California Legislation 2023: Consumer Empowerment Takes Center Stage

Excitement and optimism are running high for the 2023 California legislative session. CANHR is sponsoring three long term care reform bills and they are all rooted in consumer empowerment. The three bills are focused on giving nursing home residents and their loved ones more information - critical information from doctors, from facilities, and from one another. 2023 marks the third consecutive year that the state Legislature has multiple nursing home reform bills to consider. The Legislature’s recent enthusiasm for long term care reform and improving residents’ care is much appreciated and we do not take it for granted.

AB 48 - A Written Informed Consent Re-Do

AB 48 (Aguiar-Curry) would require nursing homes to obtain a resident’s or resident representative’s written informed consent before administering psychotropic drugs. The bill is a re-do of last year’s AB 1809, which was vetoed by Governor Newsom. Unfortunately, there was a mix-up about last minute amendments that have subsequently been fixed in AB 48.

AB 48 formalizes the psychotropic drug discussion between prescribers and residents and empowers residents and their decisionmakers to stop inappropriate drugging. The centerpiece of the bill is a written consent requirement which specifies the resident or their decisionmaker must be told of any applicable Black Box drug warnings and whether the proposed drug is being used off-label. The bill instructs the Department of Public Health to create a standardized informed consent form for prescribers to use by December 31, 2024, after receiving input from interested stakeholders.

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CANHR News

CANHR’s Work In 2023

In addition to working on fair and equitable Medi-Cal rules and regulations, particularly in light of the end of the pandemic-related Medi-Cal protections and the upcoming elimination of the asset test in 2024, CANHR is sponsoring a number of bills that would benefit long term care residents in California. These include bills pertaining to the right to full informed consent prior to the administration of psychotropic drugs; improving the laws regarding family councils; and improved protections against nursing home evictions. Our staff answers hundreds of calls and emails each month on a variety of issues related to long term care resident rights, including Medi-Cal eligibility, elder abuse and home and community-based services.

As a Legal Services Support Center, CANHR will continue to provide training, technical assistance and advocacy support to legal services programs throughout California; expand our Lawyer Referral Service; and provide consumer information and support to social workers, discharge planners and consumers through on-site presentations, webinars and materials. Our website, www.canhr.org, is being updated with the hope to go live with the new design very soon, and our consumer materials will continue to be available in multiple languages, with more translations added. As we approach 40 years of advocacy, we thank all of you who have supported our work over the years and hope you will continue to support CANHR’s advocacy.

Taxes & Planned Giving

This is the time of year when many people are thinking of donations and planned giving, whether to give back for all they have or because of tax considerations. Whatever the reason, if you are considering a year-end charitable gift, please remember that CANHR is a not-for-profit, 501(c)(3) organization and we rely on consumer contributions for our survival. A planned gift to CANHR is a wonderful way to memorialize a commitment to quality care for long term care consumers. If you would like more information on CANHR’s Planned Giving Program, please email maura@canhr.org to get more information and a free booklet on planned giving.

Donate to CANHR

CANHR answers thousands of consumer calls each year, and provides advocacy services for older adults and people with disabilities across the state. Our services are free, and all donations—however large or small—can make a huge impact.

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About CANHR

Since 1983, California Advocates for Nursing Home Reform (CANHR), a statewide nonprofit 501(c)(3) advocacy organization, has been dedicated to improving the choices, care and quality of life for California’s long term care consumers.

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Written informed consent is needed more than ever in California. Late last year, the federal Health and Human Services Office of the Inspector General (OIG) reported a whopping 80% of long-stay nursing home residents receive at least one psychotropic drug. Clearly, the ballyhooed federal campaign aimed at over-drugging has lost its momentum. Hopefully, AB 48 can be one important piece of a reinvigorated effort to reduce the drugging of nursing home residents and improve dementia care. The best line of defense against psychotropic drug misuse has always been the residents and their family. AB 48 will better enable them to play this critical role.

AB 979 - Family Council Support

Family councils, organized groups of family members and friends of long term care facility residents, can be one of the most effective agents for identifying issues of concern to residents, preventing problems from reoccurring, and improving the care in these facilities. Due to the COVID-19 pandemic and related restrictions on in-person visitation, family councils were unable to meet in person or communicate with one another. Family council laws were written to support communication among the council members through the use of physical bulletin boards, which were unavailable during the prolonged visitation shutdown. Family councils’ communication and other activities were halted at a time when they were never more needed.

