**UCLA POST-ACUTE/ SKILLED NURSING FACILITY ROTATION**

**(UCLA Nursing Home)**

**Berkley East Healthcare Center**

**2021 Arizona Avenue (x 20th), Santa Monica**

**(310) 829-5377**

**www.berkleyeast.com**

*2022*

**ROTATION and SNF DIRECTOR:**

**BERKLEY EAST MEDICAL DIRECTOR:**

Dr. Susan Leonard

**MAIN ATTENDING:**

* Dr. Susan Leonard (admits Mon, Thurs, Fri\*) Sleonard@mednet.ucla.edu

\*Admission days may vary depending on census and schedule changes; fellow will be informed of any updates\*

\*Saturday, Sunday, Tuesday and Wednesday admissions now go to the Hospitalist team (changes TBD)

**PRIMARY SUPPORT STAFF:**

* Nursing assistance on each floor
* Director of Nursing: Jennifer Paguel JenniferP@aspenskilledhealth.com
* Adelita Cabagnot (NP): ACabagnot@mednet.ucla.edu. Covers the attending's non-teaching panel when they are away, also helps with med rec.

**OTHER KEY STAFF:**

* Administrator: TBD. Interim Administrator is Ben Pyper (Regional Director for Aspen Health)
* Physical therapists, Occupational therapists, Speech therapists.
* Rehab Director: Kevin Howells, PT (x4016). KevinH@aspenskilledhealth.com, kevin@2021ptg.com
	+ Lead Therapist: Kari Isackson. kari@2021ptg.com
* Social Services Director: Verena Murray. VerenaM@aspenskilledhealth.com.
	+ Social Services
	+ Assistants: Alicia Galindo. AliciaG@aspenskilledhealth.com

 Evelin Hernandez. EvelinH@aspenskilledhealth.com

* Infection Prevention Nurse: TBD
* Medical Records Director: Joon Cesar. JoonC@aspenskilledhealth.com
* Activities Director: Shonzael Faye. ShonzaelF@aspenskilledhealth.com
* Dietary: Kim Higley
* Psychiatry: Dr. Fawza Basta. available PRN.
* Podiatry: available PRN
* Mobile Dental: may be available PRN, pending insurance and need
* Wound care/Skilled Wound care: weekly for MediCare patients only. HMOs need authorization. Treatment nurse on each floor.
	+ Wound MD: Dr. Tehrani – can replace SPC, G-tubes, place PICC PRN.
	+ 1-833-DrWound. info@SNFwoundcare.com
* Hospice nurse if someone is on SNF hospice (room and board becomes private pay if enrolled)

**KEY LECTURES\*:**

* Week 1 -Overview to Nursing Home Care/Quiz
	+ -Care Transitions and Levels of Care
* Week 2 –Rehab overview, review of PT/OT (and how to read their charting), assistive devices
	+ -Discharge planning and safety
	+ -Medication Reconciliation (by NP, Adelita Cabagnot or another week as time permits)
* Week 3 –Wound care/Pressure ulcers
	+ -Hip fractures
* Week 4 -DME and home health

\*Didactic topics and order may change based on time or relevance to patient cases \*

Possible other topics-Billing/Coding, Medicare Rules and Regulations, Ethics, Role of the medical director, other topics based on interest and relevance. Lecture database will be shared with fellows on BOX

\*\*Please read the chapter in **Geriatrics Review Syllabus (GRS)** on **Nursing Home Care** during your month on the rotation\*\*

**HOURS & LOGISTICS:**

* Patients (residents) are on the 2nd, 3rd and 4th floors; PT/OT (rehab gym) is located on 1st floor.
* Mon-Fri, 8 am to 5 pm (or until work is done)
* Pre-rounding is expected during work hours Mon-Fridays except on your clinic days or long-term care continuity days. Please report back to the nursing home afterwards.
* If you are running late or if you need to leave the nursing home premises during office hours, please inform the nursing supervisor and leave your contact information so you can be contacted if needed.
* You are excused for clinic (Tues or Weds), Thursday Lecture Series (3-5pm) and your Longitudinal NH ½ day. Please let your attending know of any other anticipated approved time away.
* You and your attending will schedule rounding time and key lectures during the week.

