



KAISER PERMANENTE®

California Department of Health *(CDPH)*
General Acute Care Hospital *(GACH)*
Relicensing Survey *(RLS)*
– Coming soon to YOU!

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“Interdependence on Many to Deliver Patient Quality, Safety and Experience”

CDPH will be coming to your facility to conduct its triennial “General Acute Care Hospital Relicensing Survey” *(GACH RLS)*.

What is GACH RLS?

- A **state survey conducted to verify compliance with state statutes and regulations** particularly those addressing quality of care, and to ensure a program wide consistency in the hospital survey methodology.
- **Incorporates elements of the former stand alone Medication Error Reduction Plan (MERP) survey and Patient Safety Licensing Survey (PSLS)**

When is it going to be and how long is the survey?

- Full implementation of survey rolled out early 2016. **3-5 day unannounced survey** - based on your last MERP and PSLs surveys – (e.g. October of 2013 will likely be an October 2016 GACH RLS survey).

How many surveyors will there be?

- The size of the surveyor team is based upon the number of licensed beds (e.g., 250 licensed beds - expect 7 - 8 surveyors consisting of RN Team Leader, MD, Nutritionist, Pharmacist, 3-4 RN Surveyors).

How will they conduct the survey?

Some **similarities with a Joint commission survey**:

- **Hospital tours**; Observations of care/services provided to the patient; Interview patients/families, staff, providers, Chiefs of services, Managers/Leaders, group or a committee (i.e. selected members of Med. Safety or P&T committees)
- **Document Review** including medical records, **policies and procedures, employee files, etc.**

Similarities stop here – because they are “regulators” *(generally not friendly - looking for findings - generating fines).*

What’s Required from us?

- Demonstrate compliance with Title 22; AND follow our policies and procedures to maintain our hospital state licensure and avoid administrative penalties and immediate jeopardy violations.

How should I prepare for this survey?

Suggestion: Review your past compliance records for findings and Plan of Corrections – continued compliance focus!

(Debby Rogers, RN, MS – Deep dive on past concerns; CDPH reports; findings; problems; areas of concern; Infection Control; E.D.s)

CDPH Website -

<http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx>

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Home > Programs > Licensing and Certification > Licensing and Certification Division

Health care facilities in California are licensed, regulated, inspected, and/or certified by a number of public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). These agencies have separate -- yet sometimes overlapping -- jurisdictions. L&C is responsible for ensuring health care facilities comply with state laws and regulations. In addition, L&C cooperates with CMS to ensure that facilities accepting Medicare and Medi-Cal (in California, Medicaid is referred to as Medi-Cal) payments meet federal requirements. L&C also oversees the certification of nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

News and Updates
Sonoma Developmental Center Action
Quarterly Performance Metrics Reports
Licensing & Certification Program Evaluation
Center for Healthcare Quality Stakeholder Forum
Fairview, Porterville and Lanterman Developmental Center Actions

Program Information
Contact Licensing and Certification
About the Licensing and Certification Program
Licensing and Certification FAQ page

Organization
CHCQ (L&C) Organization Chart (PDF, New Window)
New Centralized Applications Unit (CAU)
Professional Certification Branch (PCB)

Publications and Reports
All Facility Letters (AFLs)
SB 857 Legislative Report: Assessment of the Use of Non-Registered Nurses in Licensing and Certification Regulatory Activities, February 2016
CMS Survey and Certification Memos (Offsite, New Window)
Health Facility License Fees Annual Reports
L&C Report to Senate Budget Subcommittee #2 (January 2012) (PDF, New Window)

Job Opportunities
Health Facilities Evaluator Nurse (HFEN) positions
Apply Now
Other Positions within CDPH

For Health Care Providers
State SNF Relicensing Survey Workbook 2016
Electronic Plan of Correction (ePOC)
Survey Evaluation
Health Care Facility Licensure and Certification Forms
General Acute Care Hospital Relicensing Survey
CMS Minimum Data Set (MDS 3.0) Information and Newsletters
CMS Outcome and Assessment Information Set (OASIS) Information
On-Time Quality Improvement Pilot Project
Nurse-to-Patient Staffing Ratios
H1N1 Information and Forms for Health Care Providers

CMS - CDPH Antipsychotic Collaborative
CMS - CDPH Antipsychotic Collaborative
Antipsychotic Collaborative Executive Report Final May 2012 (PDF, New Window)

For Consumers
Healthcare-Associated Infections Program (HAI)
Elevated Percutaneous Coronary Intervention (EPCI) Pilot Program

CDPH Website -

<http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx>

The image shows a screenshot of a web browser displaying the California Department of Public Health (CDPH) website. The browser's address bar shows the URL <http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx>. The page title is "Licensing and Certification".

