After a robust 2021 for nursing home legislation, with five significant bills signed into law, the California legislature turned its back on key resident protections in 2022 when multiple nursing home bills were hijacked or killed off. This depressing turnaround was likely due to COVID being relegated to the back pages of newspapers and the bottoms of news sites. The plight of nursing home residents was therefore increasingly distant in the minds of the public and policymakers. The momentum for reform was simply not as strong in 2022 as it was in 2021.

The Lamentable Hijacking of Ownership Reform

The most important bill for residents was AB 1502. This bill would have overhauled California’s system for approving nursing home owners and operators, imposing new suitability requirements and ending the “zombie licensing system” that enables operators to take over facilities without State approval. Lamentably, the bill was hijacked by the California Department of Public Health (DPH), which demanded amendments that gutted the bill and cemented the current ownership system that gives California some of the worst nursing homes in the country.

The bill’s suitability standards were eliminated, the State’s vetting process was constricted, and enforcement was slashed, virtually guaranteeing that unfit, unqualified nursing home owners will continue to expand their operations in California. In addition, public input into nursing home ownership changes was excised and provisions to track chain operators were erased. The AB 1502 that was passed and signed into law, over CANHR’s opposition, was more of a parody of reform than actual reform.

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Goodbye 2022 and thank you for your support!

We want to thank everyone who generously contributed money, time and/or resources to CANHR throughout 2022. You made a difference. A very special thank-you goes to those of you who wrote letters to legislators in support of our bills; and a special thank you to those who advocated on behalf of your family members, friends and residents in long term care to make their lives better, and in many cases - to save their lives.

2022 has been another difficult year for long term care residents, with understaffing rampant at California’s long term care facilities and poor oversight by regulatory agencies. All of us at CANHR will work in the year 2023 to reform a “system” that leaves so many vulnerable to the whims of a for-profit industry and a reluctant enforcement agency.

Leave a Legacy

Planned giving leaves a legacy to honor your memory or that of someone you love and helps to ensure the future of CANHR. With careful planning, it is possible to reduce or eliminate income and estate taxes while turning appreciated assets into income for yourself or others. Planned giving can take a number of forms, including gifts by will, gifts of life insurance or annuities or gifts via a revocable living trust or charitable remainder trust. Call the CANHR office or email maura@canhr.org to get more information and a free booklet on planned giving.

Donate to CANHR When You Shop on Amazon

It’s not just for the holidays! Any time of the year Amazon will donate 0.5% of the price of your eligible Amazon purchases to California Advocates for Nursing Home Reform whenever you shop on AmazonSmile. AmazonSmile is the same Amazon you know - same products, prices, and service. Support CANHR by shopping at smile.amazon.com. On your first visit to AmazonSmile you will need to approve “California Advocates for Nursing Home Reform” as the charitable organization to receive donations from eligible purchases before you begin shopping. Amazon will remember your selection, and then every eligible purchase you make at smile.amazon.com will result in a donation.

We Wish You a Wonderful and Peaceful Holiday!

We wish you joy, wellness and peace in 2023, and, with your support, we’ll continue to advocate for the rights of all long term care residents.

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We Wish You a Wonderful and Peaceful Holiday!

We wish you joy, wellness and peace in 2023, and, with your support, we’ll continue to advocate for the rights of all long term care residents.
With AB 1502, DPH showed that it is not only willing to accommodate, but to fight for, the interests of our worst nursing home operators. DPH’s priority is to ensure that California’s nursing home market remains vibrant for operators who provide dangerous care. DPH protects and nurtures these operators, putting their interests over the interests of residents. Its takeover of AB 1502, endorsed by the legislature and the governor, was a terrible setback to nursing home residents.

**Written Informed Consent - What the Heck Happened?**

AB 1809 (Aguiar-Curry) would have required written informed consent for the administration of psychotropic drugs in nursing homes. It would also have required prescribers to tell nursing home residents when the psychotropic drug prescribed for them is for a use not approved by the FDA (“off-label”) or is accompanied by an FDA black box warning. The bill represented a great leap forward for reducing the chronic overdrugging of residents that has plagued nursing homes for over fifty years. The bill enjoyed strong support, the nursing home industry was on board, and then the bill was . . . vetoed by Governor Newsom. In a very unfortunate turn of events, the bill that was submitted to the Senate for its vote and sent to the Governor did not include some important amendments. The good news is that the bill has already been re-introduced for 2023 as AB 48 but it’s a shame we lost a whole year of time and energy for this important cause.

**Public Health Officers Rebuff Essential Caregivers**

After the destructive COVID lockdowns of 2020 that left residents deprived of the love and support of essential caregivers and other family and friends, AB 2546 (Nazarian) was written to ensure that up to two essential caregivers would be able to visit loved ones and continue to provide and supervise their care during a public health emergency. AB 2546 recognized that essential caregivers are as critical to the well-being of long term care facility residents as the facility staff and deserve the same kind of caregiving access as staff.

The bill died in the Assembly Health Committee when local public health officers deemed it threatening to their public health hegemony. The public health officers were guarding their discretion to treat essential caregivers as less important to the well-being of residents than facility staff. The bill was turned into a mandated statewide workgroup, charged with making recommendations on accommodating essential caregivers during public health emergencies. The workgroup has yet to be formed and yet to meet. The fight to ensure essential caregiver access continues.

**Nursing Home Finance - Nursing Homes Get a Huge Raise, No Strings Attached**

With little fanfare, California gave nursing homes hundreds of millions of additional dollars annually through a Medi-Cal rate increase with no strings attached. Through a budget bill, AB 186, California’s nursing home payment system, known as AB 1629, was expanded and extended for four more years without including any reforms to ensure the billions of dollars we spend are used to secure decent care for residents.

When it comes to nursing home finance, the State is more focused on the financial health of the operators than the actual health of the residents. AB 186’s intent language expresses concern about the “financial viability” of operators and “workforce retention” but does not mention resident welfare. AB 186 represents yet another opportunity missed for helping nursing home residents.

After nearly twenty years of broken promises and a pandemic that exposed a totally failed system of care, California’s nursing home industry continues to receive big raises and more of our taxpayer dollars, with barely a hint of accountability.

**An Almost Win for Medi-Cal Recipients:**

AB 1900

There were many changes in Medi-Cal in 2022, including the increase of the asset limit beginning July 1, 2022.
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However, Medi-Cal recipients with higher incomes continue to face barriers in obtaining necessary care due to a high monthly share of cost. California’s share of cost program only allows an individual to maintain $600 a month to meet their monthly expenses.

