





Taking care of our elderly

Elder care – and elder abuse – may well become the political *cause celebre* as the parents of boomers reach the ends of their lives, leaving their children to confront issues of aging and mortality.

By Sigrid Bathen

In the early 1970s, fresh out of Leeds University Law School in Yorkshire, England, Paul Greenwood spent two years in the British equivalent of the Peace Corps, as a teacher in Kenya. It proved to be a formative experience. Today, he works for the San Diego County District Attorney's Office, where he heads one of California's most aggressive local prosecution programs targeting criminal abuse of the elderly.

"My experience in Kenya helped form my view of how the elderly should be treated," Greenwood says. "The level of respect given to older people in the African culture left a profound impact on my life. We have so much to learn."

Since the elder abuse unit was formed three years ago, it has prosecuted more than 200 felony cases of elder abuse – ranging from murder and rape to the increasingly common financial rip-offs of elderly people, often by so-called "caregivers" who exploit the physical and mental infirmities of senior citizens trying to remain in their own homes. Last month, Greenwood was the prosecutor in the trial of the 44-year-old daughter of 82-year-old

Photo by Heather Dalmont of her grandmother, Marian Frances McNamara, shortly before her death June 17, 1998, in Care West Convalescent Hospital in Santa Monica.

Alzheimer's sufferer Marguerite Young, who died on June 23, 1997, of "blunt force injuries" in the filthy Chula Vista mobile home she shared with her daughter Linda. Greenwood said the daughter had a history of neglecting her mother and once threatened to kill her. The daughter insisted her mother fell.

Last summer, Greenwood successfully prosecuted Phillip Armour, 45, for the murder of his wealthy, 71-year-old mother, Emy Armour, who had invited her son to live in her San Diego home to get him away from the Los Angeles drug culture. Shortly before she was bludgeoned to death with a crowbar on July 15, 1997, she had asked a friend to remove from the house three guns belonging to her son. Armour was arrested by CHP officers on Interstate 5 north of Oceanside, driving his mother's Mercedes at 100 mph, whacked out of his head on heroin, a half-empty bottle of vodka in the car. He had forged his mother's signature on a check to buy \$1,000 worth of heroin.

The San Diego cases, while extreme, illustrate the growing seriousness of elder abuse in California and elsewhere – and the increasing pressure on government agencies to better monitor treatment of the elderly at home and in a wide range of residential and nursing facilities, including the state's more than 1,400 nursing homes. Although the state Attorney General's Office is charged with prosecuting elder abuse in nursing homes through a section of its Bureau of Medical Fraud, it has taken on few criminal cases in recent years — a trend likely to be reversed under the administration of Attorney General Bill Lockyer.

Senior Assistant Attorney General Tom Temmerman, who heads the Medical fraud bureau, says increased staffing will permit the A.G. to step up investigating and prosecuting elder abuse in nursing homes. "Referrals [mainly from state licensing inspectors] have gone up dramatically," he said, "although only a small number rise to a criminal violation." He said the elder abuse prosecution unit has more than 200 "active cases," mostly misdemeanors, under investigation. The unit filed nine cases in 1996, 29 in 1997 and 47 in 1998. Of those cases, only two resulted in convictions in 1996, 12 in 1997 and 18 in 1998. Of the 18 convictions last year, 11 were felonies.

Lax enforcement

Many of the more egregious cases of elder abuse are prosecuted by local district attorneys, while a mish-mash of state and local licensing authorities are responsible for monitoring the growing field of in-home care and inspecting residential and nursing facilities. Inspectors have the authority to levy fines – which often are reduced or never collected – as well as suspend or revoke facilities' licenses and refer serious cases for possible criminal prosecution. An increasingly powerful elder-care consumer lobby angrily denounces state enforcement as lax and ineffective.