The website content includes a navigation menu with "en Español" and "Su salud en su idioma". The main heading is "Licensing & Certification". Below this, there is a paragraph describing the L&C division's role in licensing, regulating, inspecting, and certifying health care facilities in California.

The page is organized into several sections:

- News and Updates:** Includes links for Sonoma Developmental Center Action, Quarterly Performance Metrics Reports, Licensing & Certification Program Evaluation, Center for Healthcare Quality Stakeholder Forum, and Fairview, Porterville and Lanterman Developmental Center Actions.
- Program Information:** Includes links for Contact Licensing and Certification, About the Licensing and Certification Program, and Licensing and Certification FAQ page.
- Organization:** Includes links for CHCQ (L&C) Organization Chart (PDF, New Window), New Centralized Applications Unit (CAU), and Professional Certification Branch (PCB).
- Publications and Reports:** Includes a link for All Facilities in California (PDF, New Window).

A magnifying glass graphic is overlaid on the page, focusing on a list of links. The link "General Acute Care Hospital Relicensing Survey" is circled in red.

Other links visible in the magnifying glass include:

- Electronic Plan of Correction (ePOC) Survey Evaluation
- Health Care Facility Licensure and Certification Forms
- General Acute Care Hospital Relicensing Survey
- CMS Minimum Data Set (MDS 3.0) Information and News
- CMS Outcome and Assessment Information Set (OASIS)

CDPH Website -

<http://www.cdph.ca.gov/programs/LnC/Pages/LnC.aspx>

1. Relicensing Survey Overview
2. Process Guidance
3. Regulations with Survey Procedures

CA.GOV California Department of Public Health CDPH

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General Acute Care Relicensing Survey

The purpose of a GACH Relicensing Survey (GACHRLS) is to promote quality of care in hospitals, verify compliance with State regulations and statutes, and ensure a program wide consistency in the hospital survey methodology. The GACH Relicensing Survey, when fully implemented, will merge California's licensing regulation and statute requirements with elements of the former stand-alone Medication Error Reduction Plan (MERP) survey and Patient Safety Licensing Survey (PSLS) into one survey process.

The GACH Relicensing Survey (GACHRLS) form. Any modifications made to these documents will be uploaded after they are approved. The date of modification will be indicated on the document's title and the document. Full implementation of the GACH Relicensing Survey is anticipated for early 2016.

[Relicensing Survey Overview](#)
The PowerPoint presentation describes the purpose and core elements of the GACH Relicensing Survey, its relationship to other current surveys, survey team compositions, and CDPH pilot testing and implementation. It also includes links to survey documents.
(Revised 5-5-2016)

[Process Guidance](#)
The Process Guidance document provides the regulatory authority for the GACH Relicensing Survey, the design of the survey protocols, methods of information gathering for the surveyors, and the mechanics of surveyors' non-compliance decisions. The core elements of the survey will be the provision of nursing and medical care, the provision of medications, and previous non-compliance issues identified during a three year lookback of the file history of the facility. Included in this lookback would be State and Federal survey deficiencies, substantiated complaints and/or entity reported events, and administrative penalties
(Revised 3-2016)

[Regulations with Survey Procedures](#)
The Regulations with Survey Procedures document contains a comprehensive listing of California's laws and regulations for surveyors' reference with recommended surveyor procedures
(Revised 3-2016)

[General Entrance List](#)
The Entrance List is a checklist of documents and policies that may be requested from the facility at the start of a survey. A surveyor will go over the list with hospital staff during the entrance activities.
(Revised 7-2016)

[Pharmacy Entrance List](#)
The MERP Entrance List is a checklist of documents and policies that may be requested from the facility by the pharmaceutical surveyor at the start of a survey
(Revised 7-2016)

[Survey Activity Schedule](#)
The Tentative Timeline provides a preliminary overview of the anticipated survey activities
(Revised 7-2016)

[Medication Pass Worksheet](#)
The Medication Pass Worksheet is used by surveyors to record the observation of hospital staff administering medications to patients.
(Revised 7-2016)

[Relicensing Evaluation Form](#)
The Evaluation Form rates the survey process in order to capture data related to quality improvement efforts by the Department.
(Revised 7-2016)

