting period (I=E/B, J=F/B, K=G/B, L=H/B.) Numbers may not add to 100 due to rounding.
- *ERIs do not have mandatory timelines for initiation; Licensing and Certification Program's Field Operations makes every effort to initiate investigations all Immediate Jeopardy reports within 24 hours.



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

Attachment

Field Operations
Long-Term Care Health Facility Entity Reported Incidents (ERIs)
Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)
DISPOSITION

Reporting Period	A	B	C	D	E	F	G	H
	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Unsubstantiated ERIs	Substantiated ERIs	Substantiated ERIs as a Percentage of Total ERIs Completed	Total Deficiencies for All Substantiated ERIs	Average Deficiencies per Substantiated ERIs	Number of ERIs Referred to Other Entities
Current State Fiscal Year								
2014-2015, Cumulative through Quarter 3	14,754	13,530	2,959	4,826	36%	3,027	0.63	1,107
Previous State Fiscal Years								
2013-2014	19,589	20,905	4,610	6,853	33%	3,986	0.58	1,076
2012-2013	20,291	21,022	3,665	6,071	29%	3,008	0.50	779
2011-2012	20,520	21,769	3,256	5,961	27%	2,574	0.43	732
Totals	75,154	77,226	14,490	23,711	31%	12,595	0.53	3,694

This table identifies the disposition of completed ERI investigations reported by Skilled Nursing Facilities, Intermediate Care Facilities (including all those serving Developmentally Disabled), Congregate Living Health Facilities, and Pediatric Day Health and Respite Care Facilities. An ERI is "substantiated" when, Licensing and Certification's Field Operations finds evidence the alleged event(s) occurred. If the investigation determines a substantiated ERI entails a facility's violation of state or federal regulation, Field Operations issues a deficiency to the facility. A substantiated ERI may result in one or more deficiencies or none at all if there was not a violation of state or federal regulation. "Unsubstantiated" ERIs most commonly involve resident to resident abuse allegations reported by the resident to a staff member and without witness; and/or events a facility reported in an abundance of caution, which surveyors later determine did not require reporting.

Table Notes:

- Column A shows the number of new ERIs Field Operations received during the respective reporting period.
- Column B shows the number of ERIs Field Operations completed during the respective reporting period, regardless of the reporting period in which field operations received the ERIs.
- Columns C and D show the number of unsubstantiated and substantiated ERIs completed in a given reporting period.
- Column E shows the number of substantiated ERIs completed as percentage of all ERIs completed in a given reporting period (E=D/B).
- Column F shows the number of deficiencies Field Operations issued for all ERIs completed in a given reporting period. This is a preliminary count; final numbers will be published Q4.
- Column G shows the average number of deficiencies for each substantiated ERI (G=F/D).
- Column H shows the number of ERIs received in the given reporting period for which the electronic system shows Field Operations referred the ERI to an outside entity. These figures are likely understated as a result of inconsistent data entry.



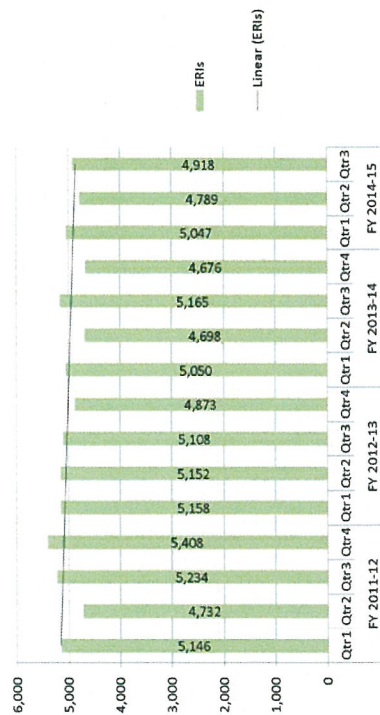
**California Department of Public Health
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Licensing and Certification Program**

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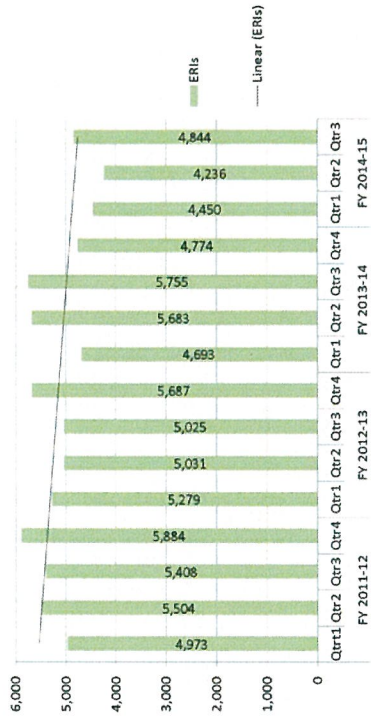
Field Operations

