California Advocates for Nursing Home Reform
Consumer Information Service
① **Sonoma County Facilities** ⑦

Facility Name	Type	Capacity	Services		AA	A	B	Comp.	Def.
② North Valley Nursing and Rehab. Center	SNF ③	32	Rehab Srvcs: Yes ⑤ Wanderer alert: No	1994	0	0	1	4	23
1234 Sunny Day Drive	RCF	6	Locked Ward: No Alzheimer's Unit: No	1995	0	0	0	0	6
Anytown, CA 93900			Types of Residents Accepted: A B D E F G H I K L M	1996	0	0	0	1	11
(555) 555 5555			Types of Residents Not Accepted: C J N O	1997	0	0	2	1	21
	Medi-Cal Medicare		Languages spoken by direct-care staff: A G I J L	1998	0	0	0	0	4
	yes ④ yes		Family Council: Yes	1999	0	0	0	0	

Services data from facility on   4/28/95 ⑥   Last certification inspection: 1/12/98 ⑧

Blank spaces in Cit/Comp/Def catagories indicate none received during that year. Services are marked "n/a" when the facility did not answer CANHR questionnaires; call facility for information.

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① **Name of County or Counties included in the list** — smaller counties are sometimes grouped with other nearby counties.

② **Name, Address and Phone of Facility** — facility name changes occur often; if you are looking for a particular facility by name, and do not see it, you may wish to look by address, or call CANHR to help you locate the listing.

③ **Facility Types and Capacities at the location:**

SNF:	Freestanding Skilled Nursing Facility
D/P SNF:	Distinct Part Skilled Nursing Facility (Part of a Hospital)
SNF (CC)	Continuing Care Contract Facility (Life Care)
SNF (IMD):	Institutions for Mental Disease
ICF:	Intermediate Care Facility
RCF:	Residential Care Facility
Subacute:	A Subacute section of a hospital or SNF

④ **Medi-Cal and Medicare Certification Status** Medi-Cal is important any time finances are limited. A facility that is part of this program at the time of admission is not permitted to discharge a resident for running out of money and switching from private-pay to Medi-Cal. The DHS data is sometimes not updated immediately — it is important to double-check this information with the facilities you are considering.

⑤ **Facility Services** — This information comes from facility responses to questionnaires sent out by CANHR. While it is often useful to begin by calling facilities listing the services you are seeking, please call the facility to verify that services are still being offered. Some facilities may offer services they have not listed.

It is important to ask questions about any units, services, or programs that facilities say are "special," especially if the rates for these are higher. "Special services, goals, or programs" may be identical to those required in all units by state and federal law.

• **Rehab Unit** or services indicates that a facility has specialized programs for rehabilitation, possibly including strokes, head injuries, hip replacement and other conditions.

• A **Wanderer Alert** system is an alarm system to alert facility staff when a resident tries to exit. These systems can be effective at curtailing dangerous wandering behavior in residents with dementia. However, facilities that say they have such a security system may not have it on all the time or in all units. Be sure to ask about when and where the system is in effect.

• **Locked Wards** are completely secured and may require a conservatorship before admission.

• **Alzheimer's Unit** is not specifically defined by the State Dept. of Health Services as having to provide any special or different programs. While some Alzheimer's units may have staff and activities more attuned to Alzheimer's residents, facilities do not have to do anything special to call a unit an "Alzheimer's Unit."

- **Types of Residents Accepted or Not Accepted:** Facilities should only accept residents for whom they can provide proper care. Some resident conditions require special accommodations. This data shows whether the facility can accommodate several types of special resident conditions. The key for this data is as follows: AIDS | ARC (A), Alzheimer (B), Developmentally Disabled (C), Feeding Tube (D), Hospice (E), I.V. Patients (F), Non-Elderly (G), Non-Ambulatory (H), Oxygen Dependent (I), Psychiatric [primary] (J), Respite (L), Tracheostomy (M), Ventilator (N), Wanderers (O), Psychiatric [secondary] (K), Age from 18-30 (P), ALS/Lou Gehrig's Disease (Q), Huntingtons (R), Multiple Sclerosis (S), Spinal Cord Injury (T), Wound Care (U), Medically Complex (V).

