



**California Department of Public Health  
Center for Health Care Quality  
AFC Skilled Nursing Facilities Infection Prevention Call  
February 9 & 10, 2022**

Recordings, notes and slides for the Wednesday Webinars and Thursday calls can be accessed at the Health Services Advisory Group (HSAG) registration website:

<https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

**CDPH Weekly Call-in Information:**

Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227

Wednesday 3:00pm SNF Infection Prevention Webinars: Register at: <https://www.hsag.com/cdph-ip-webinars>

Thursday 12:00pm SNF Infection Prevention Calls: 877.226.8163; Access code: 513711

**Important Links to State and Federal Guidance**

Important Links and FAQs to CDPH State Guidance	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>
2020 CDPH All Facilities Letters (AFLs)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx</a>
2021 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx</a>
2022 CDPH AFLs	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx</a>
State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings (Amended 2/7/2022)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx</a>
CDPH AFL 22-07 Guidance for Limiting the Transmission of COVID-19 in SNFs—includes updated visitation and communal dining guidance (2/7/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx</a>
CMS QSO-20-39-NH: Visitation Guidance (11/12/2021)	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
State Public Health Officer Order – extended HCP booster requirement from February 1 to March 1, 2022 (Updated 1/25/2022)	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx</a>
AFL 21-34.2 COVID-19 Vaccine/Booster Requirement (Updated 1/26/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-34.aspx</a>
AFL 22-02 Notice of Testing Supply Availability and Distribution Process (1/14/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-02.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-02.aspx</a>
AFL 21-28.2 Testing, Vaccination Verification and PPE for HCP (Updated 1/26/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-28.aspx</a>
AFL 22-06 Online Application Period for Patient Needs Waiver and Workforce Shortage Waiver (1/26/2022)	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-06.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-06.aspx</a>

**Testing Questions & Answers**

**Q-1:** Where do we report the results of the BinaxNOW test kits supplied to us for visitor testing?

**A:** The BinaxNOW antigen tests provided by the State are professional CLIA waived test kits, therefore, all results of visitor testing (including negative, positive, and indeterminate results) conducted by skilled nursing facilities need to be reported to NHSN and CalREDIE. If you input the testing data into NHSN, the data will automatically transfer to CalREDIE. However, if you input the results into CalREDIE, it will not automatically go into NHSN. To reduce duplication of efforts, we recommend inputting your data into NHSN. For more information, view slide #6 of the Testing Taskforce PowerPoint slides from January 26, 2022 (<https://www.hsag.com/contentassets/4a66046f256e4d44ae30db0fd9dc2510/testing-taskforce-20220126-508.pdf>).

**Q-2:** What are the visitation guidelines for children under 5 years old? Since they are unvaccinated, do they have to be tested prior to an indoor visit?

**A:** The visitor guidance doesn't distinguish between age groups. Even children under the age of 5 need to have proof of a negative test for an indoor visit. They also need to be able to comply with masking requirements.

**Q-3:** If our COVID positive unvaccinated staff return to work after 5 days of isolation and a negative antigen test due to critical staffing shortages, should we include them in the response driven testing?

**A:** No. The 90 days exemption from routine diagnostic screening testing and quarantine continues to apply for asymptomatic individuals who are within the 90 days of recovery from a previous COVID infection, regardless of vaccination status. This applies to staff, residents, and visitors. Individuals who develop symptoms may need to be tested even if they had a previous episode of COVID within the previous 90 days, especially following a high-risk exposure.

<https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx>

**Q-4:** Do vendors and contractors (plumbers, construction workers, painters, etc.) have to be tested for indoor work at a nursing home?

**A:** Contractors and vendors, such as plumbers, construction workers, painters, electricians, and transport drivers, are considered "workers" and are included under the "Health Care Worker Vaccine Requirement" State Public Health Officer Order updated on January 25, 2022. Contractors and vendors are included in the definition of workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Therefore, if they are fully vaccinated and boosted, they do not need to be tested in routine diagnostic screening testing. If they have an exemption or are booster eligible but have not received their booster, then they need to be tested twice weekly. The testing can be supervised by the vendor or contractor's employer and does not need to occur at the nursing home prior to entry.