Paul Greenwood, San Diego elder abuse prosecutor



Nursing home photos courtesy of Calif. Assn. of Health Facilities

Grantland Johnson, the former federal health administrator and Sacramento County supervisor who is Governor Gray Davis' Secretary of Health and Human Services, says elder abuse is a major priority of the Davis administration. "We have to look at tougher and more effective enforcement," he said. "We can be tough on the books, but if it's not effective, it's meaningless."

"We can't continue the way we are," says Pat McGinnis, executive director of California Advocates for Nursing Home Reform (CANHR), which she founded in 1983. A tireless, sharp-tongued activist, McGinnis is a walking encyclopedia on elder abuse and a constant thorn in the side of the nursing-home industry. CANHR regularly publishes detailed reports on abuses in nursing homes – and points consumers to those that deliver quality care (see story on page 16).

"We know that this system does not work," says McGinnis. "There have been 10 federal hearings in the past year alone. I just don't think the level of outrage is there for people in nursing homes. People really don't think about

nursing homes until they have to."

Recognizing the expanding universe of elder care, CANHR devotes nearly one-third of its nonprofit resources to other forms of in-home and residential care beyond nursing homes. McGinnis and other elder-care advocates also say the political climate for bringing elder abuse to the forefront is changing with the aging of the population.

"It's always amazed me that previous administrations haven't taken this issue and used it as a political issue," she says.

Cases unearthed by a growing number of investigators and prosecutors have helped to galvanize the attention paid to elder care.

"A lot of the physical abuse cases involve sons in their late 30s or early 40s, living at home with an elderly mother," says San Diego's Greenwood. "They may have a gambling or alcohol or drug problem and are exploiting the mother financially. I am absolutely staggered by the number of calls we get, telling tales of how another senior citizen is being or about to be exploited or abused."

'A matter of luck'

Greenwood says it is often "simply a matter of luck" when a case of abuse, neglect or financial exploitation is referred to local law enforcement. "There are employees in these facilities who see things on a daily basis but are afraid to come forward for fear of retaliation." In several recent cases his unit has prosecuted against employees of nursing homes, facility administrators called police. One case in-

involved an alleged attempted rape of an Alzheimer's sufferer by an employee. The victim was unable to speak, says Greenwood, "and it was a tough case" to prosecute. The employee was acquitted. Two other cases of sexual abuse of patients in nursing homes are pending, he said, and one employee accused of hurling a bedpan "like a frisbee" at an elderly Alzheimer's patient, causing a gash on her leg, confessed to the crime and was sentenced to jail.

The bulk of cases in the three-year-old San Diego elder abuse unit involve financial exploitation. "I think this industry is attracting would-be perpetrators who want to infiltrate a senior citizen financially," Greenwood says. "We have seen agencies not complete thorough background checks for in-home personnel, or just do local checks, and we have found some [workers] with serious criminal records, second- and third-strikers. I would suggest there are many people on parole or probation actively looking for work taking care of seniors. It's a lot easier than robbing a bank." Sometimes, the predators answer newspaper ads run by naive, desperate seniors looking for home-care personnel. "They may wait a few weeks [after being hired]," he says, "then they'll encourage the senior, who is often non-ambulatory, to sign blank checks. They'll take the senior's ATM to the store, complete credit card applications that come through the mail in the senior's name."

In-home health-care personnel hired through government and private agencies are subject to criminal background checks, as are nursing-home staff, though critics say that process is sometimes spotty and plagued by delays. Effective last July, "certified nursing assistants," the low-wage backbone of the nursing-home industry, must have background checks completed prior to taking the competency exam for the position. Brenda Klutz, deputy director of licensing and certification for the state Department of Health Services,