Gary Sparks - © 5

Things to know about this survey

- Required by statute Health & Safety Code Section 1279 (a) - *(but not being done)*
- Unannounced survey to promote and ensure quality of care in hospitals
- Verify compliance with state statutes and regulations
- Ensure program-wide consistency in the survey methodology

- Every three year survey means 1/3 of the hospitals will be surveyed each year.
- **CDPH hired over 200 surveyors (to improve their process – think CMS) (Shiny new badges!)**
 - *(Draw your own conclusions about CMS's criticism of CDPH; particularly Los Angeles DPH)*
- CDPH initially stated the survey would consist of a Life Safety surveyor.
 - *Subsequently – no mention of LS surveyors.*
 - *In fact their schedule notes that this replaces the pharmacist's Medication Error Reduction Plan (MERP) and Patient Safety surveys.*
 - *Depending upon your hospital's past complaint and validation surveys, you may get a LS Surveyor, but may be less than a 50% chance if you have no recent past findings.*

- California Hospital Association (CHA) meeting; February 18, 2016 (Dr. Dave Perrott, MD, DDS; and Patricia Dixon, RN HFEN and Project Lead for CDPH Licensing & Certification Division - Relicensing survey).
 - **CDPH admits they won't be able to get to every unit or service in the hospital.**
 - Priority will be patient care and medication of patients.
 - *Surveyor Team: (Registered Nurse – Team Coordinator; Medical Consultant; Nutrition Consultant; Pharmacist Consultant; 1-3 additional RNs based on size of facility; additional as needed).*

Surveyor Tracers (*Questions Very Different!*)

Example: Surgery Air Handler Filters

Any Surveyor - "This filter looks dirty"

TJC Surveyor

Versus

CMS/ CDPH Surveyor

"When was it changed?"

- *Facility Engineer - "We changed them according to the magnehelic readings" (or a PM schedule).*
- *TJC Surveyor - validates the magnehelic is less than 1" and moves on.*

"It needs changed."

- *Facility Engineer - "We just changed them a couple months ago."*
 - *CDPH Surveyor - "They are dirty - this is a serious infection control issue!"*
- *Facility Engineer - "OK - we'll change them"*
 - *CDPH Surveyor - cites the facility for dirty filters*

***Story -
CDPH Surveyors can and will cause harm***

Intense Questioning Continues!

Example: Surgery Air Handler Filters

TJC

Versus

CMS/ CDPH Surveyor

- TJC Surveyor validated magnehelic at less than 1" and moved on.

- **Cites facility for dirty filters - continues with questioning (*without evidence based data*):**

- "Let me see your policy"
- "Show me the design requirements"
- "Show me the OSHPD approval for the air handler"
- "Show me the operating manual for the air handler"
- "Show me the filter manufacturer requirements"
- "Show me the filter spot test ratings and MERV ratings"
- "Show me air balance report" (are you giving them a 10 year old one or current one?)
- "Show me three (3) years PM/filter log history records"
- "Show me the manufacturer requirements for calibration of the magnehelic"
- "Show me the magnehelic log readings"
- "Show me the magnehelic calibration records"
- "Show me the Board's approval for the air handler" (if over \$600,000)
- "Show me the job description for the engineer changing filters"
- "Show me the competency records for the engineer changing filters"
- "Show me the engineer's annual performance assessment"
- "Show me your safety reports for this unit"
- "Show me your quality improvement program"
- ,etc., etc., etc.,,,,,,

Story -

Rusty Pipes in Boiler Room - IC Issue

Things to know about the RLS survey

- **Task 1** Before survey - CDPH conducts their off-site survey preparation (important!)
 - List of basic services
 - List of Supplemental Services
 - List of outpatient services and location(s)
 - **Number of beds and layout** (*Trace in their fashion - room to room with floor plan*)
 - Program flex approvals (*Note: CDPH admits their database is inaccurate*)
 - **New construction /added services, etc.**
 - **Database reviews** (e.g., Electronic Licensing Management System (ELMS) facility profile; Administrative penalties (served or pending); Substantiated adverse events (Aes); Past MERP and PS Surveys; Substantiated complaints and entity-reported incidents (ERIs); Recent or validation surveys; current situation reports.)
 - *"A lot of kitchens - may ask for Dietician to come survey."* (FYI - letter grade required for cafeterias now)
 - **Task 2** Entrance activities (e.g., Nursing P&Ps; IC; - "don't want to make you jump through a lot of hoops")
 - *"Get people there so you don't short staff units"*
 - Indicate that *"Hospital tours are unnecessary - Too much time, other than on the unit to survey staff/patients."*
 - *"The process is a State survey."*
 - **Task 3** Information gathering and investigation
 - Inpatient/ Outpatient "**Licensed**" areas (complex outpatient care/supplemental service locations)
 - Up to hospital escort to bring info back to your staff
 - Staff may ask for hospital representative to be present during questioning.
 - Program Flex databases (e.g., Electrical safety outlet checks - quarterly to annual)
 - **Task 4** Preliminary decision making and analysis of findings
 - **Task 5** Exit Conference
 - Gives the hospital more time to understand the potentially deficient practices and start their plan of correction (POC) right away.
 - **Task 6** Post-survey activities
- *Surveyor and Hospital Staff Misconduct ("please bring concerns to the survey team coordinator, or district office supervisor, administrator or manager. No retaliation is allowed or tolerated.*

