RCFE IT/Transparency Issues

February 11, 2014

Maribeth Shannon
Director, Market and Policy Monitor Program
California HealthCare Foundation

Thank you Chairman Stone and Chairman Yee, and Committee members, for taking on this very important issue.

The California HealthCare Foundation, in support of its mission to improve quality and access to care, has embraced transparency as an effective tool for change. For the past decade CHCF has supported Californians to make better long term care choices, including providing information via a website – CalQualityCare.org. The site includes information on wide range of health care services, such as nursing homes, home health facilities, hospice providers, hospitals, and medical groups.

With the rapid growth of assisted living facilities (RCFE) as a long term care option, the website was expanded to also include RCFEs. Unfortunately those pages are very sparse. To illustrate this difference I have copies of reports available through our website – one for nursing homes (Labeled A) containing data on types of care provided, federal and state ratings of quality, resident characteristics, staffing levels, numbers of complaints and deficiencies and many other elements. In contrast, I also have a report (Labeled B) containing data available on residential care facilities for the elderly – a handful of measures that fit on just one page.

As others today will explain, many families view residential care facilities as an alternative to nursing home care. And many RCFE facilities market themselves as providing complete services for elderly people in declining health. However, without adequate information about services offered, staffing, and levels of care provided, and inspection and complaint history, family members are often in the dark.

Current regulations require regular inspections only every five years. During an inspection, field staff collect information from their visits using a Lotus Notes software program. Considered state of the art in 1990 when first released, Lotus Notes is primarily a document storage and email system and was not designed to feed a modern data base system. Surveyor notes captured in the field using the Lotus Notes software are printed and filed away in boxes at District Offices, with very little information collected and stored electronically.

What does a consumer who wants more information on a particular facility need to do? To examine a complaint or inspection report, a consumer must first determine which District Office has jurisdiction, call in advance to request records, then make an appointment for some weeks in the future to actually review the paper files. Understandably few Californians take these steps, instead trusting that the state is looking out for them via the licensing and oversight process.

To save you the trip to a district office to see what is available, I have an example of an inspection report (Labeled C).

In an effort to correct this problem, and provide more information to the public about RCFEs, CHCF met with Department of Social Services leadership in 2008 to discuss how we might help. We were told at that time that funds had been identified for a new Licensing Information System which would capture inspection information electronically, but the department needed help in creating standardized coding and common language citation, as a first step toward automation. CHCF entered into an agreement in March 2009 with the Department of Social Services to fund this work.

The scope of the project was to create concise and consistent language that would be used uniformly by inspectors in the field to describe inspection findings. The use of uniform terms would help management to identify trends and highlight the most serious deficiencies. As of 2011, the project was complete and inspectors were using the proposed language for recording citations and deficiencies. Unfortunately the new Licensing Information System was never built.

It is not completely clear why the project stalled, but my understanding is that the plan to feed the new system by providing a link to the antiquated Lotus Notes program was determined to be unworkable. Since that time it does not appear that there has been any progress toward either upgrading the software or hardware used by field inspectors, or development of a new Licensing Information System.

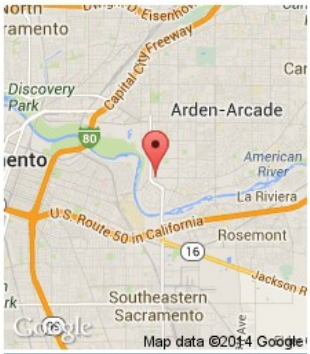
In summary, the change in inspection frequency, from annual to every five years, led to a more "complaint-based" oversight system. Key to making that work is to have an effective early warning system. But the current de-centralized system, with no system for capturing and sharing key data elements, makes it very difficult to head off systematic failures. Though there are many approaches that I am certain will be presented today to address issues of oversight for RCFEs, the lack of accessible data is a major problem. Not only is it difficult for consumers to get to needed information that will allow them to make well informed choices, it is also difficult for those charged with oversight to track patterns of complaints and identify trouble spots.

Thank you for the opportunity to highlight this important issue. I am available to respond to any questions.

CalQualityCare.org

Asbury Park Nursing & Rehabilitation Center

2257 Fair Oaks Boulevard
Sacramento, CA 95825 • 916-649-2000



GET DIRECTIONS

Provider Type:
Nursing Facility

Owner Name:
J.D.L. Health Care, Inc.

Ownership Date:
1/16/1997

Ownership Type:
For-profit - Corporation

License Number:
100000001

Multi-facility Organization:
No

Summary

	Current	State Average
Overall Rating	ABOVE AVERAGE	NA
US Government Rating	★★★★★	NA
Campaign for Excellence	No	NA
US Government Watch List	No	NA
Accreditation	None	NA

Summary

Overall Rating (Data Source: CMS NH COMPARE, CA OSHPD FIN 07/08/2013)

CalQualityCare.org provides "Performance Ratings" on important measures of long term care quality. Ratings will help users assess the quality of care available and serve as a guide when comparing and choosing care providers. The Performance Ratings are: Superior, Above Average, Average, Below Average, and Poor.

CalQualityCare.org gives Performance Ratings to nursing homes in four areas: Overall, Staffing, Quality of Facility, and Quality of Care.

The Overall Performance Rating for nursing homes is based on combining the ratings for Quality of Facility, Staffing, and Quality of Care giving priority to the Facility Quality rating.

For the specific information on a nursing home, see the California Department of Public Health's Licensing and Certification Program (L&C).

US Government Rating (Data Source: CMS NH COMPARE 07/08/2013)

The US Centers for Medicare & Medicaid Services (CMS) created a five-star quality rating system to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions. Nursing homes with five stars are considered to have above average quality, and nursing homes with one star are considered to have below average quality. For more information, see the CMS website.

The Performance Ratings provided by CalQualityCare.org include California-specific information that is not included in the CMS rating — specifically, state citations, complaints, and incidents; more comprehensive staffing information; and staff turnover rates.

Campaign for Excellence (Data Source: CFE website 02/22/2013)

Some nursing homes have volunteered to participate in the Advancing Excellence in America's Nursing Homes campaign to improve the quality of life for residents and staff in nursing homes. The campaign's coalition includes long term care providers, caregivers, medical and quality improvement experts, consumers, government agencies, and other quality-focused organizations.