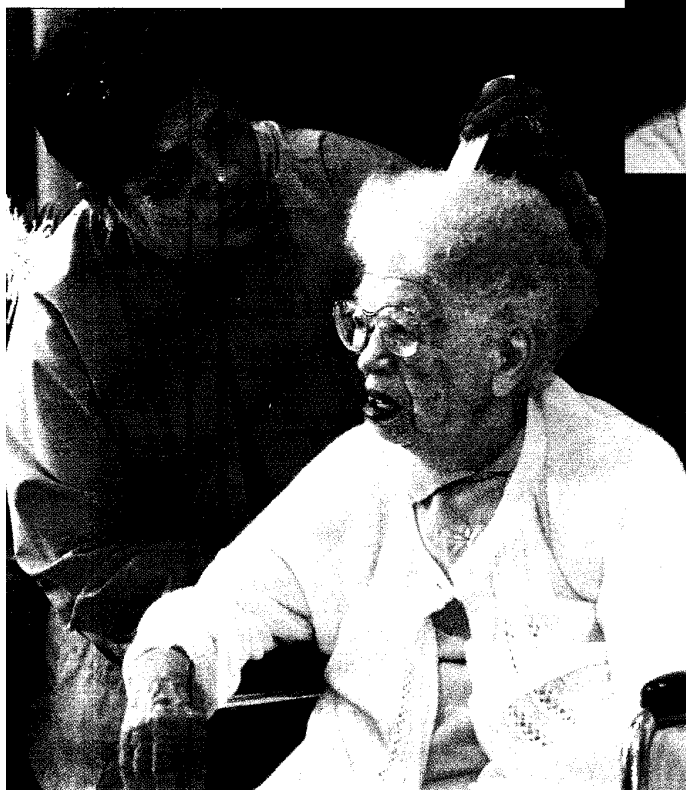
which inspects and licenses nursing homes, said CNAs were not subject to criminal background checks prior to July, when the law was changed.

The task of running criminal background checks on home health-care aides (HHAs) and certified nursing assistants under the new law is daunting. As of December 31, 1998, according to DHS, there were 114,255 "active CNAs" and 108,923 HHAs—and only 97,590 had been cleared in both classifications under the new law, which means "not everyone who is sent out to work [in a nursing home or private home] will have had a criminal background check," said Christina Smith, who heads the DHS unit responsible for monitoring aides and assistants. She said the percentage of aides found to have serious criminal records has been very low, roughly 1 percent.

The state Department of Social Services oversees the so-called "non-medical" side of home and residential care for the elderly, and in-home workers hired through county-



Pat McGinnis,
Executive Director,
Calif. Advocates for
Nursing Home Reform



based In-Home Support Services (IHSS) to perform house-keeping and other tasks for the elderly in their homes are not required to undergo criminal background checks.

Elder-care activists say a coherent inspection and enforcement system for reporting neglect and abuse of the elderly — in their own homes, by a caregiver, or in a residential or nursing facility — is badly needed in California. In addition to 1,400-plus nursing homes, with 120,000 beds, there are more than 6,000 residential “board and care” facilities, with 129,000 beds, often in private homes licensed to care for a small number of seniors who do not have serious medical conditions requiring nursing-home

care. Those facilities are inspected and licensed by the state Department of Social Services and offer a wide range of care options — and, critics say, the quality of such facilities, like nursing homes, varies widely.

‘Aging in place’

Patrick Luby, state legislative representative for the American Association of Retired Persons (AARP), says Californians are increasingly “aging in place” — that is, “people are trying to figure out what will help Mom and Dad stay at home. We need more home- and community-based care. People don’t want to lose their homes. Eventu-

After education, is elder care next?

As time comes to heed the call for elder care reform, industry providers regret losing a protector, and Assembly Majority Leader Kevin Shelley steps up to fill a void of legislative leadership

