REPORT ON THE HEARING AND INVESTIGATION OF PATIENT CARE AND WORKING CONDITIONS AT THE SAN RAFAEL HEALTHCARE AND WELLNESS CENTER AND THE NOVATO HEALTHCARE CENTER ON March 4, 2018

The North Bay Workers’ Rights Board is a community-based project of

P.O. Box 427, Santa Rosa, CA 95402
(707) 293-2863
northbayjobswithjustice.org
northbayjobswithjustice@gmail.com
Workers’ Rights Board Panelists

Dr Paul da Silva  
Professor of Biology and Environmental Science, College of Marin

Nancy Dobbs  
Manager in the Media Field

Eric Lucan  
Novato City Council Member

Rafael Miranda  
Past President and North Bay Director of the Teamsters Union Local 665, Retired

Matt Myres  
K-12 Teacher and Principal, Retired

Alicia Sanchez  
President, KBBF Bilingual Radio 89.1FM

Rev. Kirsten Snow Spalding  
Rector, Episcopal Church of the Nativity, San Rafael

(Organizational affiliation for identification purposes only)

Testimony

The following people provided testimony at the Workers’ Rights Board Hearing

Benjamin Maldonado,  
Housekeeping, San Rafael Healthcare and Wellness Center

Roberto Elias  
Cook, San Rafael Healthcare and Wellness Center

Berenice Dominguez  
Housekeeping, Novato Healthcare Center

Ian Minto  
Resident Council President, Novato Healthcare Center

Marilyn Albert  
Registered Nurse, NUHW Community Liaison

Carole Mills  
District Representative for State Senator Mike McGuire

Maria Martinez  
Certified Nursing Assistant, Former Employee of the San Rafael Healthcare and Wellness Center

Tony Chicotel  
Staff Attorney for California Advocates for Nursing Home Reform (CANHR)

Anonymous Resident Provided written testimony

ALL PHOTOS BY KO BLIX
The North Bay Workers’ Rights Board (WRB) is a community-based board chosen from leaders and professionals of faith, labor and community organizations of the North Bay. The WRB is affiliated with North Bay Jobs with Justice, a community-labor coalition comprised of 17 unions and community-based organizations. It is a public forum where workers can bring their concerns about violations of their rights in the workplace.

Los Angeles businessman Shlomo Rechnitz founded Brius, the largest nursing home company in California in 2006. Brius controls 80 nursing facilities in California, Nevada, and Texas and provides 1 of every 14 nursing home beds in the State of California. The company provides 1 in 5 nursing home beds in Marin County including the San Rafael Healthcare and Wellness Center and the Novato Healthcare Center.

Brius is a for-profit corporation with 130 subsidiary companies that manage its facilities across California. These subsidiary companies provide a buffer to the Brius Corporation so that people seeking changes at Brius facilities are often confused about who is responsible for nursing home practices. There is a pattern at all the Brius nursing homes of putting profit above patient care by understaffing workers and providing limited resources to meet patient needs. Brius has been cited numerous times for patient care violations by the California Department of Public Health (CDPH) and has incurred violations almost double the State average. The CDPH has cited both nursing homes for understaffing, for stockpiling expired food, and for not maintaining adequate supplies to provide proper care. Patients, relatives of patients, and staff have complained about all of these problems.

Workers at both nursing homes, who are represented by the National Union of Healthcare Workers (NUHW), have been struggling with the stresses of understaffing and the challenge of meeting the needs of their patients under adverse circumstances. Workers also struggle with receiving pay well below a living or self-sufficiency standard for high-cost Marin County.

Consequently, there is a substantial turnover of workers at both facilities and many employees must work a second job to make ends meet. Finally, the company has undermined the quality of care by relying on temporary workers to fill vacant positions.

Workers have attempted to communicate their concerns to management over many years, but Brius has refused to meaningfully address employee suggestions and complaints. Hence workers and their union requested that the WRB investigate their compensation and working conditions and assess the impacts on the quality of patient care.

On March 4, 2018, the WRB sponsored a hearing regarding these issues at the San Rafael Healthcare and Wellness Center and the Novato Healthcare Center. The hearing was held at the Margaret Todd Senior Center in Novato. The following report includes the testimony from workers, patients, patient relatives, and other individuals. The report concludes with the Workers’ Rights Board’s Findings and Recommendations.
Chronic staffing shortages and subsequent overuse of temporary staff has negatively impacted regular employees and patient care.

Testimony from both employees and residents indicated long-term, severe understaffing, leading to an excessive reliance on registry (temporary) staff and to diminishing patient care. They reported that chronic understaffing means regular staff is stretched too thin to provide the most minimal necessary care. They also reported that excessive use of temporary staff—who are unfamiliar with patients and routines—to fill staffing gaps, often fails to provide the needed extra help, and has eroded patient care, at times posing a dangerous risk to patient safety.

**ANONYMOUS RESIDENT**
(submitted written testimony)

I have been a resident for several months at Novato Healthcare Center. I don’t want to say much more about my medical condition or why I am at the hospital because I’m worried about being identified by management and being retaliated against or worse—being thrown out. That is why I am writing this letter anonymously and I am not able to speak at the hearing as much as I would like to. There’s a terrible horror that runs through my veins when I think about where I would go if I was kicked out of this nursing home. That’s why I can’t go around publicly attacking the company.

I feel very frustrated with management at Novato Healthcare Center. One big problem is that staffing is always very inconsistent and very up in the air. It seems like every shift they’re not exactly sure which nurses or nursing assistants are going to be working; if there aren’t enough staff able to come in and work then they call registry workers to come in. Sometimes those registry workers arrive late and so that means that things get done late, like food gets served late or medications are given out late. Overall, though, the problem is that we don’t have enough nurses or CNA’s. At night, for example, it is extremely short staffed. And we are almost always late when it’s lunch or dinner break time, because they are staffing so low on each shift there is no one to cover during breaks. I always ask, why don’t we have enough staff? I have said that to management personnel many times and also at Resident Council meetings, including a meeting we had with the Marin County Ombudsman.

The lack of consistency in staffing affects us patients because we often don’t know who the treatment nurses or charge nurses are. Most shifts I have to search out who is in charge of me and my care. Often you see what happened today where two of the caregivers on our station had worked the whole night shift and then are working the day shift. Obviously, they’re going to be very tired. They’re going to be like an eight-cylinder engine running on four cylinders. I think that a lot of the workers work a lot of overtime like that because they need the money. Others say, well, I can’t leave at the end of my shift if there’s not enough staff to cover and help patients on the next shift. I can definitely see that many of the nurses and nursing assistants do have big hearts and they really care about their patients.

Another big problem with the way the hospital is staffed is the level of care provided by these registry or temporary nursing staff. It takes them so long to learn the routine of the patients in the hospital. That also leads to medicine being given late, showers being given late, and food being given out late. Because I can stand up for myself I will go and look for the nurse to ask for my medicine—that is, if I can figure out who is in charge of me on that shift. But I have gone several days without getting a shower because sometimes the staff seems too busy to give me my shower, which is only scheduled every other day. And the PM shift nurses say they aren’t assigned to give showers and don’t have time.

They run that hospital like it’s a factory. I get the distinct feeling that people are conveniently kept at the hospital as long as the money for their care continues to come in. But when the money gets funny it seems like they get called into a special conference with the director of nursing or the administrator where they ask, what are your next plans? or they start talking about placing the patient somewhere else.

You can also see that they’re always trying to save money and cut corners in other ways. For example, I had an argument with the Administrator about who pays for the van rides to my medical appointments, which are sometimes all the way up in Santa Rosa. The administrator has told me that I need to pay for at least half the cost of those van rides. Sometimes when I request a van ride to an appointment, they forget that I have made the request and then, conveniently, they have the excuse that the van is not available. So sometimes, I, or my family members, have had to pay out of pocket for transportation to medical appointments.

Practically every patient complains about the food. The food is so bad that I just try to completely avoid eating it at all. I’ve spent most of my money on buying sandwiches from the Safeway every day and trying to eat one sandwich throughout the day.

I have different ideas about how management could improve the care and quality of life for patients at Novato Healthcare Center:

1. Pay nursing staff more money. It’s obvious workers need to be paid more. The RN I really liked and got along with, Diane, quit because she wasn’t paid enough. She went to another nursing home with better pay and benefits.
2. Hire and retain more qualified staff.
3. Get another doctor on staff to oversee the care of the patients. We need more full time medical supervision, not just private practice doctors who come in once in a while.
4. Improve the food: larger portions, food that is more attractive to eat. Most food is not identifiable. The salads are disgusting.
5. Invest more in hiring skilled dietary staff and train and support the dietary staff you have. The staff in the kitchen have big hearts but they are only able to do what they are told to do.
6. Improve the accountability of all staff and management.
7. Improve the care in physical therapy. We need more consistency and we need more 1-on-1 care so we can rehabilitate faster.

**Maria Martinez** has been working as a CNA in San Rafael for 27 years and was a union steward for 20 of those years. Maria no longer works for the San Rafael facility because the low wages, poor working conditions and severe staff shortages prevented her from providing the kind of care for her patients that she had dedicated herself to.

In my time at San Rafael I have definitely seen that the care of patients has gotten worse because the company is not investing in
Maria Martinez
Certified Nursing Assistant, Former Employee of the San Rafael Healthcare and Wellness Center

“I remember one meeting we staff had with the DSD, the Administrator and the Vice-President Wesley Rogers where we complained about the short staffing…..In that same meeting, in front of me and several co-workers, they also promised that they would not change our schedule, but then just two weeks after we signed our new union contract, they…took away our fixed 5-day schedule, starting with the CNAs…They lied to all of us at every meeting where we talked about protecting our schedule and it makes me think that they are capable of lying at other times, lying in paperwork for the State, lying about patient care issues. If they are able to lie to us like that, for me they are not trustworthy people. Honesty for me is very important and I do not think they are honest.”

Tony Chicotel, Staff Attorney for California Advocates for Nursing Home Reform (CANHR)

The concept regarding adequate staffing in nursing homes is simple: residents have varying levels of disability and require assistance with activities of daily living. That assistance must be provided by human beings. If there are not enough human beings to provide assistance, residents’ needs go unmet and they endure negative health outcomes.

