



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES EVALUATOR II (SUPERVISOR)

Schematic Code: SZ63 Classification Code: 8051 Exam Code: 9H1AA

Examination Type: Open Continuous

FINAL FILING DATES

Testing is considered continuous as dates can be set at any time. Applications will be reviewed to ensure the minimum requirements for participation in this exam are met. Possession of the entrance requirements does not assure a place on the eligible list. Once you have taken the examination, you may not retest for 12 months from the established list date.

Applications must be submitted by the filing dates indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will be held for the next administration of the exam.

The filing dates are:

February 15, 2023

March 9, 2023

May 10, 2023

July 7, 2023

September 8, 2023

November 8, 2023

SALARY

\$7,182 - \$8,930 per month

EQUAL EMPLOYMENT OPPORTUNITY

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

WHO CAN APPLY

Persons who meet the minimum qualifications as stated on this announcement may take this

competitive examination.

MINIMUM QUALIFICATIONS

Possession of a master's degree in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field from a recognized school may be substituted for one year of the required general experience.

Either One

Two years of experience performing the duties of either (1) a Health Facilities Evaluator I, or (2) a Health Facilities Evaluator Nurse in the California state service.

Or Two

Equivalent to graduation from a four-year college or university with a degree in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

AND

Three years of professional administrative experience requiring definition and implementation of operational program policy in the direction of a health facility program involving patient care or in a public health activity directly related to health facility management or operations.

GENERAL QUALIFICATIONS

All candidates for, appointees to, and employees in the state civil service shall possess the general qualifications of integrity, honesty, sobriety, dependability, industry, thoroughness, accuracy, good judgment, initiative, resourcefulness, courtesy, ability to work cooperatively with others, willingness and ability to assume the responsibilities and to conform to the conditions of work characteristic of the employment, and a state of health consistent with the ability to perform the assigned duties of the class.

POSITION DESCRIPTION

TYPICAL TASKS

This level is the first-line supervisor of at least four field office staff of evaluators engaged in surveys for issuing and relocating health facility licenses, issuing citations and levying civil penalties and determining program flexibility decisions; reviewing health facilities for participation in Federal Title 18 (Medicare) and Title 19 (Medi-Cal) programs; and may perform the more difficult and complex surveys of health facilities. Positions in this class are supervisory, having authority in the interest of management to: hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, train, or discipline other employees; or responsibility to direct them, adjust their grievances, or effectively to recommend such action.

HOW TO APPLY

To apply for this examination, please complete and return the following:

STANDARD STATE APPLICATION (FORM 678)

COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS

SUPPLEMENTAL RESPONSES

Due to COVID-19, we have limited staff working in the office. Therefore, the preferred method of application submittal at this time is via email to CDPHEExamUnit@cdph.ca.gov. Mailed and dropped off applications will still be accepted but may have delays in processing.

Applications and any additional documents must be submitted via the U.S. Postal Service or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Submit ([California State Application STD 678](#)) and any additional documents to:

By Mail:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
P.O. Box 997378 MS 1700 – 1702
Sacramento, CA 95899-7378

Drop Off:

DEPARTMENT OF PUBLIC HEALTH
Attn: Examination Services Unit
1615 Capitol Avenue
Sacramento, CA 95814

**DO NOT SUBMIT APPLICATIONS
TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CaIHR)
THROUGH EMAIL, FAX, OR INTER-AGENCY MAIL**

CONTACT INFORMATION

All questions regarding this examination (including the minimum qualifications, applying for the examination, being scheduled for the examination, reasonable accommodations, the examination components, scoring, etc.) may be directed to the contact information below:

EMAIL: CDPHEExamUnit@cdph.ca.gov

EXAMINATION INFORMATION

The examination will consist of **five** Supplemental Questions that are weighted 100%. Applicants are required to respond to the following five supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates the ability to successfully perform at the Health Facilities Evaluator II (Supervisor) level. Responses to the supplemental items will be assessed based on predetermined job-related rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above that required under the minimum qualifications.

The Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be

notified.

SUPPLEMENTAL APPLICATION INSTRUCTIONS

Each applicant for this examination must complete and submit his/her responses to all **five** supplemental items that follow. Applications received without responses to the supplemental items will be rejected and your exam will not be scored.

INSTRUCTIONS: When responding to the supplemental items, please follow these guidelines:

- Your responses must be typewritten on 8½" X 11" paper.
- Your font should be no smaller than "12" point font.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.
- In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
- Please return your state application (678) and **two** copies of the Supplemental Items to the address listed on the front of the bulletin.

NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental items.

SUPPLEMENTAL ITEMS

1. **Describe your experience in leadership, supervisory or team building in planning, conducting, and documenting facility surveys.**
2. **How would you ensure equal employment opportunities and a harassment free work environment?**
3. **Describe your experience interacting effectively with a variety of individuals, organizations, state agencies and local governments.**
4. **Describe your experience in using various methods of data collection and analysis making assessments of staff performance and facility performance. Give examples of the methods and/or resources used. Give the reasons why you chose those methods/or resources.**
5. **Describe your experience in planning, organizing, directing, coaching as well as mentoring and training of others. Give examples of your specific role and the outcome.**

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **must** include "to" and "from" dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course Information **must** include title, number of semester or quarter units, name of institution, completion

dates, and degree. Applications received without this information will be rejected. Applicants **must** submit a copy of either official or unofficial transcripts along with the application when using education to meet the entrance requirements for this examination.

SCOPE OF EXAMINATION: Ratings will be determined based on the depth and breadth of professional education and experience beyond what is minimally required. Emphasis will be placed on measuring:

Knowledge of:

1. Principles and purposes of regulations governing health facilities and services.
2. State and Federal laws, regulations and rules administered by the Department governing the planning, licensing, inspection and regulation.
3. Supervision of public and private health facilities (e.g. as hospitals, nursing homes, intermediate care facilities, clinics, adult day-care centers, home health agencies and end stage renal disease facility.)
4. Health facility organization, operation and procedures.
5. Current clinical nursing practices and standards of clinical care.
6. Functions and techniques of health facility management, services, organizations, and standards for patient care.
7. Investigative methods, techniques of health facility management, services, organizations and standards for patient care.
8. Quality Assurance/Quality Control methods and procedures.
9. Operations and services affecting patient care.
10. Effective group and individual training techniques and methods.
11. Types and usage of modern health facility buildings, furnishings and equipment.
12. Principles, practices and techniques used in the administration of the licensing and certification program.
13. Principles and practices of effective supervision and personnel relations.
14. Group and individual training methods to accomplish program objectives.
15. Principles of effective supervision and the Department's Equal Employment Opportunity (EEO) Program objectives.
16. Supervisor's role in the EEO Program and the processes available to meet affirmative action objectives.
17. The rules of conduct governing quasi-judicial hearing and conduct of proceeding before administrative bodies.
18. Enforcement action procedures against licensed health care facilities.
19. Principles of effective supervision and techniques to implement EEO objectives.
20. Program documentation guidelines (e.g. written formats, documentations of finding/deficiencies.)

Ability to:

1. Collect and analyze data when evaluating health facilities' performance.
2. Participate effectively in conference and training sessions with department staff, other departments, and/or public.
3. Analyze problems arising out of field operations to properly evaluate a facility's performance.
4. Establish and maintain effective working relationships with department staff and other departments.
5. Interpret and apply pertinent State and Federal laws regulations, and rules.
6. Establish and maintain cooperative relationships with personnel in the health facility industry, within the Department and with other community social and health agencies.
7. Implement progressive discipline to document and correct employee's performance issues and misconduct.
8. Perform quality control review of field staff work, design, develop, conduct and provide a full range of in-service and out-service training for Evaluators to include group and individual training

- techniques and methods.
9. Secure accurate data, and record/report data systematically.
 10. Develop and evaluate alternatives for program compliance.
 11. Reach logical conclusions and implement effective changes as corrective actions to identified problems.
 12. Prepare clear accurate and concise reports to meet program objectives.
 13. Analyze situations accurately and take effective actions.
 14. Facilitate meetings with staff (and healthcare providers) to communicate and exchange information.
 15. Review write-ups and ensure citations are defensible according to surveyor's findings.

ELIGIBLE LIST INFORMATION

Possession of the entrance requirement does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Names of successful competitors are merged into the open eligible list established for use by the Department of Public Health in order of final scores regardless of testing date. Eligibility expires **24** months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

VETERAN'S PREFERENCE

Pursuant to Government Code Section 18973.1, Veteran's Preference will be awarded in this examination as follows: 1) Any veteran, widow or widower of a veteran, or spouse of a 100 percent disabled veteran, who achieves a passing score in an entrance examination, shall be ranked in the top rank of the resulting eligibility list. Any veteran who has been dishonorably discharged or released is not eligible for veterans' preference; 2) An entrance examination is defined, under the law, as any open competitive examination; 3) Veterans' Preference is not granted once a person achieves permanent civil service status.