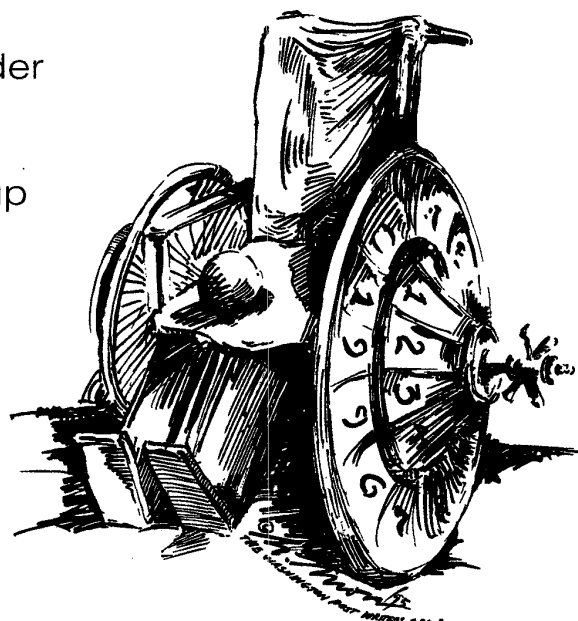
By Anthony York

As state politicians prepare to shift their laser-focus from education, there is increasing momentum in the Capitol to reform the system of care for California’s elderly. The movement is generated in part by sheer necessity. California’s fastest-growing demographic group is the 80-and-over set, and as baby boomers begin to wrestle with caring for their parents, and securing quality care for themselves as retirees, the issue becomes increasingly visible. Advocates, union representatives and nursing home owners all agree in principle that the status quo is no longer good enough — but that seems to be where the agreement ends.

Unions and advocates see eye-to-eye on many reform issues, while industry representatives, led by the California Association of Health Facilities, have often found themselves the odd one out in the interest group triangle.

“A lot of these nursing homes are *gulags*. I would rather die than go into some of these places,” said Charlie Ridgell, convalescent director for SEIU Local 250, which represents more than 41,000 health service workers in Northern California. “We all agree that something has to be done, but right now there’s just no trust among the different groups. There’s no love for some of these nursing home operators with the union and some of the advocate groups.”

That said, unions and advocates, which have traditionally allied themselves with Democrats against the industry and its Republican supporters, realize nothing is guaran-



teed simply because a Democrat now occupies the governor’s office. “There’s no free pass for the union with a Democratic Legislature and governor,” Ridgell said. “We’re not just going to be able to walk in and say this is how we want it to be.”

But with Sacramento now a one-party town, there is increased pressure on the industry to come to some agreement with the other two major interest groups involved in the legislative fight.

Part of that pressure comes from the loss of a key industry ally — Governor Pete Wilson. In 1997, Wilson vetoed legislation by Assemblyman Martin Gallegos (D-Baldwin Park) that would have increased fees and liability for nursing homes that fail to meet basic standards of care. Wilson’s veto led to a new, and advocates argue watered-down, version of the bill being signed a year later.

One point everyone seems to agree on is that increased payments are needed above the flat rate of \$88-per-patient-per-day currently paid by Medi-Cal. Raising these reimbursements is the top priority for industry lobbyists,

ally, this country will figure out that we're all getting older, and nobody wants to go to a nursing home. This issue is not going to go away. It has to have some more attention." Increasingly popular are facilities that offer a wide range of options – from independent apartment living to nursing home care, often on one campus-like site.

Mel Matsumoto, a past president of the California Association of Homes and Services for the Aging, a statewide association of some 400 nonprofit facilities and agencies, who is the administrator of a highly regarded multi-level retirement community, The Redwoods, in Mill Valley, says more facilities for the elderly need to be nonprofit and

community-based. Many nursing homes are owned by large, often out-of-state corporate chains, some of which report substantial profits and huge CEO salaries. In legislative testimony in January, Matsumoto likened the crisis facing elder care to the much-publicized crisis surrounding California's troubled public school system.

"The best schools are the ones in which the parents are most active," he says. "There is an analogy in nursing homes. Ask staff which residents in a nursing home get the best care, and they will tell you the residents whose family and friends visit the most often."

Line workers in nursing homes say they are grossly

who argue the average cost of providing care is actually \$100-per-patient-per-day. But unions and advocates both want to see the bump in Medi-Cal payments tied to guaranteed increases in worker training, staff-to-patient ratios within the facilities, and more rigorous enforcement and fines levied by the Department of Health Services.