They must pay the rest of their income towards their health care to become eligible for Medi-Cal. This $600 amount is called the “maintenance need income level” and hasn’t changed since 1989. On the other hand, if they make less than the income limit for Medi-Cal, they are eligible without any out of pocket costs, and can keep their entire income. The State expects recipients to live on a mere $600 per month, an amount that is no longer feasible with today’s prices.

Along with Western Center on Law and Poverty, Justice In Aging, Disability Rights California, and Bet Tzedek, CANHR sponsored AB 1900 which aimed to increase the maintenance need income level to 138% of the federal poverty level, even with the current income eligibility limit for free Medi-Cal. This would have allowed higher income Medi-Cal beneficiaries to keep $1,564, and lowered their share of cost, and allowed for cost of living increases to the maintenance need.

After months of testimony, letters and advocacy, AB 1900 was included in the legislative budget. It will not, however, be enacted until January 1, 2025 and is subject to budget appropriations at that time. While it is great that the Legislature finally recognizes the importance of raising the maintenance need level for those with a share of cost, we are disappointed by the appropriations requirement and late implementation date because it leaves many people who would benefit from this in suspense.

A Loss for Housing Preservation Advocates

Another attempt to change the lives of Medi-Cal recipients was AB 2823, Home Upkeep Allowance (HUA) bill. Nursing home residents on Medi-Cal are expected to pay all of their income, except $35, as their share of cost to the nursing home.

What a lot of people don’t know is that if a Medi-Cal recipient is expected to leave within 6 months, they are eligible for the Home Upkeep Allowance (HUA). Currently, the allowance is $209 of their income to pay any rent, mortgage or other household expenses.

Because the allowance amount fails to reflect today’s cost of living, it doesn’t actually prevent someone from losing their home. AB 2823 would have increased the allowance to the actual amount necessary to maintain the upkeep of the home, like the actual cost of rent or mortgage for example, so that the recipient has their home to return after their short-term stay at the nursing facility. CANHR and Disability Rights California, our co-sponsors, believe that the HUA will not help anyone unless it allows the Medi-Cal recipient to fully pay for their bills while they’re recovering in the nursing facility. Additionally, AB 2823 introduced a Transitional Needs Allowance, which aimed to help those who did not have a home, or lost their home, use their allowance to find housing in the community.

Unfortunately, the Department of Health Care Services believed that without a cap, increasing the HUA amount to the actual cost of maintaining the home would be too expensive for the state. The bill died while in Senate Appropriations.

One Bright Spot - Britney-Inspired Conservatorship Reform

One important legislative success for CANHR in 2022 was AB 1663 (Maienschein), a multi-faceted conservatorship reform bill. The bill was inspired by the highly public Britney Spears conservatorship and was co-sponsored by several disability rights organizations and #FreeBritney. It promises to reduce inappropriate conservatorships in California and create a more conservatee-centered conservatorship system by giving conservatees’ wishes and preferences priority in all matters of the conservatorship from beginning to end. Among other things, the bill strengthens California’s commitment to conservatorship alternatives by codifying and boosting Supported Decisionmaking (“SDM”).

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SDM is defined as an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding the self-determination of the adult. AB 1663 also forces courts to be responsive to any communication from a conservatee that they want to terminate their conservatorship. If the court is so alerted, it must appoint counsel for the conservatee and set a conservatorship termination hearing.

Overall, 2022 was a frustrating year for legislative reform of long term care. A lot of important ideas were unsuccessful and key opportunities were lost. On the bright side, many legislators introduced and fought for reform and 2023 will present more opportunities to help improve the care and lives of long term care facility residents. We will be pushing for passage of AB 48, the re-do of AB 1809, our written informed consent bill, along with proposals to foster and better protect long term care facility family councils and to reduce inappropriate nursing home evictions.
The evolving Coronavirus Crisis has had a worldwide impact that will take a long time to become fully understood. At the beginning of the crisis, in an effort to keep you all better informed, we created a website,

https://canhrnews.com/

specifically for COVID-19 information, news and resources related to Long Term Care. For the duration of this crisis, we have been posting updates there. The website contains over 1300 pages.

See the guide below for an overview of the many resources you can find there.
State Nursing Home Transparency Website Not so Transparent about Sexual Abuse

KPBS recently reported that details of sexual abuse complaints are obscured or missing from California’s nursing home transparency website, Cal Health Find. KPBS found that some sexual abuse complaints are substantiated, meaning the allegations are deemed likely to be true, but no fines are issued to the nursing homes where the abuse took place. Information posted on the site also fails to differentiate between sexual abuse committed by residents versus by staff.

Elder Abuse Center Releases Guide to Conservatorship Alternatives

The National Center on Elder Abuse has released “Decision-Making Options that Are Less Restrictive than Guardianship,” which evaluates alternatives to court-imposed conservatorships to manage the financial and personal decisions for people who may lack decisionmaking capacity. The guide serves as a checklist for those considering a conservatorship to ensure one is really needed.

California Department of Public Health Succeeds in Killing Nursing Home Ownership Reform

On September 27, Governor Newsom signed AB 1502 (Muratsuchi and Wood), the formerly CANHR-sponsored bill that the California Department of Public Health (CDPH) hijacked and transformed from a vital elder abuse prevention bill into a welcome mat for California’s very worst nursing home operators. CDPH amendments adopted by the Legislature gutted AB 1502’s suitability and enforcement measures, and created gaping loopholes that can be easily exploited by unscrupulous nursing home chains. Instead of reforming California’s broken nursing home licensing system, AB 1502 empowers oversight officials at the disgraced CDPH to give fast-tracked, rubber-stamped licenses to dangerously unfit nursing home operators. CANHR strongly urged Governor Newsom to veto the bill, yet he signed it anyway.

New Reforms to California’s Probate Conservatorship System Signed by Governor

On September 30th, Governor Newsom signed AB 1663, sponsored by Assembly member Brian Maienschein, and co-sponsored by CANHR and other advocates from across the state. AB 1663 reforms California’s probate conservatorship system to enable individuals with disabilities and older adults needing support to care for themselves to pursue supported decision-making as a less restrictive alternative to conservatorship. The bill also makes it easier to end a conservatorship.

