Have you ever filed a complaint with the Department of Public Health, Licensing and Certification? How long did it take for you to receive a response? Or did you even receive a response? How long did it take for the Department to complete the investigation? Nine months? A year? Two years or more? Or did they even complete the investigation?

Licensing & Certification (L&C) is responsible for licensing and inspecting nursing homes for compliance with state law. L&C is also the state survey agency for Centers for Medicare and Medicaid Services (CMS) and is responsible for certifying to the federal government that health care facilities are eligible for Medicare and Medi-Cal payments. L&C is also the agency responsible for investigating complaints about California’s approximately 1,280 nursing homes.

On October 30, 2014, the California State Auditor released a report condemning the Department of Public Health’s (DPH) systemic mismanagement of nursing home complaint investigations. Assembly Member Mariko Yamada and the Joint Legislative Audit Committee sought the investigation by the State Auditor earlier this year after embarrassing public reports that DPH often took years to complete investigations of severe abuse and neglect in nursing homes. CANHR called for the state audit in testimony at a legislative oversight committee on January 21, 2014.

The central finding of the report – California Department of Public Health: It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities – is that, as of April 2014, DPH had more than 11,000 open complaints, many of which had high priorities and had remained open for an average of nearly a year. When nursing home residents die from neglect or suffer from abuse, DPH is usually nowhere to be found.

The report documents numerous other DPH failings related to complaint investigations and makes reasonable recommendations for reform, including a call to establish a specific time frame for completing complaint investigations. The defiant DPH response, signed by Kathleen Billingsley for DPH Director Dr. Ron Chapman, rejects this recommendation without explanation. Elaine Howle, the State Auditor, ends the report by criticizing DPH for its lack of accountability. She states, “We believe that Public Health’s lack of accountability has contributed to its district offices’ failure to complete investigations within reasonable time periods.”

DPH leaders appear immune to accountability. The new report by the State Auditor is the third report she has issued since 2007 that raises serious concerns about DPH’s oversight of nursing homes. Yet the Department continues to oppose any attempt to impose accountability on their failed regulatory oversight. Clearly, it’s time for a change in leadership at the Department of Public Health. It’s time for Dr. Chapman and Ms. Billingsley to make room for leadership that understands the role of DPH as a consumer protection agency for consumers – not providers.

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CANHR News

Staff News

CANHR is happy to announce the hiring of a new Long Term Care Advocate, Julie Pollock. A graduate of the UCLA Luskin School of Public Affairs, Julie is an M.S.W. concentrating in Gerontology and a former Ombudsman Care Manager. CANHR is pleased to welcome this talented new addition to the staff!

Another change for CANHR, Kyle Mathews, our impressively capable Administrative Assistant, is leaving to be closer to his family in the Santa Cruz area. We wish him all the best. He will be missed.

Congratulations are in order for CANHR Staff Attorney, Tony Chicotel and his partner Lynn Wu! The proud parents welcomed a new baby girl, Zadie Bea, on October 20, 2014.

Workplace Giving

California Advocates for Nursing Home Reform is participating as a “non-affiliated beneficiary agency” in the United Way Work Place Giving Campaign for 2015. As a certified Community Campaign Agency, we are participating in:

- The Bay Area Community Campaign (#151)
- The California State Employees Charitable Giving Campaign (#151)
- The Combined Federal Campaign (#6010)

Consider CANHR when making a charitable contribution through payroll deductions and support CANHR services. A full description of CANHR services is available at www.canhr.org/about/services.html.

Thank you!

We want to thank everyone who generously contributed money, time and/or resources to CANHR throughout the year. A very special thank-you goes to those of you who contributed to our trainings and newsletters; those of you who wrote letters to legislators in support of our bills; and particularly those of you who advocated on behalf of your family members and friends in long term care to make their lives better. We could not do our work without your support!

Happy Holidays!

Wardest wishes for a happy holiday season and a great new year from the staff at CANHR!
When people ask me what I do and I answer “I help feuding families become peaceful partners around Elder Care and Estate Planning issues”, many of them say: “I wish I (or my friend or colleague) had known about you near the end of my (or their) parents’ life!” Most families who call me for help have two things in common: A mom or dad with at least some signs of dementia and adult children who disagree about plans for their parents’ care or estate. Often the siblings’ relationships have been strained for many years, but being confronted with their loved one’s mortality brings up old tensions in a new and painful way. Let me share some examples:

A son lives in his parents’ home with his father, who is in the final stages of dementia. His sister also lives with them and is dad’s main care giver. Because he is the oldest child, the son was given Powers of Attorney both for the Person (health care decisions) and for the Estate (financial decisions) when both parents were still alive, and promised his mother on her death bed that he would take care of his father. Now funds are running low and he feels stuck between his sister and another brother, who disagree on what would be best for dad: While the brother, who has his own home and family, thinks they should sell the house and move dad to a memory care facility, the sister insists that dad is happiest at home under her care. Everyone says they have dad’s best interest at heart, but who can tell how their views may be influenced by the very different ways the sale of the house would affect the lives of each of the siblings?

In another case, two siblings have to work together to arrange care for their mother suffering from Alzheimer’s, because one of them was given Power of Attorney for the Person, while the other one has Power of Attorney for the Estate. After being estranged for most of their adult lives, their joint responsibility has brought them back together at a particularly difficult time. Now they are asking me to help them get along, in order to make their mother’s final days as harmonious as possible for everyone involved.