## Isolation/Quarantine Questions & Answers

**Q-5:** Do newly admitted residents who are fully vaccinated but not boosted need to quarantine in the yellow observation zone? 14 or 10 days?

**A:** Yes, according to the CDC's new guidance from February 2, 2022, newly admitted residents that are fully vaccinated and eligible for the booster, but not boosted, need to quarantine in the yellow zone upon admission for 10 days if they are not tested, or 7 days with a negative test at days 5 to 7. The 14-day quarantine for residents is no longer recommended by the CDC. CDPH is working on updates to AFLs to reflect this change in CDC guidance.

**Q-6:** Is CDPH going to adopt CDC's new quarantine and isolation requirements for residents?

**A:** On February 2, 2022, CDC updated their isolation and quarantine guidance for residents so you can anticipate that there will be updates soon to the CDPH AFLs. Previously, CDC stated that fully vaccinated new admissions did not need to quarantine or test upon admission to a nursing home. Now, CDC updated their guidance that new admissions must be boosted (if eligible for the booster) in order to not quarantine upon admission. CDC also updated their 14-day quarantine duration for exposed residents to 10 days of quarantine following the exposure (day 0) if testing is not performed; or 7 days if testing is performed between days 5 and 7. At this time, it is reasonable for facilities, to begin testing and quarantine for new admissions that are fully vaccinated, but not boosted. It is also reasonable for facilities to implement the CDC recommended duration for quarantine to either 10 days or 7 days with a negative test at days 5 to 7. CDC's updated guidance can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

**Q-7:** An employee was exposed to someone in his household and did not take any test within the first week after being exposed. After 7 days of being exposed, the antigen test was negative, but the PCR was positive. The HCP is asymptomatic. After two days, another antigen test was negative. Can he come back to work now?

**A:** No, not yet. Returning to work only two days after the positive test would be too soon under routine staffing circumstances. The reason is that you can't be sure when the person became COVID positive after their exposure. Therefore, you have to assume that the day of the positive test is the first day of isolation. From that day, the HCP needs to be restricted from work for 5 days and have a negative test on day 5 or within 24 hours of their planned return.

**Q-8:** Isolation Scenario: SNF resident tested positive on January 24th. Resident was transferred from SNF to acute on February 4th and tested positive (12 days later). Patient was admitted to our SNF. Does patient need to isolate or can he go straight to the green zone?

**A:** The duration of isolation depends on the resident's degree of illness and immune status. The isolation duration for most residents is 10 days. However, if the resident is critically ill or immunocompromised, they may continue to test positive longer and may need a longer period of isolation. Normally, a COVID positive resident would not need to be tested again during the 90-day period of recovery, so if this resident was accidentally tested on day 12, you could make the case to discount the test results and admit them directly to the green zone as a recovered patient. Just ensure that all clinical factors are consistent in using the 10-day isolation period.

**Q-9:** Some of our residents and staff are being reinfected within 90 days, some symptomatic and others are asymptomatic. Scenario: Fully vaccinated (but not boosted) HCP was COVID positive and has recovered. 42 days after he had recovered from his previous COVID-19 infection, he had a high-risk exposure to a family member with a confirmed COVID positive infection. Per our protocol we excluded him from work for 7 days, we tested him with an antigen test one day after exposure and on day 7 to allow him to return to work, but both tests were positive. We are thinking he should isolate the full 10 days. Would you agree, and can you address how we should diagnose and manage reinfections?

**A:** We agree that it would be reasonable to isolate in this scenario. We generally do not recommend routine screening testing for individuals who are within 90 days of their recovery from their initial infection. For post exposure testing within 90 days of recovery from prior COVID, there is more nuance and judgement involved. In this case, we would consider testing the exposed individual because of the high-risk exposure in the household, and would use an antigen test (instead of PCR) because it is less likely to be persistently positive from the prior infection. These kinds of scenarios should be managed on a case-by-case basis.

**Q-10:** Two residents were positive in January and are now recovered. They were just re-exposed. Can they continue to stay in the green zone since they recently recovered from COVID?

**A:** Yes. They can stay in the green zone as long as they remain asymptomatic and do not need to be re-tested as part of response testing or quarantined because they recovered from COVID within 90 days.

## Visitation Questions & Answers

**Q-11:** Please provide a summary of the new visitation guidance in CDPH AFL 22-07 and the February 7, 2022 State Public Health Officer Order?