Inadequate staffing is the single most important cause of the neglect and suffering that is commonplace in many nursing homes today. We hear daily from residents, their families and friends, and nursing home employees about the impact of understaffing. This week, we heard from a nursing home resident that on the weekend, the facility had four CNAs to care for 88 residents on the day shift and three CNAs in the afternoon. We hear stories about insufficient staffing as the root cause of bedsores, falls, infections, dehydration, chemical restraints, repeated hospitalizations, and deaths. We hear stories that the institutionalized nature of understaffing makes residents feel hopeless about their lives.

Countless research studies have documented a strong positive impact of nurse staffing on resident care and quality of life. In 2001, the Centers for Medicare and Medicaid Services told Congress that at least 4.1 hours of direct care per resident per day was needed to meet the minimum federal nursing home quality standards. In 2016, a time simulation study by John Schnelle of Vanderbilt University found that CNA staffing of 2.8 to 3.6 hours per day per resident was essential for meeting residents’ basic needs. RN and LVN staffing, meanwhile has been found to be perhaps the most critical variable in all of resident care. Numerous studies have consistently shown that higher state
minimum staffing regulations have yielded significant positive effects
on quality outcomes and decreases in resident mortality.

The quality of care at the most poorly staffed nursing homes has
never been worse. Week after week, we read Department of Public
Health nursing home inspection and investigation reports describing
horrid stories of broken bones, choking, illness, and death directly
caused by the lack of staff members to care for and monitor frail and
elderly residents.

Adequate staffing is the most consequential factor for nursing
home residents to meet their needs, re-gain their health, and lead
quality lives. California Advocates for Nursing Home Reform is a
champion for increased staffing and urge nursing homes everywhere
to staff according to the needs of their residents instead of the needs
of their shareholders.

Management style engenders feelings of fear and intimidation among staff and
responds to efforts to address issues of concern with retaliatory actions.

Some staff expressed fear of retaliation from the
management for providing the testimony presented
here. Worker testimony reflected a pronounced anti-
union animus and they reported retaliatory actions
taken by management, such as the elimination of
fixed schedules even for critical lead personnel.
Wages and working conditions at these two Marin
facilities are substandard and has led to excessive
turnover, low employee morale, and diminished
patient care. Any attempt to resolve issues through
negotiations seems to lead to broken promises, bad-faith negotiations, and retaliation.

Benjamin Maldonado has been a housekeeper at San Rafael
Healthcare Center for 30 years. Benjamin reports an open hostility
toward the unionized employees when Brius Healthcare bought the
San Rafael facility 5 years ago. Brius did not want to honor the contract
or recognize the union and it has been a constant fight with Brius ever
since. A key issue for Benjamin and many of the staff is scheduling. After
30 years on the job, Benjamin had finally achieved enough seniority
to have a fixed schedule, allowing him to have time with his family on the
weekends and attend church. Brius has announced an end to such fixed
schedules. The staff sees this as retaliation since such a move can have
no positive affect on patient care.

Since Brius Healthcare bought San Rafael we have been fighting
with this company. They entered more than 5 years ago and they
promised us that nothing was going to change that everything was
going to be the same. But really, we have seen how, little by little,
they have tried to take away everything—our benefits, our annual
increases, our schedules, and our union.

When they bought San Rafael, we’d been with the union for years.
But the company did not want to recognize the union and accept
the contract. Then we had to start from zero, and re-negotiate our
contract. For years of negotiations, they just wanted to give us crumbs,
so we had to do information pickets and leafleting several times in
front of the hospital and we went out on strike 3 times.

We spent a year trying to negotiate with the company’s Vice
President, Wesley Rogers, and he promised us many things. He said
he wanted to care for and protect his workers, but in the end in
December he abandoned us and left the company.

We were finally able to finish and secure our contract at the end
of December and in January we received our first increase in 5 years.
But we felt betrayed by the company, because only 2 weeks after we
signed the contract, they broke their last promise. Wesley and our
administrator Abby Moss promised to protect the fixed days off we
have had for years. But suddenly Abby announced that management
was going to change the schedules of all the workers to a rotating 4-2
schedule, starting with the CNAs.

This issue of schedules is important for all of us because we have
had fixed schedules for decades in the hospital. I started at San Rafael
as a new employee working every weekend, but finally after years now
I have my days off on Sunday and Monday. I have a chance to go to
church, go to catechism classes with my daughter and also play with
my soccer team. Sunday is also the only day I can spend with my wife,
because the other days we both work. The company only sees us as
workers, but we are human beings too and we have the right to have a
family and social life. With this change they are breaking their word to us
but they are also breaking our commitments to our families. And most
of my co-workers are in a worst position because they have second jobs
that they won’t be able to keep if our schedules are changed.

Benjamin Maldonado
Housekeeping, San Rafael
Healthcare and Wellness
Center

“This issue of schedules
is important for all of
us because we have
had fixed schedules
for decades in the
hospital…but finally
after years now I have my
days off on Sunday and Monday. I have a chance to go to church, go
to catechism classes with my daughter and also play with
my soccer team. Sunday is also the only day I can spend with my wife,
because the other days we both work…With this change they are breaking
their word to us but they are also breaking our commitments to
our families. And most of my co-workers are in a worst position
because they have second jobs that they won’t be able to keep if our
schedules are changed.”
than ever to have our union. We also need the support of the community and politicians. I hope that you will support us.

**ROBERTO ELIAS**  
*Cook, San Rafael Healthcare and Wellness Center*

“We are sending this letter to let you know that we think that the change of schedule will negatively affect all kitchen workers and patients. If the company makes this change all the dietary aids and cooks in the kitchen including our lead cook, who has been lead cook for more than 20 years, will be forced to resign. Their resignations will put the kitchen and patients in danger. The patients may be harmed if their meals are not carefully prepared by employees who understand the dietary needs and allergies of each patient. If all employees who are trained and experienced resign, the kitchen will have to operate without qualified personnel and this will cause great danger and harm to patients.”

**BERENICE DOMINGUEZ**  
*Housekeeping, Novato Healthcare Center*

“In our department...we are always short-staffed...I am doing the work that two people did before. In our department, several colleagues have left and the company has not been hiring new people. And nobody wants to take the job because the payment is so low. We have a colleague who worked as a janitor and he went to work cleaning in a horse pen because at least there, taking care of animals, they pay him $15 an hour. Because of this lack of staff, if we try to take a sick day or take a few days off, our supervisor says we cannot, because there is no one to cover for us. We had a meeting a month ago with the administrator…and he admitted that the posts were not posted.”

**Roberto Elias** has been a cook at San Rafael Healthcare Center since June 1996. He is currently the Lead Cook and is frustrated with the newly announced rescinding of fixed schedules and is afraid he may be forced to resign his position. He is worried about his co-workers—most must work 2 jobs and would be adversely affected by a constantly changing work schedule—but also is concerned for the health and safety of the patients if the more skilled and experienced staff face such disruption in their schedules.

I am here today because I am very frustrated with the owners of San Rafael Healthcare Center. As Benjamin said, our Administrator, Abby Moss, announced recently that she was going to take away the fixed schedules of all union workers, even though she promised that she would protect our schedules. She started changing the schedules of the CNAs in February, and we lost one of our best CNAs, Maria Martinez, and now they say that our fixed schedules in the kitchen will be taken away.

Last week we delivered a letter to our Administrator signed by the three full-time kitchen workers. Our plan is to send this letter to the California Department of Public Health to see if they can intervene to protect the patients at the San Rafael Healthcare Center.

We are sending this letter to let you know that we think that the change of schedule will negatively affect all kitchen workers and patients. If the company makes this change all the dietary aids and cooks in the kitchen including our lead cook, who has been lead cook for more than 20 years, will be forced to resign. Their resignations will put the kitchen and patients in danger. The patients may be harmed if their meals are not carefully prepared by employees who understand the dietary needs and allergies of each patient. If all employees who are trained and experienced resign, the kitchen will have to operate without qualified personnel and this will cause great danger and harm to patients.

All positions in the kitchen are low wage positions and the vast majority of employees in the kitchen need to have second jobs to survive. If suddenly their days off change every week, they could not keep their secondary jobs.

Since there are only three full-time positions in dietary and all these positions require great skill and experience we are asking that you allow the three full-time dietary positions to continue with their fixed schedule so that they do not have to resign. All of us want to continue working at San Rafael Healthcare center with our long-time colleagues and to continue provide quality, reliable food service to our residents.

This change is very damaging to the morale of the workers. My boss went to complain about this change and how it would affect him to lose us and Abby said she does not care if we left. That she could easily look for people to replace us. We know that the company is doing this to get back at us because against all odds, after five years of fighting, we managed to secure our union contract. With this change they want all the experienced workers to leave, so that they can bring new people in, pay them less and give them worse benefits. It is so discouraging and sad that after 22 years working for a company, they tell you that you are not worth anything to them. That the work you do is just the same as the work of someone fresh off the street. I feel that a boss should support and appreciate his or her workers. But this company has no conscience and they are screwing over their workers and their patients.

Since 2015, Berenice Dominguez has been working in the laundry at Novato Healthcare Center for 15 years and still makes only $11.58 an hour. Berenice feels that the work she does is worth a lot more than the 30 cent raise she recently received and reports that such low wages are the reason for the short staffing and the high turnover in her department. Berenice’s testimony also indicates a disturbing result of the short staffing throughout the hospital—that when short of CNAs, housekeeping and laundry staff have been asked to attend to patients’ needs without having the proper credentials to do so.
The main issues we see in the laundry and housekeeping is the short staffing and the turnover because of the low pay in our department. We have been very active in fighting for our union and our contract, because we really feel that we need a raise because of the cost of living in Northern California and we feel we deserve a raise because of how hard we work.