In both families, the parents probably assigned Powers of Attorney to their children in a way that they thought would best serve them at the end of their lives, but may not have considered how these responsibilities would burden the relationships between the siblings. Could mediation help them find a way to work together despite their differences?

Most people have heard of mediation as an alternative process to settle business, workplace or divorce-related disputes. However, few are aware how helpful the process can be when eldercare challenges demand difficult decisions, which often have to be made under time pressure and bring up strong emotions.

Elder Mediation is a voluntary and confidential process that offers a safe opportunity for people to talk about controversial issues, listen carefully to each others’ opinions, feelings, and needs, and work together to find solutions that address everyone’s concerns. The mediator is a neutral third party who can facilitate open and effective communication even when emotions run high. The process is also empowering, because the mediator supports the parties in finding their own creative solutions, instead of making decisions for them.

Typically parties in Elder Mediation are older adults and their spouses, adult children, or family caregivers, but neighbors, friends, or professional aging-services providers can also be involved. If – as in my examples - the Elder is no longer able or willing to participate in the decision-making process, adult children, caregivers and/or trusted professionals and friends may also meet without the person whose care is being discussed. Issues that can effectively be addressed include Care and Transition Planning (Aging-in-Place or moving to a Senior Residence?), Health Care, Financial Planning, Powers of Attorney, Real Estate and Business decisions, and Wills and Trusts. These controversial issues may get resolved in one 3-4-hour-long meeting, or may require multiple sessions to reach agreements between all participants.

Mediation enjoys a high success rate: Among cases where all parties participate in private (i.e. not court-ordered) mediation, about 80 % result in an agreement that everyone is happy with or at least can live with. Although compliance is voluntary, people are more likely to implement a mutually agreed-upon solution than one that was imposed by someone else.
So what happened in my two examples?

In the first case, the siblings met for several mediation sessions and worked out a plan to research different options to organize and finance appropriate care for their dad’s final days, while also planning for alternative housing that the brother and sister could move to after the eventual sale of the family home.

In the second case, the two siblings met for a first mediation session and were able to make arrangements to harmoniously be at their mom’s bedside, together with another estranged sibling, when she passed shortly after our meeting. Since then, we’ve met a second time to help them communicate effectively while jointly planning mom’s funeral. A third meeting is planned, where the siblings are hoping to reach agreements about how to maintain their relationship after they’re no longer forced to work together to settle the family’s estate.

I feel grateful to have been given the opportunity to support these two families in their time of grief. However, I’m even happier when families ask me for help to plan ahead before a time of crisis, so they can enjoy peace and harmony during their parents’ final days.

My favorite example is a father who wanted to meet with his four adult children to discuss his end of life and estate plans. I was asked to facilitate the meeting, because some of the siblings were estranged from their father and each other. The family was so satisfied with the meeting’s outcome that, a few months later, they asked me to facilitate a similar gathering with the siblings and their mother, who had been divorced from their father for decades. Since everyone in that family was involved in deciding who was assigned Powers of Attorney for each parent, I hope that they will be able to work together smoothly when the time comes for them.

To find an Elder Mediator in your area, search www.mediate.com under “Elder.”

Katharina W. Dress, MA, has been a Mediator for 9 years and a Facilitator and Trainer for 30+ years. As founder of Aging In Harmony, she provides conflict resolution services to older adults and their families, caregivers and aging services providers. Visit: www.aginginharmony.com.

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Medi-Cal Recovery: What you Need to Know and How to Avoid It

Medi-Cal Recovery

What You Need To Know & How To Avoid It

CANHR’s publication, “Medi-Cal Recovery: What you Need to Know and How to Avoid It,” booklets are available to individual consumers, legal services programs, Ombudsmen programs and other non-profits.

The booklet is also available for free download in English, Spanish, and Chinese:
http://www.canhr.org/medcal/medcal_recoveryinfo.htm

For profit companies will be charged $1.00/booklet to cover the cost of printing and shipping.

To purchase the booklet, visit:
State Auditor Finds the Department of Public Health is Placing Nursing Home Residents at Risk

As noted on the front page of this issue, on October 30, 2014, the California State Auditor released a report condemning the Department of Public Health’s (DPH) systemic mismanagement of nursing home complaint investigations. The central finding of the report — California Department of Public Health: It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities — is that, as of April 2014, DPH had more than 11,000 open complaints, many of which had high priorities and had remained open for an average of nearly a year.

Other key findings include:

• DPH does not provide adequate oversight of complaint processing by its district offices and the Professional Certification Branch.

• DPH is slowest to act on the most serious complaints involving immediate jeopardy to residents, some of which had been open for more than three years.

• Some district offices close out almost all reports by facilities of suspected abuse and neglect without investigation. For example, in 2012 and 2013, the Los Angeles County North District office did not conduct an onsite investigation for 90 percent of the 1,103 reports it received from facilities.

• In 2009, DPH eliminated its policy calling for complaint investigations to be completed within 40 days and now has no specific time frames for completing investigations.

• DPH has no idea what levels of staffing are needed at its district offices to complete complaint investigations and other assignments in a timely manner.

• None of the district offices visited by the auditor consistently collected corrective action plans from facilities in a timely manner or verified that facilities had implemented corrective actions when required.

• Caregivers who have abused residents continue to work in nursing homes because of long delays in conducting appeals. One appeal was not heard for nearly 1,200 days.