AB 979 (Alvarez) modernizes existing family council laws in both nursing homes and residential care facilities for the elderly (RCFEs), so that members can meet and communicate electronically and continue their group activities during a public health emergency. Additionally, the bill ensures facilities will be more responsive to concerns raised by family councils, discourages operators from undermining family council activities, and clarifies that control of the family council membership and participation in meetings lies with the family council itself. AB 979 also harmonizes the federal and state rules for nursing home family councils and aligns the rules for nursing homes and RCFEs.

AB 979 will assist the formation and maintenance of family councils which will improve the quality of care and quality of life for California’s long term care residents.

AB 1309 - Stopping Bad Nursing Home Evictions

Nursing home evictions are typically haphazard, inappropriate, and dangerous. We have heard countless stories of terrible resident dumping, when residents with significant care needs are sent home with no care in place or sent to motels, homeless shelters, or the streets. When residents’ lucrative Medicare coverage ends, often days or weeks after their admission, facilities have enormous financial incentives to evict them in favor of new residents with fresh Medicare coverage. Evictions are closely tied to profitability and that is why bad evictions remain so pervasive and persistent.

Under current law, nursing homes need only check a box on an eviction notice to justify its reason for the eviction. There is no requirement to provide any details to support its reasoning. In Residential Care Facilities for the Elderly (RCFEs), eviction notices must include “specific facts to permit determination of the date, place, witnesses, and circumstances concerning” the reason for discharge. Nursing home residents do not get this information and are thus significantly hampered in their ability to fight their eviction.

AB 1309 would require nursing homes to include the same level of detail to justify a resident eviction that is required of RCFEs. Requiring this additional information will enable residents to better defend against inappropriate and unsafe evictions on appeal. Nursing homes are already required to comprehensively document their basis for evicting residents; AB 1309 requires that the facilities share some of this information with the residents.

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California Legislation 2023

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One Other Bill of Note - Accountability for Assisting in Elder Abuse

S B 278 (Dodd) will help elderly victims of financial elder abuse hold negligent financial institutions accountable when they assist in financial elder abuse as intended by the law. SB 278 clarifies that “assisting” the taking of property for a wrongful use when the person or entity knew or should have known that this conduct is likely to be harmful to an elder or dependent adult is financial abuse.

Three Bills, One Theme: Knowledge is Power

The nursing home reform bills before the Legislature are all meant to give residents and their family and friends more information so they can make better decisions about their care and quality of life. From disclosing the risks, benefits, and alternatives to psychotropic drugs, sharing more details with residents about why they are being evicted, and fostering communication and the sharing of information among family and friends of residents through family councils, the key to better care is better informed decisions, made by residents and their representatives.

For more information about these important bills, including how to support them, and other bills affecting long term care, please go to www.canhrlegislation.com

This booklet can be downloaded as a free PDF in three languages:

English  Spanish  Chinese
Focus On - Calling All Family Councils

In 2023, CANHR is sponsoring AB 979 (Alvarez) which modernizes family council laws, so family council members can meet and communicate electronically and continue to operate during a public health emergency. The bill also ensures that facilities will be more responsive to concerns raised by family councils, discourages operators from undermining family council activities, and clarifies that control of the family council membership and participation in meetings lies with the family council itself.

One of the best ways to improve long term care is to organize and participate in a family council. A family council is an organized group of relatives and friends of residents who meet regularly to discuss and address concerns about quality of care in the nursing home, residential care facility or CCRC. While California has some strong protections and laws for family councils, numerous gaps in these laws were exposed during the pandemic, and it is clear that the laws need to be strengthened. Help us do that by registering your support of AB 979 and respond to our survey. Together we can make a difference!

Support AB 979:

To support AB 979, please send support letters directly to your legislator – Senator and Assemblyperson - or through this portal: https://calegislation.lc.ca.gov/Advocates/faces/index.xhtml

An AB 979 fact sheet and sample support letter can be found here.

Respond to our Family Council Survey:

If you have any experience with forming or participating in a long term care facility family council, please fill out this short survey. Your experience could be very helpful to strengthening AB 979 and improving its chances for passage.