In our department, as in the kitchen and with the CNAs, we are always short-staffed. For example, I am doing the work that two people did before. In our department, several colleagues have left and the company has not been hiring new people. And nobody wants to take the job because the payment is so low. We have a colleague who worked as a janitor and he went to work cleaning in a horse pen because at least there, taking care of animals, they pay him $15 an hour. Because of this lack of staff, if we try to take a sick day or take a few days off, our supervisor says we cannot, because there is no one to cover for us. We had a meeting a month ago with the administrator to talk about that and the lack of staff and he admitted that the posts were not posted.

At this point, we no longer trust our bosses. They have lost all their credibility because they are always lying to us. I've been at the negotiating table so I've seen it first-hand. In the negotiations, for example, the Vice-President said that he agreed to raise our pay to $13.25 an hour, an increase of $2, but then they removed this offer, saying that it was not an official offer. All this time they have said that they cannot give us any increase, because we have a union. But suddenly, in January, we were miraculously given this small increase of 30 cents, but the CNAs and those in the kitchen were given nothing. They raised me from $11.28 to $11.58 but if they had the power to give us raises, why did they wait so many years? Sadly, after thinking we were going to finally get a fair wage like $13, 30 cents more doesn't really help us.

Working in housekeeping and laundry, we observe all the problems that CNAs and patients are dealing with. Here they must be ensuring that these old people have a good quality of life in their last years, but it is obvious that this company doesn't prioritize the patients. For example, they are so short of CNAs that they want us to answer lights and help with patients, although we do not have the credentials to do so. It is ugly every day to hear the cries of patients who need help. Many of these patients are completely abandoned by their relatives and I feel that the state is not aware of what happens here. And all the stress of this environment and the overload of patients affects the CNAs and us, and it is hard not to yell at a patient or yell at a co-worker. I would like the company to listen to us and take us into account. We are just asking for just changes.

Management style engenders feelings of fear of retaliation in residents who attempt to address issues of diminished care.

One resident submitted anonymous written testimony to the panel regarding the diminishing care received for fear that the company would force him out of the facility (see testimony above). Residents have been working through the Residents’ Council and the Marin Ombudsman to report and address issues of diminished care due to lack of staffing, failure to provide adequate and nutritional food and other supplies for decent care. Residents feel that management either ignores them or retaliates.

Ian Minto has been a resident at Novato Healthcare Center for one and a half years ever since I had a bad fall and started having serious balance problems. I stay in Station One, which is the rehab wing of the hospital where most patients are like me, recovering from injuries or surgeries. Most of the patients at Station One are a bit younger and more alert than the patients in other parts of the hospital, so we are more able to speak up when we have issues. So first I have to say that my biggest complaint about the care at Novato healthcare center is the food. The only positive thing I can say about the food is that it definitely helps you lose weight, because you just don’t want to eat it. If don’t believe me though, you’re welcome to cross the street and join us for dinner at 5 PM and try it yourself! With their budget for food, the cooks would have to be miracle workers, because a former dietary manager told me that their budget for meals was $2.50 per day per patient! Also, they are always running out of basic food that we eat all the time-like eggs, hot dogs, milk. I don’t understand why they can't manage to maintain a supply of these basic food items.

But enough about the food. The other big problem is short staffing and the use of registry or temporary workers. These registry nurses and nurse aides, they really don’t want to listen to you because they have the attitude that they’re just passing through. The registry workers are just pill pushers whereas, for the most part, our actual employees do care about the patients. They have a sense of humor and you can see that they’re trying to do their best, even though they are overwhelmed and understaffed, especially at night and on the weekends.
Several months ago for example, I was taking a shower and I slipped because the tiles were slippery. I somehow got jammed with my knees shoved up against one wall of the shower and my back against the other. Because the tiles were wet I couldn’t get up so I was in there for over an hour shouting for help. Who knows what I was sitting in. Eventually the tiles dried and I was able to push myself up and out of the shower. When I went over to the nurses’ station, I saw the registry workers sitting there and texting on their cellphones. I asked them if they had heard me shouting and I told them what happened. They never even looked up from their phones. They never stop texting the whole time. I could have been standing naked and sopping wet in the middle of the hallway and they wouldn’t have even noticed.

I’m also president of the resident Council at Novato healthcare center. So other residents come to me with problems and I tell them to come to the monthly resident council meetings. Most of the time, they tell me that they don’t think it’s worth their time to talk about issues at the meeting because they think that no one in management is listening and nothing is getting fixed. I keep bringing things up though, even though the Activities Director, who comes to the meetings, discourages me from talking too much. At our last meeting on the 27th, I brought up a problem we’re having with dirty bowls that our cereal is served in at breakfast. I told them that a number of mornings I have found the dusty remains of other people’s cereal around the rim of my bowl. One morning I even saw lipstick on the edge of my cereal bowl. When I brought this up at the meeting several other residents also said that they had noticed the same thing. The activities director gave me a dirty look, gave some excuse and tried to change the subject. It seems to me that they only have the resident Council meetings because it’s mandated by the state but not because they really want to listen to us.

We bring up the issue of short staffing at practically every resident Council meeting. We have met with the Marin County Ombudsman about the issue repeatedly. The Ombudsman is the one in charge of advocating for patients in Marin. The ombudsman is very nice and she listens to us but it seems like nothing changes or improves. Joseph, the administrator has been saying for months now that the company is trying to move away from using registry workers but he says that they just can’t seem to hire enough staff. But the solution is very simple. They just need to give workers more money. All the workers here know other CNAs or CNAs who have left Novato and would be very easy for workers to recruit them back if management was paying more.

I am a former bank executive and a problem solver by nature, and I can think of lots of other ways they could make working at Novato more attractive for their employees. For example, one issue lots of workers have is the high cost of getting to work because many of the CNAs live way out in Vallejo or American Canyon. So why doesn’t management make use of the van they use for shuttling around patients, and have the driver, who also lives in Vallejo, use the van to take at least the AM shift workers back and forth to work? There are lots of little things like that they could do to retain skilled workers, but they just don’t seem open to really doing anything.

I get tired of bringing up these issues at the resident Council meetings because it feels like they just think I’m a nuisance and a troublemaker. They think that even more now that I have been sitting in on some meetings with the union and management, and with local officials, like City Councilor Eric Lucan. But I think things at Novato are only going to get better if management gets in touch with what employees need, which is better pay and benefits.

**Stanton Richardson** is son of a Novato Healthcare Center resident. Stanton is outraged at the poor care he has witnessed with his father, detailing a horrendous situation where his father’s legs were wedged between the mattress and bars and the rest of him was hanging off the edge. It wasn’t the only incident of neglect he has witnessed and Stanton is angry about the failure of management to make the necessary changes and provide better care for his father.

**Stanton Richardson**
Relative of Resident, Novato Healthcare Center

“I found my Father hanging out of his bed, very near to falling and hurting himself. His legs were wedged between bars in the bed and was extremely agitated and dehydrated. He has Parkinson’s and he is not ambulatory so he couldn’t reposition himself or call for help. Before I entered his room as I was walking down the hall, I saw several nurses and nurses’ aides lingering in the hallway and not seeming to be working with any patients. When I saw the state my father was in, I left the room and I asked the nurses’ aides I saw in the hall how long since someone had seen my father. They said it had been several hours. I said, “well, are you aware that he is hanging out the bed?” They said no, that someone else was supposed to be checking on him, but clearly no one had checked on him and he had been left unattended for several hours.”

My name is Stanton Richardson, my Father has been living for the past several months across the street, at the Novato Healthcare Center. He has Parkinson’s and he is in his 80s.

My initial observations of the care at the hospital were positive, but over a period of time I saw that his care began to deteriorate. It was clear to me that he was not receiving the attention that he needs on a daily basis to get better or even stabilize his condition.

One time when I was visiting, I found my Father hanging out of his bed, very near to falling and hurting himself. His legs were wedged between bars in the bed and was extremely agitated and dehydrated. He has Parkinson’s and he is not ambulatory so he couldn’t reposition himself or call for help. Before I entered his room as I was walking down the hall, I saw several nurses and nurses’ aides lingering in the hallway and not seeming to be working with any patients. When I saw the state my father was in, I left the room and I asked the nurses’ aides I saw in the hall how long since someone had seen my father. They said it had been several hours. I said, “well, are you aware that he is hanging out the bed?” They said no, that someone else was supposed to be checking on him, but clearly no one had checked on him and he had been left unattended for several hours.

When I spoke to the administrator about this, he was very apologetic, very consoling, promising it wouldn’t happen again. And he said he wasn’t sure why this had happened. But their apologies were too late. The damage had already happened. And my concern became- how often does this occur? I can’t be there every day checking on my father. I live over an hour from the facility. Do I have to come here every day to ensure he is receiving proper care?

I found out later that the wing of the hospital that my husband is
in, Station 4, is chronically short staffed and a lot of the time half the staff are temporary, registry workers. I have tried to get my father put in another section of the hospital, but that hasn’t happened.

The care for my father appeared to get better at first after that meeting with management, but after several visits what I have seen is that it’s very hit-and-miss. Sometimes I come and I can see that he is well-attended and well-taken care of, and on other visits he is not. Most of the time when I come to see my father he is very dehydrated, very hungry and in a very uncomfortable position, and it looks like no one has been checking in on him. One time we had to get the food they were serving for lunch and feed him ourselves because it was clear there was such a long delay in getting patients their food. He is very frustrated with his care and he wants to get out of there.

There are some major things that I see that are missing at the facility: commitment, responsibility and empathy towards the patients. All staff and management should be empathetic to patients, who are at the nursing home because they are trying to get better or to stabilize their conditions. Management should be making sure there is consistency with the staff and should recognize and value those staff who are empathetic and compassionate.

I want to re-iterate here that these patients, like my father, are people. They are not products. They are not monetary items. They should be valued as human beings. There needs to be more state oversight of what goes on at the nursing home; there needs to be consequences for poor performance and poor care as well as rewards for experienced, skilled nursing staff. The bottom line should always be the care of the patients, not the cost of providing that care.

## Budgeting for the two facilities is so stringent that basic needs cannot be met, despite the Corporation showing sufficient profits to properly fund and manage the Marin facilities.