The campaign monitors key indicators of nursing home quality, both clinical and organizational improvement goals; promotes excellence in caregiving; acknowledges the critical role nursing home staff have in providing care; and recognizes the important role of consumers to the success of the campaign by contributing ideas and suggestions.

For more information visit www.nhqualitycampaign.org.

US Government Watch List (Data Source: CMS NH COMPARE 07/08/2013)

If the page shows "yes," then this facility has a history of serious quality issues and has been designated a "Special Focus Facility." The US Centers for Medicare & Medicaid Services (CMS) created the Special Focus Facility (SFF) initiative to stimulate improvements in quality of care. CMS has found that a small number of nursing homes have more problems than other nursing homes; more serious problems than most other nursing homes (including harm or injury experienced by residents); and a pattern of serious problems that has persisted over a long period of time (as measured over the three years before the date the nursing home was first put on the SFF list).

CMS requires that SFF nursing homes be visited in person by survey teams twice as frequently as other nursing homes. The longer the problems persist, the more stringent the enforcement actions that will be taken.

For more information, see the CMS website.

Accreditation (Data Source: JCAHO & CARF 07/12/2013)

Accreditation is an acknowledgement that a facility meets the standards of care set by an outside organization. After a facility is accredited, it is monitored by the accrediting organization to make sure it continues to meet the standards.

Facilities are not required to be accredited, but having accreditation may indicate a commitment to providing high-quality care. However, obtaining accreditation can be expensive, which may prevent some facilities from pursuing it.

Long term care accreditation from The Joint Commission (formerly JCAHO) requires an on-site survey of the facility by a Joint Commission team. The accreditation process determines if the facility meets the Joint Commission performance standards for patient care, staffing, and management. For details on TJC accreditation, see www.jointcommission.org.

Facilities may also receive accreditation from CARF, the Commission on Accreditation of Rehabilitation Facilities, a nonprofit organization that accredits providers of rehabilitation care. For details on CARF accreditation, see www.carf.org.

Facility Characteristics

	Current	State Average
Facility Type	Freestanding	NA
Payments Accepted	Medicare & Medi-Cal	NA

Number of Beds	139	NA
Occupancy Rate	71%	NA
Types of Care Available		⊕
Intermediate Care	No	NA
Psychiatric Care	No	NA
Residential Care	No	NA
Subacute Care	No	NA
HIV/AIDS Special Unit	No	NA
Alzheimer's Special Unit	No	NA
Hospice Special Unit	No	NA
Rehabilitation Special Unit	No	NA
Ventilator Beds	No	NA
Continuing Care Retirement Community	No	NA

Facility Characteristics

Facility Type (Data Source: ELMS 07/05/2013)

Each nursing facility is categorized as either "hospital," which is based in a wing or department of a hospital, or "freestanding," which means it operates independently of a hospital.

Payments Accepted (Data Source: CMS NH COMPARE 07/08/2013)

All nursing facilities in California accept payment directly from individuals. In addition, some are certified to accept payment from the Medicare program, which can pay for up to the first 100 days of care. And some facilities accept payment from the Medi-Cal program, which generally covers care for those who have low incomes and few assets. Private pay includes both private insurance and self pay.

Number of Beds (Data Source: CA OSHPD FIN 05/06/2013)

The number of skilled nursing beds at this facility licensed by the Licensing and Certification Division of the California Department of Public Health.

Occupancy Rate (Data Source: CA OSHPD FIN 05/06/2013)

The page shows the percentage of beds in use by residents on the day the facility completed its most recent cost report for the California Office of Statewide Health Planning and Development (OSHPD). The rate is the number of residents living in the facility on that day divided by the total number of licensed beds.

Types of Care Available (Data Source: CA OSHPD UTIL 08/13/2013)

The page shows the various types of care the nursing facility provides — especially important in selecting a facility that meets the medical and nursing needs of an individual.

- **Intermediate care:** Provides less-intensive nursing care than skilled nursing facilities (SNF). Intermediate care facilities (ICF) offer dietary, pharmacy, personal care, and social and activity services, and they are required to have a licensed nurse on duty eight hours per day. People entering an ICF need occasional, but not continuous, nursing care.
- **Psychiatric care:** More than half of the residents have behavioral health care needs. Residents in these facilities are not eligible for Medi-Cal coverage.
- **Residential care:** The facility does not provide medical or nursing care. Services offered might include supportive care services and supervision for those who are physically or mentally impaired. Generally included are room and board, assistance with personal care and transportation, and guidance and training to help the resident maintain the ability to perform activities of daily living. Residential care facilities can be foster care, family homes, group homes, assisted living, or other types of facilities.
- **Subacute care:** More intense care than skilled nursing care but less intense than acute hospital care. It involves intensive nursing and supportive and therapeutic care provided by licensed nurses for residents with fragile medical conditions.
- **HIV/AIDS special unit:** A facility must be licensed to treat patients diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or HIVrelated diseases. An AIDS diagnosis occurs when a person is infected with Human Immunodeficiency Virus (HIV) and he or she has also developed a specific related condition such as tuberculosis, toxoplasmosis, Kaposi sarcoma, or dementia. People who do not have one of these diseases, but whose immune system is shown by a laboratory test to be severely damaged (CD4 count of 200 cells/mm or below) also are diagnosed with AIDS.
- **Alzheimer's special unit:** A facility must be licensed to treat patients diagnosed with Alzheimer's disease. Alzheimer's is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate, and carry out daily activities.
- **Hospice special unit:** A facility must be licensed to provide hospice care to a patient. In hospice, the focus is on making the client as comfortable as possible by providing pain management and counseling services for patients and their families.
- **Rehabilitation special unit:** A facility must be licensed to provide intensive rehabilitation services, which are designed to make a patient as independent as possible after an illness or injury, such as physical and occupational therapy.
- **Ventilator beds:** A facility must be licensed to operate ventilators or respirators, which are machines that mechanically assist patients in breathing and are sometimes referred to as artificial respiration.
- **Continuing care retirement community:** In addition to nursing home care these facilities provide of a continuum of services, including independent living services, and assisted living services on a single campus. Residents can move between independent living, assisted living and nursing home care based on changing needs at each point in time. Residents entering CCRCs sign a contract that provides for housing, services and nursing care.