This latest audit report is only one more of many studies, audits and reports issued by various state and federal agencies over the past 10 years condemning the DPH’s failed regulatory oversight. For a copy of the report, see: https://www.auditor.ca.gov/pdfs/reports/2014-111.pdf

LA County Officials Reduce Penalties in 3 Nursing Home Deaths

On October 27, 2014, Kaiser Health News reported that Los Angeles County Department of Public Health officials allegedly downgraded three citations involving nursing home residents who died from neglect. Two of the nursing home residents were very young children — a three-year old girl and a four-year old boy — who died in 2012 after their breathing tubes became disconnected at Totally Kids Specialty Healthcare, a Sun Valley nursing home. Investigators found that the facility failed to monitor the children closely and keep them safe. The other death involved a 30 year old resident of Verdugo Valley Skilled Nursing and Wellness Centre in Montrose, who died in 2010 because the facility failed to closely monitor the effects of blood thinning medications he was taking. In all three cases, investigators had originally sought class “AA” citations (which carry fines of up to $100,000 for violations that directly cause a resident’s death), but LA County officials allegedly reduced the penalties to class “A” citations that resulted in much smaller fines. In addition to chopping the penalties, the downgrading of the citations protected the nursing homes from required actions to revoke or suspend their licenses.

Earlier Kaiser Health News articles triggered a county audit report in August that reported DPH supervisors regularly downgrade or delete citations and deficiencies, often without communication with the investigators.

Long Term Care News ............... (continued on page 11)
The following bills include the RCFE Reform Act of 2014 bills that were sponsored by CANHR and signed into law this legislative session. For more information, go to www.canhr.org/legislation.

**RCFE Reform Act of 2014**

**AB 1523** (Atkins): RCFE Liability Insurance – Signed into law.

Effective July 1, 2015, each Residential Care Facility for the Elderly, as a condition of licensure, will be required to obtain and maintain liability insurance. Each facility must maintain liability insurance in the amount of one million dollars per occurrence and three million in the annual aggregate to cover injury to resident or guests caused by the negligent. (Sponsored by CARR, San Diego.)

**AB 1572** (Eggman): Resident & Family Councils – Signed into law.

This bill amends current laws to enhance the rights of resident councils and family councils in RCFEs.

**AB 1899** (Brown): Forfeiture of License – Signed into law.

This bill would prohibit a person whose license has been revoked or forfeited for abandonment of the facility permanently ineligible for reinstatement of a license.

**AB 2044** (Rodriguez): RCFE Staffing Requirements – Signed into law.

This bill requires an administrator or facility manager or designated substitute to be on premises 24/7, and for sufficient staff to be on premises 24/7 to carry out required responsibilities. This bill also requires at least one staff member with CPR and first aid training to be on premises at all times. This bill would also require staff to be trained on building and fire safety and responding to emergencies.

**AB 2171** (Wieckowski): Statutory Residents’ Bill of Rights – Signed into law.

This bill as amended creates a statutory, comprehensive bill of rights for residents of RCFEs. The part of the bill allowing residents to file a lawsuit to obtain an injunction to fight violations of their rights was stripped from the bill in an amendment just prior to its final floor votes. This means the important rights codified in the bill will have to be enforced by the Department of Social Services (DSS), which traditionally has done a poor job of enforcing resident rights.

**AB 2236** (Stone & Mainschein): Increased Penalties – Signed into law.

This bill was significantly amended and includes an enormously complicated civil penalty system for all categories of facilities; imposes a $10,000 fine against RCFEs for physical abuse or serious bodily harm; imposes a $15,000 fine for deaths due to violations; and creates four (!!!) levels of appeal for RCFE providers to appeal the fines.

**SB 895** (Corbett): RCFE Suspension/Revocation of Licenses (formerly SB 894) and Inspections/Evaluations of RCFEs (formerly SB 895) – Signed into law.

These bills have been substantially amended and combined into one bill which variously requires facilities to correct deficiencies within 10 days unless otherwise specified and requires the DSS to post online instructions on how to obtain inspection reports offline, design an informational poster on reporting complaints and emergencies for display in RCFEs and notify the State Ombudsman Office when it plans to issue a temporary suspension or revocation of a facility license.
SB 911 (Block): Training and Qualifications of RCFE Staff – Signed into law.
This bill increases the qualifications and training requirements for RCFE administrators from 40 hours to 80 hours and require facilities who accept and retain residents with restricted or prohibited health conditions to employ trained medical personnel as appropriate.

SB 1153 (Leno): Ban on Admissions – Signed into law.
This bill creates new penalties for non-compliance, including authorizing the DSS to suspend the admission of new residents in facilities where there is a substantial probability of harm.

SB 1382 (Block): Increase in RCFE Fees – Signed into law.
This bill increases the initial and annual licensing fees for RCFEs for every sized facility and makes legislative findings that it is imperative that DSS be given adequate resources to support its mandate to provide consumer protection.

Other CANHR Sponsored Bills

SB 1124 (Hernandez): Medi-Cal Recovery – Vetted by the Governor.
This bill would have limited Medi-Cal recovery for those who are 55+ years of age to only what is required by federal law, and eliminate optional recovery for other services; eliminate recovery on surviving spouses’ estates; and require the Department of Health Care Services to provide estate claim itemization to consumers for free upon request. Note: Co-sponsored with Western Center on Law and Poverty, this bill had unanimous bipartisan support, passing the Assembly Floor by 78-0 and the Senate Floor by 33-0.