**PARKING:**

* Valet parking in underground garage 8 am – 8 pm
* Tell them you are the new Fellow (free parking for physicians)
* After 8 pm, your car key is left in a gray metal box in the 3rd floor nurses station (location subject to change)

**PHYSICIAN WORKROOM:**

* Located on 3rd floor (across from room 309)
* Laptop passwords *(subject to change*):
	+ 1st screen (encryption key): geriaTrics
	+ 2nd screen (Gerifellows): geriaTrics
* Connect to wireless internet by clicking green “connect” button in black box on right side of screen
* Access **Epic/Care Connect** to review patient charts (for those admitted from UCLA – the majority)
* **PointClickCare** for SNF data – separate login.
* You may also choose to your own laptop if preferred

**FELLOW’S RESPONSIBILITIES:**

* Admit assigned new patients to the nursing home. This involves doing a complete history and physical examination including (template provided):
	+ Chief complaint
	+ 3 chronic conditions
	+ Review of systems
	+ Baseline functional and social history prior to hospitalization
	+ A thorough review of the patient’s medications before hospitalization, during hospitalization, and upon hospital discharge must be conducted. Medications must have an appropriate indication; if the indication is not immediately apparent, obtaining additional information from collateral sources (including PMDs, family members/surrogates) is necessary.
	+ The assessment must have medical diagnosis and plan for each problem.
	+ Code status and POLST
	+ Time spent, >50% coordination of care and counseling – specify topics discussed
		- For billing:
			* H&P: at least 45 minutes (highest level)
			* Progress note: 35 minutes (highest level), 25 mins (moderate level)
* Make sure POLST form is personally reviewed with patient and/or family member and signed. Make sure admit note correctly reflects POLST updates and discussion.
* Please call family or the responsible party listed in the chart soon after admission to introduce yourself, obtain collateral information, and to review the plan of care.
* Fellows may expect to follow up to 8-12 patients, although this number can vary
* **Electronic Medical System**
	+ You will use **Epic/Care Connect** to document notes, but use **PointClickCare (PCC)** to access skilled nursing data for patients at Berkley east. FYI, UCLA staff does not have access to PCC and Berkley East staff do not have access to care connect. Timely documentation of notes, updates, changes in condition, etc is crucial.
	+ PointClickCare website: [https://login.pointclickcare.com/home/userLogin.xhtml](https://urldefense.proofpoint.com/v2/url?u=https-3A__login.pointclickcare.com_home_userLogin.xhtml&d=DwMGaQ&c=UXmaowRpu5bLSLEQRunJ2z-YIUZuUoa9Rw_x449Hd_Y&r=KifEO9RH8gZxbfWR39g4O1lTo9XyCad6I2qAdEexpK0&m=j7bIhIJNxGOlheCQTLAoUAQApQ9c2F5kNy99SzJMBj8&s=eOY1V62uDkNpdwyAh5HMTe-VVWxPEx-lXH_awORV7vc&e=)
	+ Use PCC to obtain info on: vitals, medications/MAR, weights, finger stick readings, treatment orders, etc.
	+ Joon Cesar (Medical Records) can assist with access to PCC if there are issues. You have been provided a login and we will make sure this works during your month.
	+ Notes and charting info from outside hospitals (ie Cedars, St Johns, Providence Health) may be in *Care Everywhere*
	+ Consider downloading the **Epic Haiku** and **PCC Practitioner Engagement** appson your smartphone (will show you how to do this)
* **Laboratory/Diagnostics**: labs are done by **UCI Lab,** diagnostics/xrays done by Core Analytics.
	+ Results will be provided by Joselyn, or otherwise are faxed to the nurses station and flagged in chart. Please keep track of which patients have pending labs and images ordered and followup on results.
	+ Link and access to UCI Lab login if needed:
		- [www.lifepointlink.com/uci](http://www.lifepointlink.com/uci)
		- Client code: BEHC
		- User Name: ROLEE
		- Password: East2021
	+ All lab orders and other medications ordered must include indication.
		- All INR results must have an order for warfarin dose as indicated (e.g. continue the same dose, change the dose to…)
		- Consider ordering baseline labs (CBC, BMP, INR if applicable) for the next working day on new admissions.
	+ Lab draws will be done early in the morning and should be available by early afternoon. Please order labs for the day you want the results
	+ After hours, weekend, stat labs and imaging may incur additional fees
	+ Imaging- basic Xrays (portable CXR, xrays to r/o fractures after falls, etc), Doppler US to r/o DVT can be done. However, they are portable and operator dependent and we only get the results report. Some images can now be viewed in PCC.