Things to know about this survey

- **When could a survey “flip” from being a State process to a Federal process, or Both?**
 - Rule of thumb is that CMS (Federal) must be contacted if the team identifies sufficient violations to consider that a Condition of Participation (CoP) is not met.
 - CMS must also be notified if an immediate jeopardy (IJ) situation has been identified
 - Once involved, CMS may call for a federal survey and will direct the focus and direction of the federal survey. Concurrent or separate?
 - The state survey process will finish and a 2567 will be generated for that survey
 - Federal process document will be done first so state document may be delayed.
 - Anything found in survey should not be a surprise – collaborative process.
 - Exit conference findings will not include specific regulations by number.
 - Facility must be informed a penalty may be given
- **“We must consider penalties for each deficiency written” - (Perfect Storm – CMS, 200 new badge, trainer)**
 - Title 22, Division 5, Chapter 1 Article 10; Health and Safety Code Section 1280.3 (April 1, 2014)
 - Section 70952 Definitions:
 - **“Minor violation”** – operations/maintenance **that CDPH determines has minimal relationship to health or safety of patients. (Story – poster pins in wall)**
 - “Willful” – person intends act/ omission
 - **“Willful violation”** – employees/ contractors commit act/omission with knowledge
 - **“Repeat deficiencies”** – found during inspection, corrected and found again
 - “Whether facility detected violation and corrected it” **(Reconsidering admitting fault - Use 10 day response)**
 - “Before starting, establish whether there will be a audio or visual recording of the exit conference. Survey team may refuse, but if agreed, the survey team must leave with a copy!”
- Official findings will be mailed in writing within 10 working days (or 30 days if a non-IJ is found during survey – has to go through levels of approvals)

Ways to Prepare for GACH RLS?

- Review all policies and procedures (P&Ps) – you will be held accountable for staff meeting minimum Title 22 requirements AND what the P&P says!
 - *“What is your policy for temperature and relative humidity?”*
 - *“What is your policy or procedure for filter changes? Does it include the Title 22 flashlight test? (or risk assessment for not doing in the on position?)*
 - *“How long can you leave food out before it needs to be refrigerated?”*
- Review the MERP survey process (past compliance too)
- Review Patient Safety Licensing Survey (and past compliance)
- Review Program Flexes (and make sure they are posted)
- Review manufacturer requirements! (Locate service and operating manuals)
 - *Do you have the operating AND service manuals for all (critical) equipment (e.g., Surgery, NICU, ICU air handlers and ice machines)*
 - *Do you know what chemicals your ice machine owner’s manual requires to decalcify and sanitize?*
- Review all supplemental services
- <http://HFCIS.cdph.ca.gov/default.aspx>
- Train night and weekend staff about the possibility of a night/weekend survey
- Expect 10-12 hour days (surveyors come in at staggered times).

Authorities Having Jurisdiction (AHJ)

(Follow the more stringent)

- Federal - Center for Medicare/Medicaid Service (CMS)
- Life Safety Code (LSC) - National Fire Protection Agency (NFPA) 101 (2000) –
– *Example of a standard adopted by statute that becomes code!*
- Title 19 – CA Fire Code – State Fire Marshal
- Title 22 – CA Dept Public Health (CDPH)/ Licensing Division
- Title 24 – Building Code – OSHPD
- **Other standards adopted by statute or policy** (e.g., AORN, APIC, AAMI, etc. Standards)
- **Don't Forget - Manufacturers can also be considered an AHJ!**

CSHE Meetings are So Important – We Have to Know the Codes Better Than Surveyors

*Reducing stress increases your life expectancy, which is worth much more than a \$1,000,000 an hour;
So an extended life is the best raise you could give yourself!*

Feedback? Questions?

Please Direct Feedback/ Questions to:

Gary Sparks

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