Visitation in CA LTC Facilities: Almost, Nearly, Practically Back to Normal

With the rescission of an Omicron-fueled state public health order that required visitors to demonstrate proof of vaccination or a negative COVID test, residents of nursing homes and assisted living facilities should be back to receiving visits when they want. The end of California’s vaccination/testing requirement means that residents should have the broad access to visitors that has long been protected by law and regulations. Prior orders from the federal Centers for Medicare and Medicaid Services and the state Department of Public Health have:

- Restored residents’ rights to outdoor, indoor, and in-room visitation;
- Ended facilities’ ability to limit the length or duration of visits;
- Ended facilities’ ability to limit visitation to prescribed or pre-approved times beyond what the law provides;
- Clarified that residents’ rights to visitation include availability of virtual visitation options

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Residents should now have access to visitors seven days a week - and when it comes to family members in nursing homes - 24 hours a day. While facilities can ask visitors to schedule appointments, they may not require an appointment for visits. Facilities may not shut down visitation during a COVID-outbreak – which is often done even though it doesn’t protect residents from COVID – except that nursing homes may “pause” visitation temporarily for outbreak testing and cohorting of residents.

AMA Journal Statement Makes Assisted Living Recommendations

A new consensus statement from the Journal of the American Medical Association Network Open summarizes 43 recommendations to improve medical and mental health care in assisted living facilities. Among the most strongly recommended items were staff training on person-centered care and informing responsible parties of a resident’s change in condition. The statement demonstrates that assisted living facilities provide a great deal of medical and mental health care services but there is significant room for improved quantity and quality of those services.

ABC10 Exposes Major Problems in Limited Conservatorship System

ABC10 in Sacramento has released a second season of reporting on California’s problematic conservatorship system. After a riveting first season focused on general conservatorships, this season takes a deep dive into “limited” conservatorships, which are meant to be less restrictive conservatorships for adults with intellectual and developmental disabilities. At the heart of each of the five episodes, is the story of a different family that was ripped apart by a conservatorship system that is too quick to move persons with disabilities from their homes and into poorly supervised, poorly managed group homes. Families are upended, conservatees’ wishes are ignored, and the state’s Department of Developmental Services is non-responsive. The season ends on a positive note, with AB 1663, a bill co-sponsored by CANHR, possibly joining last year’s AB 1994 to provide much-needed conservatorship reform.

Decades of Neglect in Nursing Homes Spur Biden Plan for Staff Mandates

So says a November 15, 2022 headline in the Washington Post about the Biden Administration’s ambitious plan to establish and enforce a federal minimum staffing requirement for the nation’s nursing homes. The Post article connects the dots between understaffing and neglect, telling the story of a California nursing home resident who died after developing a gangrenous wound at an understaffed nursing home. Generations of advocates, residents and workers have fought to set staffing standards because of the ever-present dangers to residents in understaffed nursing homes. A proposed version of the staffing mandate is expected to be announced in 2023.

North Coast Journal Is on the Money

A news story from the North Coast Journal describes the standard operating procedure for the nursing home industry and shows how awful it is for taxpayers and policymakers and especially for the residents victimized by it. The story reviews revenue and expenses for four Shlomo Rechnitz-owned nursing homes in Humboldt County and found that tens of millions of taxpayer dollars for resident care were sent to related parties - other companies owned by Rechnitz or his relatives. Meanwhile, the facilities offer fast food level wages that led to severe shortages of key staff which in turn led to terrible resident neglect. A legislative effort to increase facility spending on care staff faltered and was vetoed by Governor Newsom in 2022.

Eighty Percent of Nursing Home Residents Subjected to Psychoactive Drugging, OIG Finds

On November 17, 2022, the U.S. HHS Office of Inspector General released a stunning report on the epidemic levels of psychoactive drugging in the nation’s nursing homes. Eighty percent of residents are being drugged, it found, “leaving thousands of residents potentially at risk of serious side effects of these medications, including death.” A ten-year CMS campaign to reduce inappropriate drugging in nursing homes had little impact because nursing homes switched to different psychoactive drugs that were not being monitored and used fake diagnoses of schizophrenia to hide antipsychotic drugging rates.
RAND Finds Failures and Reform Opportunities in Long Term Care Facility Policy During COVID-19

A new report from the RAND Corporation, *Policy Decisionmaking in Long-Term Care: Lessons from Infection Control During the COVID-19 Pandemic*, analyzes the governmental response to COVID-19 in nursing homes and assisted living facilities and finds that the forced lockdowns were ill-advised, poorly conceived, and ultimately damaging to residents. The authors conclude that LTC facility residents, family, and staff are rarely represented in institutional decision-making and that, with respect to residents, this exclusion stems from ageism and ableism. LTC policymaking culture typically places resident safety concerns ahead of resident autonomy and preferences. This was borne out during the COVID-19 pandemic. RAND recommends a culture change of “inclusive policy decision-making,” and better leadership among LTC policymakers and facility administrators. What RAND is really calling for is that residents be treated as “residents,” people with autonomy who should have a say in how their care and their lives are governed instead of as “patients,” vessels of health care who need to be directed and governed by others.

Endgame: How the Visionary Hospice Movement Became a For-Profit Hustle

ProPublica published a powerful expose on the transformation of the hospice movement into a $22 billion government-funded juggernaut rife with fraud and exploitation: *Endgame – How the Visionary Hospice Movement Became a For-Profit Hustle*. While praising the mission of hospice care, it provides detail on how that mission has been corrupted by for-profit swindlers who largely avoid accountability for wide-ranging crimes. The story touches on investigations by the Los Angeles Times and the California State Auditor that found Los Angeles County is the epicenter of hospice fraud and abuse in the U.S., and ends with an alarming example of how large-scale scam hospices are being exported from California to other states.

Officials Announce San Miguel Villa to Pay $2.3 Million to Settle Allegations of Grossly Substandard Care

Recent news releases by the United States Attorney’s Office and the California Department of Justice tout a $2.3 settlement agreement to resolve allegations that San Miguel Villa, a skilled nursing facility in Concord, submitted false claims by billing the Medicare and Medi-Cal programs for grossly substandard services over a five year period. According to the release by the U.S. Attorney’s Office, the “United States alleges that nursing home residents at San Miguel Villa were overmedicated with psychotropic drugs, suffered excessive falls, were exposed to resident-on-resident altercations, and experienced other mental and physical harm.” The settlement is the result of a joint investigation by the U.S. Attorney’s Office for the Northern District of California and the California Department of Justice’s Division of Medi-Cal Fraud and Elder Abuse (DMFEA).
**Going Home for the Holidays**

During the holiday season, nursing home residents and their family members often worry about losing their rooms or their Medicare or Medi-Cal status if they leave the facility for brief periods of time. While the rules for Medicare and Medi-Cal are different, both programs allow, and will reimburse the facility for short leaves – depending on the length of the leave.