**BEFORE YOU START and HANDOFFs:**

* Written & verbal signout from fellow going off-service.
* You are responsible for all patient issues between 8 am to 5 pm, so be available by phone/pager.
* Overnight and weekend issues/calls from the SNFs, are communicated in the morning by the geriatrician-on-call (GOC) through the mednet email system.
* Please check your mednet email and care connect messages routinely in the morning before you start your pre-round, and regularly throughout the day; these are important methods of communication with your attending.
* If necessary, please sign out any problems with the MD on call each evening and each weekend. The monthly Geriatrics-on-Call schedule is emailed on mednet.
* At the end of the rotation, please provide a sign-out of your existing patients to the incoming fellow (please check with your attending which patients are to be handed off to the next fellow).

**ROUNDS:**

* Meet at physician's workroom on 3rd floor (marked “Exam Room”, across from room 309)
* Check with attending at start of each week regarding rounding times (sometimes attending on other services). Rounds will usually be ~2 times/week

**ADMISSIONS:**

* UCLA Geriatrics and hospitalists divide the admissions days for UCLA admissions. You are only responsible for verifying orders for the UCLA geriatrics team
* Always inform the attending of any admission order you verify, including the name & medical records number
* You should get a sign-out from the inpatient team for those patients you will follow (verbal or email). If this is not done, please review the chart for details of the hospital course.
* Verify orders (review med list and orders, and sign off on the sheets). We will let you know which patients you will follow. You may still verify orders for those patients you may not follow, so please update the respective attending on new admits you have verified orders for.
* Medications:
	+ All blood pressure medications require hold parameters (e.g. SBP< 110, heart rate < 60 for b-blockers.)
	+ All antibiotics need an indication (e.g. PNA, UTI, etc) and stop date.
	+ You can discontinue any unnecessary or prn’s that might not be needed and add medication you feel the patient may benefit from (e.g. bowel medications/osteoporosis medications)
	+ Controlled substances/opioids/benzos will need triplicates. These should be sent electronically to **Skilled Nursing Pharmacy** in City of Industry. Otherwise you may write sig, quantity #, DEA and sign on order form.
* Consider ordering baseline labs (CBC, BMP, INR if applicable) for the next working day on new admissions
* All ortho patients should have:
	+ Follow-up appt with Ortho
	+ PT/OT
	+ Pain meds (mild/mod/severe)/laxative if on opioids
	+ Make sure patient has DVT ppx (agent of choice and duration often ortho attending dependent)
	+ Clarify WB status
* Expect to complete your H&P within 24-48 hrs (within 72 hrs if Fri admit/readmit) after admission. Please check with attending about when to “close the encounter” on your notes to allow for addendum and co-signature.
* After things are settled, call the patient's family or meet them at bedside to introduce yourself and provide updates. Make sure you have correct contact information.

**PROGRESS NOTES:**

* Each patient should have minimum 2 notes per week (any change in condition or updates with acute issues may warrant additional notes).
* Generally, the notes should be done by the day you round with each attending.
* Once the plan of care is discussed, the encounter should be closed and sent to the attending for co-signature. Please check with each attending regarding her preference for notes.
* You will need to properly enter the charge capture in order to close your notes and route to attending for co-signature. We will review how to do this. Please see the step by step attachment on how to enter charge captures for Berkley East SNF notes.

**REHAB NOTES**:

* Therapy notes are in PointClick Care – we will show you how to access.
* Weekly updates will be also emailed out with LCD (last cover day) and day of anticipated discharge which will help us with our discharge planning. It is helpful to review therapy updates and progress with the physical therapist periodically in real time.
* Please try to attend all care plan meetings related to your patients. SW or Joselyn will help coordinate.

**APPOINTMENT SCHEDULING:**

* Please make sure order is written for patient to have followup with necessary specialists (usually only immediately necessary ones, ie ortho, cards or others. Stable followups with endo, ophtho or other specialists unless affecting rehab stay can be deferred until after SNF discharge.
* Please write: the order with physician, date, location, time of appt. If not scheduled, please write order for nursing to call to make and appointment and inform social services if transportation is needed.
* Alternative option is to email UCLA physician support representative Juan Alfaro (JAlfaro@mednet.ucla.edu) or scheduling staff (SNFhospitalist@mednet.ucla.) for appointment scheduling
* Transportation to appointments is not automatically provided. Patients should plan to have transportation to appointments, as they would otherwise arrange outpatient.
* If assistance is needed, SW can help setup transportation and the patient would pay for the transportation service (ie, van service, Access, ambulance if truly needed).
* Patient do NOT need to see PCP until after SNF discharge (unless desired by patient).