HOW TO APPLY FOR VETERANS' PREFERENCE

The [California State Jobs' website](http://www.jobs.ca.gov) (www.jobs.ca.gov) has information on how to apply for Veterans' Preference on their website and on the [Application for Veterans' Preference form \(CalHR 1093\)](https://jobs.ca.gov/PDF/SPB1093.pdf) (<https://jobs.ca.gov/PDF/SPB1093.pdf>). Additional information is also available at the [Department of Veterans Affairs website](http://www.cdva.ca.gov) (<http://www.cdva.ca.gov>).

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929 MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379

CONDITONS OF EMPLOYMENT (631)

Examination Title: Health Facilities Evaluator II (Supervisor)

Name: _____ (Print: first, middle initial, last)

Final Filing Dates:

February 15, 2023

March 9, 2023

May 10, 2023

July 7, 2023

September 8, 2023

November 8, 2023

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept, work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:

Please indicate a maximum of 16 choices on this form - you will not be offered a job in locations not checked.

<input type="checkbox"/> (0100) Alameda	<input type="checkbox"/> (0200) Alpine	<input type="checkbox"/> (0300) Amador
<input type="checkbox"/> (0500) Calaveras	<input type="checkbox"/> (0600) Colusa	<input type="checkbox"/> (0700) Contra Costa
<input type="checkbox"/> (0900) El Dorado	<input type="checkbox"/> (1000) Fresno	<input type="checkbox"/> (1100) Glenn
<input type="checkbox"/> (1300) Imperial	<input type="checkbox"/> (1400) Inyo	<input type="checkbox"/> (1500) Kern
<input type="checkbox"/> (1700) Lake	<input type="checkbox"/> (1800) Lassen	<input type="checkbox"/> (1900) Los Angeles
<input type="checkbox"/> (2100) Marin	<input type="checkbox"/> (2200) Mariposa	<input type="checkbox"/> (2300) Mendocino
<input type="checkbox"/> (2500) Modoc	<input type="checkbox"/> (2600) Mono	<input type="checkbox"/> (2700) Monterey
<input type="checkbox"/> (2900) Nevada	<input type="checkbox"/> (3000) Orange	<input type="checkbox"/> (3100) Placer
<input type="checkbox"/> (3300) Riverside	<input type="checkbox"/> (3400) Sacramento	<input type="checkbox"/> (3500) San Benito
<input type="checkbox"/> (3700) San Diego	<input type="checkbox"/> (3800) San Francisco	<input type="checkbox"/> (3900) San Joaquin
<input type="checkbox"/> (4100) San Mateo	<input type="checkbox"/> (4200) Santa Barbara	<input type="checkbox"/> (4300) Santa Clara
<input type="checkbox"/> (4500) Shasta	<input type="checkbox"/> (4600) Sierra	<input type="checkbox"/> (4700) Siskiyou
<input type="checkbox"/> (4900) Sonoma	<input type="checkbox"/> (5000) Stanislaus	<input type="checkbox"/> (5100) Sutter
<input type="checkbox"/> (5300) Trinity	<input type="checkbox"/> (5400) Tulare	<input type="checkbox"/> (5500) Tuolumne
<input type="checkbox"/> (5700) Yolo	<input type="checkbox"/> (5800) Yuba	<input type="checkbox"/> (1600) Kings
<input type="checkbox"/> (0400) Butte	<input type="checkbox"/> (4000) San Luis Obispo	<input type="checkbox"/> (2000) Madera
<input type="checkbox"/> (0800) Del Norte	<input type="checkbox"/> (4400) Santa Cruz	<input type="checkbox"/> (2400) Merced
<input type="checkbox"/> (1200) Humboldt	<input type="checkbox"/> (4800) Solano	<input type="checkbox"/> (2800) Napa
<input type="checkbox"/> (5600) Ventura	<input type="checkbox"/> (5200) Tehama	<input type="checkbox"/> (3200) Plumas
<input type="checkbox"/> (3600) San Bernardino		

CONDITONS OF EMPLOYMENT (631)

Examination Title: Health Facilities Evaluator II (Supervisor)

Name: _____

(Print: first, middle initial, last)

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

- Full Time
- Part Time (regular hours less than 40)
- Intermittent (on call)
- Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

- Full Time
- Part Time (regular hours less than 40)
- Intermittent (on call)
- Limited Term

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your name, examination title, and identification number.

Signature: _____ Date: _____