Medicare’s Policy Manual states that residents who leave the facility for an “outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or trial visit home” can do so without losing their coverage. By taking a temporary leave from the facility for one of these reasons, Medicare recognizes this does not necessarily indicate the resident does not meet the SNF level of care (Chapter 8 §30.7.3). If they return by midnight, the facility can bill Medicare for that day. If the resident is gone overnight, past midnight, and returns the next day, this is considered a leave of absence and the facility can bill the beneficiary to hold the bed during an absence. Chapter 18 §30.1.1.1 outlines how Medicare beneficiaries may take a brief leave of absence by making out of pocket payments to the facility. If planning to leave temporarily, you should ask the facility what the cost will be, since the daily rate of room and board at a nursing home can be high.

Under Medi-Cal rules, a leave of absence of up to 18 days per calendar year can be granted to a Medi-Cal resident of a nursing home in accordance with the resident’s plan of care, and the facility will continue to be reimbursed for care. Up to 12 additional days of leave per year in increments of two days may also be granted under certain conditions. See 22 CCR §51335 as specified conditions are outlined. This is a much more liberal leave policy than Medicare, but it is also subject to certain restrictions. The resident, family members and/or friends should ensure that provisions for leaves of absences are included in the resident’s care plan before making plans to leave the facility.

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**CANHR Consumer Education Resources**

CANHR publishes fact sheets on a wide range of topics important to long term care consumers. Below are some of the new fact sheets, including new translations.

**California Medi-Cal Asset Limit Changes**

- English
- Spanish

**Nursing Home Discharge Rights**

- English
- Spanish
- Chinese
- Korean

**RCFEs: Eviction Protections for Residents**

This fact sheet offers information on the rights of residents of RCFEs or Assisted Living facilities related to evictions or facility closures.

- English
- Spanish
- Vietnamese
- Japanese
- Korean

Please see CANHR’s website for additional fact sheets

http://canhr.org/factsheets/index.html
Hospital dumping, which is when nursing homes send a resident to the hospital and turn the hospitalization into an illegal eviction by refusing to take the resident back, has been a longstanding problem in California. It occurs because it is very profitable and largely tolerated by state regulators. Nursing homes are able to send poorer residents with lower Medi-Cal reimbursement, or those deemed “difficult,” and replace them with more lucrative Medicare-covered residents. Despite myriad federal and state laws designed to prevent resident dumping, they are weakly enforced, enticing facilities to ignore them.

Hospital dumping has been particularly vexing because the State’s appeal process designed to stop it has never worked well. In cases where a dumped resident learns of their right to have an eviction appeal hearing through the Department of Health Care Services (DHCS), facilities have faced no real consequences when they ignore the hearing orders to readmit the residents whose appeals were successful.

Fed up with the State’s failure to apply the laws to protect residents against hospital dumping and enforce its own orders requiring facilities to readmit residents, CANHR and three nursing home residents who had been illegally dumped sued the California Health and Human Services Agency in federal court in 2015. Four years later, the Ninth Circuit Court of Appeals blasted the State’s position that California satisfied the federal requirement to provide a fair hearing for dumped residents by offering a “meaningless show trial” that led to readmission orders that were not enforced.

In 2021, there was finally some progress. A budget bill (AB 133) was signed into law creating a system, administered by DHCS, for assessing $750 daily fines against nursing homes that have unlawfully dumped residents and refuse to readmit them, despite having been ordered to by DHCS.

The new fine system, codified in Welfare and Institutions Code Section 14126.029, also requires offending nursing homes to complete a Certification of Compliance, verifying they have readmitted the dumped nursing home resident.

Since the new law went into effect on January 1, 2022, hospital dumping cases continue unabated. Nursing homes know that most of the time, illegally dumping residents will go undetected, unchallenged, and unpunished. However, there have been cases in 2022 where residents sought a hearing, won their hearing, and were subsequently readmitted. CANHR will soon be seeking data from the State to assess how well DHCS is implementing the new law and whether further reforms are needed.

While hospital dumping of nursing home residents happens all too often, stopping it has never been complicated. We simply have to make the financial costs of breaking the law greater than the benefits. A little enforcement can go a long way.
Dear Advocate:

My elderly mother recently went to a financial planning seminar and was pressured into buying a life insurance policy she didn’t need. How might the life insurance policy affect her Medi-Cal eligibility? Also, where can I file a complaint against the salesperson?

Sincerely,
Frustrated in Fairfield

Dear Frustrated,

The value of a life insurance policy can potentially put your mother over the asset limit for Medi-Cal eligibility. The current Medi-Cal asset limit for an individual is $130,000. If the individual’s combined life insurance policies have a total face value exceeding $1,500, then the cash surrender value of the policies is counted toward the asset limit (Title 22, California Code of Regulation § 50475). However, if the combined cash value of the policies is under $1,500, then the amount is not counted towards the asset limit. In addition, if the policy your mother bought is for term life insurance, then the policy is not counted towards the asset limit.

Next, to report the salesperson you will want to contact your county’s District Attorney’s office. To find your county’s District Attorney’s office you can call 916-443-2017 or go to http://www.cdaa.org. In addition, if the salesperson was an insurance agent you should file a complaint with the State Insurance Commissioner’s Office at 1-800-927-4347 or http://www.insurance.ca.gov. For more information, please see CANHR’s fact sheet on Elder Financial Abuse.

Family Councils: Making a Difference

CANHR’s instructional video for the establishment and functioning of family councils is now available for viewing on our website:

http://canhr.org/familycouncils/video/
Did You Know… A Notice of Medicare Non Coverage is NOT a Discharge Notice?

It is common practice among California nursing homes to accept residents for short-term rehabilitation covered by Medicare and then tell those residents that they must leave after their Medicare days run out. Oftentimes, they will only provide a Medicare Notice of Non-Coverage and pressure the resident to leave. This is not enough.

If a nursing home proposes a discharge after your Medicare coverage runs out and you feel that you still need care, you have the right to refuse the proposed discharge until they give you proper notice. This means that in addition to the Medicare Notice of Non-Coverage, the facility is still required to provide you with a written 30-day discharge notice and meet all other legal and procedural requirements to go forward. If you are on Medi-Cal or would like to apply for Medi-Cal, check to see if the facility is Medi-Cal certified. If so, Medi-Cal will cover the duration of your stay for as long as you need it.