In his veto message, the Governor noted that “allowing more asset protection for the next generation may be a reasonable policy goal..” but the costs need to be considered next year. So there is hope that he and his budget folks can be persuaded that forcing low income citizens to sell their family homes or pay back Medi-Cal claims at 7% interest is simply poor public policy.

CANHR Support

AB 1700 (Medina): Reverse Mortgage Protections – Signed into law.
This bill helps borrowers make informed decisions about whether a reverse mortgage is a suitable choice for their individual circumstances. AB 1700 requires reverse mortgage sellers to give prospective borrowers a self-evaluation worksheet, to be completed before the existing mandatory counseling session. The worksheet flags five possible pitfalls for reverse mortgage borrowers.

This bill would clarify current law so that those trying to help an infirm family member or friend will not inadvertently break the law by picking up or transporting a prescription that is not in their name.

AB 1804 (Perea): Consumer Protections from Insurance Lapses – Signed into law.
This bill would expand the ability of consumers to designate additional persons to receive notices of lapse or termination of insurance policies due to non-payment of the premium.

Other RCFE Bills of Interest

AB 1570 (Chesbro): Residential Care Facilities for the Elderly – Signed into law.
This bill would strengthen certification requirements for RCFE administrators and increase training requirements for direct care staff. It would also extend and expand certain dementia care training requirements to all RCFEs rather than just those that advertise or promote special dementia care.
RCFEs and SSI: Fact v. Fiction

Supplemental Security Income/State Supplementary Payment (SSI) is a program funded by the federal and state government that guarantees a minimum monthly income to people who are over 65, blind or disabled, and have limited income and resources. If an RCFE resident receives SSI, California law limits the monthly rate that the facility may charge the SSI recipient.

Under 2014 SSI payment rates, an RCFE resident with no income other than SSI will receive $1,133 per month, and must pay the RCFE $1,003 per month. This leaves the resident with $130 per month for personal needs ($1,133 - $1,003 = $130). If the RCFE resident has other income besides SSI, the RCFE may charge the resident an extra $20 per month, e.g., $1,023, but only if it is stated in the RCFE’s Admission Agreement.

**FACT** An RCFE may not charge a resident who receives SSI more than the SSI monthly rate. Section 87464(e) of Title 22 of the California Code of Regulations states that if a resident is receiving SSI, “then the basic services shall be provided and/or made available at the [SSI] basic rate at no additional charge to the resident.”

**FICTION** An RCFE can charge more than the SSI monthly rate to an SSI recipient whose family stops making voluntary contributions to the facility.

**FACT** An RCFE can charge more than the SSI monthly rate to a resident who was not on SSI when the resident entered the facility, but later became an SSI recipient.

**FICTION** An RCFE can charge more than the SSI monthly rate to a resident who is an SSI recipient.

**FACT** An RCFE may not charge a resident who receives SSI more than the SSI monthly rate. Section 87464(e) of Title 22 of the California Code of Regulations states that if a resident is receiving SSI, “then the basic services shall be provided and/or made available at the [SSI] basic rate at no additional charge to the resident.”

**FICTION** An RCFE can evict a resident for nonpayment when the resident runs out of savings and becomes an SSI recipient, and reduces his or her payment to the SSI monthly rate.

**FACT** An RCFE must provide basic services to a resident receiving SSI at the SSI monthly rate, no matter when the resident became an SSI recipient. Accordingly, an RCFE cannot evict a resident for nonpayment when, due to declining resources, the resident becomes an SSI recipient and reduces his or her payment to the SSI monthly rate. DSS Evaluator Manual Section 87224(a)(1) www.ccld.ca.gov/res/pdf/RCFE.pdf.

**FICTION** An RCFE can require a resident to waive his or her right to receive SSI benefits in its Admission Agreement.

**FACT** Admission Agreement language which requires a resident to waive his or her right to receive SSI is illegal and unenforceable. (See, e.g., California Health & Safety Code Sections 1569.883(b), 1569.884(e), 1569.888(a); California Welfare & Institutions Code Sections 11006.9, 12002, 12004, 12350; California Code of Regulations, Title 22, Sections 87464(e).)

For more information regarding RCFEs and SSI, including how to apply for SSI, see our fact sheet at http://canhr.org/factsheets/rcfe_fs/html/rcfe_ssi_fs.htm.
Dear Advocate,

The Myth of “Short-Term Stay” Beds

Most nursing home residents are admitted from hospitals and typically have up to 100 days of their nursing home stay covered by Medicare, which pays a generous rate compared with other payment sources. Over the years, the disparity between payment rates through Medicare and all other sources has led to nursing homes doing all they can to maximize the number of residents whose stays are paid for by Medicare – even if it means lying to and endangering residents by discharging them when they still need care.

An increasing number of nursing homes have taken to spreading the myth that some beds in the building are “short-term stay” only, meaning for residents whose stays are currently being paid for by Medicare. So when residents have exhausted their Medicare coverage, they have to move out of the nursing home because invariably the “long-term stay” beds (those occupied by residents with lower paying funding sources) are full. The myth of designating beds as “short-term” versus “long-term” is used to drive out residents who qualify for nursing home services but no longer have high-paying Medicare coverage.

In reality, all nursing homes are licensed to provide long-term care for every bed in the facility. As long as a resident needs nursing home services and those services are paid for, she has every right to remain in the facility regardless of payment source.

If you or a family member are in a nursing home and the staff members are attempting a discharge because there are no “long-term” beds available, don’t go! Tell them that no discharge can be performed without following all of the notice and other legal requirements and that changing payment source is not a sufficient legal reason. The only way the “short-term” versus “long-term” bed myth will die is if we kill it.