Residents

	Current	State Average
Age		
Under 45 Years	6%	3%
45 - 64 Years	11%	16%
65 - 84 Years	48%	44%
Over 84 Years	35%	38%
Gender		
Female	60%	63%
Male	40%	37%
Race and Ethnicity		
African American	14%	11%
Asian or Pacific Islander	6%	10%
Caucasian	67%	63%
Native American	0%	1%
Other	13%	16%
Hispanic Ethnicity	5%	17%

Need for Assistance		
Eating	15%	21%
Mobility	59%	28%
Toileting	59%	33%
Average	44%	27%
Special Care Needs		
Rehabilitation	47%	26%
Extensive, Special Care, or Complex	24%	32%
Impaired Cognition	2%	6%
Behavioral Problems	1%	2%
Reduced Physical Function	27%	34%

Residents

Age (Data Source: CA OSHPD UTIL 08/13/2013)

The page shows the percentage of residents in each age group on the day the facility completed its most recent cost report. Nursing home residents typically like to be surrounded by those of an age and stage similar to their own.

Gender (Data Source: CA OSHPD UTIL 08/13/2013)

The page shows the percentage of male and female residents as reported on the day the facility completed its most recent cost report. In California, as across the nation, women generally have longer lifespans than men and therefore make up a majority of the population in nursing facilities.

Race and Ethnicity (Data Source: CA OSHPD UTIL 08/13/2013)

The page shows the percentage of residents for different racial groups and ethnicity on the day the facility completed its most recent cost report. Some nursing home residents gravitate toward facilities that house people with a race or ethnicity similar to their own. Residents are categorized into one of four races or "Other Race." In addition, residents may be categorized as Hispanic Ethnicity.

Need for Assistance (Data Source: CASPER 06/06/2013)

The page shows the percentage of residents who were completely dependent on staff to complete three key activities of daily living (eating, mobility, and toileting) on the day of the facility's last inspection as well as the average of the three. This information may be useful in selecting a facility that has residents with needs similar to those of the person entering a facility.

Special Care Needs (Data Source: CMS RUGS 02/12/2013)

Nursing facility residents have various needs requiring different levels of care. The residents with special care needs are the percentage of residents who fall into each of the following five needs groups:

- Rehabilitation
- Extensive, special care or complex
- Impaired cognition
- Behavioral problems
- Reduced physical function

This information may be useful in selecting a facility that has residents with needs similar to the individual entering a facility.

Staffing

	Current	State Average
CalQualityCare Rating	ABOVE AVERAGE	NA

Medicare Days of Care	Low	NA
Nursing Staff Turnover	54% (lower is better)	47% (lower is better)
Nursing Hours per Resident Day ⊕		
Supervisors and Registered Nurses (RN)	0.64	0.65
Licensed Vocational/Practical Nurses (LVN/LPN)	0.86	0.87
Nursing Assistants	2.68	2.53
Total	4.18	4.05
Physical Therapist Hours per Resident Day	0.17	0.14
Nursing Wages per Hour ⊕		
Directors of Nursing or Supervisors	$48.08	$50.71
Licensed Nurses (RN & LVN)	$30.57	$28.68
Nursing Assistants	$12.72	$13.02
Benefits per Hour (All Employees)	$4.79	$5.79

Staffing

CalQualityCare Rating (Data Source: CA OSHPD FIN 05/06/2013)

CalQualityCare.org provides "Performance Ratings" on important measures of long term care quality. Ratings will help users assess the quality of care available and serve as a guide when comparing and choosing care providers.

The Staffing Performance Rating for nursing homes takes into account three measures: RN staffing levels, total nursing hours, and nursing staff turnover rates. Research shows that adequate staffing levels and lower staff turnover have a positive effect on the health of nursing home residents.

In addition, scores are adjusted to account for varying levels of resident care needs. Facilities should adjust staffing levels to ensure adequate staff to meet the needs of all the residents living in a facility. Because Medicare residents are often in nursing homes immediately following an acute hospital stay, facilities with a high percentage of Medicare days are expected to have higher RN and total staffing hours to meet the greater needs of these residents.

RN staffing levels. RN staffing levels are the average number of hours of RN time available to care for residents per day over a one-year period. The threshold was set at 0.55 RN hours per resident day for facilities with a "low" number of Medicare days and at 3.0 hours for facilities with a "high" number of Medicare days.

Total nursing hours. Total nursing hours includes all RNs, licensed vocational or practical nurses (LVNs), nursing assistants (NAs), and nursing supervisors. The measure shows the average number of hours of nursing staff time available to care for residents per day over a year.

Nursing staff turnover rates. High turnover rates may result in poor quality and coordination of care. Low turnover rates may reflect better management, staff wages and benefits, or other enhanced employment conditions.

The Staffing Performance Rating was based on the combination of RN and total staffing (RNs, LPNs/ LVNs, CNAs) ratings for each facility with equal weights given to the RN and the total staffing ratings. To receive a Superior rating, facilities must meet both RN and total nursing thresholds. In addition to meeting those thresholds, nursing homes with turnover rates greater than 90% during the most recent year received a reduction of one degree.

For the specific information on a nursing home, see the California Department of Public Health's Licensing and Certification Program (L&C).

Medicare Days of Care (Data Source: CA OSHPD FIN 05/06/2013)

To account for differences in resident care needs, nursing homes are divided into two groups: those with a **high** percentage of Medicare days (25% or more resident days paid by Medicare) and those with a **low** percentage of Medicare days (less than 25% of resident days paid by Medicare). This difference is important because Medicare residents tend to have short but care-intensive stays (usually following an acute hospital admission) in nursing homes. Therefore facilities with **high** Medicare days are expected to need higher nurse staffing hours to meet the greater care needs of residents.

Nursing Staff Turnover (Data Source: CA OSHPD FIN 05/06/2013)

The page shows the percentage of all nurses (not including supervisors) who leave the facility during the year (turnover rate) prior to the day the facility completed its most recent cost report for the Office of Statewide Health Planning and Development (OSHPD). Nursing facilities with low rates of change in nursing staff may provide better quality care than facilities with high turnover rates.