So - just don’t go. Make it clear to the nursing home that you know what your rights are. Contact the local ombudsman for additional advocacy, and file a complaint with the Department of Public Health to report attempted illegal discharge. To read more about nursing home resident discharge rights, read CANHR’s transfer/discharge fact sheet: http://canhr.org/factsheets/nh_fs/PDFs/FS_Transfer.pdf

A Consumer’s Guide to Financial Considerations and Medi-Cal Eligibility

This booklet outlines Medi-Cal eligibility requirements and discusses the protection of assets, such as the home and other items, when a spouse enters a nursing home.

http://canhr.org/publications/Consumer_Pubs.html
Deceptive Ad Campaign by Nursing Home Operators Aims to Defeat Biden’s Proposed Safe Staffing Requirement

“Help us hire, don’t require” is the ending message of an outrageous new nursing home industry ad that takes direct aim at President Biden’s plan to set safe staffing requirements for the nation’s nursing homes. The highly misleading ad claims operators are facing a labor crisis and waiting lists at facilities, saying a federal staffing mandate will make these problems even worse.

The nursing home industry began fighting President Biden’s plan to set safe staffing standards the minute he announced it on February 28, 2022. The new ad is just the latest sign of its determination to stop the proposed staffing mandate by any means necessary.

While the industry’s strategy is no surprise, its overwhelming disconnection with reality remains shocking. In recent weeks, a USA Today investigation found that U.S. nursing homes had “a staggering pattern of failure” to provide enough staff, the Washington Post reported that decades of neglect in nursing homes spurred the Biden plan for staffing mandates, and a stunning report from the U.S. HHS Office of Inspector General revealed that 80 percent of long-stay nursing home residents are being drugged with psychoactive drugs, putting their lives and well-being at serious risk. Nursing homes often use chemical restraints as a substitute for staff.

Setting safe staffing standards in nursing homes should be no more controversial than requiring seat belts in cars. There are mountains of evidence that safe staffing standards are needed to help save lives and to ensure that nursing home operators use the enormous amount of public funds they receive as intended. Generations of advocates, residents and workers have fought to set safe staffing standards because of the ever-present dangers posed by understaffed nursing homes.

Astonishingly, the ad would have us believe that people are dying to get into nursing homes. Nothing could be further from the truth. Vacancy rates in nursing homes are at an all-time high.

For good reason, most Americans are terrified of going to understaffed nursing homes and would do most anything to stay out of them.

If not the public, who is the intended audience for this ad? It is safe to assume that politicians throughout the nation are its target. The nursing home industry is well known for lobbying and buying influence with public officials.

Nursing home owners and operators are glorified wards of the state, receiving more than 100 billion dollars annually from the Medicare and Medicaid programs. The “industry” is almost completely dependent on government funds. It is not too much to ask that they hire enough staff to meet resident needs.

“Help us hire” is nursing home industry code for giving us even more public money with no strings attached. Pleading poverty from their luxury mansions is a time-tested strategy of nursing home operators. One has to wonder how much taxpayer money was used to fund the ad and political campaign against the staffing standards.

The so-called labor crisis in nursing homes is an entirely self-inflicted one. For decades, many operators have subjected workers to low pay, terrible working conditions and little training. It is unreasonable to expect people to work for operators who exploit and endanger them. Workers will return to nursing home jobs when they are paid and treated fairly.

What is in short supply are qualified, trustworthy owners and operators. The White House was right to call out “predatory owners and operators who seek to maximize their profits at the expense of vulnerable residents’ health and safety.” Governments at all levels need to do a much better job of screening out the many unfit operators who have created the life-threatening dangers in the nation’s nursing homes.

The federal Centers for Medicare and Medicaid Services (CMS) is expected to issue proposed minimum staffing standards in 2023. Please stay tuned for opportunities to review and support them.
It's Tax Time:

What you Need to know about Taxes, Long Term Care Expenses and withholding taxes from your income to meet the Medi-Cal Share of Cost

Reducing Gross Income for Share of Cost

Many Medi-Cal recipients are shocked to read on their Notices of Action that their Share of Cost is more than the income they actually receive. How is this possible when beneficiaries can’t pay a Share of Cost with money they don’t have? If the beneficiaries only receive Social Security or payments from retirement accounts, this is not usually a problem. The problem arises with pension income where taxes are deducted.

Share of Cost for Medi-Cal is calculated using the gross income – i.e., before taxes are deducted. This is why the Share of Cost can result in being more than your net income, which is the income you actually receive every month. Since this rule is based on federal law, it is impossible to challenge, but you can increase your net income so that they can pay your Medi-Cal Share of Cost.

You can do this by stopping the withholding of taxes from your income. In order to do so, fill out Form W-4P (“Withholding Certificate for Pension or Annuity Payments”) to stop the IRS from withholding federal taxes. You can get this form online at the IRS web site or from any tax specialist (H&R block, for example). For withholding state taxes, contact your pension plan and request a “California State Income Tax Withholding Election Form.” Once these deductions are stopped, the problem with counting income that you don’t actually receive should be fixed. Most, if not all of what you pay for share of cost for nursing home care can be deducted from your taxes at the end of the year, so it should even out. Ask your tax consultant/expert.

Deducting Medical Assistance Costs

If you are receiving medical assistance in a nursing home, assisted living facility or hire a nurse to receive care at home, there are valuable income tax deductions that you or your loved one will qualify for. Medical expenses that may be incurred for an elderly individual in need of medical and / or maintenance assistance, either in their home, assisted living facility or a medical facility, including medical insurance payments and co-payments, are generally qualifying medical expenses for IRS purposes. For a complete listing of all qualifying medical expenses, please see Publication 502 provided by the Internal Revenue Service which can be found at [http://www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf) and don’t forget to bring a complete list of these expenses when you do your taxes. Ask your tax Advisor about these deductions.

Receipt of Lump Sum Tax Refund

For those fortunate enough to receive an income tax refund, this is considered property in the month of receipt, and, if spent down in that month, will not be considered an asset in the next month. (22 CCR §50454)
Resident Associations or Resident Councils?
No Question About it - Resident Councils Have More Power!

California’s statutes on Continuing Care Retirement Communities – largely written by the CCRC industry – includes a provision in Health & Safety Code 1771.7(d)(1) that the CCRC provider shall “encourage the formation of a resident association by interested residents who may elect a governing body.” The provider is required to respond to written requests or concerns within 20 days of receipt. Despite a provision under Health & Safety Code 1771.7 that specifies “Meetings shall be open for all residents to attend...”, another provision states that executive sessions of the governing body of the Resident Association shall be limited to the governing body itself. So, a “Resident Association” whose members are approved by the providers can prohibit other residents from attending.

Clearly these should be called “Provider Associations,” since there are so few rights for residents to raise concerns. By controlling the governing bodies of the Resident Associations and by excluding other residents from executive sessions, the provider can control the Resident Association. The CCRC providers can choose or reject the Associations’ recommendations for the provider Governing Board, withhold information regarding litigation, personnel, etc. and generally fail to provide whatever information the provider chooses.

