

## DUTY STATEMENT

Employee Name:	
Classification: <b>Health Facilities Evaluator II (Supervisor)</b>	Position Number: <b>580-841-8051-909</b>
Working Title:	Work Location: <b>631 South Parker Street, Suite 200 Orange, CA 92868</b>
Collective Bargaining Unit: <b>S01</b>	Tenure/Time Base: <b>Permanent/Full-Time</b>
Center/Office/Division: <b>Center for Health Care Quality, Licensing and Certification</b>	Branch/Section/Unit: <b>Field Operations Branch, Region VI, Orange District Office</b>

All employees shall possess the general qualifications, as described in California Code of Regulations Title 2, Section 172, which include, but are not limited to integrity, honesty, dependability, thoroughness, accuracy, good judgment, initiative, resourcefulness, and the ability to work cooperatively with others.

This position requires the incumbent to maintain consistent and regular attendance; communicate effectively (orally and in writing) in dealing with the public and/or other employees; develop and maintain knowledge and skill related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and, adhere to departmental policies and procedures.

### Job Summary

Under the direction of the Health Facilities Manager I, the Health Facilities Evaluator II (Supervisor) (HFE II (Sup)) provides the first level of supervision to field staff (Health Facilities Evaluator Nurses (HFEN)) responsible for surveying health care facilities and enforcing licensing and certification standards in accordance with State, Federal, and local laws and regulations. The HFE II (Sup) reviews all reports, surveys and correspondence prepared by field staff, including consultant and State Fire Marshalls input. The HFE II (Sup) communicates with the public and health facility operators/administrators on policy, procedures and regulatory interpretations. The HFE II (Sup) is responsible for working together with all the Program personnel to assure quality work and performance, in order to achieve established goals and objectives and fulfill the mission of the Department. 25% Travel is required.

### Special Requirements

- None
- Supervision Exercised
- Conflict of Interest (COI)
- Background Check and/or Fingerprinting Clearance
- Medical Clearance
- Travel: 25%
- Bilingual: Pass a State written and/or verbal proficiency exam in
- License/Certification: RN License
- Other:

**Essential Functions (including percentage of time)**

- 25% Provides supervision in the field and office setting by participating in the hiring, orienting, training, evaluation, counseling, and carrying out corrective action processes. Establishes and monitors individual performance goals for field personnel. Ensures staff is kept current in all program areas of responsibilities and acts as a resource person to assigned staff.
- 25% Provides direction in the investigatory, decision-making and report writing processes of assigned field personnel. Monitors and evaluates work products, including surveys, citations, complaint and field visit reports.
- 20% Ensures that all assigned health facilities/entities are properly licensed and certified in accordance with Federal and State laws, regulations and Department policy.
- 20% Oversees and coordinates enforcement actions, including the citation process, adverse actions and consulting and working with the Office of the Attorney General and Office of Legal Services in the preparation, presentation and defense of legal actions.

**Marginal Functions (including percentage of time)**

- 5% Maintains a positive public relations environment by establishing professional and community contacts that encompass educational programs, and ongoing communication with providers. Assumes District office responsibilities (i.e. field calls from HQ, complainants, providers and sign outgoing letters), when assigned, in the absence of the District Manager/Administrator.
- 5% Other work-related duties as assigned.

I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties and have provided a copy of this duty statement to the employee named above.		I have read and understand the duties and requirements listed above, and am able to perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation may be necessary, or if unsure of a need for reasonable accommodation, inform the hiring supervisor.)	
Supervisor's Name	Date	Employee's Name	Date
Supervisor's Signature	Date	Employee's Signature	Date
<b>HRB Use Only:</b>			
Approved By: <b>Corey Hudson</b>	Date <b>2/8/18</b>		