When nursing staff is constantly changing, it may be stressful and disruptive for residents. They have to keep getting used to new people who are not familiar with their routines or special needs.

The lower the nursing staff turnover rate at a nursing facility, the better the quality, continuity, and stability of care. If the turnover rate is high, it could mean there is low employee morale. High employee morale and continuity of care help create a pleasant environment that is more likely to result in high-quality care.

Nursing Hours per Resident Day (Data Source: CA OSHPD FIN 05/06/2013)

Nurse staffing level information is reported as hours per resident day (HPRD). The state of California requires nursing facilities to provide at least 3.2 HPRD of direct nursing care. This measure shows the average number of hours of nursing staff time available to care for residents each day. The total includes all licensed nurses, nursing assistants, and directors of nursing, including part-time, full time, and temporary employees. HPRD is calculated by dividing the total nursing hours worked (excluding time for vacations, sick time, disability, and other paid time off) by the total resident days of care during the year. It does not indicate the number of nurses working at any given time, how well they are organized, or the amount of care given to each resident. Nurse staffing is usually lower on evenings, nights, weekends, and holidays.

Having an adequate number of each type of nurse in a facility is important to provide quality care. It is most important to have a high number of registered nurses, because they have the most education and expertise. The different types of nurses are:

- **Supervisors and Registered Nurses (RN):** Facilities should have at least .75 HPRD (45 minutes) of RN time. Some experts recommend a ratio of one RN or LVN to every 15 residents during the day, one to every 20 residents in the evening, and one to every 30 residents at night. RNs have two to six years of professional education and are trained in the management and care of patients. Only RNs can complete resident assessments and care plans. RNs have the training to give complex nursing care and treatments and provide supervision to other nursing staff. They can evaluate acute and chronic conditions and determine when medical attention is needed.
- **Licensed Vocational/Practical Nurses (LVN/LPN):** Facilities should have at least .55 HPRD (33 minutes) of LVN/LPN time. LVN/LPNs have one year of training. They work with RNs to assess the needs of residents, to develop treatment plans, and to evaluate residents' responses to care. They often give medications and treatment and may serve as unit supervisors.
- **Nursing Assistants:** Facilities should have 2.8 to 3.2 HPRD (168 to 192 minutes) of nursing assistant time. This is about one nursing assistant for every 6 to 8 residents during the day and evening shifts, and one nursing assistant for every 20 residents on the night shift. Nursing assistants (NAs) provide most of the direct resident care, such as bathing, dressing, toileting, and eating. Some NAs are called orderlies or technicians. They work under the direction of a licensed nurse (RN or LVN). All NAs must become certified (CNAs) within four months of employment. In California, they must take 160 hours of training and pass an exam.

Physical Therapist Hours per Resident Day (Data Source: CA OSHPD FIN 05/06/2013)

Physical therapist (PT) staffing level information is reported as hours per resident day (HPRD). This measure does not indicate the number of physical therapists working at any given time or the amount of care given to any one resident. The amount of physical therapy given depends on the needs of each resident. All PTs are licensed with the state of California.

Physical therapists help residents improve their movement and manage their pain. PTs test muscle strength, joint flexibility, and the ability to walk or move. PTs often work with doctors, nurses, and occupational therapists (OTs) to create customized plans to improve a resident's physical function and well-being.

Nursing Wages per Hour (Data Source: CA OSHPD FIN 05/06/2013)

Wages are important for recruiting qualified, experienced staff and keeping them. The more staff who remain, the lower the rate of staff changes at a facility. Facilities with low turnover rates may have higher employee morale than those with frequent changes in staff. High morale could result in better quality care.

Many jobs at nursing facilities pay low wages and sometimes the wages for nursing assistants are below the federal poverty level or less than a living wage. Generally, wages are well below those of hospital employees, workers in the fast food industry, and many other local businesses. Wages may be low because the owners decide to concentrate on increasing profits or because the facility is having financial problems. They may be kept low in facilities with a high percentage of Medi-Cal residents because Medi-Cal reimbursement rates are typically lower than those for all other payers. Low wages can result in staffing shortages and unfilled vacancies.

Benefits per Hour (All Employees) (Data Source: CA OSHPD FIN 05/06/2013)

Quality of Facility

	Current	State Average
CalQualityCare Rating	AVERAGE	NA

Quality of Facility

CalQualityCare Rating (Data Source: CMS NH COMPARE 07/08/2013)

CalQualityCare.org provides "Performance Ratings" on important measures of long term care quality. Ratings will help users assess the quality of care available and serve as a guide when comparing and choosing care providers.

The Quality of Facility Performance Rating for nursing homes is based on three measures: (1) federal deficiencies, (2) state citations, and (3) substantiated complaint and incident reports. The rating uses the three most recent standard surveys for each nursing home and any complaint investigations during the most recent three-year period. More recent surveys are weighted more heavily than earlier surveys.

Because facilities with more beds and nursing home residents may have more complaints, the number of substantiated complaints and incidents are standardized by the total number of beds.

- **Superior:** Facility scored in the best 10%
- **Above Average:** Facility scored in the 66.7–90% range
- **Average:** Facility scored in the 43.4–66.6% range
- **Below Average:** Facility scored in the 20.1–43.3% range
- **Poor:** Facility scored in the worst 20%

For the specific information on a nursing home, see the California Department of Public Health's Licensing and Certification Program (L&C).

Deficiencies and Citations

	3 Year Total	State Average
Quality of Care	1 (lower is better)	
Mistreatment	3 (lower is better)	
Resident Assessment	4 (lower is better)	
Resident Rights	3 (lower is better)	
Environment	4 (lower is better)	
Nutrition	2 (lower is better)	
Pharmacy	3 (lower is better)	
Administration	5 (lower is better)	
Life Safety	33 (lower is better)	
Total	58 (lower is better)	

Deficiencies and Citations

Deficiencies and Citations (Data Source: CMS NH COMPARE 07/08/2013)

Deficiencies are given for violations of federal minimum standards for care and citations are given for state violations. The California Licensing and Certification Program (L&C) surveys nursing facilities every 12 to 15 months to ensure that minimum state and federal standards of care and safety are being met. The surveyors may use the medical records of residents, interviews with residents and staff, and observations of care to decide if a facility meets the minimum standards. When a surveyor finds that a standard is not met, the nursing facility receives a deficiency or citation. Nursing facilities may also get a deficiency or citation in response to a substantiated complaint.