**Long-Term Care Health Facility Entity Reported Incidents (ERIs)
Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

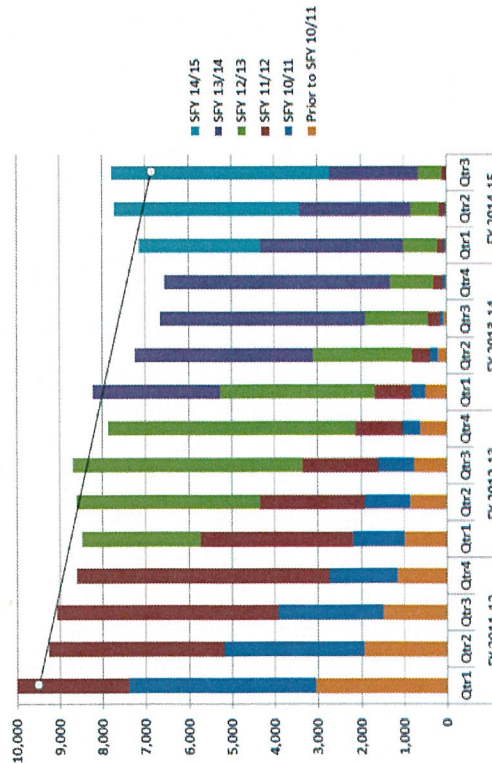
ERIs Received



ERIs Completed



Open ERIs



Summary: The trend over the past 15 quarters indicates that the number of ERIs CHCQ receives is declining, and that the number of ERIs that CHCQ completes is also declining. Still over the past 15 quarters, the trend reveals that CHCQ is decreasing the number of open cases, despite the past three quarters where the number of open cases has increased. CHCQ continues to identify methods for reducing the number of open ERIs.



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

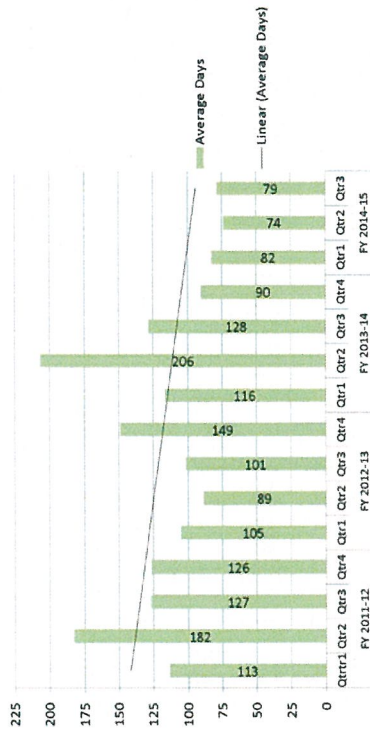
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Field Operations

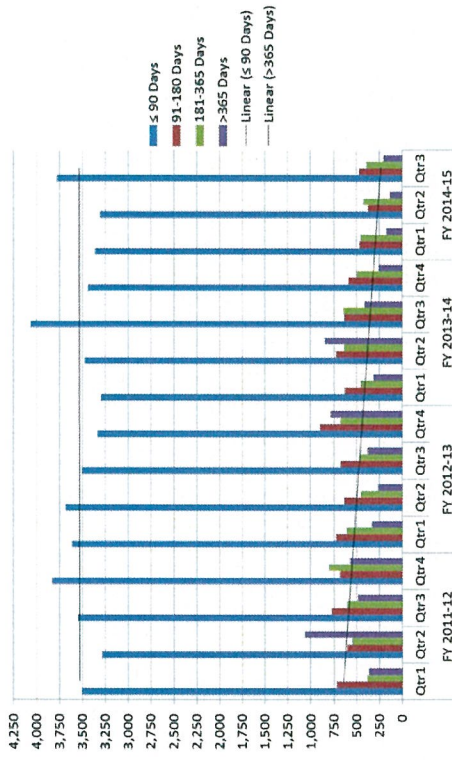
Long-Term Care Health Facility Entity Reported Incidents (ERIs)

Data as of March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)

Average Days from ERI Receipt to Completion



ERIs Completed by Intervals



Summary: The “Average Days from ERI Receipt to Completion” table shows a steadily declining trend in the average number of business days it takes to complete an ERI. The “ERIs Completed by Intervals” chart shows the number of cases completed by interval (<90 days, 91-180 days, 181-365 days, >365 days.) This chart shows a steadily declining trend in the number of cases completed in more than 365 days. Quarters that have the greatest number of ERIs closed in the >365 day interval also have the greatest average days from receipt to completion of the ERI investigation.