The changing political climate and demographics have added a sense of urgency to resolving the current stalemate, and have elevated long-term care reform toward the top of a crowded California policy agenda. The annual, bi-partisan Senate Fiscal Retreat was dominated this year by health-care reform discussions, and Assembly Majority Leader Kevin Shelley (D-San Francisco) is ensuring that long-term care will be a major focus of an upcoming Democratic policy retreat.

For Shelley, the issue is a fusion of the personal and political. He represents roughly half of the city of San Francisco, which has a senior population of nearly 24 percent, roughly twice the average of the rest of California, and was involved with issues of long term-care as a member of the San Francisco Board of Supervisors. But Shelley's involvement in the issue deepened when his mother, Thelma, was suddenly in need of long-term care.

In 1994, shortly after his election as president of San Francisco's supervisors, Shelley received a phone call summoning him home from a European vacation. His mother was comatose in a San Francisco hospital. "Basically, I thought I was going to have to decide whether or not to keep my mother on the ventilator," an emotional Shelley recalled. "When I got to the hospital, she was in a coma, and I was just talking to her throughout the night, saying 'Please mom, come out of it. Please wake up.'"

Much to his surprise, she did come out of the coma after just a couple of days. But her recovery was slow and limited. She had gone nearly eight minutes without oxygen, and suffered permanent brain damage. His mother was eventually placed in a rehabilitation facility for months, but was never placed in a full-time nursing home. "We never needed to go to that step," Shelley explained. "Eventually, she came home and we brought someone into the house to live full-time with her. We were able to afford that; not everybody is." But in the process of looking for



Kevin Shelley

care options for his mother, Shelley visited dozens of Bay Area nursing homes. The results, he said, were horrifying. "Ninety percent of the ones I saw, I wouldn't put my worst enemy's grandmother in them," he said.

Shelley's legislation, which he dubs as a work in progress is the major piece of nursing home reform legislation being considered this year. "It appears that Kevin is emerging as the venue on the Assembly side," said Dave Helmsin, a well-known and powerful Sacramento lobbyist for CAHF. So it is Shelley who is receiving increased visits from lobbyists on all sides of the issue.

While pushing for increased state funding, the industry balks at the idea that increased penalties for deficient facilities lead to better care. Instead, they want to see reforms on the federal level changed to better measure the quality of care in California's more than 1,400 nursing homes.

"I think that reimbursement and enforcement are complicated issues," Helmsin said. "We all agree something needs to be done, but we're not close to agreeing just what that is. Advocates want more penalties and increased liability. They just want to get a bigger stick to beat quality out of the providers. We think this system is in need of some more long-term, structural changes." Helmsin advocates the creation of a new task force to ensure that standards more accurately reflect a goal of quality nursing home care.

Advocates say the call for a new task force is just another stonewalling attempt by an industry that has lost its champion in Pete Wilson. "Wilson was a toady for the industry," said Pat McGinnis, executive director for California Advocates for Nursing Home Reform. "They say increased penalties don't work. I say, we've never tried it so how would they know?"

In the Senate, John Vasconcellos (D-San Jose) remains the driving force on the issue as chair of the Health and Human Services subcommittee on Aging and Long-term Care. Health Committee Chair Martha Escutia (D-Bell) is also likely to play a role in guiding pertinent bills through legislative hoops.

In the Assembly, it is perhaps another sign of the issue's growing political clout that a new standing committee on



underpaid and overworked. Certified nursing assistants who testified in a state legislative hearing in January told of supplementing meager facility supplies with their own limited funds. "It's horrible," said Nancy Herrera Barrett, assistant director of the long-term care division of Service Employees International Union (SEIU), Local 250. "I talk to

CNAs every day who are in tears because they can only spend seven minutes per patient. They can't clean them, they can't walk them, they can't turn them. On \$6 an hour, their own children are on the Medi-Cal rolls, or uninsured."