State and federal standards for quality of care and safety are grouped into nine types. When reviewing the deficiencies and citations, pay attention to how many deficiencies and citations a facility received, whether a facility received more than one for the same type of violation (repeat deficiencies), and whether a facility has a high number of serious violations. Deficiencies and citations in the quality of care, abuse, and nutrition groups may be the most serious.

- **Quality of care:** Failure to care for medical conditions and nursing needs appropriately and on a timely basis. These standards also include whether there is a sufficient number of nurses to care for each resident. They may identify when a facility failed to help residents with the activities of daily living or provide necessary care or treatment.
- **Mistreatment:** Failure to prevent verbal, sexual, physical and mental abuse, the use of physical restraints, corporal punishment, or involuntary seclusion. This type of deficiency may also be given if a facility hires staff found guilty of abuse, neglect or mistreatment.
- **Resident assessment:** Failure to properly assess each resident's care needs, and failure to develop, follow, and evaluate a care plan for each resident. Also, failure to hire qualified and trained nursing staff.
- **Resident rights:** Failure to respect, recognize, and uphold the rights of residents.
- **Environment:** Failure to maintain the resident environment in a manner that protects the health and safety of its residents, personnel, and the public.
- **Nutrition:** Failure to meet each resident's nutritional needs and special dietary requirements or to properly prepare, serve, and store meals.
- **Pharmacy:** Failure to comply with pharmacy procedures for properly dispensing and storing medications. These standards are designed to make sure residents get the right medication at the right time.
- **Administration:** Failure to provide adequate administration and management. By law, a facility must be run in an efficient and effective manner that enables it to use its resources to attain and maintain the highest level of physical, mental and psychosocial well-being for each resident.
- **Life safety:** Failure to create and maintain a safe environment for residents, and meet state and federal building inspection and fire codes were not met.

Reporting Periods

	Current	Prior	Earlier
Reporting Periods	07/01/2012-06/30/2013	07/01/2011-06/30/2012	07/01/2010-06/30/2011
Survey Dates	09/27/2012	09/02/2011	07/23/2010

View state website for details

Complaints

	5 Year Total	State Average
Quality of Care	2 (lower is better)	
Staffing	0 (lower is better)	
Mistreatment	7 (lower is better)	

Resident Rights	3 (lower is better)
Environment	4 (lower is better)
Nutrition	0 (lower is better)
Administration	0 (lower is better)
Total	16 (lower is better)

Complaints

Complaints (Data Source: CASPER 06/06/2013)

A complaint is a formal grievance against a facility that is filed with and investigated by the California Licensing and Certification (L&C) Program, which is responsible for monitoring nursing facility quality. It is filed when someone has an objection to treatment or safety. Complaints may be considered an indication of quality because, to some extent, they show the degree of consumer satisfaction or dissatisfaction with a nursing facility. Complaints are grouped into eight categories.

Complaints may also be filed with a local ombudsman. If the ombudsman investigates and finds a serious problem, she or he will inform L&C and ask them to investigate. Only the L&C agency may issue deficiencies or citations for violations of the federal and state requirements.

After complaints are investigated by L&C, they are deemed either substantiated (if the inspector found the claim to be true), or unsubstantiated (if there was no proof to support the complaint). If a complaint is substantiated, a deficiency or citation may be given to the facility.

View state website for details

Facility Enforcement Actions

	Current	State Average
Federal Penalties and Fines		
Federal Penalties and Fines	1 (lower is better)	0 (lower is better)
Total Federal Fines	$4,550 (lower is better)	$1,989 (lower is better)
Denials of Payment for New Admission	0 (lower is better)	0 (lower is better)
State Violations and Fines		
Resident Death	0 (lower is better)	0 (lower is better)

Resident Danger	0 (lower is better)	0 (lower is better)
Resident Care	4 (lower is better)	1 (lower is better)
Total State Fines	$3,500 (lower is better)	$6,886 (lower is better)

Facility Enforcement Actions

Federal Penalties and Fines (Data Source: CMS NH COMPARE 07/08/2013)

When a facility has been found responsible for serious harm or endangerment of a resident, the California Department of Public Health, Licensing and Certification Division (L&C) can recommend a variety of federal actions, in addition to state sanctions, depending upon the seriousness of a violation. The federal remedies include directed plans of correction, directed in-service trainings, state monitoring, denial of payment for new admissions, federal civil monetary penalties, appointment of a temporary manager, and termination of Medicare or Medicaid payments. Over 80% of California nursing homes participate in Medicare and/or the Medicaid programs and are subject to federal sanctions if they violate the laws.

This section displays the federal and state enforcement actions that a nursing home received for a serious deficiency or if the nursing home failed to correct a deficiency for a long period of time. The California average for federal and state penalties is a little less than one per facility per year. The majority of facilities have few or none. A nursing home with numerous citations suggests real problems.

The two most common federal sanctions are fines and payment denials.

- **Fines:** Fines are imposed once per deficiency or each day until the nursing home corrects the deficiency.
- **Denials of Payment for New Admission:** The government stops Medicare or Medicaid payments to the nursing home for new residents until the facility corrects the deficiency.

The page shows the total number of penalties associated with the total fine amount, the total fine amount, and the total number of denial of payments that a facility received over three years. The state average for the same period is also shown.

State Violations and Fines (Data Source: ELMS 07/05/2013)

The page shows the total number of citations (three types) and the total amount of fines issued over the past three years by the California Department of Public Health (CDPH).

- **Resident Death:** The Class AA citation is the most serious. A resident has died in such a way that the CDPH decided that the facility was responsible. The fines range from $25,000 to $100,000.
- **Resident Danger:** The Class A citation is issued when a resident is in immediate danger of death or serious bodily harm. The fines range from $2,000 to $20,000.
- **Resident Care:** The Class B citation is issued when a violation presents a direct or immediate risk to the resident's health, safety, or security. This can include emotional and financial elements. The fines range from $100 to $1,000.