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

Attachment

Field Operations

Long-Term Care Health Facility Entity Reported Incidents (ERIs)

by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

VOLUME

	A	B	C	D
District Office / Statewide	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Growth/Reduction in Open ERIs by Reporting Period	Open ERIs
California	14,754	13,530	1,224	7,783
Bakersfield	1,021	974	47	125
Chico	422	288	134	435
East Bay	737	730	7	133
Fresno	1,455	1,454	1	201
Los Angeles County	2,495	1,377	1,118	3,129
Orange County	380	409	-29	11
Riverside	630	714	-84	166
Sacramento	1,355	1,355	0	174
San Bernardino	959	991	-32	295
San Diego North	476	501	-25	206
San Diego South	372	328	44	177
San Francisco	556	789	-233	469
San Jose	519	500	19	96
Santa Rosa/Redwood Coast	627	614	13	419
State Facilities Section	2,211	1,987	224	1,624
Ventura	539	519	20	123



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

Attachment

Field Operations

Long-Term Care Health Facility Entity Reported Incidents (ERIs)
 by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

TIMELINESS

Reporting Period	A ERIs Received During Reporting Period	B ERIs Completed During Reporting Period (Regardless of Receipt of Receipt Date)	C Immediate Jeopardy (IJ)		D Number Received	E Percent Initiated Timely	F Number of ERIs Completed During Reporting Period by Working Days from Receipt to Completion			G ERIs Completed by Working Days from Receipt to Completion, as a Percentage of Total Completed During Reporting Period			H Avg Days to Complete ERIs During Reporting Period	I Average Age of Open ERIs	
			(24 hours)				≤90	181-365	>365	≤90	91-180	181-365			>365
			Number Received	Percent Initiated Timely											
California	14,754	13,530	352	97%	10,439	1,309	1,269	513	77%	10%	9%	4%	78	171	
Bakersfield	1,021	974	4	100%	947	17	9	1	97%	2%	1%	0%	18	25	
Chico	422	288	6	100%	125	103	52	8	43%	36%	18%	3%	126	134	
East Bay	737	730	5	100%	682	43	4	1	93%	6%	1%	0%	33	46	
Fresno	1,455	1,454	59	93%	1,366	66	21	1	94%	5%	1%	0%	26	60	
Los Angeles County	2,495	1,377	133	99%	842	248	230	57	61%	18%	17%	4%	104	229	
Orange County	380	409	1	100%	405	2	0	2	99%	0%	0%	0%	26	228	
Riverside	630	714	8	100%	544	37	70	63	76%	5%	10%	9%	112	114	
Sacramento	1,355	1,355	29	100%	1,333	18	3	1	98%	1%	0%	0%	26	20	
San Bernardino	959	991	28	86%	768	148	60	15	77%	15%	6%	2%	60	114	
San Diego North	476	501	20	100%	373	100	25	3	74%	20%	5%	1%	67	121	
San Diego South	372	328	2	100%	237	66	24	1	72%	20%	7%	0%	62	99	
San Francisco	556	789	0	0%	357	86	208	138	45%	11%	26%	17%	223	251	
San Jose	519	500	1	100%	499	1	0	0	100%	0%	0%	0%	23	23	
Santa Rosa/Redwood Coast	627	614	49	98%	366	80	111	57	60%	13%	18%	9%	126	162	
State Facilities Section	2,211	1,987	7	100%	1,134	267	439	147	57%	13%	22%	7%	131	150	
Ventura	539	519	0	0%	461	27	13	18	89%	5%	3%	3%	65	23	



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

Attachment

Field Operations

Long-Term Care Health Facility Entity Reported Incidents (ERIs)
by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