**DISCHARGES:**

* Types of discharges:
	+ As expected (per care plan, IDT discussion, meeting goals, reaching plateau)
	+ Self requested – earlier than expected. Need to review safety and establish safe caregiving plans for discharge
	+ AMA – need to sign AMA form
	+ Refusing discharge – can appeal
	+ “Lateral” transfers (transfer to another SNF) – needs Interfacility form with updated orders and medication list
* Note, health plans are now aiming for shorter length of stay goals (authorizing 7 days at a time), so it is important to start the discharge planning process and identify any barriers ASAP.
* Discharge orders should have: Home with PT/OT/RN/HH Aide, home safety eval, wound care (if applicable), MSW (if applicable), specific DME (if applicable), “DC home with responsible party at [time]”, “DC home with remaining medications,” and F/U with PCP/Ortho in [time frame]
* Usually best to order DME a few days ahead so it is waiting for patient at home
* **Medication Reconciliation: We will show you how to do this in Care Connect.** It is essential to reconcile medications, and provide new opiate/controlled Rx scripts if needed
* Type all discharge summaries and cc: PCP (get address if outside PCP)
* Follow appointments – May email SNFhospitalist@mednet.ucla.edu to coordinate any appointments

**SMARTPHRASE Templates for notes**

* All notes should be typed out in care connect. Below are sample smartphrases that can be used or updated and saved as your own.
* (search under Susan Leonard)
	+ Admit Note/H&P-- sdlsnfadmit
	+ Progress Note-- sdlsnfpn
	+ Discharge Summary –sdlsnfdc
	+ Medication reconciliation (brief version) – medreconciliation
* Other templates may be available for use. Please discuss with the individual attending

**CALL:**

* You are responsible for your patients M-F, 8am-5pm.
* After hours, will go to geriatrics on call (GOC)
* All fellows during the **SNF rotation will take GOC call** **Friday 5pm-Sat 8am**
* Details for this will be reviewed with you separately

**ER TRANSFERS:**

* Discuss with your attending
* Notify the following:
	+ Charge Nurse: reason for the transfer and mode of transport (911 if patient is unstable); Please write an order in the chart to transfer the patient to UCLA Santa Monica ER, unless patient strongly prefers elsewhere (eg St John’s hospital, Cedars Sinai).
	+ UCLA Santa Monica-ER Triage (424)259-8405, backline: reason for transfer, pertinent clinical info, code status, and request to admit to Geriatrics Service if admission is warranted.
	+ Geriatrics Admitting Resident (virtual pager 91907) if the likelihood is high that the patient will be admitted.
	+ Update family/surrogate.

**IMPORTANT PHONE NUMBERS/PAGERS**

* **Berkley East: (310) 829-5377 (main number)**
	+ **Main Supervisor Direct Line: 424-280-2220**
	+ **2nd floor:**
		- **(424) 581-7439 (RN supervisor direct line/mobile); (310) 586-0741 (fax)**
		- **(818) 293-8812 (Google voice forwarding for RN supervisor line)**
	+ **3rd floor:**
		- **(310) 592-9978 (RN supervisor direct line/mobile); (310) 829-3867 (fax)**
		- **(818-305-4470 (Google voice forwarding for RN supervisor line)**
	+ **4th floor:**
		- **(310) 795-8685 (RN supervisor direct line/mobile). (310) 829-5737 (fax)**
		- **(818) 305-4424 (Google voice forwarding for RN supervisor line)**

If having difficulty reaching RN supervisor phones, above Google phone numbers can forward the call to the DON’s nursing phone or designee to have someone respond 24/7.

* Pagers: Dr Leonard # 27330
* Geriatric resident at Santa Monica hospital-pager 91907
* Santa Monica Hospital operator: (310)319-4500
* Admissions/Bed control for planned, non-ER transfers to Santa Monica hospital: (310)319-4780 and ask for Odessa Kahn.
* UCLA, Westwood Hospital, page operator: (310)-825-6301
* UCLA, Westwood ER: (310) 267-8407—speak with triage nurse or MD
* UCLA, Santa Monica ER: (424)259-8405-speak directly with triage nurse or MD