**A:** The December 31, 2021 State Public Health Office Order was amended on February 7, 2022 to reflect indoor visitation requirements that were in place prior to December 31, 2021. CDPH AFL 22-07 was also distributed on February 7, 2022 to align with the February 7, 2022 State Public Health Officer Order and to supersede the AFL 20-22.9. Highlights from this new guidance include:

- For indoor visitation, facilities must either: (1) verify visitors are fully vaccinated, **or** (2) for unvaccinated or incompletely vaccinated visitors, verify documentation of a negative SARS-CoV-2 test.
  - Fully vaccinated visitors can meet indoors now without a negative test. “Fully Vaccinated” means two weeks or more after receiving the vaccine primary series. The booster is no longer required for indoor visits.
  - Unvaccinated or incompletely vaccinated visitors can meet indoors **only** with proof of a negative test within one day of visitation for antigen tests, and within two days of visitation for PCR tests. If a negative test cannot be verified, they may have an outdoor visit. If the unvaccinated visitor had COVID-19 within the prior 90 days, they may provide documentation of recovery from COVID-19 in lieu of testing.
  - If a resident is not able to leave their room or meet outdoors, the visit may take place indoors without proof of vaccination or a negative test. These visits cannot take place in common areas, or in the resident's room if the roommate is present. Masks must be worn by the resident and visitor.
  - Visitors who are visiting a resident in critical condition, when death is imminent, are exempt from the vaccination and testing requirements.
  - Facilities shall allow indoor in-room visitation for all residents, regardless of vaccination status, in green, yellow and red zones.
- **CDPH AFL 22-07** <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx>
- **State Public Health Officer Order: Requirements for Visitors in Acute Health Care and Long-Term Care Settings** <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx>

**Q-12:** In the new State Public Health Office Order and CDPH AFL 22-07, is the booster required for a visitor to be considered “fully vaccinated”?

**A:** No. The booster is highly recommended, but not a requirement and not in the definition of being “fully vaccinated.” “Fully Vaccinated” means two weeks or more after receiving the vaccine primary series. The new guidance distributed on February 7, 2022 indicates that fully vaccinated visitors can meet indoors now without a negative test. The booster is no longer required for indoor visits like it was in the temporary Order that was from January 7 to February 7, 2022.

**Q-13:** How come we were requiring visitors to be "up to date" with their boosters for indoor visits per the December 31, 2021 State Public Health Officer Order, but now the February 7, 2022 amendment is only requiring visitors to be "fully vaccinated" but not boosted?

**A:** We understand the concern and continue to strongly recommend that everyone eligible receives the booster. State leadership decided to revert the booster requirement for the purposes of indoor visitation in order to expand visitation opportunities in better alignment with the CMS QSO-20-39-NH, and to revert to the requirements that were in place in California prior to the December 31<sup>st</sup> State Public Health Officer Order.

**Q-14:** If a visitor is unvaccinated, do they need to have proof of a negative test for indoor visits?

**A:** Yes, unvaccinated or incompletely vaccinated visitors can meet indoors **only** with proof of a negative test within one day of visitation for antigen tests, and within two days of visitation for PCR tests. If a negative test cannot be verified, they may have an outdoor visit. If the unvaccinated visitor had COVID-19 within the prior 90 days, they may provide documentation of recovery from COVID-19 in lieu of testing.

**Q-15:** If the visitor is fully vaccinated and boosted, can the visit occur in the resident's room with the roommate present if the roommate will not or cannot leave the room?

**A:** It's not ideal for the roommate to be in the room during a visit, but it is permissible if there are no other options, such as an outdoor visit. Ideally, the resident and roommate are boosted. Also, ensure physical distancing, hand hygiene and appropriate source control or PPE if necessary.

**Q-16:** If a visitor tested positive with an antigen test at home but was never seen by a medical professional or did not have a lab process their test, they won't be able to show official proof of the date that they were COVID positive. They can provide a picture of their positive antigen test on their phone and it can be date stamped, but it's hard to know if it's real or fake. For an unvaccinated visitor that was recently COVID in the last 90 days that can't show official proof, how will they be able to provide documentation; or do we just take their word for it?