Did You Know?

Last year my mom was found eligible for 56 hours under the In-Home Supportive Services program, which provides care for seniors who need extra help in order to stay out of a nursing home. To help her live at home, I have been working as her IHSS caregiver, mostly helping her with cooking and cleaning. Over the past year, my mom’s needs have increased; she now needs supervision with bathing and dressing because her balance is not good and she’s almost fallen a few times. Is it possible for her to get an increase in IHSS hours so she can continue to live at home?

Regards,

Inquisitive in Inglewood

Dear Inquisitive in Inglewood,

According to the IHSS Manual of Policies and Procedures MPP§30-761.219(a)(b), the county shall reassess the recipient’s need for services:

(a) Any time the recipient notifies the county of a need to adjust the service hours authorized due to a change in circumstances.

(b) When there is other pertinent information, which indicates a change in circumstances affecting the recipient’s need for supportive services.

Under IHSS rules, the recipient, their service provider, a family member, or other agency (such as a health insurance plan), may request this reassessment. The best way to inform the county is to document the change in your mother’s needs and the areas of care in which she now needs assistance. You may also want to ask her physician, if they are aware, to document your mother’s balance problems. For more information about IHSS including how to assess hours, visit http://www.disabilityrightsc.ca.org//pubs/PublicationsIHSSNutsandBolts.htm.
**Past Speaking Engagements, Panel Discussions and Training Sessions**

- **September 9:** Senior Staff Attorney Prescott Cole participated in the TEXCOM Education Senior Project Committee Meeting.

- **September 9:** Staff Attorney Jody Spiegel attended a meeting of the WISE & Healthy Aging Community Advisory Council.

- **September 17:** Staff Attorney Tony Chicotel attended a meeting of the East Bay chapter of the California Association of Health Facilities and gave a presentation on dementia care and the inappropriate use of antipsychotic drugs.

- **September 18:** Outreach Coordinator Efrain Gutierrez hosted a CANHR information table at the Cerritos Senior Center for the 2014 Health and Wellness Fair.

- **October 1:** Prescott Cole taught a class on Medi-Cal Long Term Care at the University of California Hastings College of the Law.

- **October 3:** Efrain Gutierrez hosted a CANHR information table at the Cerritos Senior Center for the 2014 Health and Wellness Fair.

- **October 7:** Administrative Assistant Kyle Matthews attended the 15th Annual Senior Resource Fair at the Silliman Activity & Family Aquatic Center in Newark, CA.

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- **October 7:** Administrative Assistant Kyle Matthews attended the 15th Annual Senior Resource Fair at the Silliman Activity & Family Aquatic Center in Newark, CA.
**October 16:** Tony Chicotel was a guest lecturer at the UC Berkeley Goldman School of Public Policy. He spoke about the California legislative process.

**October 17:** Executive Director Pat McGinnis lectured on admission and retention issues at the San Francisco State University RCFE Administrator Certification Program.

**October 22:** Efrain Gutierrez hosted a CANHR information table at the South Pasadena Senior Center for a workshop on “Preparing to Make Decisions.”

**October 23:** Prescott Cole gave a presentation on new RCFE laws at California Legal Advocates (LAAC) Travel Training in Sacramento.

**October 24:** Jody Spiegel attended a board meeting of the Assisted Living Consumer Alliance.

**October 28:** Prescott Cole participated in the Bureau of Professional Fiduciaries Educational Sub-Committee Meeting.

**November 8:** Pat McGinnis participated in a panel presentation on “Know Your Benefits” at the Alzheimer’s Association’s annual Circle of Care conference in Foster City.

**November 14:** Prescott Cole attended a Consumer Federation of California legislative planning meeting in Sacramento.

**November 15:** Pat McGinnis participated in a panel presentation at the Consumer Attorneys of California’s Annual Convention in San Francisco.

**November 18:** Prescott Cole attended the Bureau of Professional Fiduciaries Advisory Committee’s quarterly meeting.

In the wake of the latest article, *Kaiser Health News reported on October 29, 2014* that the County Board of Supervisors ordered DPH to provide a report on inspection procedures and the percentage of inspectors’ recommended citations that had been changed by their bosses.

**CANHR’s CCRC Website Updated**

The CCRC (Continuing Care Retirement Community) section of the CANHR website, [http://canhr.org/CCRC/](http://canhr.org/CCRC/), now includes access to financial reports including audit reports that providers must file with DSS Continuing Care Contracts Branch, the state licensing agency. There are accompanying Consumer Fact Sheets for both the CCRC Financial Reports and the IRS 990 Reports that all nonprofit organizations must file annually with the State Attorney General.
Suggested Gifts for Long Term Care Residents

It’s the holiday season again and, as you make out your shopping list, we have some suggestions for possible gifts for a special long term care resident:

• A new pair of comfortable slippers (preferably not open-toe, which cause more falls) or a robe in a favorite color.
• A gift certificate for a haircut, massage or manicure and pedicure. Treat yourself too and go with the resident.
• An iPod loaded with the resident’s favorite music. Add some headphones.
• Pictures taken in the last year of friends and family, arranged in an album, frame or on a bulletin board to hang up.
• A calendar with important dates, such as birthdays and anniversaries. Select some cards and provide stamps for the resident to send.
• A videotape/DVD to enjoy together at the facility. Record a family event, such as a baptism or a graduation for the resident to share in the celebration.
• A subscription to a hometown newspaper or a favorite magazine.
• A favorite book, books on CD/tape or a wireless reading device; or crossword or word search books – in large print if need be.
• A television for the resident’s room, or wireless headphones to hear the television.
• A quilt or lap blanket to brighten up the resident’s room. Bring in a plant or have flowers delivered on a regular basis.
• If the resident is in a wheelchair or uses a walker, find a tote bag that can attach to it.
• Check with the nursing home staff about other appropriate items, such as powder, lotion, toothpaste, soap, aftershave, etc.
• One of the best gifts for a nursing home resident, of course, is the gift of your visits.

