

Comparison of California Health Facility License Requirements

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Responsible State Agency	Dept of Public Health	Dept of Public Health	Dept of Public Health	Dept of Public Health	Dept of Social Services	Dept of Public Health & Dept of Developmental Services	Dept of Public Health
# of Facilities/ Programs (Approx.)	200	425	1286	51	20	404	Unspecified in the bill
Population Served (Approx.)	88,000	3,700,000	110,000	Up to 3,000	Up to 1,000 (est. current # = <250)	Up to 6,100	Unspecified in the bill
Maximum Capacity/ Bed Limit	No bed limit if services are provided at home, in a hospital or a SNF. See CLHF bed limits for services provided there.	No bed limit	No bed limit	<u>Maximum # of beds:</u> <u>12 beds:</u> counties with population < 500,000 <u>25 beds:</u> counties with population 500,000+ <u>59 beds:</u> if owned and operated by a city or county, but only 25 beds can be for terminally ill patients.	50 beds	4-15 beds	No bed limit
Licensing and Certification Inspection Frequency	Every 6 years	Once every 3 years	Once every 2 years	Once every 2 years	Once every year	Once every 2 years	Unspecified in the bill
Annual Licensing Fees	\$1,875.41 per program	\$257.76 per bed	\$287.00 per bed	\$287.00 per bed	Depends on # of beds: <u>1-6:</u> \$275 + \$10/bed <u>7-15:</u> \$344 + \$10/bed <u>16-25:</u> \$413 + \$10/bed <u>26+:</u> \$482 + \$10/bed	\$938.01 per bed	\$287.00 per bed
Staff Background Checks	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Nurse Staffing, including Registered Nurse (RN), Licensed Vocational Nurse (LVN), and Certified Nurse Assistant (CNA) level	<p>No specific nurse-to-patient ratio, since:</p> <p>1) Residential-based hospice services do not require ratios.</p> <p>2) Currently, hospice facilities are licensed as Specialty Hospitals/Hospice, SNFs, or CLHFs.</p> <p><u>Nurse Requirement</u> Skilled nursing services provided by or under the supervision of a registered nurse (RN) under a plan of care developed by the interdisciplinary team and the patient's physician.</p> <p>Skilled nursing services shall be available on a 24-hour on-call basis.</p>	<p><u>Nurse Requirement</u></p> <p>Each patient care unit shall have an RN in the unit on each shift.</p> <p><u>Nurse-to-Patient Ratios:</u> <i>Medical/Surgical unit:</i> 1:5</p> <p><i>Critical Care unit:</i> 1:2</p> <p>Nursing services shall be provide by licensed nurses (RN or LVN) within the scope of their licensure</p> <p>Existing law also requires additional staff to be assigned depending on the severity of the patient's illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan, the ability for self-care, and the licensure of the personnel required for care.</p>	<p>No specific nurse-to-patient ratio.</p> <p><u>Nurse Requirement</u> 3.2 hours of nursing per patient per day (in aggregate) by either a RN, licensed vocational nurse (LVN) or certified nurse assistant (CNA).</p> <p>Director of Nursing (DON) shall be an RN and shall be employed 8 hours/day, 5 days/week.</p> <p><u><60 beds:</u> RN or LVN awake and on duty at all times.</p> <p><u>60-99 beds:</u> RN or LVN awake and on duty at all times, plus DON req't (see above).</p> <p><u>100+ beds:</u> RN awake and on duty at all times, plus DON req't (see above).</p>	<p><u>Nurse Requirement</u></p> <p><i>6 beds or less:</i> Registered nurse (RN) provides 2 hours per resident, 2 times per week.</p> <p><i>More than 6 beds:</i> At least one RN be awake and on duty 8 hours per day, 5 days per week, and either an RN or LVN awake and on duty at all times.</p> <p><u>Ratio of Certified Nurse Assistants (or persons with similar training and experience)-to-patients:</u></p> <p><i>6 beds or less:</i> one CNA per shift (1:6 ratio)</p> <p><i>7-12 beds:</i> two CNAs per shift (1:6 ratio)</p> <p><i>13-25 beds:</i> --three CNAs per day and evening shifts --two CNAs per nocturnal shift (Approx. 1:5 – 1:13 ratio depending on facility size and time of day)</p>	<p>No Nurse Requirement.</p> <p><u>Administrator</u> must have a human services or nursing background and have 40 hours of training in resident-related health conditions, death and dying, etc.</p> <p><u>Facility personnel</u> shall be competent to provide the services necessary to meet resident needs and shall, at all times, be employed in numbers necessary to meet such needs.</p>	<p>No specific nurse-to-patient ratio.</p> <p><u>Nurse Requirement</u> 24 hour personal care and nursing supervision for persons with developmental disabilities who have intermittent recurring skilled nursing needs, but have been certified by a physician as not requiring continuous skilled nursing care.</p> <p><u>Note: nursing supervision</u> does not necessarily mean on site, awake & on duty.</p>	<p><u>Nurse Requirement</u></p> <p>Same as CLHFs (see CLHFs column) plus a "direct care staff"-to-patient ratio as follows:</p> <p><u>1:6 ratio</u> One direct care staff (RN, LVN, CNA, or Home Health Aide with CNA license) to every six patients.</p> <p>RN required awake and on duty at all times if at least one patient needs and receives the highest level of care – General In Patient (GIP) level of care (This is a federal req't.).</p>

