



NATIONAL UNION OF HEALTHCARE WORKERS

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October 25, 2017

Jean Iacino, Deputy Director
Centralized Applications Unit
California Department of Public Health
Licensing & Certification Program
1615 Capitol Avenue, MS #3401
P.O. Box 997377
Sacramento, CA 95899-7377

RE: Improper licensure application for The Ellison John Transitional Care Center (Facility ID: 630016910)

Dear Ms. Iacino:

We understand that on May 30, 2017, the Centralized Applications Unit approved Premiere Rehabilitation and Wellness Center of Lancaster, LP's application for a license to operate The Ellison John Transitional Care Center, a 170-bed skilled nursing facility located at 43830 10th Street West in Lancaster, California (Facility ID: 630016910). The licensee is a three-entity limited partnership composed of Shlomo Rechnitz (Partner/Managing Member), Jose Lynch (Partner), and Premiere Wellness of Lancaster GP LLC (General Partner), according to records held by the California Department of Public Health (CDPH). After reviewing the licensee's application, we believe Mr. Rechnitz falsely represented his compliance history in his application to the CDPH when he answered untruthfully that he has not been affiliated with any facility, now or in the past, that has been identified as having one or more adverse actions such as suspension or decertification from the Medi-Cal Program. Mr. Rechnitz made these statements to your agency in a signed statement under penalty of perjury. We ask the CDPH to review this matter and, if confirmed, apply all appropriate sanctions and/or penalties, including license revocation.

The CDPH's Central Applications Unit is responsible for reviewing and processing healthcare facility applications for state licensure and federal certification. On September 1, 2016, the Central Applications Unit received an initial licensure and certification application from prospective licensee Premiere Rehabilitation and Wellness Center of Lancaster, LP, to own, operate, and/or manage, either directly or indirectly, the skilled nursing facility doing business as The Ellison John Transitional Care Center. As part of the application process, the Central Applications Unit requires all parties having a beneficial interest of five percent or more in the healthcare facility and/or applicant organization to complete and submit CDPH Form HS 215A. Mr. Rechnitz, the prospective licensee's partner, Managing Member and CEO, holds a 93.9 percent ownership interest in Premiere Rehabilitation and Wellness Center, LP (see Appendix A). Section F of Mr. Rechnitz's completed and submitted CDPH Form HS 215A indicates that he has never "been affiliated with any facility, either past or present, that has been identified as having one or more of the following adverse actions:"

1. Had a final Medi-Cal decertification action taken,
2. Placed on probation,
3. Receiver appointed,
4. Resolved by settlement,
5. Revocation action filed,

6. Revoked (whether stayed or not), and/or
7. Suspension

On September 1, 2016, Mr. Rechnitz signed and dated a statement on page 2 of the application, stating: "I declare under penalty of perjury that the statements on this form and any accompanying attachments are correct to the best of my knowledge."

According to CDPH records, at least three skilled nursing facilities owned, operated or managed by Mr. Rechnitz have been decertified, suspended and/or stripped of their ability to participate in the Medicare and Medi-Cal Programs during his tenure (for example, see Appendix B to view the 2014 CDPH termination letter for a Brius facility). The three nursing homes, which were closed either voluntarily or involuntarily, are the following:

1. Gridley Healthcare & Wellness Centre, LLC (Facility ID: 230000041)
 - a. Facility address: 246 Spruce Street, Gridley, CA 95948
 - b. Beginning date of affiliation: 12/28/2010
 - c. Adverse action: Decertified.
 - d. Date of adverse action: 10/2/2014.
2. South Pasadena Convalescent Hospital (Facility ID: 970000077) (also known as Mission Grove Healthcare & Wellness Centre)
 - a. Facility address: 904 Mission Street, South Pasadena, CA 91030
 - b. Beginning date of affiliation: 4/1/2006
 - c. Adverse action: Decertified.
 - d. Date of adverse action: 1/15/2015.
3. Wish-I-Ah Healthcare & Wellness Center (Facility ID: 040000074)
 - a. Facility address: 35680 Wish I Ah Road, Auberry, CA 93602
 - b. Beginning date of affiliation: 1/1/2014
 - c. Adverse action: Decertified and/or suspended.
 - d. Date of adverse action: 11/7/2014.