Both staff and residents reported instances of basic supplies, food and other needs being unavailable. Staff reported drying patients with paper towels for lack of proper linens. Residents reported shortages of basic food supplies such as milk and eggs and that the food served at mealtimes is terrible. There is ample evidence from numerous state agencies that Brius Healthcare is a financially wealthy corporation, but one that is in the habit of cutting corners that leave their facilities unhealthy and unsafe places to work or live.

Marilyn Albert, RN is the Community Liaison for National Union of Healthcare Workers (NUHW), the union that represents the workers at the two Marin facilities.

A Nursing home should be a center for healing – A place where dedicated and selfless caregivers have the time and resources to help people who can’t fully support themselves. The Novato Healthcare Center and San Rafael Healthcare and Wellness Center have dedicated and selfless caregivers. But their parent company, Brius Healthcare, doesn’t view these homes – and the approximately 80 other skilled nursing facilities it operates in California – as healing centers. It views them as profit centers. And, that’s why Brius has outpaced rival nursing home companies both in profits and patient care violations.

From the company’s founding in 2006 through last year, Brius racked up more than $1.7 million in state fines for patient care violations (CDPH). A Sacramento Bee investigation found that in 2014 Brius homes were tagged with nearly three times as many serious deficiencies per 1,000 beds as the statewide average. It should come as no surprise that state officials have moved to block Brius from taking over 25 nursing homes over the past four years, citing its dismal patient care record.

Brius is owned by Shlomo Rechnitz, a Los Angeles businessman who over the past 12 years has gone from co-owning a medical supply company to becoming the largest nursing home operator in the state. Brius controls 1-in-14 nursing home beds across California and one-in-five beds here in Marin County. People don’t typically buy nursing homes expecting to become billionaires. But that is what Rechnitz claims to have done.

In a 2016 radio interview, Rechnitz said that his businesses took in about $3 billion a year (ESPN Radio). Signs of his abounding wealth are easy to find. In 2013, he purchased a $3.6 million luxury Gulfstream jet that he operates through a subsidiary that receives direct payments from his nursing homes.

How has Rechnitz used Brius nursing homes to amass so much wealth?

In part, he’s done it through self-dealing. A recent National Union of Healthcare Workers report found that in 2015, Brius nursing homes purchased $67 million in goods and serves from more than 65 companies controlled by Rechnitz. Many of those companies operate as landlords for the nursing homes, charging them significantly above-market rents… the California State Auditor is currently auditing transactions between Brius nursing homes and other Rechnitz businesses. How else has Rechnitz profited…? Primarily by understaffing them and shortchanging patient care. Over the past year, Brius’ San Rafael and Novato homes have both been cited for understaffing by the California Department of Public Health. The San Rafael home has also been cited recently for stockpiling expired food, including thickened apple juice, and stocking so few towels that caregivers reported having to use linens and paper towels to dry residents.”
homes? Primarily by understaffing them and shortchanging patient care. Over the past year, Brius’ San Rafael and Novato homes have both been cited for understaffing by the California Department of Public Health. The San Rafael home has also been cited recently for stockpiling expired food, including thickened apple juice, and stocking so few towels that caregivers reported having to use linens and paper towels to dry residents.

There are a lot of bad actors in California’s skilled nursing business. But none of them have set off alarm bells among state and federal officials like Brius. Since 2014, the state has denied Brius permanent licenses to operate six nursing homes because its poor patient care track record. In 2014, Attorney General Kamala Harris filed an emergency motion seeking to block Brius from acquiring 19 nursing homes. In the motion, Harris labeled Rechnitz a “serial violator” of nursing home rules.

Several of Brius’ infractions have been connected to preventable resident deaths. A Brius home in South Pasadena was fined $20,000 for allowing a mentally ill patient with a history of suicidal thoughts to leave the facility unsupervised. Courtney Cargill promptly walked to a gas station, removed her clothes, doused herself in gasoline and lit herself on fire. She died hours later at a local hospital. Molly Davies, the administrator for the Los Angeles long-term care ombudsman program, which investigates nursing home complaints, told the Sacramento Bee that some Brius facilities showed “a flagrant disregard for human life.”

Brius has also showed a flagrant disregard for its own employees. Last year, an administrative law judge ordered the company to rehire with back pay five Novato caregivers and staunch union advocates, who were fired two days before workers voted to form a union. Brius has also shown a flagrant disregard for the families of its residents. In 2016, the company announced it was closing three of its five nursing homes in Humboldt County where it has a monopoly on the skilled nursing industry. The closures would have forced nearly 200 residents to be transferred far from their loved ones. Brius was demanding higher reimbursements to keep the homes open. In beating back the company’s demands, State Sen. Mike McGuire called Rechnitz “a schoolyard bully.”

Finally, Brius has shown a flagrant disregard for the law. Last year, the company agreed to pay up to $6.9 million in connection with an FBI corruption probe. As part of the settlement, Brius admitted that its employees at the four San Diego nursing homes used corporate credit cards to pay for gift cards, massages, tickets to sporting events, and a Hornblower cruise given to discharge planners at Scripps Mercy Hospital San Diego in order to induce patient referrals.

Yet, the punishments never seem to stick. Brius is still using provisional licenses to operate all 25 of the nursing homes that state leaders tried to block them from running. To date, state officials have been unwilling to grant permanent licenses to Brius but also unwilling to bring in a different operator. The state’s inaction has harmed both staff and patients.

A recent federal inspection of a Chico nursing home the state sought to deny Brius from operating in 2014 painted a dire picture of a facility in such turmoil it was staffed almost entirely with temporary staff. One caregiver told a federal inspector, “Not the care I want to provide,” the caregiver said. “Feel so bad because we have their lives in our hands.”

Carole Mills, District Representative for State Senator Mike McGuire, read a letter from the Senator.

Good afternoon. My name is Carole Mills and I am Senator Mike McGuire’s District Representative. I am very pleased to be here today to read a statement by Sen. McGuire on the issues of patient care and working condition at Brius Healthcare facilities.

Carole Mills
District Representative for State Senator Mike McGuire

“...Brius’s applications to acquire five nursing homes because of the company’s history of health care violations....in 2016 a 65-year-old blind patient was discharged to a hotel in Eureka after living in a Brius facility for 2 1/2 years. He could not see well enough to attend breakfast, take his medication or even use his key card to enter the room. Without notifying his family or providing a right to appeal he was abandoned with a half-gallon of milk, boxes of macaroni and cheese, instant noodles and a respiratory machine without an oxygen tank. Four days later he was found dead due to lack of oxygen. He never received a home health visit from the facility. According to the CDPH, 39 nursing homes owned or associated with Brius were given “immediate jeopardy status”...They also found 172 violations that documented widespread potential for the harm of residents....Brius received 13 administrative penalties for understaffing...three of their nursing homes were decertified because the neglect of the residents resulted in death.”

Senator Mike McGuire’s Statement:

Thank you so much for inviting me to this important forum – I apologize for not being able to be here in person, but truly appreciate the work that the Department of Public Health, this panel, NUHW, and others have put into the efforts to protect our most vulnerable residents here in Marin and beyond.

This is an issue that my office has been working on for the last couple of years, along with others in the State Legislature. It’s rare that a corporation deserves this much attention, but there is no doubt that Brius Healthcare and its affiliated companies have more than earned the scrutiny that they are now receiving.

We first got involved with this issue when Brius made the ridiculous decision to close multiple residential care facilities in Humboldt County. They had a monopoly on the market there and were trying to flex their corporate power by threatening to move beloved family members hundreds of miles away from their own communities. There was no good reason for this to happen - Brius was simply trying to use their patients as bargaining chips for more money. The community, NUHW and many others stepped up with us to fight their dangerous tactics. And we won.

But their actions on these feigned closures helped bring to light a whole litany of issues that had been festering with Brius for many years. Working with many others in the healthcare community, North Coast Assemblyman Jim Wood and I made an official request for the State Auditor to look into the ways that Brius and its owners conducted their business with the people of California. (Senator McGuire continued on next page)
Here are some items we think you and everyone else should know:

- Brius Healthcare Services operates 81 long-term care facilities in California - one of every 14 nursing home beds in the state. These 81 facilities are operated through 130 different companies.
- Brius has ownership in two medical supply corporations, a pharmaceutical company and a management services business.
- This one corporation takes in $579 million in MediCal and Medicare dollars every year.
- They are caring for tens of thousands of California’s most vulnerable residents who are desperate for quality care.

And, unfortunately, quality care is not part of their mission.

In 2016 the California Department of Public Health denied Brius’s applications to acquire five nursing homes because of the company’s history of health care violations.

Also in 2016 a 65-year-old blind patient was discharged to a hotel in Eureka after living in a Brius facility for 2 and a half years. He could not see well enough to attend breakfast, take his medication or even use his key card to enter the room. Without notifying his family or providing a right to appeal he was abandoned with a half-gallon of milk, boxes of macaroni and cheese, instant noodles and a respiratory machine without an oxygen tank. Four days later he was found dead due to lack of oxygen. He never received a home health visit from the facility.

According to the California Department of Public Health, 39 nursing homes owned or associated with Brius were given “immediate jeopardy status”, which means the state found that immediate action at a facility was necessary to protect a patient from serious injury or death. They also found 172 violations that documented widespread potential for the harm of residents and Brius received 13 administrative penalties for understaffing. And three of their nursing homes were decertified because the neglect of the residents resulted in death.

Brius uses their patients as pawns, and they put the lives of these people at risk in attempts to receive higher Medi-Cal rates and increase their profits. This has to stop, and I applaud this panel and the sponsors of this event for being so proactive and truly appreciate the efforts here to make sure our friends and family members receive the care that they deserve.

We look forward to receiving the State Auditor’s report in the near future and will be sure to share it with you as soon as it is completed. Again, thank you for allowing us to be part of your program today, and I’m grateful you are working on this crucial issue.

Mike McGuire, State Senator

ADDITIONAL RESEARCH

California Department of Public Health (CDPH), Citations of Deficiencies at the Novato Facility by CDPH Investigators

The following links are from the CDHP website which provides the results of CDPH surveys and investigations of complaints regarding the Novato Healthcare Center. The surveys provide the results of citations for deficiencies as well as detailed observations giving support for those citations. It is worthwhile to read in more detail the content of the CDPH reports. The WRB is providing these links and some samples of those observations.