If you don’t have any direct experience with family councils, please consider forwarding this message to someone who does.

https://tinyurl.com/979survey
Dear Advocate:

My sister told the staff of the assisted living facility where my mom lives to not let me visit. The staff say that because my sister has power of attorney, they have to follow her orders. I need to see my mom. What can I do?

Sincerely,
Upset in Ukiah

Dear Upset,

Unless your mother is under a conservatorship with a special order regarding visitation, no one, including your sister and the facility, has the right to restrict your mother’s visitation in any way. 42 U.S.C. § 1395i-3(c)(3)(B)), (42 U.S.C. § 1396r(c)(3)(B)), (22 CCR § 72527(a) (17).

If the assisted living facility continues to restrict your mother’s visitation based on the power of attorney’s orders, file a complaint with Community Care Licensing and get the ombudsman involved. In the complaint, be sure to include that they are restricting her visitation without required court order. To file a complaint, call 1-844-538-8766, email letusno@dss.ca.gov, or use CCL’s complaint webpage.

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/
Medi-Cal beneficiaries can receive transportation to and from covered medical appointments such as medical, dental, or mental health visits, and also when transportation is needed to pick up prescriptions or medical supplies.

**Nonmedical transportation** is available for those who do not have another way to get to their appointments, and can be arranged by calling your managed care plan’s member services department. Let the managed care plan know about your transportation needs, which can include not having a car, not having a driver’s license, having a physical, cognitive, mental, or developmental limitation, or that you do not have enough money for gas or bus fare. If you need someone to travel with you for assistance, one person can also be approved, such as a spouse or immediate family member.

**Nonemergency medical transportation** services offer transportation by ambulance, wheelchair van, or litter van for people who cannot use public or private transportation to get to appointments and who have ambulatory challenges. These services must be prescribed by your doctor, who communicates with your managed care plan in order to put services in place.

Dually eligible Medicare and Medi-Cal beneficiaries can be covered for either of the above transportation services to Medicare appointments through their Medi-Cal managed care plan, regardless of the type of Medicare plan they are enrolled in. For more information on how to access transportation benefits, read Disability Rights California’s fact sheet on [Transportation Services for Medi-Cal Recipients](http://canhr.org/publications/Consumer_Pubs.html), and visit the [DHCS page on transportation covered by Medi-Cal](http://canhr.org/publications/Consumer_Pubs.html).

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**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.

COVID-19 has dramatically changed so much in the world and especially in long term care facilities. Day to day operations and clinical practices have certainly evolved and so should how we choose a facility provider.

Historically, there have always been a handful of primary factors to consider when choosing a facility. These factors help potential residents or their decisionmakers determine whether a facility is a good or poor match for their needs. Some of these factors include whether the facility accepts Medicare or Medi-Cal coverage, its federal 5-star rating, and its staffing levels. Many organizations, including CANHR, have lists or other guidance for “how to choose a nursing home” (or assisted living facility).

In 2023, it’s time to update those lists and reconfigure the guidance. COVID remains a perilous threat to the health of older adults and others with chronic conditions, especially when they live in congregate care facilities that house and host hundreds of residents, staff, visitors, and vendors each day. Not only are the residents especially vulnerable to severe health consequences from COVID, they are typically much more exposed to becoming infected.

The State of California and federal government are no longer requiring the staff of nursing homes to be up to date on their COVID immunizations. Additionally, facilities are now free to permit their staff to work without wearing protective masks. This means that the critical concerns of vaccination and masking are no longer controlled by the State; control has been delegated to individual facilities. Some facilities may require their staff to be up to date on their COVID immunizations, others may not. Some facilities may continue to require their staff to wear masks while in the building, others may not.

As vaccination boosters and masking are no longer a concern for regulators, the ball is in the consumers’ court. Prospective residents who are highly COVID risk-averse should avoid facilities that have lax staff vaccination and masking policies. Other residents may prefer facility staff members not wear masks and may prefer facilities that do not require them.

Another factor to consider is facilities’ visitation policies, as there remains a fair amount of variance. While visitation access rights have been completely restored, some facilities may still be enforcing infection control policies that apply to visitors.