Happy Holidays!
CANHR’s mission is to advocate on behalf of California’s long term care consumers. In 2014 CANHR took on its biggest legislative effort to date, crafting 14 pieces of legislation in support of residents’ rights in RCFEs, in addition to Medi-Cal Recovery reform bill SB 1124. Two awesome advocates featured in this article have played major roles in CANHR’s 2014 legislative advocacy efforts by relentlessly calling and writing to legislators and news publications.

Lillian Hyatt, M.S.W., is a longtime CANHR advocate and has many years of experience as a columnist, consultant, social worker, and university professor. Lillian has been named as AARP’s policy consultant on Continuing Care Retirement Communities (CCRCs) in California. Lillian also writes for the NASW California News and the “CCRC Corner” column for the CANHR Advocate. This past year, Lillian championed AB 2171 (Wieckowski), which created a statutory, comprehensive bill of rights for all residents of RCFEs. Lillian is blind and disabled and did all her work from her apartment at the CCRC where she lives. Lillian spoke with staff at the Governor’s office and called every Committee Member to put the pressure on legislators when the bill was stuck in suspension. AB 2171 was signed into law and will be effective January 1, 2015. Lillian has been an invaluable advocate for many years and even more so during this past year’s legislative campaign.

Anne-Louise Vernon, a passionate advocate who insists she is “just a regular person,” became outraged to learn about the unfair practices of California’s Medi-Cal recovery program. Ms. Vernon was signed up for “Free Medi-Cal” under the Medi-Cal expansion and was horrified to learn that her estate would be subject to repayment for all payments California made to the HMO even if she never used any services. Anne-Louise became a strong voice for SB 1124 (Hernandez), a bill that would have reformed the Medi-Cal recovery program by doing interviews with the San Jose Mercury News, NPR Radio and others. She also wrote two op ed pieces printed in the San Francisco Chronicle. Although the bill was vetoed, Anne-Louise is still dedicated to spreading awareness and will continue to work with advocates and legislators in the coming year to make Medi-Cal Recovery reform a reality.

We thank you, Lillian and Ann-Louise, for being awesome advocates and for your support and dedication to California’s long term care consumers. Your efforts are inspiring to us all and you are a shining example of how one person’s hard work and dedication can make a difference.
Happy Holidays and Best Wishes From the CANHR Staff

Front Row: Pat McGinnis, Pauline Mosher
Second Row: Efrain Gutierrez, Terry Donnelly, Prescott Cole, Tony Chicotel, Steven Brett, Jody Spiegel, Avigail Tucker, Julie Pollock
Back Row: Robert Martien, Armando Rafailan, Michael Conners, Kyle Matthews

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Citation Watch - Consumer Report

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Butte County
Country Crest Post Acute
50 Concordia Lane, Oroville
B $2000 Injury Patient Care 12/17/2013
On 01/4/13, an 82 year old resident was transferred from a beauty salon chair to her wheel chair. While transferring, the CNA failed to follow the facility's policy to use a gait belt around the resident's waist and two persons to assist. As a result, the resident's leg was caught in the wheel of her wheelchair and she suffered a laceration to her right leg that required stitches. Citation # 230009704.

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Marin County
Pine Ridge Care Center
45 Professional Center Parkway, San Rafael
B $1000 Administration 3/25/2014
On 3/7/14, a surveyor observed that the facility had failed to post a copy of a Class A citation as required by Health and Safety Code 1429. All A citations must be posted in plain view of residents and visitors for at least 120 days. Failure to post an A citation results in an automatic B citation. Citation # 110009966.

A $20000 Infection Patient Care 4/1/2014
On 5/2/2013, a resident was sent to the emergency room after the facility failed to treat his urinary tract infection for four days. From 4/29/2013 to 5/2/2013, the resident reported to nurses lower back pain, painful urination and decreased appetite. The facility was cited for failing to obtain timely treatment for four days for a resident who had a symptomatic urinary tract infection. Citation # 110009967.

A $20000 Careplan Supervision 4/1/2014
In April and June 2013, a resident sustained several cigarette burns on her abdomen and one on her thigh while smoking at the facility. The resident was considered an unsafe smoker and her care plan called for supervision during smoking sessions to ensure her safety. The facility was cited because it failed to provide adequate supervision to prevent accidents and a safe environment. Citation # 110009983.

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Mendocino County
Redwood Cove Healthcare Center
1162 S. Dora Street, Ukiah
B $1000 Physical Abuse 5/15/2014
On 6/23/12, a staff member entered a male resident's room to answer his call light. After leaving his room, the CNA told another CNA that she had done in a delay in treatment. The facility was cited for failure to provide and maintain adequate supervision and assistance devices to prevent accidents. Citation # 110009966.