The link below is the internet address to the CDHP website. On this website page, CDHP cited the Novato Healthcare Center for 10 deficiencies in a survey that was completed in May, 2017. [link]

Here are some samples observations by the CDPH Investigator:

During an observation on 5/8/17 at 6:45 a.m., Resident 26’s fingernails were long and dirt was under his nails, his right index fingernail was blackish at the outer tip, hair was unkempt: uncombed and greasy in appearance, and he was unshaved.

During a concurrent observation and interview on 5/11/17 at 9:15 a.m., Resident 26 still looked unkempt: hair was not combed and greasy in appearance, nails were long and dirt was underneath his nails, his right index fingernail was blackish at the outer tip, and he was unshaved. Unlicensed Staff G stated Resident 26 nails did look dirty. Resident 26 touched his pureed food causing food to get underneath his nails. Unlicensed Staff G stated Resident 26’s nails should have been cleaned with a warm wash cloth every time they were dirty. Unlicensed Staff G stated the facility has been using a lot of registry certified nursing assistance’s (CNAs) this past week, which could have been the reason why Resident 26 received poor grooming.

During a lunch observation on 5/9/17, at 1:30 p.m., in Resident 5’s room, Resident 5 was lying in bed with the head of bed up approximately 15 to 20 degree. Resident 5’s head and upper body tilted to the edge of the bed of Resident 5’s right side. There was a lunch tray on the over-bed table where Resident 5 was not able to reach the food. Resident 5’s two roommates were sitting upright in the chair or wheelchair and eating lunch. Resident 5 stated he wanted to eat lunch but he could not see the food nor reached the food by hands. Resident 5 stated he would put on the call light for help. Resident 5 stated he felt tired of putting on call light for assistance because he often had to push the call light many times and wait for a long time for assistance. Resident 5 stated the call light waiting time was worse during weekends. When Resident 5 put on the call light, Unlicensed Staff M came in Resident 5’s room and asked “Who put on the call light” with a serious tone and facial expression. Resident 5 was quiet and his eyes looked downward. Unlicensed Staff M looked at Resident 5 and his two roommates who were eating lunch and asked “Who put on the call light” for multiple times. Unlicensed Staff M did not ask or tell Resident 5 that he needed to be repositioned for eating. Finally, when asked Resident 5 if he might want to tell Unlicensed Staff M what he needed, Resident 5 stated he wanted his CNA (certified nursing assistant). Unlicensed Staff M stated she was going to tell his CNA, Unlicensed Staff N. Unlicensed Staff N came in and asked Resident 5 “What do you need?” When Resident 5 told Unlicensed Staff N that he (Resident 5) wanted to eat his lunch, Unlicensed Staff N looked at Resident 5 and stated he needed to get one more staff to help Resident 5 for repositioning.

During an interview on 5/9/17, at 3:45 p.m., Licensed Staff O stated the way Unlicensed Staff M answering the call light could have intimidated the residents. Licensed Staff O also stated the head of the bed up approximately 15 - 20 degree with the head tilted to the edge of the bed was not a safe position for eating because the resident could have aspirated or choked from food or fluid.

Resident 19 had been left in one position since breakfast, at 8:15 a.m., and by 10 a.m. he was slumped over onto his weaker left side, with his paralyzed Left arm bent at the elbow and pinned under the weight of his upper torso. This put Resident 19 at risk for compromise of the patency of his Dialysis graft site, which was in his left upper arm. Resident 19 appeared uncomfortable. Resident 19 was paralyzed on his Left side from a stroke. This made it impossible for him to move or reposition himself in bed. Resident 19 was not able to speak English, this made it difficult for him to ask for care like repositioning from the predominantly English speaking nursing staff assigned to him that day, LS H, LS I and US J. During an interview on 5/11/17 at 10 a.m.,
Resident 19 was interviewed in Spanish by a visitor. Resident 19 stated that he felt the care was "mas o menos" (so-so). When asked what he meant by that, Resident 19 looked down for a moment and indicated that he was soiled with "poo-poo" and would like to be bathed and changed. The Licensed Staff for Station 4, LS I, was informed of Resident 19’s request at this time.

A record review of Resident 19’s Care Directives revealed that Resident 19’s Care Directive was left blank in many sections. There was no Diagnosis listed, no mention of Resident 19’s CVA with Left sided weakness, no mention of Resident 19’s Left upper arm Dialysis graft site. There was no mention of a Turning Schedule for Resident 19. There was no mention of his need to be turned every two hours, and to be positioned with his Left arm straight and supported by a pillow to preserve the integrity of his Dialysis graft site. Resident 19’s Care Directive form was blank (held no written information about necessary care) in the areas of: “Diagnosis; Ambulation/Mobility; Bed Mobility; or Devices.” There was no information on Resident 19’s Care Directive to indicate whether Resident 19 required one or two persons to turn him safely, that section was blank. There was no indication on his Care Directive as to the type of devices Resident 19 required to accomplish safe turning while in bed, although Resident 19 had turning devices available. Resident 19 had an over-bed trapeze, but this was not indicated on his Care Directive, nor was there any indication of which side was Resident 19’s weak side (paralyzed side) and which was Resident 19’s strong side. This information was absent and it was necessary to provide guidance to new Registry CNAs and Nurses, such as US J and LS H, as to how to safely provide care to Resident 19. There was no indication that Resident 19 had any disability at all, because the Diagnosis section of his Care Directive had been left blank. Resident 19 also spoke in a language other than English. Resident 19 only spoke Spanish. This was indicated on his Care Directive, but he could not ask for what he needed from English speaking caregivers like US J or LS H, so their need for written instructions for Resident 19’s care was apparent.

LS A and LS K then noted that the Care Directive form for Resident 21 was incomplete. Resident 21’s Care Directive had no reference to the presence of his Diagnosis of CVA with right side paralysis, the diagnosis section was blank. The Devices section of Resident 21’s Care Directive was also blank. There were no instructions for which side rails were to be in use for Resident 21’s safety when turning. There were no provisions on Resident 21’s Care Directive for the type or amount of pillows to use to reposition Resident 21 off of his “paralyzed right shoulder.” The Pain Management section of Resident 21’s Care directive was left blank. There was no indication there of Resident 21’s diagnosis of “Right shoulder encapsulation syndrome,” which caused him pain and necessitated that he be turned every two hours to prevent further joint damage to his Right shoulder. LS A and LS K acknowledged that the Care Directive form for Resident 21 was incomplete and lacked important information necessary for the Direct Care Staff to provide safe care to Resident 21.

“The facility failed to store medications properly in accordance with currently accepted professional principles and facility policy...” – and investigator found “Expired medication was removed from Medication Cart 1A.” “These failures had the potential for... An expired medication left in a medication cart, which could be unsafe and noneffective if administered, and could lead to harm.”

Multiple of resident’s toilet bases had missing bolt caps and the base of the toilet was anchored with sharp protruding rusty colored bolts.

The link below refers to an investigation in May of 2017 as a follow-up to a complaint filed the previous month of April. CDPH cited Novato Healthcare Center for 2 deficiencies, including its failure to “have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain highest practicable physical, mental, and psychosocial well-being of each resident...”

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/ASPEN_FEDERAL_2567.aspx?EventID=3N7811

Here are some excerpts from the CDPH Investigator:

- On 4/20/17 at 11:41 a.m. Resident 2 made a complaint that the facility was experiencing a shortage of staff
- Resident 1 was sent to the Emergency Room for the 3/30/17 fall and was diagnosed with a left hip contusion. Resident 1’s medical record, Interdisciplinary Team Conference (IDT) reports, indicated three unwitnessed falls: 11/6/16, 3/30/17, and 3/31/17.
- On 5/1/17 at 11:19 a.m. Resident 1’s family member stated she visited the resident on 4/10/17 and found him alone in the bathroom trying to get from the wheel chair to the toilet. The call light was on. The family member stated she tried to find staff to assist with the resident’s toileting on 4/10/17 and could not find anyone to help.
- Resident 1’s medical record, Interdisciplinary Team Conference (IDT) reports, indicated three unwitnessed falls: 11/6/16, 3/30/17, and 3/31/17.
- On 5/3/17 Anonymous Staff Y stated there is a shortage of staff. Anonymous Staff Y stated she had been assigned to from 25 to 28 residents and some of the residents’ acuity (nursing needs) required more nursing attention. Anonymous Staff Y stated there is no treatment nurse and the facility routinely pull the Nursing Unit Manager and the Shift Supervisor to work the floor, so there ends up being no staff to do Unit Manager work. Anonymous Staff Y stated the staffing situation is “overwhelming” for staff.
- Anonymous Staff Y stated the facility began using registry staff, licensed nurses and certified nurse assistants, beginning in April 2017 because a lot of people quit in February of this year. The Staffing Coordinator stated on some days there are three certified nursing assistant “open spots,” meaning that no staff were available to work a shift to provide resident care. The Staffing Coordinator stated despite using registry the facility is sometimes still short staffed. The Staffing Coordinator stated there is a problem getting enough staff to cover for the day shift, on Monday and Tuesdays. The Staffing Coordinator, when asked, stated that for those times, it worked out to a shortage of licensed staff two days a month.
- Resident 1’s medical record, Interdisciplinary Team Conference (IDT) reports, indicated three unwitnessed falls: 11/6/16, 3/30/17, and 3/31/17. Resident 1 was sent to the Emergency Room for the 3/30/17 fall and was diagnosed with a left hip contusion.
- Resident 1’s face sheet (with a summary of demographic and medical information,) indicated the resident was 91 years old and had multiple diagnoses which included cerebrovascular disease (reduced blood flow to the brain,) high unspecified dementia, heart disease, muscle weakness and difficulty walking. Resident 1’s physician orders, dated April 2017, included medications that increased the risk for falls: Tramadol (for pain,) Metoprolol and Amlodipine (for high blood pressure,) and Trazadone (for depression).
- Resident 1’s Interdisciplinary Team Conference (IDT) report, dated 3/31/17, indicated the resident was forgetful. Resident 1’s cognitive impairment care plan rated the resident as moderately impaired.
- On 5/3/17 at 3:02 p.m. the Physical Therapist (PT) stated Resident
1 required stand by assistance with transfers. The PT defined stand by assistance as the staff not actually having contact with the resident but the staff was required to be next to the resident in case the resident lost his balance.