CANHR strongly recommends prospective residents or their loved ones inquire about facilities’ vaccination, masking, and visitation policies and perhaps confirm them in writing, before agreeing to move in. In addition, consumers should review staff and resident vaccination and booster rates which can be viewed on the national COVID-19 Nursing Home Data website. There are a lot of important factors to consider when choosing a long-term care facility. COVID infection control policies and data should be among them.
CANHR has supported, opposed, and/or closely followed the below pieces of legislation this session. Please check www.canhrlegislation.com for updated details on legislation, and www.leginfo.ca.gov for information on specific bills.

SPONSOR / CO-SPONSOR

**AB 48 (Aguiar-Curry): Informed Consent**
This bill would codify and expand existing informed consent rules to ensure nursing home residents are given important information about drugs that are prescribed for them and an opportunity to consent or withhold consent.
**Status:** Re-referred to Committee on Appropriations

**AB 979 (Alvarez): Family Councils**
This bill would modernize existing family council laws, so that members can continue to meet, communicate, and operate during a public health emergency; ensure facilities are more responsive to concerns; discourage operators from undermining family council activities; and clarify that control of the family council membership and participation in meetings lies with the family council itself.
**Status:** Referred to Committee on Aging and LTC. Will be heard on 4/11/23.

**AB 1309 (Reyes): Nursing Home Eviction Protection**
Would require nursing homes to include the same level of detail on written notices to justify a resident eviction that is required of Residential Care Facilities for the Elderly (RCFEs), allowing residents to better defend against inappropriate and unsafe evictions on appeal.
**Status:** Referred to Committee on Aging and LTC. Will be heard on 4/11/23.

**AB 486 (Kalra): Long-Term Health Facilities: Citation Appeals**
This bill would provide a more consistent framework for the appeals process across regulatory citations for long-term care facilities in California. This would reduce the burden on our superior court system and save judicial resources and taxpayer money. Furthermore, it would streamline and improve a process that is designed to hold negligent facilities (i.e., nursing homes) accountable.
**Status:** Re-referred to Committee on Health. Will be heard 4/11/23.

**AB 488 (Nguyen): Medi-Cal: SNFs: Vision Loss**
AB 488 would require skilled nursing facilities that accept Medi-Cal recipients to provide staff training and facility improvements aimed at addressing the needs of residents with vision loss, including modifying facility registration documents, menus, activities, announcements, schedules and a variety of other materials that are seldom found in large print.
**Status:** In Committee on Health. First hearing canceled at the request of the author.

**AB 751 (Schiavo): Elder Abuse**
The bill would codify existing law requiring most local law enforcement agencies to adopt a detailed, specific policy providing much better protection to the 8.5 million older adult Californians and to the 9 million California children and adults with disabilities.
**Status:** Ordered to Consent Calendar. May be heard 4/19/23.

**AB 1085 (Maienschein): Medi-Cal: Housing Support Services**
This bill would require the Department of Health Care Services (DHCS) to seek federal approval to make housing support services a Medi-Cal benefit.
**Status:** Re-referred to Committee on Appropriations
AB 1387 (Ting & Weiner): In-Home Supportive Services: Provider Shortage
Would require the Department of Health Care Services to establish a grant-based program to support outreach and education to encourage immigrants to become in-home supportive services (IHSS) providers, contingent upon an appropriation by the Legislature for that purpose.
Status: Referred to Committee on Human Services. Will be heard 4/18/23.

AB 1417 (Wood): Elder and Dependent Adult Abuse: Mandated Reporting
Will require mandated reporters to follow a single, simplified reporting process, and also require reports of abuse or neglect to be reported sooner than under the current system (e.g., 24 hours vs. 2 working days). Would ensure that criminal acts are reported to law enforcement first. This bill will ensure that residents of long-term care facilities have the same protections against elder abuse as persons who reside in their own homes.
Status: Referred to Committee on Aging & LTC. Will be heard 4/25/23.

AB 1536 (Carillo & Santiago): Cash Assistance Program for Aged, Blind, and Disabled Immigrants
Would expand eligibility for the Cash Assistance Program for Immigrants (CAPI) program to aged, blind, and disabled individuals regardless of immigration status if the individual meets the eligibility criteria for the program and is not eligible solely due to their immigration status.
Status: Re-referred to Committee on Appropriations.