Resident Councils

Resident Councils and Family Councils as prescribed under Health & Safety Code §§1569.157 & 1569.158 provide more autonomy for the residents, allow them to meet in private without provider interference, and include penalties for willful interference with the formation of such Councils. These rights apply equally to CCRCs, since all CCRCs are licensed as RCFEs.

California law sets forth the rights of resident councils in RCFEs and CCRCs, and also the obligations of facilities with regard to promoting and supporting resident council development. (HSC 1569.157; CCR 87221) Resident council rights and facility obligations include the following:

- Two or more residents have the right to form a resident council.
- The facility must not limit the right of residents to meet independently with outside persons or facility personnel.
- The facility must inform new residents if a resident council exists, including the time, dates and place for meetings and a representative of the resident council to contact for more information. If there is no resident council, provide written information on the right to form one.
- Facilities are required to post in prominent place information about the Resident Council and the text of this law with the heading “Rights of Resident Councils”.
- Facilities with a licensed capacity of 16 or more must designate a staff liaison who is responsible for providing assistance to the resident council, make a room available for meetings, and post meeting information on an existing prominently placed bulletin board.
- The facility must respond to written concerns or recommendations of the resident council within 14 days regarding any action or inaction taken in response to those concerns or recommendations.
• The facility must inform resident council members of their right to be interviewed as part of the regulatory inspection process.

• Facilities are prohibited from willfully interfering with the formation, maintenance or promotion of a resident council. “Willful interference” includes discrimination or retaliation for participating in a resident council, refusal to publicize meetings or provide appropriate space for meetings, or failure to respond to written requests in a timely manner.

• Violation of these laws constitute a violation of resident rights subject to a daily civil penalty of $250 per day.

For more information, see CANHR’s fact sheets on Resident Councils at www.canhr.org and the CCRC Bureau’s Provider Information Notice on these rights (PIN 17-11.1) at the CCRC Bureau website: https://www.cdss.ca.gov/inforesources/community-care/continuing-care
RCFE Rate Increases: What’s Permitted?

Due to the COVID-19 pandemic, some RCFE rate increases had been postponed. However, nearing the end of the Public Health Emergency, a common issue that CANHR Advocates have observed is facilities beginning to increase rates again. These rate increases may also reflect inflation during the time increases were not being made. This leaves many residents to wonder, are RCFEs allowed to increase my rate this significantly? The answer is generally, RCFEs are free to set their own rates. Residents pay what the market will bear. Problems regarding rates usually arise with respect to increases. Here are four tips for dealing with RCFE rate increases.

1. **Read the Admission Agreement!** When it comes to RCFE rates and rate increases, there is nothing more important than the admission agreement. The admission agreement sets the rate and explains the process and expectations for rate increases. Health and Safety Code § 1569.884 (and similarly, 22 Cal. Code of Regulations § 87507) requires all RCFE contracts to include a comprehensive description of all items and services to be provided under a single fee as well as a comprehensive description of all items and services not included in the single fee. Rate increases based on items or services not included in the single fee that are not adequately described may be disputed.

2. **Don’t Pay Extra for Guaranteed Basics.** RCFEs are required to provide “basic services” as defined by 22 Cal. Code of Regulations § 87464 to every resident, including safe accommodations, meals, assistance with daily living activities, and observation. If a rate increase is tied to the provision of a basic service that was not previously provided, it may be disputable, as all basic services should covered by a facility’s single fee. RCFEs are not permitted to withhold basic services – providing them contingent on extra payments could be considered the same as withholding them.

   Example: RCFE resident’s physician orders a special diet. The facility imposes a $500 per month charge to comply with the special diet. If the admission contract does not specify additional charges for a special diet, the facility cannot impose the charge. If the contract does specify a charge, the facility still might not be able to collect it since providing special diets is a basic service.

3. **Examine Alleged Increased Care Needs.** Many rate increases are based on allegations that a resident requires new services that she did not need before. Typically, rate increases require 60 days’ notice to the resident but increases tied to a level of care change only require two business days’ notice. Alleged changes in care needs can often be successfully disputed, particularly if they are: a) the product of a facility’s subjective or biased assessment or b) the proposed new services and their costs are not well-described in the admission contract. One method for disputing such a rate increase is by emailing in a complaint with Community Care Licensing (CCL) at letusno@dss.ca.gov. Having the complaint in writing is recommended.

4. **Is Withholding Payment an Option?** If a resident has a good faith dispute over a rate increase, refusing to pay the increase may be an option. The facility could then sue the resident to obtain payment or, more likely, pursue an eviction for nonpayment. However, under 22 Cal. Code of Regulations § 87224, evictions for nonpayment are limited to failure to pay for basic services. If a charge is related to a non-basic service, nonpayment should not be grounds for an eviction. The resident may still have to pay under the contract, but failure to pay should not be used to evict the resident.
• 9/22/2022: Staff Attorney Tony Chicotel and Long Term Advocate Jaclyn Flores presented to the San Mateo Ombudsmen regarding Nursing Home Evictions.

• 9/28/2022: Tony Chicotel was a presenter on a statewide Zoom meeting for Social Workers regarding Capacity Issues.

• 10/05/2022: Staff Attorney Tony Chicotel and John Hafner presented on a state wide meeting regarding Evictions in Skilled Nursing Homes, and Residential Care Facilities to Legal Services.

• 10/11/2022: Executive Director Patricia McGinnis presented over a Zoom meeting to law students at Hastings Law regarding Medi-Cal.

• 10/12/2022: Deputy Director Pauline Shatara and Special Projects Manager Maura Gibney invited Legal Services in California to a Zoom meeting on Medi-Cal Eligibility and Home and Community-Based Services.

• 10/19/2022: Tony Chicotel presented to Legal Services on Residents’ Rights in Skilled Nursing Facilities.

• 10/20/2022: Executive Director Pat McGinnis joined the San Francisco Gray Panthers to speak to consumers about current events and the potential closing of the Laguna Honda Hospital.

• 10/21/2022: Tony Chicotel was invited by UCSF physicians to present on capacity, health care decision making.

• 10/24/2022: Tony Chicotel was invited by State Office of the Patient Representatives to present on Health care decision making, Capacity, Dementia Care, Chemical Restraints, and H&S 1418.8 in a statewide Zoom meeting.

• 10/25/2022: Tony Chicotel was invited by State Office of the Patient Representatives to present on Health care decision making, Capacity, Dementia Care, Chemical Restraints, and H&S 1418.8 in a statewide Zoom meeting.

• 11/2/2022: Tony Chicotel attended the Ombudsmen Statewide Conference and presented on Evictions in Skilled Nursing Facilities.