Resident 1’s Falk Risk Assessments, dated from 9/7/16 through 3/31/17 indicated the resident was a high risk for falls. The plan included interventions such as staff were to remind the resident to use the call light and provide the resident education, anticipate his needs, and practice frequent visual checks. The fall risk care plan and the activities of daily living care plan (ADLs) did not indicate one person assistance or stand by assistance with transfers as interventions.

On 5/3/17 at 3:30 p.m. the Staffing Coordinator stated the facility began using registry staff, licensed nurses and certified nurse assistants, beginning in April 2017 because of not having enough staff.

A record review of the documents temporary or other staff could use to orient them to a resident, as previously stated by the DSD was conducted and found to have inaccurate and inadequate information...

On 5/1/17 at 3:28 p.m. Licensed Staff C stated that the registry staff are not familiar with the residents' needs. ●

The link below refers to the documentation by CDHP of the citations issue d following an investigation in January 2017. The facility was cited for one deficiency related to four falls by a 76-year-old resident, one of which landed her in the Emergency Room after she hit the left side of her head on the sink as she fell in the bathroom. Staff found her on the floor of the bathroom. She was taken to the ER for evaluation of a possible skull fracture.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/ASPEN_FEDERAL_2567.aspx?EventID=X8HY11

Here are some excerpts:

Resident 1 incurred four unwitnessed falls from 3/6/16 to 12/11/16. Resident 1 was a 76-year-old, Spanish-speaking woman whose diagnoses included Alzheimer’s disease, dementia, generalized muscle weakness, difficulty in walking, abnormal gait and mobility, chronic pain, and a history of falls. Resident 1 also had fluctuating blood pressures from high to low (low blood pressure can make one feel dizzy and lightheaded), and risperidone (an anti-psychotic which can cause dizziness and lightheadedness) and Tylenol with codeine (codeine is a narcotic which can cause dizziness and lightheadedness) and risperidone (an anti-psychotic which can cause dizziness). The Minimum Data Sets (MDS—an assessment tool), dated 7/26/16 (signed on 9/24/16) and 10/25/16 (signed 11/8/16) both indicated Resident 1 had visual impairment, and needed assistance with bed mobility, transfers, ambulation, and toilet use. Resident 1’s balance was not steady and required staff assistance when moving from a seated to a standing position, walking, turning around, moving on and off the toilet and transferring from the bed to the chair. She was not on a every 2-hour toileting program.

Review of Resident 1’s Fall Risk Evaluations from 4/21/16 to 12/19/16 indicated scores ranging from 11 to 14. A score of ten or more indicated high risk for falls.

Review of a Post Fall Assessment and Interdisciplinary Team (IDT) Conference note, dated 10/11/16, indicated, on 10/10/16, Resident 1 attempted to independently get up to go to the bathroom when her feet became tangled in her blankets and she fell to the floor. She was found by staff on her knees by her bed.

Review of a Post Fall Assessment and an IDT Conference note, dated 12/12/16, indicated Resident 1 had an unwitnessed fall on 12/10/16 when she was found by staff on the floor in the bathroom. The IDT note indicated the resident stated she got “off balance” and “hit the left side of her head on the side of the sink during the fall.” The same IDT note indicated Resident 1 incurred another unwitnessed fall the next day on 12/11/16 when she was found on the floor of her room. “Per resident, she wanted to use the bathroom to urinate.” The resident was taken to the Emergency Room for evaluation of a possible skull fracture. ●

The following statement is a summary of the findings “Based on observation, interview and record review, the facility failed to maintain sufficient nursing staff to meet residents’ needs when residents’ requests for assistance were not answered timely and personal care such as showers, shaving, assistance with eating, making beds and removal of consumed food trays was not provided. This failure resulted in discomfort and loss of dignity to facility residents.”

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/ASPEN_FEDERAL_2567.aspx?EventID=X8HY11

The following are excerpts of the observation records:

During an interview on 1/31/18, at 12:20 p.m., Resident 1 reported the facility was short-staffed and there were not enough CNAs to help with all his care needs. Resident 1 stated:

“I waited one hour one day to go to the bathroom after pressing the call light. This happened quite often.”

“One time I had chest pain and pressed the call light and no one ever came.”

“One night at midnight I needed pain medications and pressed the call light repeatedly and no one came. I got up, left the room and sat on the couch outside the facility for two hours and no one ever came to check on me.”

“I needed a shower and it took 6 days get a shower. I felt sticky.”

Resident 1 stated he knows the CNAs are hard-working because whenever he peaks outside of his room the CNAs are always busy providing resident care. Resident 1 stated the CNAs do their best but have too many residents and are not able to do everything.

A review of Resident 1’s Facesheet indicated Resident 1 was admitted to the facility on 1/21/18.

A review of Resident 1’s MDS (Minimum Data Set - An Assessment Tool) dated 1/26/18 indicated Resident 1 received his first shower on 1/26/18, six days into his admission to the facility.

A review of Resident 1’s MDS (Minimum Data Set - An Assessment Tool) dated 1/26/18 indicated Resident 1 received his first shower on 1/26/18, six days into his admission to the facility.

The following are excerpts of the observation records:

During an interview on 1/31/18, at 12:40 p.m., Resident 2 stated the facility was understaffed with respect to CNAs. Resident 2 stated on some days CNAs had 17 residents each, and during those days, it took from one to one and a half hours for them to respond to resident call lights. Resident 2 stated: “One day I got trapped in my bed and could not get out and pressed the call light for help and it took one and a half hours for staff to respond.

Resident 2 also complained about not having showers as often as she wanted: “I get a shower every two weeks. Last time I got a shower was two weeks ago. I would like one shower per week.”

A review of Resident 2’s Facesheet indicated she was admitted to the facility on 12/18/17.

A review of Resident 2’s ADL Flowsheets for January 2018 indicated Resident 2 received only one shower during the month of January 2018, on 1/25/18.

A review of Resident 2’s MDS (Minimum Data Set - An Assessment Tool) dated 1/15/18 indicated Resident 2 needed extensive assistance with bed mobility, transferring, toilet use and personal hygiene.

During an interview on 1/31/18, at 12:45 p.m., Resident 3 stated she had not had a shower in a long time.
A review of Resident 3’s ADL Flowsheets for January 2018 indicated no documentation Resident 4 was shaved during January 2018. A review of Resident 4’s MDS (Minimum Data Set – An Assessment Tool) dated 10/25/17 indicated Resident 4 needed extensive assistance with bed mobility, transferring, toilet use and personal hygiene.

During an interview on 1/31/18, at 1:10 p.m., Resident 4 stated the facility did not have enough staff to help residents with their needs. Resident 4 stated one day he lay on his waste for several hours until staff came to clean him. Resident 4 stated: “I had a bowel movement and I was soiled and had to wait several hours to get cleaned”. Resident 4 also reported not being shaved as often as he wanted: “I used to shave everyday. Now I am shaved once a week.” Resident 4 also reported not having showers as often as he wanted: “I get a shower once a week.”

A review of Resident 5’s ADL Flowsheets for January 2018 indicated no documentation Resident 5 was shaved during January 2018, and indicated Resident 5 had only one shower in January 2018, on 1/23/18.

A review of Resident 5’s MDS (Minimum Data Set – An Assessment Tool) dated 1/26/18 indicated Resident 5 needed extensive assistance with bed mobility, transferring, toilet use and personal hygiene.

During an interview on 1/31/18, at 1:20 p.m., Residents 6 and 7, who were roommates, stated: “The facility is understaffed. Woefully understaffed.” “The beds don’t get made.” “Call lights take up to two hours to be answered.” “Food trays are not picked up after meals.” During a concurrent observation, consumed food trays were observed in the room.

During an interview on 1/31/18, at 1:30 p.m., Resident 9 stated: “I’ve waited several hours after pressing the call light for staff to come.” “One time I needed to go to the bathroom, I pressed the call light and no one came and I ended up soiling myself.” “I felt I didn’t have any dignity left.” Resident 9 stated when she pressed the call light and staff did not respond she resorted to yelling for help and calling the facility’s front desk line and having the call transferred to the nurse’s station.

A review of Resident 8’s MDS (Minimum Data Set – An Assessment Tool) dated 12/28/17 indicated Resident 8 needed extensive assistance with bed mobility, transferring, toilet use and personal hygiene.

During an interview on 1/31/18, at 1:30 p.m., Resident 9 stated: “They [CNAs] are not good at answering call lights.” “It takes several hours for them to come” and “one time I needed help going to the bathroom, I pressed the call light and no one came. After an hour I got up and walked to the nurse’s station to get help.”

During an interview on 1/31/18, at 1:55 p.m., CNA B and C stated they each had 10 residents assigned to them. They stated: “We don’t have enough time to do everything residents need.”

During an interview on 1/31/18, at 2:05 p.m., CNA D stated he/she had 10 residents assigned and there was not enough time to meet all resident care needs. When asked about his/her workload, CNA D replied: “It is too much.”

During an interview on 1/31/18, at 2:10 p.m., CNA E stated his/her nursing station had four CNAs but needed at least five CNAs. When asked about his/her workload, CNA E stated: “There is not enough time to do everything, to answer all call lights, feed residents, clean the residents.” CNA E stated: “You cannot give them high quality care.”

During an interview on 1/31/18, at 2:25 p.m., when asked about his/her workload, CNA F stated: “It is too much.” CNA F stated that toileting and answering call lights were not being done on time because there are not enough CNAs. CNA F stated when residents complained about not getting care the Administrator ignored them and that the facility increased nursing staff hours in one shift to make up for shortages in other shifts but some resident care like answering call lights and cleaning residents cannot wait for the next shift. CNA F stated the posted nursing hours did not reflect the available help because they included CNAs on modified duty who were not able to perform all nursing tasks. “This has been going on for months now” CNA F stated.