AB 1537 (Wood): Skilled Nursing Facilities: Direct Care Spending Requirements
This bill would require by July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Would require that a minimum of 85% of a facility’s total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents’ direct patient-related services, as defined.
Status: Referred to Committee on Health. Will be heard on 4/18/23.

SB 525 (Durazo): Minimum Wage: Health Care Workers
SB 525 will raise to $25 the minimum wage for the lowest paid healthcare workers including those who provide services in nursing, caregiving, housekeeping, security, clerical, food services, laundry, and other patient-care related services.
Status: Re-referred to Com. on L., P.E. & R. Set for hearing on 4/12/23.

SB 263 (Dodd): Insurance: Annuity Recommendations
Would require insurance producers and insurance companies to strengthen suitability standards for the sale of annuities and life insurance policies. The bill would ensure California meets federal and national model standards, while providing additional consumer protections.
Status: Re-referred to Committee on Insurance. Will be heard on 4/26/23.

SB 278 (Dodd): Elder Abuse
Would strengthen California’s elder financial abuse protections by clarifying current language in statutes governing elder financial abuse under Welfare & Institutions Code §15610.30.
Status: Will be heard 4/19/23.
SB 299 (Eggman): Medi-Cal Eligibility: Redetermination
This bill would delete the requirement that county eligibility workers automatically terminate an individual’s
Medi-Cal coverage when mail is returned to the county as undeliverable.
Status: Set for hearing 4/10/23.

SB 311 (Eggman): Medi-Cal Part A Buy-In
Would require the Department of Health Care Services to submit a State Plan Amendment for California to
become a Part A Buy-In State. Would benefit low-income older Californians and persons with disabilities,
who rely on Medicare and Medi-Cal but struggle to pay costly Medicare Part A premiums, by simplifying
the enrollment process for financial assistance.
Status: Set for hearing 4/10/23.

SB 43 (Eggman): Behavioral Health
This bill expands the definition of “gravely disabled” to also include a condition that will result in substantial
risk of serious harm to the physical or mental health of a person due to a mental health disorder or a
substance use disorder.
Status: Re-referred to Committee on Judiciary

SB 232 (Niello): Mental Health Services: Gravely Disabled
Attempts to change a key element of the Lanterman-Petris-Short Act, the landmark 1967 legislation that
ended the involuntary institutionalization of people with severe mental-health issues. Under this proposal,
the definition of what constitutes a “gravely disabled” person would be amended to include homeless
persons who are unable to care for themselves.
Status: Referred to Committees on Health and Judiciary

SB 774 (Jones & Grove): Nonprofit Health Facilities: Sale of Assets: Attorney General Approval:
Conditional Consent
Would severely limit the authority of California’s Attorney General to protect access and affordability of
hospital services provided by most hospitals in California. This would in turn impact healthcare costs for
Californians, including members of the small business community who already struggle with access to
affordable care.
Status: Set for hearing 4/12/23.

SB 875 (Glazer): Referral source for residential care facilities for the elderly: duties
This bill would recast the requirements on a placement agency and its employees to instead be requirements
on a referral source, defined to mean any specified county department, stated-funded program, agency, or
person that is engaged in identifying senior housing options at residential care facilities for the elderly.
Status: Set for hearing 4/17/23.
What’s wrong with CCRC’s in California?

Let me count the ways Part II:

Previously in the CCRC Corner (June 2022) we’ve discussed the many problems arising in Continuing Care Retirement Communities over the past couple of years. This article discusses some of the recent problems that have been conveyed to CANHR by residents of CCRCs in California.

Monthly Fee Increases

The legislative intent noted in the CCRC statutes Health & Safety Code §1770(b) states – among other provisions - (b) Because elderly residents often both expend a significant portion of their savings in order to purchase care in a continuing care retirement community and expect to receive care at their continuing care retirement community for the rest of their lives, tragic consequences can result if a continuing care provider becomes insolvent or unable to provide responsible care. (c) There is a need for disclosure concerning the terms of agreements made between prospective residents and the continuing care provider, and concerning the operations of the continuing care retirement community...” H&S Code § 1770(a)-(c).

The Legislature further confirmed the need to interpret the statute in a protective manner in H&S Code § 1775(e), “[t]his chapter shall be liberally construed for the protection of persons attempting to obtain or receiving continuing care.” H&S Code § 1775(e).