• 11/2/2022: Attorney Frank Fox from Fox & Fox Law Firm presented to Legal Services in a Zoom training regarding Elder Financial Abuse: Litigation tips.

• 11/3/2022: Staff Attorney John Hafner and the Rancho Bernardo Community Council had a Zoom meeting for Community Council Members and the local public on Residential Care Facility Evictions and Resident Rights.

• 11/3/2022: Patricia McGinnis joined State Assemblymember Marc Berman’s Town Hall meeting for California consumers. The Forum presented on a variety of legal and ethical senior issues.

• 11/8/2022: Tony Chicotel presented to the McGeorge Elder Law Clinic law students on Nursing Home finance, regulation, enforcement.

• 11/9/2022: Executive Director Patricia McGinnis, Deputy Director Pauline Shatara, and Attorney Peter Stern from the Law Office of Peter S. Stern presented a training for Private Bar Attorneys on Medi-Cal Planning and Asset Limit changes.

• 11/10/2022: Tony Chicotel was a guest at Hastings Law Medical / Legal partnership in San Francisco to present to law students on Nursing Home finance, regulation, enforcement.

• 11/16/2022: Attorney Kevin Urbatsch from the Urbatsch Law Firm, and Attorney Peter Stern from the Law Office of Peter S. Stern presented to Private Bar Attorneys on a Zoom meeting regarding Using Trusts and Special Needs Trusts After Changes to the Medi-Cal Asset.

• 12/5/2022: CANHR staff members Tony Chicotel, Jaclyn Flores, John Hafner, and Chris Rousseau had a roundtable meeting with California Legal Services on Illegal transfer, discharge, and evictions.

• 12/8/2022: Tony Chicotel joined the Triple A Council of California to present to Area Agencies on Aging on Nursing Home finance, regulation, enforcement.

• 12/9/2022: CANHR staff members, Tony Chicotel and Pauline Shatara, presented in a Zoom meeting to the San Diego Ombudsmen staff on ALW, Evictions, and Resident Rights.
CANHR welcomes memorial and honorary gifts. This is a great way to honor a special person or a loved one, while helping those who are long term care residents. Recent gifts have been made in the names of the following persons:

**IN HONOR OF**

- **JoAnn Villalobos**
  Virginia Ginger King

- **Tony Chicotel and Cynthia Tachner**
  Karen Klink

- **Andy Chu**
  Carol Murphy

- **Pat McGinnis**
  Mary Gerber Esq.

- **Pat McGinnis**
  Leslie Barnett Esq.

**IN MEMORY OF**

- **Skip Davis**
  Kellie D. Morgantini Esq.

- **Skip Davis**
  CANHR Staff

- **Albert Zappala**
  Janet Zappala

- **Albert Zappala**
  Art Gharibian Esq.

- **Dr. Kamala Magal**
  Sahana Magal

- **LaVerne Schwacher**
  Debra Vogler

- **Tim Millar**
  CANHR Staff

**ALBERT ZAPPALA**

Albert Zappala was an exceptional family man. To him, family was everything. He was a proud Italian and loved speaking Italian every chance he got. He was a successful businessman working as a high-level executive for Allstate Insurance until his retirement. He travelled the world with my beautiful mother. He was also an avid baseball fan, rooting for his beloved Yankees since he was five years old. He had a keen wit and loved making people laugh. He was always there to help his family and close friends. He taught us to always give back and have faith. There will never be another like my Dad. During his late years he was in assisted living. People who truly care for our elderly should be given a medal. I love you always Dad, and to use one of your favorite sayings, “ciao baby.” Until we meet again.

- Janet Zappala (daughter)
The following citation summaries are compiled from the citations issued by the California Department of Public Health to Northern California skilled nursing facilities and received by CANHR as of the publication of this issue of the Advocate. CANHR makes every effort to ensure that consumers are provided with accurate information. CANHR welcomes comments and suggestions or notice of errors. Please direct such comments to frontdesk@canhr.org or by calling the CANHR office at (800) 474-1116. Citations without summaries will be reprinted with summaries once received by the CANHR office. Citations from earlier months are included if a description was not printed in a previous issue. Appeals of citations and collection of fines can take up to three years.

For the foreseeable future, due to an overwhelming number of citations and staff time constraints, CANHR will be publishing only Class “A” or “AA” citations in the Advocate.

Explanation of citation classifications: Class “AA” citations are issued for violations that are a substantial factor in the death of a resident and carry fines of up to $120,000. Class “A” citations are issued when violations present imminent danger to a resident or the substantial probability of death or serious harm, and carry fines of up to $25,000, except in cases involving the death of a resident, when the Class “A” penalty can be up to $60,000. Class “B” citations carry fines of up to $3,000 for violations that have a direct or immediate relationship to a resident’s health, safety, or security, but do not qualify as Class “A” or “AA” citations. “Willful material falsification” (WMF) and “willful material omission” (WMO) citations carry fines of up to $25,000. Fines are not always required to be paid. Citations can be appealed. Violations repeated within twelve months may be issued “trebled fines”— triple the normal amount.

San Joaquin County

Noble Care Center
2740 N. California Street, Stockton

AA $50 000 Patient Care; Patient Rights; Death 10/19/22

The facility failed to provide quality care and services in accordance with professional standards of practice for a resident when the resident had a change in condition and was not sent to the hospital for higher level of care per his wishes. Further, CPR was not attempted for the resident per physician order and the resident’s wishes when he was a full code. As a result of these failures, the resident’s wishes were not honored, and the resident passed away at the facility without any lifesaving measures. This violation presented either an imminent danger that death or serious harm would result and was a direct proximate cause of death of a patient or resident.

Citation #990018080
The following citation summaries are compiled from the citations issued by the California Department of Public Health to Southern California skilled nursing facilities and received by CANHR as of the publication of this issue of the Advocate. CANHR makes every effort to ensure that consumers are provided with accurate information. CANHR welcomes comments and suggestions or notice of errors. Please direct such comments to frontdesk@canhr.org or by calling the CANHR office at (800) 474-1116. Citations without summaries will be reprinted with summaries once received by the CANHR office. Citations from earlier months are included if a description was not printed in a previous issue. Appeals of citations and collection of fines can take up to three years.

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Kern County

**THE REHABILITATION CENTER OF BAKERSFIELD**
2211 Mount Vernon Ave, Bakersfield

**A $25 000** Dietary Services; Feeding; Medication
9/2/22

A physician’s order for an appetite suppressant for a resident was not carried out as the medicine was found to be on back order and the physician was not informed so as to allow a substitute medication to be ordered. Further, on 4/13/22 and 4/14/22 during dinner time, there was no documentation of the resident’s meal intake. Lastly, there were no weekly weights documented for the resident for the week of 4/18/22 to 4/22/22. These violations presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result, and led to a Class A citation.