During an interview on 1/31/18, at 2:45 p.m., CNA G stated she/he had at least 10 residents and it was “too many.” CNA G stated because of the excessive number of residents “Call lights don’t get answered on time.” “Shower don’t get done.” “Residents who need to be fed are not getting fed and the food gets cold.” CNA G stated residents were soiled in thefeces and soaked in urine and soiled with feces when CNAs came in the morning because there were not enough CNAs during the night shift.

### Job Classifications and Average Wages

#### Novato Healthcare Center

<table>
<thead>
<tr>
<th>Classification</th>
<th>Average Wage</th>
<th>No. of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>$13.39</td>
<td>5</td>
</tr>
<tr>
<td>Certified Nurse Aide – CD</td>
<td>$15.93</td>
<td>99</td>
</tr>
<tr>
<td>Cook</td>
<td>$14.78</td>
<td>6</td>
</tr>
<tr>
<td>Dietary Aide</td>
<td>$11.90</td>
<td>14</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>$11.46</td>
<td>12</td>
</tr>
<tr>
<td>LVN – CDP</td>
<td>$30.85</td>
<td>35</td>
</tr>
<tr>
<td>Medical Records</td>
<td>$13.72</td>
<td>2</td>
</tr>
<tr>
<td>Restorative Aide – CDP</td>
<td>$18.04</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$18.15</strong></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>

#### San Rafael Healthcare and Wellness Center

(Wages are only an estimate following recent contract settlement)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Average Wage</th>
<th>No. of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>$18.13</td>
<td>1</td>
</tr>
<tr>
<td>CNA</td>
<td>$16.95</td>
<td>31</td>
</tr>
<tr>
<td>Cook</td>
<td>$17.92</td>
<td>11</td>
</tr>
<tr>
<td>Dietary Aide</td>
<td>$16.47</td>
<td>6</td>
</tr>
<tr>
<td>Restorative Aide</td>
<td>$14.88</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$17.10</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
Finding #1:

The for-profit Brius Corporation operates the Novato Healthcare Center and the San Rafael Healthcare and Wellness Center. Brius controls 1-in-14 nursing home beds throughout California and one-in-five beds in Marin County. According to the California Office of Statewide Health Planning and Development (OSHPD), in 2016, 80 Brius nursing homes reported total revenue of $863.0 million. Of this total, $770.2 million was provided by the taxpayers via the Medicare and Medi-Cal programs.

In 2016, Brius’s 80 nursing homes reported a combined operating profit of $387.7 million, according to OSHPD’s Long Term Care Annual Disclosure Reports. The Novato Healthcare Center and San Rafael Healthcare & Wellness Center reported a combined profit of $2,062,996 during 2016, according to Long Term Care Annual Disclosure Reports by OSHPD. This translates into a profit margin of 8.3%, which is more than double the statewide average for nursing homes of 3.8%.

Furthermore, a recent National Union of Healthcare Workers (NUHW) report found that in 2015, Brius nursing homes purchased $67 million in goods and services from more than 65 companies controlled by Rechnitz. Many of these companies serve as landlords for the nursing homes and charge these facilities above-market rents.

In 2015, UCSF researchers reported that:

“A recent case study examined a California chain’s ownership structure and finances. The chain’s complex interlocking individual and corporate owners and property companies obscured its ownership structure and financial arrangements and resulted in higher administrative costs. Profits were hidden in the chain’s management fees, lease agreements, interest payments to owners, and purchases from related party companies…. “For-profit nursing homes and for-profit chains operate with lower staffing and more quality deficiencies (violations) compared with nonprofit facilities”

(Leslie Ross, Ph.D. and Charlene Harrington, Ph.D., California Nursing Home Chains By Ownership Type, Facility and Resident Characteristics, Staffing, and Quality Outcomes in 2015).

According to testimony from NUHW Community Liaison, Marilyn Albert, from 2006 through 2017, Brius was fined more than $1.7 million for patient care violations by the California Department of Public Health (CDPH). A Sacramento Bee investigation found that in 2014, Brius’ nursing homes were cited with nearly twice as many serious deficiencies per 1,000 beds as the statewide average. According to State Senator, Mike McGuire, 39 nursing homes owned or associated with Brius were given “immediate jeopardy status” by CDPH in 2016, which means the state found that immediate action at a facility was necessary to protect a patients from serious injury or death. CDPH also found 172 violations that documented widespread potential for the harm of residents and Brius received 13 administrative penalties for understaffing. And Three of these nursing homes were decertified because the neglect of the residents resulted in death patient fatalities.

Brius has demonstrated a similar pattern of patient care violations at the Novato and San Rafael care facilities. According to the testimony of Marilyn Albert, the CDPH has also cited both the Novato and San Rafael care homes for understaffing. The San Rafael care facility has been cited for stockpiling expired food and stocking so few towels that caregivers had to use linens and paper towels to dry residents.

In May of 2017, CDPH conducted a survey and cited the Novato Healthcare Center for 10 deficiencies involving understaffing and substandard patient care. Also, the CDPH cited Novato again for understaffing when investigating a complaint filed in April of 2017. More recently, in January 2018, there was a CDPH investigation of a complaint at the Novato facility. The Novato facility was again cited again for insufficient staffing. There is little evidence that the Novato facility is increasing staffing to address the issue of understaffing and patient neglect. (See CDPH links and excerpts of those citations on pages 10–13 of this WRB report.)

During the WRB hearing, employees at both facilities testified that understaffing makes it difficult for staff to meet the needs of their patients. In addition, employees testified that due to understaffing they are often asked to perform work for which they are not certified.

The President of the Resident Council at Novato Healthcare Center testified that he had fallen in the shower and could not get back up. He cried out for assistance for an hour but no one was in the vicinity that could hear his shouts for help. Also, a relative of a resident of the Novato home reported that he found his non-ambulatory father nearly falling off the bed with his legs wedged between the bars of the bed for several hours, during which time no one had checked on him. The son testified that he began to ask how often these kinds of incidences occur at the facility. He later learned that the caregiver station near his father’s room is chronically understaffed.

“Inadequate staffing is the single most important cause of the neglect and suffering that is commonplace in many nursing homes today…Insufficient staffing is the root cause of bedsores, falls, infections, dehydration, chemical restraints, repeated hospitalizations, and deaths. We hear stories that the institutionalized nature of understaffing makes residents feel hopeless about their lives,” said Tony Chicotel, Staff Attorney from the California Advocates for Nursing Home Reform.

The WRB concludes that understaffing and cutting spending on food and other essentials (see below) are strategies to reduce nursing home expenditures in order to increase profits at the expense of quality patient care. “Brius uses their patients as pawns, and they put the lives of these people at risk in attempts to receive higher Medi-Cal rates and increase their profits,” stated State Senator Mike McGuire in a statement provided to the WRB.

Recommendation #1:

The Novato Healthcare Center and the San Rafael Healthcare and Wellness Center should increase their staffing to ensure that high quality patient care is consistently provided to its residents and that the staff has the resources to effectively serve their patients. Brius should bring its patient care into alignment with care and staffing standards, including taking patient acuity into account, required by CDHP and reduce the pattern of persistent patient care violations.

Finding #2:

One consequence of understaffing is the use of temporary workers to fill vacant positions. The President of the Resident Council at Novato Healthcare Center testified that the facility often has to rely on temporary workers. Reliance on temporary workers undermines patient care since patients have specific medical needs, specific dietary restrictions such as food allergies, and other unique needs. Temporary workers lack the consistent and long-term experience with individual patients and hence are unfamiliar with the patients’ needs. Permanent full-time workers testified that employing full-time caregivers who know the needs of each patient is critical to providing quality patient care. Full-time caregivers
can address the needs of each patient and are more invested in providing the highest quality of patient care.

**Recommendation #2:**

The San Rafael and Novato Healthcare Centers should reduce the use of temporary workers by attracting and retaining permanent, full-time workers.

**Finding #3:**

Inadequate compensation for employees at the two care facilities results in worker turnover and understaffing. For example, housekeeping employees earn from $11.00 to $11.58 an hour. One housekeeping employee testified that she has worked for 15 years at the same facility and is paid only $11.58 an hour. Due to the high cost of living in Marin County, a living or self-sufficiency hourly wage is nearly three times more than what housekeeping staff currently earn (See the California Budget and Policy Center’s Report entitled, “Making Ends Meet 2017,” which analyzes the cost of living for each California county and calculates self-sufficiency wages and income for each). No one can live on these poverty wages and many workers must work a second job to survive. Workers testified that low pay leads to high employee turnover and the hiring of less qualified temporary workers. There was also testimony that housekeeping and kitchen workers have been denied the right to take sick leave from time to time because there are no other workers available to cover their shift.

**Recommendation #3:**

The Novato Healthcare Center and the San Rafael Healthcare and Wellness Center should pay their employees a minimum of at least $15 to $17 an hour depending on job classification, certification, skills, and experience. Management should also reward employees with a higher wage based upon years of service. Paying a more sustainable and livable wage serves the interests of both facilities by reducing employee turnover, increasing worker training and familiarity with patient needs, and improving patient care—which will also facilitate recruitment of more permanent full-time employees.

**Finding #4:**

Employee testimony at the hearing revealed that there is a workplace culture at both care facilities that is dominated by fear of retaliation from management. Some residents and workers feared repercussions if they testified at the hearing; one resident was afraid of getting kicked out of the nursing home. Management has used retaliatory measures to deter worker organizing. Five Novato Healthcare Center employees were fired for participating in union activities two days before workers at the Center were to vote to form a union. In 2017, an administrative law judge overturned their firing and ordered the company to rehire the five workers with back pay. However, the company has appealed that decision and these workers still have not been rehired or received back pay. During labor-management negotiations at the Novato facility, housekeeping employees were offered a raise to $13.25 hour, but the offer was later rescinded. This type of retaliation and lack of accountability are evident at the San Rafael facility as well.