- **Languages** shown are reported by the facility as spoken by at least one staff member who works directly with residents. The key for this data is as follows:

Arabic (dd), Armenian (Z), AT&T Language Line (qq), Cantonese (B), Chinese (D), Creole (M), Czech (S), Danish (N), Dutch (O), Farsi (ee), Fijian (ii), Finnish (R), French (L), German (Y), Hebrew (X), Hindi (gg), Hungarian (cc), Ilocano (hh), Indian (kk), Indonesian (ll), Italian (K), Japanese (E), Korean (F), Laotian (nn), Lithuanian (aa), Mandarin (C), Norwegian (Q), Others (Other Languages), Pakistani (ff), Polish (U), Portuguese (J), Punjabi (jj), Romanian (bb), Russian (V), Samoan (mm), Sign Language (ASL) (pp), Spanish (I), Swedish (P), Swiss-German (T), Tagalog (A), Thai (H), Tongan (oo), Vietnamese (G), Yiddish (W).

- **Family Councils** are groups of friends and relatives of residents that gather periodically in meetings that are not run by representatives of the facility.

- **"n/a"** or **"Unk."** indicates that the information is not available on this list. Call facility for more information.

⑥ **Date of Last Questionnaire Response**

Services data is likely to be most accurate for the facilities whose responses are most recent. Please encourage facilities to send any corrections or additions to CANHR.

⑦ **VIOLATIONS**

Citations, Complaints (Comp) and Deficiencies (Def) are listed for several recent years. Check the date at the bottom of page one to see how current the information is. After determining which facilities are suitable and have space available, you may call CAHNR for the most recent information before making a final decision. Note — A blank column or space indicates no violations or complaints (read as zeros).

Citations (AA, A, B): Citations are fines issued by the Department of Heath Services for violations of state or federal law. Citations come in several classes depending on their severity. The state average is about one citation per facility every two years. Some facilities have numerous citations, which indicate potential problems. The state issues the following classes, as well as less frequent citations for the falsification of medical records (not listed).

As of February 2002, CANHR lists will show the current status for the class of citations, rather than the class as-issued, as of the last quarterly receipt of ACLAIMS data. For more information about the class as-issued, or outcome of citations, call CANHR. An asterisk (*) in a citation totals entry means that one or more of those citations was originally issued as some other class. Example: 3*.

- **Class AA:** The most serious violation, AA citations are issued when a resident death has occurred due to nursing home regulation violations, and carry fines of $25,000 to $100,000.

- **Class A:** Class A citations are issued when violations present imminent danger to patients or the substantial probability of death or serious harm, and carry fines from $2,000 to $20,000.

- **Class B:** Class B citations carry fines from $100 to $1000 and are issued for violations which have a direct or immediate relationship to health, safety, or security, but do not qualify as A or AA citations.

Complaints (Comp): Complaints are all consumer complaints filed with the Department of Health Services, but this number does not necessarily include complaints filed with the Ombudsman program. Complaints can indicate the overall level of consumer satisfaction or dissatisfaction. The state average is about 5 or 6 per year for a facility of average capacity (90 beds).

Deficiencies (Def): Deficiencies are usually federal violations issued during visits from the Department of Health Services. The state average has been about 18 a year for the past 2 years. If nothing is listed in the most recent year, it may mean that the facility hasn't had its survey during that year (surveys are every 12–15 months for non-D/P facilities that offer Medicare or Medi-Cal).

Note — Violation records shouldn't be used as the sole measure of quality of care in a nursing home. Different DHS branch offices vary widely in their enforcement of the law. It is important to visit the facility, and CANHR has an evaluation checklist to assist in the decision making process.

⑧ **Date of Last Licensing / Certification Inspection** — Most deficiencies are issued during these inspections. If a facility has not been inspected yet during a year, it may receive the bulk of its deficiencies once it is. This data is sometimes blank when DHS data was incomplete.

⑨ **Data Revision Dates:**

- "Comp/Def Revised" Date — Totals for complaints and deficiencies reflect the totals that have reached the central branch of the California Department of Health Services by this date.

- "Citations Received" Date — Totals for citations reflect all citations that have reached CANHR from district offices of the California Department of Health Services, Licensing and Certification Division, by this date **or** the central branch of the California Department of Health Services by the "Comp/Def" date, above.

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