

AB 1629 Workgroup Questions  
DRAFT

1. How many citations for insufficient staffing has CDPH issued since AB 1629 took effect, by peer group? (Pending)
  - a. What % represent significant (5 out of 10 shifts) vs. minor deficiencies (1 hour of 1 shift out of 10 shifts) and what is the trend since 1629?

The law requires that the facility be in compliance with a minimum of 3.2 NHPPD. Licensing and Certification measured for the 24 hour standard. We did not attempt to identify instances where facilities were out of compliance for a portion of a shift, or even for a whole shift---because facilities are not required to have 3.2 NHPPD at all times---they are required to have 3.2 NHPPD per patient day. Those are two very different standards.

2. What staffing models are currently in use in other states? For example, what has been the outcome for residents in states where other categories of caregivers such as medication technicians or dining assistants are in use?

Reference: Harrington, Charlene. Nursing Home Staffing Standards in State Statutes and Regulations. January 2008.

3. Complaints (See Attachment I):
  - a. By year, what is the total number of complaints filed against skilled nursing facilities that are subject to the 1629 rate system?
  - b. What are the total numbers of complaints that are substantiated by year?
  - c. Of those self-reports, how many were substantiated and cited by CDPH at a level of harm?
  - d. Which of these result in deficiencies, and what % of those is determined to be "actual harm" or potential for serious harm?
  - e. Which of these substantiated deficiencies are related to patient care, rights, or quality of life?
  - f. How many state citations, by type, were issued during CYs 2004 through 2007(See Attachment II)
4. In response to the questions about deficiencies issued: Does data reflect consistent enforcement practices that are in place around the state or do average number of deficiencies, and scope and severity of finds vary greatly from district office to district office? (See Attachment III)

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5. Does L&C have a quality assurance (QA) review and process that ensures the accuracy and consistency of their enforcement practices?

Yes. The SMQTeD QA RN's review all of the federal enforcement documents (2567). They review for the accuracy and consistency of the 2567. The QA RN's collect data from each 2567 reviewed to compile district office (DO) specific compliance information. This data is reviewed at the branch chief level and shared with the district administrators at the DA meetings. Training is developed as a result of the data collection. This training is incorporated into all of the academies and district office in-services.

Also, the QA RN's conduct statewide, all DO's, complaint audits to evaluate accuracy and consistency of complaint investigation. The QA RN's collect data from each sampled complaint reviewed to compile district office (DO) specific compliance information. This data is reviewed at the branch chief level and shared with the district administrators at the DA meetings. Training is developed as a result of the data collection. This training is incorporated into the academies and district office in-services.

QA is in the process of developing a SNF Licensing Federal Oversight Support Survey-like survey. It will most likely be used concurrently as an education and evaluation tool.