Decades of criticism

California's troubled nursing home industry has frequently been the target of federal and state investigations going back decades. In a recent U.S. General Accounting Office report, fully one-third of the state's nursing homes were cited by state inspectors for "serious or potentially life-threatening care problems." Reviewing more than 3,000 cases of patients who had died in nursing homes in 1993 from such treatable conditions as malnutrition, dehydration, pressure sores (bedsores) and urinary tract infections, the GAO medical team carefully selected a sampling of 5 percent of those cases for intensive review and found that more than half of those 62 elderly residents "received unacceptable care."

"Care problems" identified by the GAO medical team

Aging and Long-term Care has been created by Assembly Speaker Antonio Villaraigosa (D-Los Angeles). The committee is headed by San Jose Democrat Elaine Alquist, who was chair of the committee last year when it was a select committee and did not have any actual say in the fate of legislation.

"We are fortunate that the speaker has taken the select committee on aging and created a standing committee," Alquist said. "It shows an increased commitment to dealing with the issues that affect seniors in California when it comes to long-term care."

But reform advocates had trouble with Alquist during her tenure as the select committee chair and bristled at her hiring of former industry lobbyist Bonnie Darwin as principle consultant for the committee. "She's much too close to the industry," McGinnis said bluntly. "I'm just grateful that Kevin is getting involved."

Though Alquist expects all nursing-home legislation to come before her committee, a breakdown of the committee's jurisdiction published by the Assembly Rules Committee leaves that a matter of some debate. Some close to the issue expect the bill to go before the Assembly Health or Human Services committees, whose chairs — Gallegos and Assemblywoman Dion Aroner (D-Berkeley) respectively — enjoy better relationships with the unions and reform advocates and figure to play prominent roles this year.

In addition to the Alquist committee's limited jurisdiction, there are other signs to indicate that many of the nursing home reform issues will be reconciled in the office of the majority leader rather than in that of the the

committee chair. For one, Erin O'Keefe, who was the principle consultant for last session's select committee under Alquist, has moved over to Shelley's office.

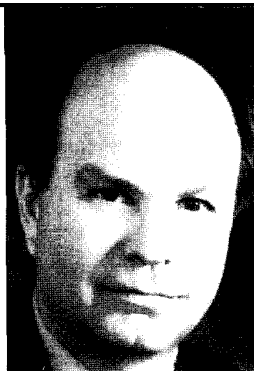
Shelley insists that he is not trying to infringe on Alquist's legislative territory. "The Health Committee has some jurisdiction, Human Services has some, and I would say Aging has the least amount as far as these issues are concerned," Shelley said. "I took this issue on as majority leader to send a message to the people involved in this issue that this is so important, we're not going to get bogged down by some of the problems that can arise out of multiple jurisdictions."

But Shelley also stands to gain by taking on elder care as a pet issue. With term limits compressing the amount of time a lawmaker has to impress constituents, and with a possible future congressional bid in the cards for the second-term Democrat, there are certainly potential political up-sides for leading the charge on this issue.

Though a fusion of the personal and political has visibly ignited the fire within Shelley, the real test will be whether his newfound devotion can endure the constant volleying and legislative minutiae that comes with cutting complex, multi-pronged deals. It is a task Shelley says he is up for. "I'm so jazzed about this. As a lawmaker, you get involved in so many things, but there are not that many things that really, really grab you," Shelley said. "This is an issue that absolutely fuels my passion, and it's one that I'm going to devote a lot of my time and not-insignificant energy to." 🏠

Anthony York is an associate editor of the California Journal. He can be reached at anthonyy@statenet.com.

included "dramatic, unplanned weight loss, failure to properly treat pressure sores, and failure to manage pain." In one case, a patient admitted to a nursing home for physical therapy rehabilitation following hip surgery died five days later from septic shock caused by a urinary tract infection. According to the GAO, nursing home staff failed to monitor fluid intake and output while the resident was catheterized and failed to notify a physician as the patient's condition deteriorated. A physician was contacted only when the patient's family visited and found him unresponsive. The doctor ordered intravenous antibiotics, which were not administered for eight hours. The patient died three hours after the IV line was finally inserted.