According to worker testimony, during contract negotiations at San Rafael in 2017, management promised not to change the fixed schedules of employees and a contract was signed. Yet the San Rafael Administrator later eliminated the fixed schedules for Certified Nursing Assistants (CNAs), and changed their schedules to rotating days off each week that was a retaliatory gesture. The administrator also announced that she was eliminating the fixed schedules of dietary and housekeeping employees. As noted, most employees hold second jobs to make ends meet. Constantly changing their schedules impacts the ability of employees to keep their second jobs, which they need to survive. Moreover, without consistent schedules, employees are also unable to schedule activities with their families.

Both residents and workers report that management does not listen to or respond to their concerns. One resident reported seeking the help of the Marin County Ombudsman because management staff did not respond to concerns communicated in the resident council meetings or directly to an administrator.

**Recommendation #4:**

The San Rafael Healthcare and Wellness Center and the Novato Healthcare Center should improve their workplace culture and build trust by correcting problems when employees and residents communicate concerns. Management employees, including administrators, should be held accountable when they break their promises to employees, especially when promises are made to employees during negotiations. Administrators should immediately stop retaliating against employees for speaking out about their concerns. Administrators should view employees as assets, critical to providing quality patient care. Employees can provide essential feedback that can help administrators improve patient care. Employees should be rewarded for taking responsibility for their jobs and for the care of their patients. The company should provide more support and incentives to their employees rather than replacing employees’ fixed schedules with rotating schedules that change every week. Consistent caregiver schedules are better for patients as well as for workers.

**Finding #5:**

According to the testimony of residents at Novato Healthcare Center, food provided by the Novato facility is often of poor quality. Many basic and nutritious foods such as eggs and milk are inadequately stocked so that supplies run out prematurely. A former dietary manager informed the President of the Resident Council that the total cost per meal per day per patient was limited to $2.50. One mid-level manager who attended the WRB hearing claimed that figure was inaccurate (although she did not deny that there was a limit on the cost per patient per day).

The poor quality and unreliable supply of basic foods may be the result of budgetary constraints imposed by management. Whether the daily amount allotted for food is $2.50 or not, it is clear, based on Novato resident testimony, that residents find the food unattractive, insufficient, and unhealthy.

**Recommendation #5:**

The two centers should provide high quality, nutritious meals without running out of necessary supplies. Management should provide evidence of the amount spent for daily meals for each patient. With proper planning, essential supplies should not run out. The meal program at both facilities should be evaluated by an outside independent nutrition expert acceptable to both management and residents. Both facilities should adopt and implement the expert’s recommendations without imposition of strict budget constraints on the daily cost of each patient’s meals.
Conclusion:

The WRB invited administrators from the two nursing homes to attend the hearing and for one of them to testify at the hearing. Unfortunately there was no response from either one. The WRB Board communicated, in its invitation email, that the Board desired to hear the administrators’ viewpoints and to consider their perspectives on issues such as understaffing. The Board also sought input from administrators to help formulate realistic solutions to the problems described by both management and employees. The lack of response by management reinforces the perception by workers and many residents that the two top administrators refuse to listen to employee concerns, are unwilling to be transparent to with the public, and are unaccountable to their employees and residents. It is commendable that several mid-level managers from the Novato nursing home attended the hearing and listened to the testimony. But these administrators lack the power to change policies and practices mandated by their superiors. It appears that even the top administrators may lack the authority to make meaningful changes and instead defer to Mr. Rechnitz and Brius’s top corporate managers. The WRB continues to seek a respectful and meaningful conversation with the two administrators of the nursing home facilities.

The WRB heard heart-felt and passionate testimony from the workers, residents, and one resident’s relative, all pleading for changes at the two nursing home facilities. The WRB also heard testimony from California State Senator Mike McGuire, read by his representative, and testimony from a National Union of Healthcare Workers Community Liaison about the blatant refusal by Brius to make quality patient care its top priority. The Board learned that the Brius Corporation had been cited for so many health and safety violations that in 2014 California Attorney General Kamala Harris filed an emergency motion in federal bankruptcy court seeking to block Brius’ acquisition of 19 nursing homes. In that motion, Harris called Brius CEO Shlomo Rechnitz a “serial violator” of state nursing home rules. The California Department of Public Health (CDPH) also blocked Brius from acquiring five facilities in 2016, noting that over three years its facilities had racked up 386 patient care violations. The Board also heard testimony that the State of California has granted only provisional licensing for Brius to operate many of their care homes.

For these reasons, the WRB calls upon the appropriate authorities within the State of California to revoke Brius’ licenses for operating nursing care facilities here. However, we do not want the San Rafael and Novato communities to lose these nursing homes nor for the workers to lose their jobs. The WRB recommends that nursing home operators with a demonstrated excellent track record be given the opportunity to operate both nursing homes. In the meantime, administrators at the two facilities should recognize that it is in their interest to work with their employees, residents, and their family members, to raise labor standards at the facilities and improve patient care regardless of who operates the facilities. WRB recommends that management adopt the following practices:

- listen to employees and carefully consider their testimony transcribed in this report;
- rebuild employee trust in management by keeping its promises;
- increase full-time staff and boost pay to a livable wage that will decrease employee turnover and reliance on temp employees, and improve patient care. Moreover, full-time caregivers will not have to work two jobs to make ends meet;
- provide sufficient resources for staff to meet the needs of each patient;
- improve the quality and attractiveness of resident meals;
- stop the practice of retaliating against employees who communicate their concerns; and
- reinstate the fixed schedules of all employees at the San Rafael care home.

Were management to respond affirmatively to these recommendations, we believe the residents and employees will collaborate with administrators to improve the quality of care and to make these facilities better places to live and work.
The Workers’ Rights Board is a public forum where workers can bring complaints against employers for violating their human and legal rights in the workplace. The Board is particularly concerned with protecting the rights of low-wage workers, who are often women, immigrants, young workers, and workers of color as they strive for justice in their workplaces.

The Board is composed of 27 community leaders who intervene with employers and the public to help resolve situations that threaten workers’ rights. The Board believes that safe, living wage jobs, where workers are not discriminated against for speaking up for their rights, are the backbone of any healthy community. To accomplish its goals, the North Bay Workers’ Rights Board will attempt to resolve issues in a variety of ways.

**Workers’ Rights Board activities may include:**

- Meeting with employers who have been accused of violating workers’ rights or resisting efforts of workers to have a voice in the workplace.
- Holding public hearings or press conferences to expose injustices to public scrutiny.
- Supporting and strengthening the democratic rights of working people including the right to organize through community education.
- Establishing community standards about fairness in the workplace and corporate responsibility.

**Members of the North Bay Workers’ Rights Board**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Myres</td>
<td>Workers’ Rights Board Chair, Retired Teacher, Principal K-12 Education</td>
</tr>
<tr>
<td>Sr. Dianne Baumunk, OSU</td>
<td>Program Director, Public Relations, Angela Center, Santa Rosa</td>
</tr>
<tr>
<td>Teresa Barrett</td>
<td>Petaluma City Council</td>
</tr>
<tr>
<td>Jeanette Ben Farhat</td>
<td>Political Science Instructor, Santa Rosa Junior College</td>
</tr>
<tr>
<td>Julie Combs</td>
<td>Santa Rosa City Council</td>
</tr>
<tr>
<td>Damon Connolly, Supervisor</td>
<td>Marin County Board of Supervisors</td>
</tr>
<tr>
<td>Rev. Raymond Decker</td>
<td>Executive Committee, Catholic Scholars for Worker Justice</td>
</tr>
<tr>
<td>Nancy Dobbs</td>
<td>Health Issues Consultant, Manager in Media Field</td>
</tr>
<tr>
<td>Noreen Evans</td>
<td>Principal Consultant, Evans Strategic Solutions</td>
</tr>
<tr>
<td>Debora Fudge</td>
<td>Mayor, Windsor Town Council</td>
</tr>
<tr>
<td>Debora Hammond</td>
<td>Professor Emeritus of Interdisciplinary Studies, Hutchins School, Sonoma State Univ.</td>
</tr>
<tr>
<td>Rev. Lindsey Kerr, Pastor</td>
<td>Christ Church United Methodist and First United Methodist Church, Santa Rosa</td>
</tr>
<tr>
<td>Eric Lucan</td>
<td>Novato City Council</td>
</tr>
<tr>
<td>Rick Luttmann</td>
<td>Professor Emeritus of Mathematics, Sonoma State University</td>
</tr>
<tr>
<td>Lisa Maldonado</td>
<td>Labor Relations Representative, California Nurses Association</td>
</tr>
<tr>
<td>Daniel Malpica</td>
<td>Professor, Chicano Studies, Sonoma State University</td>
</tr>
<tr>
<td>Rafael Miranda</td>
<td>President &amp; North Bay Director (retired), Teamsters Union Local 665</td>
</tr>
<tr>
<td>Omar Medina</td>
<td>Undocufund Fire Relief Sonoma County</td>
</tr>
<tr>
<td>Andy Merrifield</td>
<td>Professor of Political Science, Sonoma State University</td>
</tr>
<tr>
<td>Bonnie Petty</td>
<td>Communications Vice President, Santa Rosa Democratic Club</td>
</tr>
<tr>
<td>Rev. Ramon Pons</td>
<td>Parochial Vicar, St. Vincent de Paul Catholic Church, Petaluma</td>
</tr>
<tr>
<td>Bleya Rose, Past Chair</td>
<td>Sonoma County Democratic Party</td>
</tr>
<tr>
<td>Alicia Sanchez</td>
<td>Board President, KBBF Bilingual Radio, 89.1 FM</td>
</tr>
<tr>
<td>Dr. Paul G. da Silva</td>
<td>Professor of Biology and Environmental Science, College of Marin</td>
</tr>
<tr>
<td>Rev. Kirsten Snow Spalding</td>
<td>Rector, Episcopal Church of the Nativity, San Rafael</td>
</tr>
<tr>
<td>Francisco Vazquez</td>
<td>Professor of History, Sonoma State University</td>
</tr>
<tr>
<td>Gary Wysocky, CPA</td>
<td>Former Santa Rosa City Council-member</td>
</tr>
</tbody>
</table>