**EXTRA POINTS, HELPFUL SNF PEARLS**

* Coverage for SNF stay:
	+ Must have skilled need (rehab, wound care, IV antibiotics, G-tube if new and providing >25% nutrition).
	+ Coverage by Medicare (up to first 20 days is 100%, but now with shorter length of stay goal 7-10 days), then 80% afterwards as long as there is a skilled need or until they reach plateau with therapy. Co-pay approx. $194.50/day (in 2022) unless covered by supplemental insurance.
	+ HMOs and patients under UCLA Medical Group have goals of shorter length of stays (7 day authorizations at a time)
	+ If reached plateau or off skilled coverage, private pay is ~$650-750 for private room, $300-350 for semi-private room.
	+ Patient Driven Payment Model (PDPM): focuses on the medical complexity of patients rather than reimbursement for rehabilitation time.
* Rehabilitation/Therapy:
	+ Therapy is usually 5 times a week, up to 2 hrs / day (divided PT and OT sessions). Amount of time depends on initial evaluation and level of tolerance.
	+ Rehab/IDT meeting weekly (Mon/Tues) –Please try to attend meeting on Tues at noon (if non clinic day).
	+ Updates are given on who is ready for discharge that upcoming week.
	+ Last cover day (LCD) is set and the anticipated discharge is the next day, or it becomes private pay. If not on the list, will re-eval next week.
	+ Set realistic expectations about goals, treatment plan, length of stay and discharge plan
	+ Patients may ask to get out of bed to ambulate or toilet on their own. In general, we do not allow for this unless cleared by therapy given falls risk and liability if any injuries.
	+ Please tell patients to ring the call button for nursing to assist and to discuss with therapy any questions about their rehab progress.
* ALL opiate orders need a controlled substance script or signed in Care Connect via CURES
	+ Preferred Pharmacy- please send controlled Rx via Care Connect to **Skilled Nursing Pharmacy in City of Industry**. Need to sign in CC via Duo mobile and verify with.CURES,
	+ Alternatively, you can write the name of the controlled substance with quantity # of pills and DEA with signature on the order form.
	+ Naloxone law since Jan 1, 2019:
		- Risk Factors
			* MEDD>90 (morphine milligram equivalent)
			* Any opiate and any benzo
			* Suicide/suicide attempt, Substance Abuse, Likely to require high dose
		- Must have naloxone available (for complete/partial reversal of opioid depression)
			* Please add to orders: Naloxone 0.4mg IM q2-3 mins prn (available in E-kit)
* Psychiatric meds and sedatives/hypnotics:
	+ Considered chemical restraints and are more regulated in the SNF setting and must have an indication/diagnosis and consent form signed by family.
	+ Antipsychotics should be avoided as PRN unless there is an indication for behavior, manifested by aggression that affects patient safety or others.
	+ Non-pharmacologic measures are recommended (supportive care, delirium precautions, proper sleep/wake cycle and lighting, managing pain, avoiding culprit meds etc).
	+ Goal is for gradual dose reduction (GDR) of these medications and to discontinue use if not indicated.
	+ Physical restraints are NOT used (ie, mitts, lap guards, posey belts, wrist restraints, etc).
	+ Sleep aides for insomnia – consider melatonin instead (write as a supplement for circadian rhythm, not sleep aid which would make it a sedative/hypnotic), reinforce sleep hygiene
* IVs
	+ IVF (ie, NS, D5 ½ NS, D5W, etc can be given as bolus or at indicated rates)
	+ IV antibiotics can be given (but should double check cost and coverage. May require pre-approval if expensive (ie, daptomycin, ertapenem)
	+ IV vancomycin can be dosed by pharmacy
	+ No IV pain meds
* Cost-prohibitive medications:
	+ Chemotherapy drugs, newer immunomodulators, Epogen, etc, usually are not covered at facility.
	+ Patient needs to bring own supply for nursing to administer. Otherwise, will not be provided by pharmacy.
	+ Please also keep an eye out for therapeutic interchanges that may be initiated by the pharmacy.
* Respiratory equipment:
	+ Patients need to bring their own CPAP/BiPAP, if they already own one. Patients with a new & ongoing BiPAP need identified during hospitalization must have the equipment be pre-ordered with specified settings by the discharging team, and coordinated by the accepting Berkley East admission staff.
	+ No respiratory therapists on site!
	+ Settings for machines need to be set and patient needs to be stable clinically.
	+ No deep suctioning (only superficial suctioning), no chest percussive therapy or pneumovest for airway clearance, etc.