Quality of Care

	Current	State Average
CalQualityCare Rating	ABOVE AVERAGE	NA
Activities of Daily Living Worsened	15% (lower is better)	12% (lower is better)
High-Risk Residents with Pressure Sores	8% (lower is better)	7% (lower is better)
Use of Catheters	8% (lower is better)	4% (lower is better)
Use of Restraints	0% (lower is better)	3% (lower is better)

Urinary Tract Infections	3% (lower is better)	6% (lower is better)
Moderate to Severe Pain	11% (lower is better)	8% (lower is better)
One or More Falls with Injury	0% (lower is better)	2% (lower is better)
Antipsychotic Use	16% (lower is better)	19% (lower is better)
Short-Stay Residents with Pressure Sores	1% (lower is better)	1% (lower is better)
Short-Stay Residents with Moderate to Severe Pain	12% (lower is better)	20% (lower is better)
Short-Stay Residents with Antipsychotic Use	2% (lower is better)	2% (lower is better)

Quality of Care

CalQualityCare Rating (Data Source: CMS NH COMPARE 07/08/2013)

CalQualityCare.org provides "Performance Ratings" on important measures of long term care quality. Ratings will help users assess the quality of care available and serve as a guide when comparing and choosing care providers.

The Quality of Care Performance Rating for nursing homes is based on the system used by the federal government (Centers for Medicare & Medicaid Services). The quality of care rating is based on nine measures that show how well a nursing home cares for residents' needs. The rating is based on seven measures for long-stay residents (101 days or more) and two measures for short-stay residents (100 days or fewer).

For each measure, points are assigned (see details under About the Ratings).

Once the summary Quality of Care score is computed for each facility, a rating is assigned based on the nationwide distribution of the scores:

- **Superior:** Facility scored 616 or more points (16%)
- **Above Average:** Facility scored 508–615 points (31%)
- **Average:** Facility scored 436–507 points (24%)
- **Below Average:** Facility scored 356–435 points (18%)
- **Poor:** Facility scored 355 or fewer points (11%)

The Quality of Care section displays 11 measures: eight for long-stay residents and three for short-stay residents, as discussed below. The long-stay and short-stay antipsychotic use measures are not included in the Quality of Care rating.

For the specific information on a nursing home, see the California Department of Public Health's Licensing and Certification Program (L&C).

Activities of Daily Living Worsened (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents who have had a loss of physical functioning or ability to carry out activities including eating, toileting, transferring, or mobility. Most residents are at risk for physical decline and loss of physical function in carrying out activities of daily living because of chronic illnesses, physical factors (such as loss of endurance, muscle tone, or balance), or cognitive impairment. Residents who are able should be strongly encouraged to be out of bed as much as possible, and they should receive assistance with activity, exercise, and walking. All residents are candidates for nursing rehabilitation services to improve and maintain physical functioning.

High-Risk Residents with Pressure Sores (Data Source: CMS NH COMPARE 07/08/2013)

Residents who are confined to bed or have difficulty moving around are at a greater risk of developing pressure ulcers. The page shows the percentage of such residents who have one or more pressure ulcers or sores. A pressure ulcer (or bed sore) is an injury caused by constant pressure to the skin and muscle. Pressure ulcers may cause pain, infection, decreased social interaction, a decline in self-care activities, and a longer stay in the nursing facility. Residents may die from complications directly related to severe pressure ulcers. If residents are turned or repositioned every two or three hours, eat adequate amounts of food and liquids, and are kept clean and dry, most pressure ulcers are preventable. The chances of developing pressure ulcers may also be reduced through the use of pressure reducing devices like air pads, gel flotation pads or special padding on beds and wheelchairs. These devices do not replace moving (repositioning) or turning residents frequently.

Use of Catheters (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents who have/had a catheter inserted and left in place. A catheter is a tube that is inserted into the bladder to manage urination. A catheter should only be used when it is medically necessary and not for the convenience of the nursing home staff. Residents may need a lot of help to get to the toilet, or they may have to go frequently. Using a catheter may result in complications, like urinary tract or blood infections, physical injury, skin problems, bladder stones, or blood in the urine.

Use of Restraints (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents who are prevented or restricted from moving through the use of a physical device or other method that inhibits freedom of movement. Restraints include hand mitts, soft ties or vests, chairs with lap trays, bed side rails, belts, and wheelchair foot pedals where residents are unable to release the restraint. By law, physical restraints can not be used unless they have been ordered by a physician. Residents have a right to be free from restraints. Restraints should not be used for the convenience of staff. Restraints do not necessarily provide security or safety to residents. Restraints may have negative effects and risks that may far outweigh any possible benefits. The risks include: development of pressure sores, loss of mobility, agitation, falls, loss of dignity, social isolation, and possibly death. If restraints are used, they must be removed frequently (about every two hours) to allow the resident to move. Frequent exercise and repositioning are very important to the health and safety of residents, with or without restraints.

Urinary Tract Infections (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents who had infections in their urinary tracts during the 30 days before the most recent assessment. A urinary tract infection begins in the urethra — the tube that passes urine from the bladder to the outside of the body — and, if left untreated, can spread to the bladder or even the kidneys. The infection can cause intense pain and fever. Most urinary tract infections can be prevented by encouraging residents to empty the bladder regularly and to drink enough fluids. Facility staff should also make sure that residents have good hygiene. Finding out the cause and getting early treatment of such an infection can prevent it from spreading and becoming more serious or causing complications.

Moderate to Severe Pain (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents with moderate to severe pain. Staff should check residents regularly for pain, find the cause, and try make the resident more comfortable. If pain is not treated, a resident may not be able to perform daily routines, may become depressed, or have an overall poor quality of life. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. Some residents may choose to accept a certain level of pain so they can stay more alert.

One or More Falls with Injury (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents that experienced at least one fall resulting in an injury in the last year. One-third of falls among nursing home residents results in an injury such as bone fractures, joint dislocations, closed head injuries, subdural hematoma, or altered consciousness. Facilities should actively strive to help prevent falls and fall-related injuries.