DISPOSITION

	A	B	C	D	E	F	G	H
District Office / Statewide	ERIs Received During Reporting Period	ERIs Completed During Reporting Period (Regardless of Receipt Date)	Unsubstantiated ERIs	Substantiated ERIs	Substantiated ERIs as a Percentage of Total ERIs Completed	Total Deficiencies for All Substantiated ERIs	Average Deficiencies per Substantiated ERIs	Number of ERIs Referred to Other Entities
California	14,754	13,530	2,959	4,826	36%	3,027	0.63	1,107
Bakersfield	1,021	974	74	275	28%	129	0.47	28
Chico	422	288	81	205	71%	291	1.42	193
East Bay	737	730	108	284	39%	209	0.74	16
Fresno	1,455	1,454	151	474	33%	446	0.94	14
Los Angeles County	2,495	1,377	288	397	29%	363	0.91	290
Orange County	380	409	24	34	8%	43	1.26	6
Riverside	630	714	373	100	14%	134	1.34	25
Sacramento	1,355	1,355	200	397	29%	234	0.59	150
San Bernardino	959	991	100	295	30%	50	0.17	43
San Diego North	476	501	325	167	33%	40	0.24	14
San Diego South	372	328	52	157	48%	86	0.55	1
San Francisco	556	789	206	567	72%	31	0.05	53
San Jose	519	500	126	371	74%	320	0.86	2
Santa Rosa/Redwood Coast	627	614	131	329	54%	299	0.91	26
State Facilities Section	2,211	1,987	433	696	35%	198	0.28	3
Ventura	539	519	287	78	15%	154	1.97	243



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

Attachment

Field Operations
 Long-Term Care Health Facility State Recertification Surveys
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15 [Q2, FFY])**
VOLUME, TIMELINESS, DISPOSITION

Reporting Period	LTC Facility Type	A Number of Certified Facilities Subject to Recertification by the end of each FFY	B Number of Facilities Surveyed During Reporting Period	C Percentage Completed During Reporting Period	D		E Average per Survey
					Cumulative Number	Deficiencies Issued from Surveys	
Current Federal Fiscal Year (FFY)							
2014-2015, Cumulative through FFY Quarter 2	Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF-IID)	1,161	747	64%	3,037	4.1	
	Skilled Nursing Facility (SNF)	1,214	695	57%	5,906	8.4	
	All LTC Total	2,375	1,442	61%	8,943	6.2	
Previous Federal Fiscal Years (FFY)							
2013-2014	All LTC Total	2,370	2,288	97%	14,990	6.6	
2012-2013	All LTC Total	2,369	2,368	100%	16,116	6.8	
2011-2012	All LTC Total	2,367	2,367	100%	16,017	6.8	

This table describes the volume, timeliness, and disposition of recertification surveys of long-term care (LTC) facilities. All certified LTC facilities are due for a recertification survey each 15.9 months (42 CFR §488.308). The ICF-IID category above includes all certified ICF-Developmentally Disabled (ICF-DD), ICF-DD-Habilitative (H), ICF-DD-Nursing (N), and ICF-DD-Continuous Nursing (CN) facilities. "Licensed-only" facility types that are not subject to recertification, including Congregate Living Health Facilities, Pediatric Day Health and Respite Care Facilities, are not included in this report.

Table Notes:

- Column A shows the number of long-term care facilities that are certified by the State of California and subject to recertification, by facility type. This includes distinct part facilities (data source: CASPER Reports 0820S-ICFID and 0801S-SNF, April 1, 2015.)
- Column B shows the cumulative number of facilities surveyed from the beginning of the reporting period through the end of the FFY quarter being reported (data source: CASPER Reports 0820S-ICFID and 0801S-SNF). The reporting period for federal recertification surveys is from June 1 of one year to September 30 of the following year. For reporting purposes, the FFY Q1 report will include facilities surveyed June 1 thru December 31 (7 months); the FFY Q2 report will count facilities surveyed June 1 - March 31 (10 months); the FFY Q3 report will count facilities surveyed June 1 - June 30 (13 months); and the FFY Q4 report will count facilities surveyed June 1 - September 30 (16 months.)
- Column C shows the percentage of surveys due by close of the FFY that were completed by close of the reporting period.
- Column D shows the total number of deficiencies (violations of statutory or regulatory requirements) issued for surveys (data source: QIES Workbench, April 13, 2015.) Licensing & Certification Program's Field Operations may identify one or more deficiencies in the course of a survey. This is a preliminary count, final numbers will be published Q4.
- Column E shows the average number of deficiencies issued per survey. Some facilities may be surveyed more than once per reporting period.



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

Attachment

Field Operations

Long-Term Care Health Facility State Recertification Surveys
by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15 [Q2, FFY])**

VOLUME, TIMELINESS, DISPOSITION

District Office / Statewide	A Number of Certified Facilities Subject to Recertification by the end of each FFY	B Number of Facilities Surveyed During Reporting Period	C Percentage Completed During Reporting Period	D Deficiencies Issued from Surveys		E Average per Survey
				Cumulative Number		
California	2,375	1,442	61%	8,943		6.2
Bakersfield	102	67	66%	441		6.6
Chico	78	32	41%	284		8.6
East Bay	167	111	66%	584		5.3
Fresno	147	99	67%	588		5.9
Los Angeles County	651	293	45%	2,099		7.2
Orange County	193	130	67%	964		7.4
Riverside	124	91	73%	522		5.7
Sacramento	158	120	76%	596		5.0
San Bernardino	161	122	76%	509		4.2
San Diego North	46	26	57%	138		5.3
San Diego South	141	81	57%	403		5.0
San Francisco	91	62	68%	359		5.8
San Jose	89	63	71%	501		8.0
Santa Rosa/Redwood Coast	120	75	63%	467		6.1
State Facilities Section	12	5	42%	66		13.2
Ventura	95	65	68%	422		6.5