While monthly fee increases are supposed to be based on projected costs, prior years capita costs and economic indicators (H&S Code §1788(a) (22) (B), CCRC providers have taken this to mean that they can raise their fees in any amount, including an increase in their profits, as long as notice is given. Thus, monthly fee increases of 9% -10+% are becoming standard operating procedures for CCRC providers, with no protection from the CCRC Bureau in Sacramento, which can supposedly approve or deny such increases. CCRC providers, whose CEOs, COOs and other management figures receive six -figure salaries, continue to suck funds from their current facilities, while developing new “communities,” reaping millions of dollars in profit, cutting services at their home facilities and decreasing staff. Clearly the laws need to change to better protect CCRC residents, who can ill afford to pay increasingly high monthly fees or to move. See this article by Professor Yvonne Troya, Esq., which was published in a recent CANHR Legal Network News: https://legalinformationnetwork.org/wp-content/uploads/NetNews_2022Q3.pdf

Eliminating Skilled Nursing Units

In a quest to save more money and conserve even more profits, a number of CCRCs are proposing to close the skilled nursing unit. Because their actuarial calculations were wrong – i.e., they figured the residents would die before needing SNF care or that they wouldn’t live as long and they could turn over their units- and because SNF care is much more expensive than assisted living – what a great way to save costs! Despite the promise of “continuing care,” many providers are hoping to renego on that promise. But there is a hitch. For residents who have a type A contract, i.e., a life care contract, the continuum of care must include skilled nursing care.

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This is the definition of a life care contract under Health & Safety Code § 1771 (l)

(l) “Life care contract” means a continuing care contract that includes a promise, expressed or implied, by a provider to provide or pay for routine services at all levels of care, including acute care and the services of physicians and surgeons, to the extent not covered by other public or private insurance benefits, to a resident for the duration of his or her life. Care shall be provided under a life care contract in a continuing care retirement community having a comprehensive continuum of care, including a skilled nursing facility, under the ownership and supervision of the provider on or adjacent to the premises. A change shall not be made in the monthly fee based on level of care. A life care contract shall also include provisions to subsidize residents who become financially unable to pay their monthly care fees.”

While there are no guarantees for those without life care contracts, the law is clear on those who do. This won’t prevent providers from pretending that their proposed changes are “for the good of the residents,” but residents need to look at their contracts and be aware of what promises were made.

For the entire Health & Safety Code pertaining to CCRCs - see this link

https://www.cdss.ca.gov/inforesources/community-care/continuing-care/resources-for-residents-and-families

Filing Complaints

Have you tried to file a complaint about a CCRC lately? Good luck with that. CANHR staff filed a complaint in January 2023 and has yet to receive a response. Although DSS, as a whole, is thousands of complaints behind in responses, we still encourage residents to file complaints so that the complaint - while likely to be found “unsubstantiated” - will at least be recorded against the facility. See the DSS website for the CCRC Bureau and the Fact Sheet on the CCRC Resident Right to Submit a Complaint.

https://www.cdss.ca.gov/inforesources/community-care/continuing-care
RCFE Corner

New Owner, New Admission Agreement? No Way!

In Residential Care Facilities for the Elderly (RCFEs), a common issue that many residents increasingly face are new facility owners attempting to force them to sign a new admission agreement with new terms and conditions. Many people contact CANHR with questions on what to do when their facility is bought by a new owner or company and they are threatened with eviction if they do not sign a new agreement. The answer is always: do not sign a new agreement! Additionally, file a complaint with Community Care Licensing (CCL). To file a complaint, you may do so by phone at 1-844-538-8766, email at letusno@dss.ca.gov, or through CCL’s complaint webpage.

It is common law that when a business is purchased, the new owner is also purchasing the existing contracts as they are. Therefore, a new RCFE owner cannot force residents to sign a new admission agreement and evict them for refusing to sign. There are only five legal reasons for an RCFE to evict a resident, as outlined on CANHR’s Eviction Protections Fact Sheet. Of those five reasons, refusing to sign a new admission agreement is not one of them. Residents are protected from being evicted for reasons other than the five outlined in California law (HSC 1569.269(a)(22); CCR 87468.2(a)(20)).

So, if you or someone you know is being forced to sign a new admission agreement after the facility has undergone new ownership, know that threats of eviction made by the facility are empty and that there are legal protections for residents.