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Building Code Standards	N/A if provided in patient's home. If provided in a hospital, SNF, CLHF, or RCF, then that facility's standards apply.	Construction and renovation must conform to OSHPD "Level 1" standards. OSHPD must review and approve building plans.	Construction and renovation must conform to OSHPD "Level 2" standards if the facility is a single story building of wood or light steel frame construction; otherwise must conform to OSHPD Level 1 standards. OSHPD must review and approve building plans.	Construction and renovations must conform to local building code standards. OSHPD does not review or approve building plans; approval and enforcement is done at local level.	Construction and renovations must conform to local building code standards. OSHPD does not review or approve building plans; approval and enforcement is done at local level.	Construction and renovations must conform to local building code standards. OSHPD does not review or approve building plans; approval and enforcement is done at local level.	Construction and renovations must conform to local building code standards. OSHPD does not review or approve building plans; approval and enforcement is done at local level.

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Specific Seismic Safety Require- ments	N/A if provided in patient's home. If provided in a hospital, SNF, CLHF, or RCF, then that facility's standards apply.	Must comply with Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983. Hospital buildings that pose a risk of collapse must be retrofitted or replaced prior to January 1, 2008 (extended to January 1, 2013 for most buildings), or taken out of service. Hospital buildings must, by January 1, 2030, be capable of remaining operational following an earthquake.	Multi-story buildings must meet building standards applicable to hospitals; single story buildings of wood or light steel frame construction must meet local building code life safety requirements, which require buildings to be designed to withstand a specified level of earthquake without collapsing.	Buildings must meet local building code life safety requirements, which require buildings to be designed to withstand a specified level of earthquake without collapsing.	Buildings must meet local building code life safety requirements, which require buildings to be designed to withstand a specified level of earthquake without collapsing.	Buildings must meet local building code life safety requirements, which require buildings to be designed to withstand a specified level of earthquake without collapsing.	Buildings must meet local building code life safety requirements, which require buildings to be designed to withstand a specified level of earthquake without collapsing.
Fire Life Safety Standards	National Fire Protection Association	State Fire Marshal and National Fire Protection Association	State Fire Marshal and National Fire Protection Association	State Fire Marshal	State Fire Marshal	State Fire Marshal and National Fire Protection Association	National Fire Protection Association

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Fines for Medical Privacy Breaches	<ul style="list-style-type: none"> • \$25,000 for the first violation • \$17,500 for each subsequent violation • \$100/day, to a maximum of \$250,000, for not reporting the violation to DPH (SB 541, Alquist, 2008)	<ul style="list-style-type: none"> • \$25,000 for the first violation • \$17,500 for each subsequent violation • \$100/day, to a maximum of \$250,000, for not reporting the violation to DPH (SB 541, Alquist, 2008)	<ul style="list-style-type: none"> • \$25,000 for the first violation • \$17,500 for each subsequent violation \$100/day, to a maximum of \$250,000, for not reporting the violation to DPH (SB 541, Alquist, 2008)	<ul style="list-style-type: none"> • \$25,000 for the first violation • \$17,500 for each subsequent violation • \$100/day, to a maximum of \$250,000, for not reporting the violation to DPH (SB 541, Alquist, 2008)	Unknown	<ul style="list-style-type: none"> • \$25,000 for the first violation • \$17,500 for each subsequent violation • \$100/day, to a maximum of \$250,000, for not reporting the violation to DPH (SB 541, Alquist, 2008)	Unspecified in the bill

	Hospice (Existing Law)	General Acute Care Hospital	Skilled Nursing Facilities (SNFs) aka Nursing Homes	Congregate Living Health Facilities (CLHFs)	Residential Care Facilities for the Chronically III (RCF-CIs) for HIV+, AIDS, or Terminally III Patients	Intermediate Care Facilities for the Developmentally Disabled – Nursing (ICF/DD-Ns)	AB 950: Hospice Facilities (As Proposed)
Fines for Injury or Death Due to an Adverse Event	Not specified	<ul style="list-style-type: none"> • \$50,000 for the first violation leading to death or serious injury • \$75,000 for the second violation leading to death or serious injury • \$100,000 for the third or subsequent violation leading to death or serious injury • \$100/day for not reporting the violation to DPH <p>(SB 541, Alquist, 2008 and SB 1312, Alquist, 2006)</p>	<ul style="list-style-type: none"> • \$25,000 to \$100,000 for a death (Class AA violation) • \$2,000 to \$20,000 for violation that poses imminent danger or serious harm (Class A violation) <p>\$100 to \$1,000 for a Class B injury, safety, or security violation</p>	<p>\$5,000 to \$25,000 for a death (Class AA violation)</p> <p>\$1,000 to \$10,000 for violation that poses imminent danger of death or serious harm (Class A violation)</p> <p>\$100 to \$1,000 for a Class B injury, safety, or security violation</p>	<ul style="list-style-type: none"> • \$50/day/violation up to a maximum of \$150/day for the first violation that is a serious deficiency • \$150/day/violation for the first day followed by \$50/day for the second violation that is a serious deficiency within 12 months • \$1,000/day/violation for the first day followed by \$100/day for the third violation that is a serious deficiency within 12 months 	<ul style="list-style-type: none"> • \$1,000-\$5,000 for the first Class A violation that could lead to death or serious injury • \$3,000-\$15,000 for a second and each subsequent Class A violation within 12 months • \$50-\$250 for the first Class B injury, safety, or security violation • \$150-\$750 for a second and each subsequent Class B violation within 12 months 	Unspecified in the bill