* Nutrition:
	+ Dietary consult and Kitchen can review food preferences.
	+ Consider HPN TID (high protein nourishment = house supply equivalent for Ensure, Boost), Active protein 30cc bid (high protein supplement 16gm/30cc and sugar free so safe for diabetics).
	+ Encourage family to bring outside food, snacks, as long as in compliance with any dietary restrictions.
* Tube feeds:
	+ Nursing can manage G-tube care and tube feeding.
	+ Dietary can make recommendations for tube feeds to meet nutrition needs, but formulation may be different from the hospital.
	+ Please ensure there are orders for free water flushes.
	+ NGTs are discouraged due to high infection risk and complex nursing care management.
* Wound care:
	+ Daily wound care should be done by treatment nurse. If treatment nurse not available, wound care is done by the charge nurse
	+ Visiting wound nurse and MD available for Medicare patients, comes weekly.
	+ HMO patients require authorization, usually seen in outpatient wound clinic.
	+ New Wound MD may be able to replace suprapubic catheters, G-tubes, place PICC lines prn
* Bladder scan: we can do voiding trials for foley catheters. Done by treatment nurse.
	+ Voiding trial order: DC foley in the am (or specified day), check PVR q shift and straight cath if PVR >250cc (or 300 or other quantity).
	+ Encourage bladder training with prompted voiding every 2-3 hrs when awake.
	+ Treat constipation for urinary retention, avoid anticholinergics and limit opioid use, encourage mobilization
* Interdisciplinary team (IDT) meetings:
	+ Weekly, usually on Tuesdays around noon (time subject to change). Weekly updates on discharge planning and last cover days/off coverage notices are discussed. Fellows who do not have clinic on Tues should try to attend. If unable, please run the list with therapy at least weekly for updates.
* Care plan meetings: (different than IDT)
	+ Should be set up soon after admission – coordinated by social services.
	+ Discuss plan of care, rehab and nursing updates.
	+ Please try attend relevant care plan meetings pertaining to your patients. SW can assist.
* Visitations: Families are now allowed to visit, participate in caregiver training, take residents on the roof, as long as in compliance with infection control guidelines.
* Berkley East and COVID updates: subject to change. <https://www.berkleyeast.com/blog/>
* Nursing/Staffing: 3 shifts (Daytime 7am-3pm, Afternoon 3pm-11pm, Overnight 11pm-7am)
	+ Ratio of nursing is different than the hospital! Most are LVNs and CNAs, few RNs. Please inform patient and families of the difference to set realistic expectations. If more immediate attention is needed, some may need family or own CG at bedside.
	+ Registered Nurses (RNs) – Directors of Nursing; Nursing supervisors
		- 1RN supervisor per floor - lead at nurses’ station, calls MD to review admission orders
		- 30-40+ residents per nursing supervisor
	+ Licensed Vocational Nurses (LVNs)–Charge nurses, Treatment/wound care nurse
		- 1 charge nurse on 2nd floor, 2 charge nurses on 3rd/4th floor - pass meds, responsible for patient care
		- 15-25 residents per LVN charge nurse
		- Berkley East goal to improve staffing:
			* 7-8 residents per LVN, daytime shift (7AM-3PM)
			* 10 residents per LVN, afternoon shift (3PM-11PM)
			* 14 residents per LVN, overnight shift (11PM-7AM)
	+ Certified Nursing Assistants/Aides (CNAs)- help with basic ADLs
		- 2-3 CNAs on 2nd floor, 4-7 CNAs on 3rd/4th floor
		- 8-16 residents per CNA
		- Berkley East goal to improve staffing:
			* 6-7 residents per CAN
	+ Average number of nurse staff hours per resident per day: 4 hrs, 22 mins on weekdays, 3 hrs 55 mins weekends (CA state average)
		- Average RN hours per resident per day: 38 mins
		- Average LVN hours per resident per day: 1 hr 12 mins
		- Average CNA hours per resident per day: 2 hrs 32 mins
* Berkley East Facility Layout: 3 floors (2nd, 3rd, 4th)
	+ 2nd Floor: Serenity Aftercare
		- Premium service unit, providing SNF care at an upcharge for more special services.
		- Rooms 201-226 (all private rooms, no room 213)
		- Max 25 residents
		- 1 RN supervisor, 1 charge nurse, ~2-3 CNAs
	+ 3rd Floor:
		- Rooms 301-327 (double occupancy except rooms 310, 311, 312, and 323 PRN that are reserved for private/single occupancy; no room 313).
		- Max 46-48 residents
		- 1 RN supervisor, 2 charge nurses, ~4-7 CNAs
	+ 4th Floor:
		- Rooms 401-427 (double occupancy except rooms 410, 411, 412, and 423 PRN that are reserved for private/single occupancy; no room 413).
		- Max 46-48 residents
		- 1 RN supervisor, 2 charge nurses, ~4-7 CNAs