Medi-Cal Eligibility and Updates in 2023

- Learn about Medi-Cal eligibility for older adults and people with disabilities

- Hear updates on current and upcoming changes to Medi-Cal eligibility rules, managed care plans, and services

https://tinyurl.com/canhrmedical2023
On March 14th, CANHR staff visited Sacramento to meet with representatives about our legislative priorities. CANHR Advocate & Outreach Coordinator Efrain Gutierrez met Senator Bill Dodd, who recently introduced important legislation to increase accountability for financial elder abuse, and improve consumer protections for people investing in annuities and life insurance policies. CANHR supports SB 263 and SB 278!
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**

- **Rev. John Sandersfeld**
  - Tom Barrett

- **Bruno and Evelyn Wartman**
  - Patricia J. Moran

- **Michael Connors**
  - Judith Kenney

- **Pat McGinnis**
  - Rosie Dittrich

- **Bruce Forbes Anderson**
  - Christina Ann England

- **Sharyl Shanen Raya**
  - Joann Bryan

- **Alison Greene JD**
  - Tracy Greene Mintz
  - L.C.S.W.

**In Memory Of**

- **Kathi Levine**
  - Eileen Harrington

- **Fred Johnstone**
  - Deborah Collins

- **Sheila Lillian Krieger**
  - Robyn Krieger

- **Julius Schnall**
  - Jean Schnall

- **Celia Christian**
  - Lydia Gugich

- **Bill Fuller**
  - Geraldine Murphy

- **Donna & Tim Ambrogi**
  - CANHR Staff

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**Home & Community Based Services Available Through Medi-Cal**

Learn about different Medi-Cal covered programs that help people receive care and support in their home or in the community including:

- In Home Supportive Services
- Assisted Living Waiver
- PACE, MSSP and more!

[https://tinyurl.com/canhrhcbs2023](https://tinyurl.com/canhrhcbs2023)
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.

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.

### Los Angeles County

**COUNTRY VILLA SHERATON NURSING AND REHAB. CENTER**

9655 Sepulveda Blvd, North Hills

**AA $100 000** Deterioration; Neglect; Patient Care; Death 2/2/23

The facility failed to ensure a resident was free from neglect on 11/4/22 when, at 6:30 am, a resident exhibited signs of declining condition and the licensed nurses did not immediately call paramedics as per facility’s policies and procedures. As a result, the resident went without the immediate treatment needed. Staff did not call paramedics until 7:56 am. Paramedics took over the resident’s care and transferred the resident to the emergency room, where the resident passed away at 10:19 am. These violations, jointly, separately or in any combination, presented either an imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result and were a substantial factor in the death of the resident.

Citation # 920018373

### Riviera Healthcare Center

8203 Telegraph Rd, Pico Rivera

**A $25 000** Careplan; Fall; Injury; Patient Care 12/16/22

The facility failed to prevent a fall for a resident by failing to provide the resident with the required minimal assistance and supervision from staff when toileting per the resident’s careplan and the facility’s policies and procedures; and failing to follow the resident’s scheduled toileting plan to ensure the resident was assisted by staff to the toilet or offered a commode or bed pan as needed. As a result, the resident had a preventable fall that required subsequent transfer to a hospital for treatment for cuts and bruises to the forehead, and an acute neck bone fracture. These violations jointly, separately, or in any combination presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.

Citation # 910018249
On 10/2/21 a female resident, who was 86 years old with diagnoses of heart failure, chronic obstructive pulmonary disease (COPD), dementia and bipolar disorder, fell from her wheelchair and sustained an injury to her right hip. The resident underwent surgery to fix her fractured hip. The facility was cited for their failure to follow the resident’s careplan which required that a LVN and CNA monitored her whereabouts during all out of bed activities every two hours, and as needed; and that a CNA check the resident’s wheelchair alarm.

Citation # 950018140

The facility failed to provide supervision and follow its policy and procedures to ensure a resident would not elope (leave the facility without notice or permission). As a result, on 12/14/22, the resident eloped from the facility and was admitted to a hospital on the same day with deep cuts and bruises on the forehead. The resident eloped again on 12/22/22 and was admitted to the hospital on 12/24/2022 with blunt head trauma. 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 to the resident.

Citation # 920018417
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