During Mr. Rechnitz' tenure, residents at the aforementioned facilities repeatedly received substandard care as documented by government-issued deficiencies, citations, administrative penalties, and immediate jeopardies. Between June 22, 2013 and June 22, 2016, skilled nursing facilities affiliated with Mr. Rechnitz tallied 265 federal regulatory violations at a deficiency scope and severity level of F or higher, and 13 administrative penalties for failing to comply with legislatively mandated minimum staffing requirements, according to CDPH (see Appendix C).

In addition to the application for Premiere Rehabilitation and Wellness Center of Lancaster, LP, Mr. Rechnitz also submitted apparently inaccurate applications to CDPH's Central Applications Unit for approximately 21 other California skilled nursing facilities since 2014. In these applications, Mr. Rechnitz committed the same apparent error of falsely answering, under penalty of perjury, Section F of CDPH Form HS 215A (see Appendix D). These applications, which currently appear to be under review by CDPH, are associated with the following skilled nursing facilities:

1. Country Villa Bay Vista Healthcare Center
 - a. Facility ID: 940000004

- b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 2. Country Villa East Nursing Center
 - a. Facility ID: 970000035
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 3. Country Villa Claremont Healthcare Center
 - a. Facility ID: 950000042
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 4. Country Villa Belmont Heights Healthcare Center
 - a. Facility ID: 940000053
 - b. Application type. Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 5. Country Villa Hacienda Healthcare Center
 - a. Facility ID: 240000058
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 6. Country Villa Los Feliz Nursing Center
 - a. Facility ID: 970000083
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 7. Country Villa Mar Vista Nursing Center
 - a. Facility ID: 910000058
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 8. Northpointe Healthcare Centre
 - a. Facility ID: 040000059
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz

- 9. Healthcare Center of Bella Vista
 - a. Facility ID: 240000018

- b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
10. Country Villa South Convalescent Center
- a. Facility ID: 910000027
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
11. Country Villa Pavilion Nursing Center
- a. Facility ID: 910000318
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
12. Country Villa Plaza Convalescent Center
- a. Facility ID: 060000020
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
13. Country Villa Rehabilitation Center
- a. Facility ID: 970000137
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
14. Country Villa Sheraton Nursing and Rehab. Center
- a. Facility ID: 920000089
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
15. Country Villa North Convalescent Center
- a. Facility ID: 910000332
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
16. Country Villa Wilshire Convalescent Center
- a. Facility ID: 910000326
 - b. Application type: Change of ownership.
 - c. Date Form HS 215A signed: 10/31/2014.
 - d. Person who signed Form HS 215A: Shlomo Rechnitz
17. Country Villa Terrace Nursing Center
- a. Facility ID: 910000316

- b. Application type: Change of ownership.
- c. Date Form HS 215A signed: 10/31/2014.
- d. Person who signed Form HS 215A: Shlomo Rechnitz

18. Country Villa Westwood Convalescent Center

- a. Facility ID: 910000028
- b. Application type: Change of ownership.
- c. Date Form HS 215A signed: 10/31/2014.
- d. Person who signed Form HS 215A: Shlomo Rechnitz

19. Windsor Chico Creek Care and Rehabilitation Center

- a. Facility ID: 230000029
- b. Application type: Change of ownership.
- c. Date Form HS 215A signed: 12/1/2014.
- d. Person who signed Form HS 215A: Shlomo Rechnitz

20. Windsor Chico Care Center

- a. Facility ID: 230000025
- b. Application type: Change of ownership.
- c. Date Form HS 215A signed: 11/1/2014.
- d. Person who signed Form HS 215A: Shlomo Rechnitz

21. Windsor Redding Care Center

- a. Facility ID: 230000030
- b. Application type: Change of ownership.
- c. Date Form HS 215A signed: 11/1/2014.
- d. Person who signed Form HS 215A: Shlomo Rechnitz

We request that the CDPH review the aforementioned applications and, if your office determines that the applicants submitted false information and/or committed perjury, we request that you apply all appropriate penalties and sanctions. Should you have any questions, please contact Francisco Casique at 510-502-9900. Thank you for your attention to this matter.

Sincerely,



Sal Rosselli, President

cc: Scott Vivona, Assistant Deputy Director, CDPH Center for Health Care Quality
Assemblymember Jim Wood, Chair of Assembly Health Committee
Senator Mike McGuire, Chair of Senate Governance and Finance Committee