Gary Macomber,
executive vice president
California Assn. of Health
Facilities

It is a sad and endless litany, well-documented in the crisp investigative style of the GAO: patients lying in urine- and feces-soaked beds, bedsores to the bone, patients pleading for help and repeatedly ignored, nursing-home staff reporting therapy that was not provided, falsifying documents, failing to provide sufficient fluids and food to patients, refusing to take patients to the toilet, failing to notify physicians or family members about the serious deterioration of patients.

Charlene Harrington, a professor of nursing and sociology at the University of California-San Francisco School of Nursing, has heard it all before. The director of licensing and certification for the former state Department of Health in 1976 under then Governor Jerry Brown (before the Health Department was "reorganized," broken up into smaller departments, following repeated scandals in nursing homes, state hospitals and "prepaid health plans," the precursors to HMOs), Harrington says she attempted to toughen enforcement sanctions against nursing homes but was largely ignored by other department brass and the governor. She recalls that a scathing Little Hoover Commission report on nursing homes nearly a quarter-century ago came up with the same proportion of substandard nursing homes as the GAO – one-third.

Familiar litany

"The statistics are almost exactly the same," she mused. Testifying before the state legislative hearing on long-term care in January, she recommended much tougher enforcement. "You have an industry [nursing homes] trying to make a profit, and you have inadequate staffing standards. Your care is always going to be poor. You can beef up enforcement, but you can't beef up care because you don't have the people to do it. We're not regulating the industry. We're not enforcing what is on the books now, and what is on the books is too low. We're not making [nursing homes] accountable."

She and other elder-care advocates are particularly

critical of surveys showing that only about one-third of nursing home budgets are spent on patient care – a figure the industry hotly disputes – and point to huge CEO salaries and profits for the big nursing-home chains that increas-



Charlene Harrington,
Professor of Behavioral &
Social Sciences, UCSF

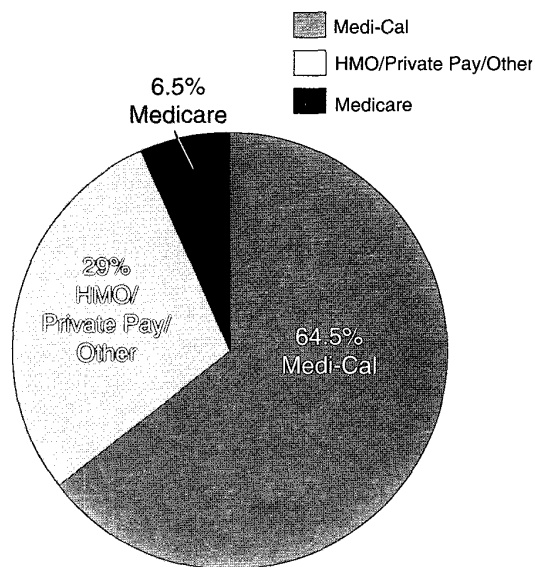
ingly dominate the California industry, into which an estimated \$5 billion, 70 percent in public funds, was poured in 1997 alone. In statistics cited by Harrington and other elder-care advocates, six of the big nursing-home chains that do business in California reported 1997 revenues ranging from \$1 billion to more than \$3 billion, with profits ranging from \$32 million to nearly \$225 million. According to its 1998 Status Report on California's Nursing Home Industry, CANHR listed 1997 CEO

salaries for the top six nursing home chains that ranged from a high of \$18.4 million to just under \$1 million, plus substantial additional compensation in company stock.

"While CEO compensation for nursing-home chains increased over 80 percent [in] 1996 and 1997," CANHR concluded, "the average hourly wage for nursing assistants in California was \$6.99, a 5 percent wage increase for all of 1995 and 1996."