**A:** In this case, the visitor would not be able to provide documentation of their positive COVID-19 test to satisfy the requirement of the February 7, 2022 State Public Health Officer Order. Perhaps the visitor could obtain a note from their medical provider with the date they tested positive. Another alternative to be able to have an indoor visit is to provide an antigen test to the unvaccinated, recovered visitor and hope that the result is negative.

**Q-17:** AFL 22-7 states that visitors must document evidence of a negative test of the visitor within **48 hours** if using PCR or **24 hours** if using antigen testing; but in another part of the AFL it says the test must have occurred within **two days** if using PCR or **one day** if using antigen testing before each visit. Is there a difference between 48 hours and two days; or 24 hours and one day?

**A:** No there is no difference between 48 hours and two days; or 24 hours and one day. The intent was the same with the hours versus day terminology. For example, 48 hours is equivalent to two days.

## Plastic Barriers Questions & Answers

**Q-18:** What are your recommendations concerning use of plastic barriers to separate an isolation area (red zone) from the rest of the facility?

**A:** The purpose of using plastic barriers is twofold:

1. To keep the air from the isolation unit from leaving that zone.
2. To keep unauthorized personnel from entering the isolation unit.

At the beginning of the pandemic, there was less appreciation of the role of ventilation in transmission of SARS-CoV-2. However, we have learned much more about the importance of ventilation in preventing transmission of SARS-CoV2. Recommendation: A plastic barrier for a unit should be placed only in consultation with someone who understands ventilation in that facility and can advise on placement to ensure optimal airflow that does not interfere with the ventilation system in the facility.

**Q-19:** Will using protective barriers interfere with improved ventilation?

**A:** See #12 FAQ on the CDC Ventilation in Buildings website. A summary of the answer is below. <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>.

- Barriers can prevent someone on one side of the barrier from exposing a person on the other side to infectious fluids, droplets, and particles. Whether a barrier interferes with improved ventilation depends on the installation.
- Barriers can assist with improved ventilation when used to facilitate directional airflows or desired pressure differentials between clean and less-clean spaces.
- When not carefully installed, barriers can sometimes hinder good ventilation.
- Barriers can unintentionally interrupt the airflow distribution within a space, thus allowing a concentration build-up of human-generated or other aerosols that may remain suspended in the air for minutes to hours.

- To reduce this likelihood, ensure that barriers are correctly positioned and that they are no larger than necessary to prevent direct transfer of respiratory droplets that could “spray” directly from one person onto another.
- Airflow distribution testing with tracer “smoke” or handheld fog generators should be conducted to evaluate airflow distribution.

## Vaccine Questions & Answers

**Q-20:** Where can I find information about deferring the booster after monoclonal antibody treatment?

**A:** Refer to slide 8 of the CDPH Immunization Branch PowerPoint slides from February 9, 2022. The revised guidance from the February 4, 2022 ACIP meeting can be found at: <https://www.cdc.gov/vaccines/acip/meetings/slides-2022-02-04.html>. Previously there was a recommendation to defer vaccination for individuals who received antibody products for COVID-19 treatment in case there was cross neutralization. However, now the revised guidance from the CDC is that there is no longer a recommended deferral period after an individual has received antibody products for COVID treatment before being vaccinated. If an individual is COVID-19 positive they should wait to get the vaccine until they have recovered from COVID and discontinued isolation, but they no longer need to wait 90 days. The only caveat is that EVUSHELD for pre-exposure prophylaxis should be deferred for at least two weeks after vaccination for immunocompromised individuals.

**Q-21:** A new admission claims he was vaccinated in Idaho, but he doesn’t have documentation of the dates or type vaccine given and does not have contact information for the provider who vaccinated him. We quarantined him for 14 days and treated him as unvaccinated. Should we re-vaccinate him with the primary series? Or take his word for it that he received the primary series and give him the booster? It would be nice to update his official vaccination records, but we’re not sure how to access out-of-state vaccination records.

**A:** We recommend that the resident reaches out to the Idaho Immunization Registry to see if they will share his COVID immunization record with him. He can call, email or fill out a record request form.