Citation # 120017878

Windsor Post-Acute Center of Bakersfield
6212 Tudor Way, Bakersfield

**A $20 000** 9/2/22

The facility failed to properly train a staff member on providing care to residents using air mattresses. While changing a resident’s soiled brief, the staff did not ensure the mattress was deflated prior to providing care. As a result, the resident slid off the bed and fell to the floor, hitting her head on the ground, suffering cuts to her elbow and scalp, and a fracture of the collarbone. During an investigation of the incident, the staff person stated she had not received any type of training for providing care to residents on air mattresses.

Citation # 120017533
BRIER OAK ON SUNSET
5154 W Sunset Blvd, Los Angeles

A $20,000 Chemical Restraints; Medication; Patient Care 9/8/22
A resident who was nonverbal with spastic quadriplegia with intellectual disabilities since birth, who had no prior history of schizophrenia diagnosis was started on a psychotropic medication, Zyprexa from 12/7/20 through 6/28/22 after being given an inappropriate diagnosis of schizophrenia upon admission to the facility. As a result, the resident was admitted to the hospital on 5/14/22 and 5/30/22, for constipation with fecal impaction and dilation of the bowel, urinary tract infections, and low oxygen levels. Another resident, who was non-verbal, non-mobile, and communicated via a communication board with no prior history of mental disorder was given a diagnosis of schizophrenia after admission and received Zyprexa from 9/29/20 to 5/13/22. The diagnosis of schizophrenia was ruled out on 5/13/22 after the resident’s family questioned the diagnosis and use of the antipsychotic medication. As a result, the resident received unnecessary drug with an inappropriate diagnosis and increased the resident’s potential for underlying stress and anxiety to go unrecognized or not addressed increasing the resident’s feelings of isolation, sadness, and affecting the resident’s ability to attain or maintain physical, mental, and psychosocial well-being. The above violations presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result in both above residents.

Citation # 920017973

HYDE PARK HEALTHCARE CENTER
6520 West Blvd, Los Angeles

A $25,000 Physical Abuse 6/23/22
The facility was cited for failure to protect a resident from abuse, and for failing to follow policies and procedures to prevent abuse. A supervising staff member was in a resident’s room and heard a certified nursing assistant state that if the resident continued to be combative, he would slap the resident. The supervising staff did not remove the CNA from the resident’s room in accordance with the facility’s abuse policy, and instead left the room, replacing the staff member around 15 minutes later. During that time, the CNA slapped the resident in the face, causing pain, a bruise near their eye and bruising over the resident’s nose and eye. The resident required transfer to the emergency room for care and treatment.

Citation # 910017743

LONGWOOD MANOR CONVALESCENT HOSPITAL
4853 W Washington Blvd, Los Angeles

A $20,000 Careplan; Elopement; Patient Rights 6/3/22
A resident diagnosed with Alzheimer’s, with a history of wandering, was not provided adequate supervision or monitoring by the facility, and was not provided his medications in a timely manner. The facility also failed to develop a careplan to prevent or address the resident’s previous wandering and attempts to leave the facility. As a result, the resident was able to leave the facility and was found eight hours later by the police in a parking lot, bloody, bruised, disheveled and wearing diapers. He was admitted to the hospital for six days as a result of the incident.

Citation # 910017684

GLENDOURA CANYON TRANSITIONAL CARE UNIT
401 W Ada Ave, Glendora

A $20,000 Patient Care 6/9/21
The facility was cited for failure to provide range of motion exercises for a resident, or develop an appropriate care plan to address the resident’s pain. Despite therapy evaluations indicating that the resident experienced pain in their left hand, the facility interdisciplinary team notes indicated that the resident had no mobility limitations and no pain or discomfort. As a result, the resident experienced pain and lost joint mobility, causing deformity and stiffness of their left shoulder, elbow and hand.

Citation # 950016585

MIRACLE MILE HEALTHCARE CENTER LLC
1020 S Fairfax Ave, Los Angeles

A $20,000 8/6/21
The facility failed to provide appropriate staff assistance and supervision to a resident who fell outside the facility lobby while waiting for transportation to their dialysis appointment. The resident’s records indicated that he was at risk for falls, had problems with balance, and that he required staff assistance during transfer or walking. Within days, the resident complained of severe pain in his ankle, and after transfer to the emergency room, was diagnosed with a fractured ankle.

Citation # 920016842
MONTE VISTA HEALTHCARE CENTER  
802 Buena Vista St, Duarte

A $25,000 Fall; Injury; Neglect; Physical Environment 7/7/22

On 4/28/22, a resident whose diagnosis included cerebral palsy fell from a mechanical lifting machine while being transferred by a single CNA instead of the two or more staff members needed to provide this assistance safely. The CNA stated that the sling strap ripped from the fabric of the lift while she was transferring the resident from her bed and the resident fell to the floor. The resident fractured her left ankle and was transferred to a hospital emergency department for assessment and treatment. The facility was cited for unsafe care.

Citation # 950017764

ROYAL PALMS POST ACUTE  
630 W Broadway, Glendale

A $20,000 Careplan; Death 6/12/20

The facility failed to follow the careplan, policy or procedure, and failed to properly care for a resident on dialysis, leading to the resident bleeding profusely and eventually dying. During a three-hour dialysis session in the facility, staff did not assess the resident’s access site to check for bleeding, swelling or other signs of an improper site connection. The resident was found unresponsive in her room and was pronounced dead after attempts at CPR were made.

Citation # 950015897

STONEY POINT HEALTHCARE CENTER  
21820 Craggy View St., Chatsworth

A $25,000 Dignity; Neglect; Patient Care; Sexual Abuse 9/2/22

The facility failed to develop and implement its policy and procedure to evaluate a resident’s capacity to consent and engage in sexual acts, and ensure ability to consent to engage in a sexual act was established prior to two residents partaking in oral sex. As a result, a resident, who had severely impaired cognition was subjected to a sexual act by another resident while under the care of the facility. These violations presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.

Citation # 920017948

A $20,000 Patient Rights; Sexual Abuse 11/20/20

The facility failed to implement safeguards to prevent a staff member from sexually abusing three residents. A staff nursing assistant exposed his buttocks to residents, asked them if they wanted sexual favors, and fondled two residents’ genitals. A second staff member threatened one of the residents with retaliation if they reported the abuse.

Citation # 950016163
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