Industry spokesmen say CEO salary and profit figures are taken wildly out of context by advocacy groups. "We

Who Pays?



Source: Office of Statewide Health Planning and Development, Health Care Finance Administration, California Advocates for Nursing Home Reform.

live in a capitalistic society," says Gary Macomber, a longtime, high-level state health and prison administrator who is now executive vice president of the California Association of Health Facilities, which represents the state's nursing homes.

Industry and elder-care advocacy groups agree on some things: "We need more staff," says Macomber. "We need to pay them better, we need to provide incentives for training programs, and we need to acknowledge that [current enforcement] just doesn't work."

Elder care activists say fines must be stiffer (the maximum is \$25,000), and, perhaps more important, the appeal process tightened. "At least let's create meaningful fines," says McGinnis. "My God, you can leave someone naked and tied to a wheelchair and you get a \$500 fine. There are higher fines imposed for killing a dog in California." 🏠

Sigrid Bathen is senior editor of the California Journal. She can be reached at sigridb@statenet.com

Finding quality care

The search for a care facility for a senior family member can be traumatic. Here are a few essential tools.

By Melissa Mikesell

Making a decision about long-term care can either be a source of endless trauma or lead to a choice well-made. There are legitimate concerns about selecting an elder-care facility that you know next to nothing about, but plenty of resources are available. Here are some suggestions from health care experts on where to start when looking for information:

The Department of Social Services Community Care Licensing Division, www.dss.cahwnet.gov, offers regional information on complaints about a particular facility. The web page can direct you to your local Community Care Licensing district office, where inspection files are available for review.

California Advocates for Nursing Home Reform, www.canhr.org, offers listings of facilities by county, citations filed against each facility and tips for choosing a nursing home. The web page walks you through a process that includes choosing the type of facility that fits your budget, and tells which facilities accept Medicare and Medi-Cal, and which don't. CANHR can put you in touch with other people who have family members in that location. Its toll-free number is (800) 474-1116.

The Partnership for Long-Term Care through the **California Department of Health Services** offers discounted policies with quality health care providers in California. For counseling on how to plan and pay for long-term care, go to the web page at www.dhs.ca.gov or call (800) 434-0222. The Department of Health Services is in charge of licensing and certification for in-home health aides and nursing homes. For a list of facilities in your region, including citations and deficiencies, call (916) 327-7015. There is a 10-cents-per-page charge for photocopying.

California Association of Homes & Services for the Aging is an association of not-for-profit nursing homes,

www.aging.org. They have a database searchable by city, county or area code.

At California Association of Health Facilities, www.cahf.org you can search for any of their 1,460 licensed long-term care facilities in California. This page does not contain analysis of the quality of care. You can also call CAHF at (916) 441-6400.

The California Department of Aging, www.aging.state.ca.us, offers links to community service organizations, such as those that provide legal information, senior services, and companion programs. Agencies on Aging can also put you in touch with your local Ombudsman who can tell you about good facilities in the area, make a complaint about a facility on your behalf or help resolve a complaint you have filed. You can call toll-free for an agency in your area at (800) 510-2020.

The Family Caregiver Alliance, www.caregiver.org, offers an online support group and a newsletter that can help keep you up-to-date on Medicare changes and tax credits.

The House of Justice, www.comquest.com/bet-tzedek, offers legal resources for the elderly. This page offers links to legislation in California that impacts the elderly.

Some other sites (with limitations noted):

- www.carescope.org. This web page provides a certain amount of free information, but if you really want the nitty-gritty, you'll have to pay, and what you get may be limited since the listing is incomplete.

- www.careguide.net. This is a listing of state-licensed facilities — and many of the facilities pay to be listed here.

- www.lifestyles.com. This page lists only care-givers who pay to be listed and offers no comments on the condition of the facility. 🏠

Melissa Mikesell is a California Journal research assistant. She can be reached at melissam@statenet.com