Antipsychotic Use (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of residents that receive antipsychotic medication. While an important treatment for patients with certain mental health conditions, antipsychotic medications have serious side effects and are associated with an increased risk of death when used in elderly patients with dementia. Interventions that do not involve medications, such as increased staffing, many and varied activities, and consistent staff assignment, can work and should be tried first. Use of antipsychotics should be carefully monitored. Consumers should ask about a nursing home's approach to managing behavior. The federal Centers for Medicare & Medicaid Services (CMS) is developing a national action plan to improve behavioral health management and to safeguard nursing home residents from unnecessary antipsychotic drug use.

Short-Stay Residents with Pressure Sores (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of short-stay residents recently admitted to the nursing home following a hospital stay who have developed pressure sores, or who had pressure sores that did not get better between their 5-day and 14-day assessments in the nursing home. See discussion above about pressure sores.

Short-Stay Residents with Moderate to Severe Pain (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of short-stay residents experiencing moderate to severe pain. See discussion above about moderate to severe pain.

Short-Stay Residents with Antipsychotic Use (Data Source: CMS NH COMPARE 07/08/2013)

The page shows the percentage of short-stay residents being treated with antipsychotic medications. See the discussion above about antipsychotic use.

Costs and Finances

	Current	State Average ⌄
Average Total Expenditures per Resident Day	$284	$266
Expenditures as a Percent of Revenues ⊖		
Direct Care	52%	53%
Other Care	13%	15%

Administrative Services	26%	24%
Capital Expenses	8%	9%
Average Charges per Resident Day		
Medi-Cal	$182	$262
Medicare	$682	$716
Self-pay	$201	$243
Other Payers	$302	$385
Resident Care Days by Payment Source		
Medi-Cal	57%	63%
Medicare	16%	16%
Self-pay	9%	10%
Other Payers	17%	11%
Net Operating Income or Loss		
2011	$74,775	$550,955
2010	$561,124	$493,487
2009	$491,238	$713,004
2008	$536,774	$438,664
2007	$92,194	$607,444
2006	-$88,733	$520,988
2005	$397,226	$398,130
2004	$527,281	$295,669
2003	$174,664	$203,102
Operating Margin		
2011	1%	5%
2010	5%	5%
2009	5%	4%
2008	5%	2%
2007	1%	3%
2006	-1%	4%
2005	5%	3%
2004	8%	2%
2003	3%	0%

Costs and Finances

Average Total Expenditures per Resident Day (Data Source: CA OSHPD FIN 05/06/2013)

The page shows the average amount spent on each resident per day.

Expenditures as a Percent of Revenues (Data Source: CA OSHPD FIN 05/06/2013)

The page shows the percentage for each category of the total facility expense. The category expense is divided by the total number of resident days which is divided by the total expenditure. This allows for a fair comparison across facilities. Expenditures per resident day is not available for hospital-based facilities as the cost reporting data for long term care business for expenses are not separated from the general hospital expenses.

- **Direct care:** Includes nursing care, nursing staff costs, social services, activities, and ancillary expenses, such as diagnostic and therapy services, patient supplies, physical therapy, respiratory therapy, occupational therapy, speech therapy, pharmacy, laboratory, and other clinical services.
- **Other care:** Includes building and facility maintenance and renovations, housekeeping, laundry, and dietary expenses such as food, storage, and preparation.
- **Administrative services:** Includes general accounting, communication systems, data processing, patient admissions, public relations, professional liability and non-property related insurance, licenses and taxes, medical record activities, in-service education for nursing staff, and supplies and equipment.
- **Capital expenses:** Includes expenses for leases and rental, interest and depreciation include the expenses for use of the building and equipment for the facility including leases and the rental of property related to the building, equipment, and improvements.

Average Charges per Resident Day (Data Source: CA OSHPD FIN 05/06/2013)

Nursing facilities are reimbursed differently for similar services depending on each payer. Reimbursement rates affect quality of care. California sets Medi-Cal reimbursement rates and keeps them low. This may result in low staffing levels in nursing facilities with mostly Medi-Cal residents.

Medicare reimbursement rates are much higher than Medi-Cal rates. Medicare rates are set by the federal government based on a system that takes into account the care needs of residents. Therefore, staffing levels and quality of care are generally better at nursing facilities with a high percentage of Medicare residents.

Self-pay rates are not regulated. Nursing facilities may charge their self-pay residents as much as they want to. Facilities that accept only self-pay residents may charge higher rates and may have more money to spend on staff and other improvements.

Managed care plans negotiate with facilities for rates they are willing to pay.

Resident Care Days by Payment Source (Data Source: CA OSHPD FIN 05/06/2013)

This reflects the percentage of the facility's total days of care that is paid by each payer. It is calculated by dividing the number of resident days paid for by each payer by the total number of resident days. "Other" includes private health insurance, managed care plans, and other payers.

Net Operating Income or Loss (Data Source: CA OSHPD FIN 05/06/2013)

This is the total amount of money earned from health care operations plus non-operating revenue — after nonoperating expenses have been deducted — excluding taxes and extraordinary items. If it is a positive amount, the facility made a profit. If it is a negative amount, the facility is operating at a loss.

Facilities operating at a loss may have quality of care problems. Conversely, for-profit facilities with very high profits may be taking profits they could be using to pay for resident care. For-profit facilities may pay the profits to owners or stockholders, while nonprofit facilities must reinvest profits in the facility or related activities.

Operating Margin (Data Source: CA OSHPD FIN 05/06/2013)

The operating margin is net income divided by health care operating revenue. This is another way of showing the percentage of profits or losses in a facility. Negative numbers indicate a net loss for the reporting period. Values shown for different agencies can range widely. Profit margins over 9% in for-profit facilities may be excessive and could result in poor quality of care.

Some Providers Are Better Than Others

CalQualityCare.org rates the quality of health care in California, such as clinical quality, patient experience, and patient safety.

SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Provider performed well above average	Provider performed better than average	Provider performed within the average	Provider performed worse than average	Provider performed well below average

CalQualityCare.org

The information from CalQualityCare.org is provided to you as a resource to consider in making long term health care choices and is not intended to be the only or primary means for your evaluation of the quality of health care providers. It is not intended in any way to substitute for professional medical advice, diagnosis, or treatment, nor is it intended to be relied upon as advice, or a recommendation, or an endorsement about which health care providers to use. The data used for the ratings has been provided by government sources, and because the California HealthCare Foundation (CHCF) does not guarantee that it is complete, up to date, or accurate, you should confirm the completeness and accuracy of the data with any provider that you choose. Any conclusions contained in the information are in the nature of opinions based upon historical data or practices but should not be considered as any representation or warranty that such data or practices are accurate or will continue to be so in the future. The information has not been verified by CHCF and you are solely responsible for any and all decisions or actions with respect to your medical treatment. Neither CHCF nor its suppliers are responsible for the quality of the medical treatment that you receive from any health care provider.

Saint Francis Senior Residence

6254 66th Avenue
Sacramento, CA 95823 • 916-393-2324

GET DIRECTIONS

Provider Type:
Residential Care for the Elderly

Owner Name:
American Health Care Inc.

Ownership Date:
7/5/1993

Ownership Type:
For-profit - Corporation

License Number:
340312955

Summary

	Current	State Average
Licensed Beds	121	14
Clients Served	Elderly	NA
Locked Perimeters	No	NA
Delayed Exits	No	NA

Summary

Facility Type

Each residential care facility is licensed as one of the following types, which are generally grouped by age. However, facilities may serve residents of other ages if licensed, capable of meeting the needs of the client, and the resident is compatible with other residents.

For elderly adults (ages 60 years and older):

- **Residential Care Facilities for the Elderly (RCFE):** Also known as assisted living, these facilities provide 24-hour non-medical care, supervision, and assistance with activities of daily living, such as bathing and grooming. Facilities may provide incidental medical services under special care plans as well as hospice or dementia care. Facilities also provide services to persons under 60 with compatible needs.
- **Continuing Care Retirement Communities (CCRC):** Provide a long term continuing care contract that includes independent living units, residential care/assisted living services, and skilled nursing care, usually in one location, and usually for a resident's lifetime. This setting provides activities, help with meals, housekeeping, and other support services.

For adults (ages 18 through 59):

- **Adult Residential Facilities (ARF):** Provide 24-hour non-medical care for adults ages 18 to 59 who are unable to manage their daily needs. The adults may have physical, developmental, and/or mental disabilities.
- **Residential Care Facilities for the Chronically Ill (RCFCI):** Provide care and supervision to no more than 25 adults with Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV).
- **Social Rehabilitation Facilities:** Provide 24-hour non-medical care and supervision in group settings to adults recovering from mental illness who temporarily need assistance, guidance, or counseling.

For children:

- **Community Treatment Facilities:** Provide mental health treatment services for children in a group setting and a secure environment.
- **Group Homes:** Provide 24-hour non-medical care and supervision, and social, psychological, and behavioral programs for troubled children in a structured environment.
- **Small Family Homes:** Provide 24-hour care and supervision in the licensee's residence for six or fewer children with mental, developmental, or physical disabilities.
- **Transitional Housing Placement:** Provide care and supervision for children at least 16 years of age participating in an independent living arrangement.

Licensed Beds (Data Source: CA DSS 07/16/2013)

This is the maximum number of residents that the facility is licensed to serve.

Clients Served (Data Source: CA DSS 07/16/2013)

When choosing residential care it is important to select a facility that serves people with similar needs and characteristics. Each facility serves a specific type of client.

Age groups:

- Elderly: Ages 60 years or older
- Adults and elderly: Ages 18 years or older
- Adults: Ages 18 to 59 years
- Children: Ages 17 years or younger
- Children/Toddler: Ages 18 to 30 months
- Children/Infant: Birth to 24 months

Conditions:

- **Developmentally disabled*:** People with life-long disabilities that come from mental retardation, cerebral palsy, epilepsy, autism, or other conditions that require similar treatment.
- **Developmentally/Mentally disabled*:** People with a chronic psychiatric problem and a developmental disability such as mental retardation, cerebral palsy, epilepsy, autism, or other similar condition.
- **Medically fragile:** People who are acutely ill and in an unstable condition.
- **Mentally disabled^:** People with a chronic psychiatric problem. A mentally disabled individual has trouble adapting to situations and functioning in general.
- **Restrictive health condition:** People who have health conditions that require a facility to follow specific regulations in serving the client. The state defines 11 health conditions as restrictive: administration of oxygen; catheter care; colostomy/ileostomy care; contractures; diabetes; enemas, suppositories, and/or fecal impaction removal; incontinence of bowel and/or bladder; injections; use of Intermittent Positive Pressure Breathing Machine; stage 1 and 2 dermal ulcers; and wound care. The state has outlined specific care procedures for these conditions that must be followed by the facility.
- **Substance abuse:** People who use alcohol or drugs excessively, resulting in physiological or psychological dependency.

* Residential care facilities that serve developmentally disabled clients require a referral from a regional center service coordinator. Find a regional center.

^ Get help finding care through your local County Mental Health Department.

Locked Perimeters (Data Source: CA DSS 07/16/2013)

This information item applies only to Residential Care Facilities for the Elderly (RCFE). To prevent residents with dementia from wandering away, some RCFEs install safety devices that require a key code to exit a unit of the facility, the facility itself, or the facility's fenced yard. A facility with a locked perimeter must have a fire clearance.

Delayed Exits (Data Source: CA DSS 07/16/2013)

This information item applies only to Residential Care Facilities for the Elderly (RCFE). To prevent residents with dementia from wandering away, some RCFEs install safety devices that delay the opening of a door 30 seconds after the handle is operated. Units with delayed exits are meant to secure, but not lock, facilities by delaying the door opening enough to alert staff when residents are trying to leave. A facility with delayed exit mechanisms must have a fire clearance.

Some Providers Are Better Than Others

CalQualityCare.org rates the quality of health care in California, such as clinical quality, patient experience, and patient safety.

SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Provider performed well above average	Provider performed better than average	Provider performed within the average	Provider performed worse than average	Provider performed well below average