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

Attachment

Field Operations
 Long-Term Care Health Facility State Relicensure Surveys
 Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**
VOLUME, TIMELINESS, DISPOSITION

Reporting Period	LTC Facility Type	A	B	C	D		E
		Annualized Number of Licensed Facilities Subject to Relicensure	Number of Facilities Surveyed During Reporting Period	Percentage of Facilities with a Survey Completed During Reporting Period	Cumulative Number	Average per Survey	
Current State Fiscal Year							
2014-2015, Cumulative through Quarter 3	Congregate Living Health Facility (CLHF)	40	1	3%	0	0.0	
	Intermediate Care Facility (ICF)	8	6	75%	80	13.3	
	Intermediate Care Facility - DD-H/N/CN	596	5	1%	5	1.0	
	Pediatric Care Health and Respite Care Facility	8	0	0%	0	0.0	
	Skilled Nursing Facility (SNF)	631	166	26%	856	5.1	
	All LTC Total	1,282	178	14%	941	5.3	
Previous State Fiscal Years							
2013-2014	All LTC Total	1,281	209	16%	1,100	4.9	
2012-2013	All LTC Total	1,278	197	15%	977	4.8	
2011-2012	All LTC Total	1,280	228	18%	1,369	5.8	

This table describes the volume, timeliness, and disposition of relicensure surveys of long-term care (LTC) facilities. California Health and Safety Code section 1279 specifies that LTC re-licensure surveys should be conducted no less than once every two years and as often as necessary to ensure the quality of care being provided. The Intermediate Care Facility-DD-H/N/CN category above includes ICF-DD-Habitative (H), ICF-DD-Nursing (N), ICF-DD-Continuous Nursing (CN.) (ICF-Individuals with Intellectual Disabilities (ICF-ID) facility classification is a certification category only.)

Table Notes:

- Column A shows the annualized number of licensed LTC facilities that are due for a re-licensure survey during the SFY, by facility type. This includes distinct part facilities. As all LTC facilities should receive a relicensure survey no less than every two years, the "annualized" number represents half of the total number of licensees.
- Column B shows the cumulative number of facilities surveyed from the beginning of the reporting period (July 1) through the end of the SFY quarter being reported (data source: Automated Survey Processing Environment [ASPEN].)
- Column C shows the percentage of surveys due by close of the SFY that were completed through close of the reporting period.
- Column D shows the total number of deficiencies (violations of statutory or regulatory requirements) issued for surveys. Licensing and Certification Program's Field Operations may identify one or more deficiencies in the course of a survey. This is a preliminary count, final numbers will be published Q4.
- Column E shows the average number of deficiencies issued per survey. Some facilities may be surveyed more than once per reporting period.



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

Attachment

Field Operations

Long-Term Care Health Facility State Relicensure Surveys
by District Office

Data as of **March 31, 2015 (Cumulative through Quarter 3, SFY 2014-15)**

VOLUME, TIMELINESS, DISPOSITION

District Office / Statewide	B			C		D		E
	Annualized Number of Licensed Facilities Subject to Relicensure	Number of Facilities Surveyed During Reporting Period	Percentage of Facilities with a Survey Completed During Reporting Period	Cumulative Number	Average per Survey			
California	1,282	178	14%	941	5.3			
Bakersfield	52	10	19%	63	6.3			
Chico	43	6	14%	23	3.8			
East Bay	88	12	14%	25	2.1			
Fresno	75	6	8%	19	3.2			
Los Angeles County	363	7	2%	33	4.7			
Orange County	101	11	11%	146	13.3			
Riverside	66	14	21%	45	3.0			
Sacramento	83	18	22%	76	4.2			
San Bernardino	85	9	11%	24	2.7			
San Diego North	30	8	27%	73	9.1			
San Diego South	71	8	11%	42	5.3			
San Francisco	51	10	20%	22	2.2			
San Jose	51	20	39%	85	4.3			
Santa Rosa/Redwood Coast	63	15	24%	73	4.9			
State Facilities Section	13	14	108%	159	11.4			
Ventura	51	10	20%	33	3.3			