



Redacted Email

Video Camera Bill – Objections Raised by CAHF

1 message

From: [Name withheld]

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CAHF's Objections

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CAHF [California Association of Health Facilities] representatives claimed to have numerous issues they have with the camera bill.

Most importantly CAHF said that the **CNA's union** would make this a huge contentious battle, and the **only support would be from trial lawyers.**

CAHF believes the bill is unnecessary because SNF's are the most regulated in CA and **CA is the most regulated state.**

Matt Robinson, Director of Legislative Affairs for CAHF said that the Oklahoma Law as written, **would not work here in CA.**

Also- there was **great need in Oklahoma** for the law because they were under-regulated. [But] CA is a different circumstance all together.

Here are his reasons for opposing the camera idea.

1) **Numerous facilities already allow** cameras.

2) Due to small rooms in many facilities, it would be **next to impossible** to get a camera angle that only recorded a particular patient, and not the other.

3) The OSHPD umbrella over every new thing nailed to a wall, installed,

Our Responses To CAHF's Objections

CAHF probably is wrong. The **staff** at [Vista Gardens Memory Care](#) **wants** the video monitoring for their own protection and for patient care. Video monitoring would prevent management from understaffing and forcing the staff to falsify nursing notes.

The [bi-partisan Oklahoma statute was sponsored and supported by the AARP, and other senior organizations.](#)

Alas, the care in California leaves much to be desired; [the regulations on the books have not always been implemented adequately.](#)

Untrue. We are almost done conforming the [bi-partisan Oklahoma statute that the AARP sponsored](#) to California law format. Here's a [link to our latest draft.](#)

Sure, of course. Yup. In California, all our nursing homes are pristine, and everyone always gets high quality care, [exactly as reflected in the nursing notes](#), unlike that wretched place, Oklahoma, which is totally different from California.

Even if you believe that, how did DSS get the authority to take away your mother's right to put a videocam in her private room for her own protection, at her own expense? Answer: DSS is acting outside and in excess of its authority, as a proxy for the California Association of Health Facilities (CAHF) and California Assisted Living Association (CALA).

Untrue. The Calif. Dept. of Social Services (DSS) prohibits cameras in the bedrooms even if the patient fervently wants it and is competent to consent to it.

So what, if some rooms are too small? If a room is so small that a camera would see the non-consenting roommate, the statute prohibits video recording in that room.

But if a resident who wants video monitoring resides in a bigger room where it is possible to get a camera angle that only records that patient, s/he should have the videocam protection s/he wants.

Untrue. The Office of Statewide Health Planning and Development does not

monitored, etc, would make the whole process ridiculously cumbersome and expensive. **OSHPD would have to OK every camera request** and installation and it too would oppose this bill. [OSHPD stands for "Office of Statewide Health Planning and Development."]

4) Then there is monitoring. It would be **expensive** and the **health industry** would never go for family monitoring, only.

5) **Privacy** and **dignity** concerns would be a hard thing to get around, according to all the regulatory standards in place.

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have to approve every picture, plant or other adornment placed on the wall.

Untrue. The [proposed bill](#) does not require anyone to pay to install video recording equipment. And videocam connections are getting cheaper every day.

[Vista Gardens Memory Care](#), an residential care facility that is a model for the health care industry, was built with wiring and cameras built in, because [Vista Gardens](#) knew they have nothing to hide, and they are proud to expose the quality of their care to scrutiny.

Privacy: A competent resident (or a health care agent) can consent to his/her family member (or a nurse or facility administrator) checking on a videocam to see if meds were administered, and whether the diaper was changed as required by the care plan.

Dignity includes the right to be protected from neglect and abuse.

According to CAHF representatives, the reason why there were so many uninvestigated complaints in 2010 - 2012 was due to the state furloughs.		
Since then, more investigators are on the job and most slots have been filled.		
According to Jennifer Snyder of Capitol Advocacy, Long-term care facilities already receive 3-4 surprise inspections a year which is more than hospitals.		
Given that info – [CAHF claims] it would be hard to sell the legislature that more over-sight is needed, since they get more inspections than hospitals do.		
Also – Lisa Hall, CAHF Director of Regulatory Affairs, sent ... this link, http://hfcis.cdph.ca.gov/LongTermCare/details/Complaint.aspx?fac=100000057 which [she claims] demonstrates that there already is a site for family members to go on to voice complaints		
* * * Lisa said that you have to go into the facility name and then it list surveys and complaints by year. Only the complaints that have been “completed” are shown.		
She sent me the Federal link as well: http://www.medicare.gov/nursinghomecompare/search.html		
As you I am sure, already know, it is already mandated [that] this “official complaint” information be posted in an accessible location to residents and consumers at each facility. According to Lisa Hall, Licensing and Certification have local district offices throughout the state and consumers can call them to <u>find out which complaints are pending.</u>		
It is not the public notice board like you ... would like, but it is there on some level. * * *		
Regarding <u>Falsification</u> of Records - Lisa, who has been a nurse – I believe in a SNF - said it is hard to prove willful falsification, but when it is proven, it is a big deal with licensing and they take this very seriously. She said often times a nurse is very busy and later in the shift, or the next day they will add info to the patient’s record that they forgot to record. In that case “willful” misrepresentation is hard to prove, except for obviously egregious cases.		

This Bill does not impose more government oversight. To the contrary, this Bill stops government intrusion into residents’ bedrooms. This Bill would prevent the government (DSS) and/or the facility from interfering with a resident’s right to put videocam monitoring into his/her own room for protection.

The Nursing Home Compare website, published by Medicare’s CMS, is a fraud on the public. Senator Charles Grassley (R-Iowa) raised serious “questions about the integrity and reliability of the ... Nursing Home Compare website.”

Also – she told me that CNA’s have much more training than the info I had.

Every 2 years a CNA must have 48 hours of educational training and so many hours work experience training.