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a lap dance on the resident. When staff members asked him about it, he said that she was standing on his legs and that he yelled for her to get off because it was hurting his legs. The facility violated the regulations by failing to ensure the resident was free from abuse when the staff person put her leg on the resident and jumped around on his bed. Citation # 110010573

**Monterey County**
**Katherine Healthcare**
315 Alameda Avenue, Salinas
**B $1000 Fall Patient Care 9/10/2014**
On 8/21/14, a resident at high risk for falls was found on the floor next to her bed complaining of shoulder pain and bleeding from the head. The resident was transferred to the emergency room for treatment. Interventions to prevent falls and subsequent injury included bed alarm, low bed and floor mats. The resident was not in a low bed when she fell and no floor mats were in place. The facility was cited for failure to follow policy and procedures related to implementing interventions for residents at high risk for falls. Citation # 070010985.

**San Francisco County**
**Central Gardens**
1355 Ellis Street, San Francisco
**B $2000 8/13/2014**
CitationWatch description will be published once citation is received. Citation # 220010921.

**San Mateo County**
**Seton Medical Center**
1900 Sullivan Ave., Daly City
**B $2000 Mandated Reporting Sexual Abuse 8/29/2014**
On 11/19/2013, the facility failed to ensure a resident with dementia was free from sexual abuse when a CNA touched the resident's breasts in an inappropriate manner. According to the nursing manager, four other facility staff members were in the room during the incident but did not report the incident. This caused the resident to feel very upset, insulted and angry. She was unable to eat her lunch or take her medication after the incident. Citation # 220010970.

**Solano County**
**Fairfield Post-Acute Rehab**
1255 Travis Blvd., Fairfield
**A $20000 Fall Supervision 3/11/2014**
On 12/27/13, a female resident with a high risk of falls went into an unlocked kitchen with an entry step and suffered a very bad fall. Before she left her room and went into the kitchen, she removed the tab alarm meant to alert staff when she attempted to arise from her chair or bed. The resident fractured her spine and suffered a deep laceration on her head that required stitches. She spent three days in the hospital. The facility was cited for failing to provide adequate supervision and prevent accidents. Citation # 110010480.

**Stanislaus County**
**Oak Valley Care Center D/P SNF**
275 South Oak Avenue, Oakdale
**B $1000 Fall Patient Care 9/15/2014**
On 7/7/14, two CNAs attempted to transfer a 61 pound, 101 year old resident with Alzheimer's disease by using a bed sheet. The resident slipped from the bed sheet onto the floor and sustained lacerations to the scalp, chin, face, eyes and forearms. As a result of the injury, she was sent to the ER for treatment. The proper procedure was for the staff to use a mechanical lift device. The facility was cited for failing to provide an environment free from accidents. Citation # 040010996.
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Fresno County

Community Subacute And Transitional Care Center
3003 N. Mariposa Street, Fresno
B $2000 Verbal Abuse 8/28/2014
The facility was cited for failure to keep a resident free from verbal abuse when, on 7/29/14, a staff member cursed at the resident while administering medication in her room. The resident questioned the medication dosage, as she had been given medication earlier in the day. In response, the nurse told her, "I can't f***ing stand you," and slammed the resident's medication on the table. Citation # 040010961.

Manning Gardens Care Center, Inc.
2113 E. Manning Ave., Fresno
A resident, who was totally dependent on the facility to provide nutrition through a feeding tube, suffered severe weight loss when the facility reduced her intake to 720 calories per day; an inadequate amount to maintain normal body weight. The resident lost 14.6 pounds (10% of her body weight) over a six month period. The facility was cited for failure to provide the resident with adequate calories to supply needed nutritional requirements. Citation # 040010976.

Kern County

Corinthian Gardens Health Care Center
1611 Height Street, Bakersfield
A $20000 Careplan Decubiti (Bedsores) Patient Care 8/4/2014
A 77 year old female resident at risk for developing bedsores developed a bedsore on her heel in February 2014. The facility identified various problems that led to the bedsore but did not adequately address them. The facility was cited for failing to develop a care plan to prevent the bedsore, accurately assess the bedsore, and ensure the resident received showers. Citation # 120010870.

Glenwood Gardens SNF
350 Calloway Drive, Bakersfield
A $20000 Careplan Decubiti (Bedsores) Other 8/4/2014
A 77 year old resident was admitted with a stage I bedsore in his tailbone area. The initial treatment plan was to use ointment twice a day. The treatment was not always given. When the physician's order for ointment expired, the facility did not act. Within a few weeks, the bedsore was unstageable due to the accumulation of dead tissue. The resident's family was not notified of the bedsore progression and decided to move him to another nursing home following discovery on 4/10/14. The facility was cited for failing to prevent the progression of the bedsore. Citation # 120010847.

Los Angeles County

Harbor Care Center
21521 S. Vermont Ave, Torrance
On 9/7/11, the Department of Health received a compliant reporting that a resident was brought to the dialysis center with a gauze pressure dressing over the dialysis access site which had not been changed in three days, and the pressure dressing caused the patient's dialysis access to clot, leading to surgery. The resident's care plan called for him to be checked and monitored for signs and symptoms of infection, bleeding, swelling and discharge, and for the removal of the pressure gauze dressing 6 to 8 hours after dialysis. The facility was cited for failure to ensure that the gauze pressure dressing was removed in a timely manner, which resulted in clotting that led to surgery. Citation # 910010582.