- Contact information: 208.334.5931 and [IIP@dhw.idaho.gov](mailto:IIP@dhw.idaho.gov)
- Immunization Reminder Information System (IRIS) <https://healthandwelfare.idaho.gov/>
- State information: <https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#I>.
- FAQ: <https://healthandwelfare.idaho.gov/idaho-covid-19-vaccination-information/covid-19-vaccine-faq>; Idaho Records Request Form: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=14140&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

### Do I need to keep my COVID-19 vaccination card? What should I do if I lose my card?

Yes. Your COVID-19 vaccination card is part of your medical record. You may also consider taking a photo of your vaccination card as a backup copy. If you lose your card, contact the healthcare provider who administered the vaccine for a replacement card or an official IRIS record print out from the Immunization Program by completing this [Record Request](#) form.

**Q-22:** For short term residents in SNFs, if they will be booster eligible within 30 days of their stay can they receive their booster a little early before discharge? Example: Resident admits on February 1st and are eligible for the booster on March 1st. Can we give the resident the booster on February 15th prior to discharge so they don't miss the opportunity to be boosted? Or do they need to wait the entire 5 months and get the booster after March 1st?

**A:** Current booster recommendations are 5 months for the general population but note that CDC’s Advisory Committee on Immunization Practices presented a revised COVID-19 vaccination schedule for people who are *immunocompromised* with booster interval shortened to 3 months. See slide #16 in the February 4, 2022, CDC Updates to Interim Clinical Considerations for Use of COVID-19 Vaccines meeting <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/08-COVID-Hall-508.pdf>

**Q-23:** After testing COVID positive, when can an individual get the booster?

**A:** People with known current SARS-CoV-2 infection should defer vaccination at least until recovery from the acute illness (if symptoms were present) has been achieved and criteria to discontinue isolation have been met. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination>

**Q-24:** Do the clinical reasons for the medical exemption need to be listed in the providers' medical exemption letter? There are 2 different recommendations—CMS QSO 22-07 requires the clinical reason for the contraindication to be documented, but CDPH does not. What should people follow?

**A:** Follow the CMS guidance which requires the clinical reasons to be documented in the medical exemption letter. CDPH will be updating the AFL soon to reflect this federal requirement.

## Cohorting Questions & Answers

**Q-25:** Our facility's red zone is decreasing in size rapidly due to residents completing isolation. Is it ok for us to turn a red zone room into a green zone with residents who just completed their isolation?

**A:** Yes, this would be reasonable. Individuals who recover may go directly back to the green zone following isolation, but given the challenges with bed availability it is reasonable for them to stay in their current room in the isolation area. Transmission based precautions can be discontinued in that room as long as it does not disrupt providing care safely to other residents who might still be in isolation in the red zone. We recommend terminal cleaning once the room is considered green.

**Q-26:** Resident in a multi-bed room tests positive. Roommates are negative. The positive resident moves to the red zone and the roommates are now considered in the yellow exposed zone. When the 10-day isolation period is over, can the recovered resident move back in the room with his roommates even though they are still in quarantine for 4 more days? Or does he have to move to the green zone?

**A:** It is reasonable for the recovered resident to move back into the room because the resident would not be considered re-exposed if one of the other roommates tests positive. If the roommate tests positive, then that roommate would have to move to the red zone.

**Q-27:** Our building is in yellow-exposed status due to a staff member that tested positive. Some of our residents are not safe in their room if unattended. Since everyone is in the yellow zone can the residents be out of their room as long as they are socially distanced?

**A:** When all residents are yellow-exposed, a broad policy should not be that all residents can be out wandering around. The challenge here is that the residents in different areas of the facility could be at different levels of exposure from one another. We recognize residents may have safety considerations, so allowing them out of their rooms needs to be individualized and managed on a case-by-case basis. Residents at greater risk for having their doors closed need more supervision and may be allowed out of their room with observation and supervision.

## Other Questions & Answers

**Q-28:** Is there still civil monetary penalty (CMP) funding available for up to \$3,000 for air scrubbers, partitions, etc.? If yes, how do we apply?

**A:** Yes, CMP funding is still available per CDPH AFL 20-77 for facilities to purchase materials that aid with in-person visitation. Up to \$3,000 is available for tents, clear partitions, and installation costs. (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-77.aspx>). Information on how to apply for CMP funds can be found at: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CitationPenaltyAccountsReports.aspx>.