Las Flores Convalescent Hospital
14165 Purche Avenue, Gardena
B $1000 Medication Notification Patient Care Patient Records 5/14/2014
At 1:30 pm on 11/23/10, an 86 year old resident with advanced dementia was found moaning. She grimaced when staff tried to reposition her. It was noticed that her right leg was swollen and warm to the touch. At 2 pm the physician was called, who then ordered an X-ray. The X-ray indicated fractures to her right leg (the bone had been twisted apart and the line of the break was spiral-shaped). On 11/24/10, the physician was notified of the X-ray result, and the physician ordered the resident transported to the hospital. The facility was cited for failing to promptly notify the physician of the fractures, for failure to properly provide pain medications, and for failing to conduct continual assessments of the resident and document the medical records. Citation # 910010700.
Marycrest Manor
10664 St. James Drive, Culver City
A $20000 Medication 3/4/2014
Physician's orders dated March 2011 for a resident on hospice care and a Do Not Resuscitate order in place, indicated Duragesic (pain killer) patch at 12.5 mcg. every 72 hours. The dispensing pharmacy's orders were for 125 mcg. every 72 hours. The medication was administered to the resident at 10 times the recommended dosage on 3/12/2011. On 3/13/2011 at 12:10 pm, the resident was found to have low oxygen levels and high heart rate. Oxygen was administered but the resident stopped breathing and pronounced dead at 2:30 pm. The facility was cited for failure to administer medication at the dosage and strength prescribed by the physician. Citation # 910010490.

Montebello Care Center
1035 W Beverly Blvd, Montebello
B $2000 Fall Patient Care 8/21/2014
On 7/11/14, a CNA attempted a solo wheelchair to bed transfer of a resident who needed two plus persons and a gait belt for transfers. The required gait belt was necessary to stabilize the resident during the transfer. The CNA lost control of the resident and the resident fell to the floor and broke her leg. The facility was cited for failing to ensure that the resident was properly transferred. Citation # 940010945.

Rehabilitation Center of Santa Monica, The
1338 20th Street, Santa Monica
A $20000 Medication 4/22/2014
A resident had a diagnosis of hypertension, irregular heart beat and cardiovascular disease. He was to be given his medication twice per day. However, the pharmacy had not delivered the medication and some doses were missed. In fact, a nurse borrowed half a dose of one of his medications from another resident. On 8/15/11, the resident became pale, began sweating profusely, and complained of not feeling well. The resident had a very faint pulse and became unresponsive. CPR was started and the paramedics transferred him to an acute care hospital. The facility failed to administer medications as prescribed. This failure to administer the medication as prescribed by the physician resulted in the resident having a lack of blood to the brain. Subsequently, the resident died. Citation # 910010581.

Vermont Care Center
22035 S Vermont Ave, Torrance
B $2000 Neglect Notification 4/21/2014
On 1/10/14, a resident was crying and said she had pain in her left leg. Additionally, she was heard moaning and complained of severe pain to her left hand due to arthritis. The facility failed to provide the necessary care and services by failing to ensure the resident's left hand and leg were assessed for the cause of pain, as well as failing to monitor the pain medication or notify the physician that the pain medication wasn't working. Citation # 910010651.

Western Convalescent Hospital
2190 W Adams Blvd, Los Angeles
B $2000 Transfer 6/19/2014
The facility failed to comply with a federal regulation requiring it to be equipped with a supervised automatic sprinkler system by 8/13/2013. In April 2014, it planned to remove all of the residents from its second floor to enable a construction project to install sprinklers. The facility was cited because it failed to comply with a California law requiring it to give residents at least 30-day advance written notice prior to the transfer out of the facility. Its written notice also failed to give an expected date for the residents' return to the facility. These failures violated the rights of each resident who was transferred. Citation # 910010754, 910010760, 910010761, 910010762, 910010794, 910010810, 910010823, 910010824, 910010825, 910010826, 910010829, 910010830, 910010831.

Madera County
Madera Rehabilitation & Nursing Center
517 South A Street, Madera
B $2000 Fall Supervision 8/4/2014
On 2/1/14, a resident at high risk for falls was assisted to the bathroom by a CNA. When returning the resident to bed, the CNA let go of the resident to close the bathroom door and the resident fell, fracturing her wrist. The facility was cited for failure to provide the necessary supervision to prevent injury. Citation # 040010905.

Orange County
Regents Point - Windcrest
19191 Harvard Avenue, Irvine
WMF $500 Patient Records 10/13/2014
Facility staff willfully falsified the Weekly Summary notes of a resident. On 8/29/2014, documents recording the condition of the resident's pressure sore were observed as blank between 11/27/2013 and 1/3/2014. However, when the documents were observed again on 9/22/2014, they were found to be filled in. Citation # 060011068.

Riverside County
San Jacinto Healthcare
275 North San Jacinto St., Hemet
B $2000 Careplan Injury Supervision 07/24/2014
On 1/23/2012, a nursing home was investigated regarding a resident smoking unsupervised. The resident sustained first and second degree burns to the right frontal aspect of her forehead, right cheek, and right hand. The facility failed to follow the resident's care plan concerning independent smoking. Citation # 250010881.

San Diego County
Emeritus at Carmel Valley
13101 Hartfield Avenue, San Diego
B $2000 Theft & Loss 9/30/2014
On 2/15/2014, the facility failed to investigate the loss of hearing aids that belonged to a resident with dementia. Even after the resident was discharged 10 days later, the facility still could not find the hearing aids after 86 days. The facility administrator admitted, "There is no formal process of investigation." The facility never compensated the resident for the loss of personal property. Citation # 080011035.