

Long-term Care Facility Survey and Informal Dispute Resolution Council Meeting

DADS Regulatory Services Survey Operations Presentation

March 8, 2016

Linda M. Lothringer

Director of Survey Operations

Survey Operations

- Scope of Work (State and Federal)
- Surveyor Workforce
- Workload Today
- CMS Workload – Moving Forward
- Interface with Providers
- Examples of Consistency Efforts
- Consistency Efforts – Moving Forward

Scope of Work

- State licensure (ALF, NF, ICF)
- Federal certification (NF, ICF)

Federal Certification

- Covers 100 million people through Medicare, Medicaid, CHIP and Health Insurance Marketplace.
- The 1864 Agreement is the agreement between CMS and the State survey agency to carry out the provisions of Sections 1864, 1874, and related provisions of the Social Security Act. Article II of the 1864 Agreement specifies the functions to be performed by the State. Article II, A.1. (c), reads that the State is “responsible for surveying for the purpose of certifying to the Secretary (Health and Human Services) the compliance or non-compliance of providers and suppliers of services and resurveying such entities, at such times and manner as the Secretary may direct.” Thus, the 1864 Agreement provides CMS with the authority to designate the content of the survey process to be followed by States.
- The §1864 Agreement, Article II (J), §§1819 and 1919 of the Social Security Act (the Act); Title 42 of the Code of Federal Regulations (CFR), Parts 488 and 489; and the State Operations Manual (SOM) contain the regulatory authority for the State Performance Standards and protocols. This section outlines the definition of inadequate survey performance, lists the performance standards as required in the §1864 Agreement, and explains CMS' evaluation process to determine if performance standards have been met. This section also sets out the sanctions available and the State's appeal rights, both formal and informal, when CMS has imposed sanctions.

Based on the agreement between Texas and the Secretary, DADS:

- conducts surveys and other certification activities,
- develops survey and investigation reports,
- shares survey and investigation results with providers,
- evaluates plans of correction developed by providers; and
- recommends certification and enforcement actions.

Note: although DADS conducts certification surveys and recommends enforcement action, ultimate decision making authority as to a provider's compliance with federal requirements rests with CMS.

Based on the agreement between Texas and the Secretary, CMS:

- monitors DADS compliance with performance measures set by CMS;
- evaluates compliance of DADS survey teams with survey methodology expectations set by CMS;
- takes certification and enforcement action based on review and evaluation of documentation submitted by DADS; and
- reimburses DADS for costs associated with certification activity based on documentation submitted by DADS.

Surveyor Workforce

- New positions for FY2016/2017
- Starting Salaries
- Nurse raises
- Double fill exception
- 12 month probationary period
- Training
- Tools
- Performance plans/evaluations
- Feedback from providers

Workload Today

- Statistics on Workload
 - Providers
 - Complaints/incidents
- Workload by Surveyor
 - Geri Surveyor (includes NFs, ALFs and DAHSs)
 - ICF Surveyor
- Managing the workload
 - CMS Performance Standards
 - Comparison of average hours
 - Priority 1 complaints
 - Changes to assignments

CMS Workload - Moving Forward

- Recertification Survey Process
 - ICF
 - SNF/NF
- MDS Surveys

Interface with Providers

- Joint Training
- Regional Provider Meetings
- Regulatory Services Division Management

Examples of Consistency Efforts

- Office Reviews
- Complaint Allegations
- EMR/NAR Referral Process
- Curriculum Analysis
- Investigations Training
- Customer Service Training
- Increased Communication
- All-staff Conferences
- CHOW Survey Process
- Ombudsman/Regulatory Agreement

Consistency Efforts – Moving Forward

- CMS certification – revised recertification survey process
 - ICF
 - SNF/NF
- ePOC – for SNF/NFs
- Specialized Training – Ventilator, Wound Care, Writing
- Internal Processes
 - Office Reviews – review of compliance review and enforcement processes
 - SurveyMonkey Survey for Providers to give examples of inconsistencies
 - Ongoing review of data

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Director of Survey Operations

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Department of Aging and Disability Services (DADS) Offices by County

DADS regional offices	<input type="checkbox"/>
Cities and rivers	<input type="checkbox"/>

DADS regions	<input type="checkbox"/>
DADS region labels	<input type="checkbox"/>

County boundaries	<input type="checkbox"/>
County names	<input type="checkbox"/>

List of Counties by Region

Region 1

Armstrong
Bailey
Briscoe
Carson
Castro
Childress
Cochran
Collingsworth
Crosby
Dallam
Deaf Smith
Dickens
Donley
Floyd
Garza
Gray
Hale
Hall
Hansford
Hartley
Hemphill
Hockley
Hutchinson
King
Lamb
Lipscomb
Lubbock
Lynn
Moore
Motley
Ochiltree
Oldham
Parmer
Potter
Randall
Roberts
Sherman
Swisher
Terry
Wheeler
Yoakum

Region 2

Archer
Baylor
Brown

Callahan
Clay
Coleman
Comanche
Cottle
Eastland
Fisher
Foard
Hardeman
Haskell
Jack
Jones
Kent
Knox
Mitchell
Montague
Nolan
Runnels
Scurry
Shackelford
Stephens
Stonewall
Taylor
Throckmorton
Wichita
Wilbarger
Young

Region 3

Collin
Cooke
Dallas
Denton
Ellis
Erath
Fannin
Grayson
Hood
Hunt
Johnson
Kaufman
Navarro
Palo Pinto
Parker
Rockwall
Somervell
Tarrant
Wise

Region 4

Anderson
Bowie
Camp
Cass
Cherokee
Delta
Franklin
Gregg
Harrison
Henderson
Hopkins
Lamar
Marion
Morris
Panola
Rains
Red River
Rusk
Smith
Titus
Upshur
Van Zandt
Wood

Region 5

Angelina
Hardin
Houston
Jasper
Jefferson
Nacogdoches
Newton
Orange
Polk
Sabine
San Augustine
San Jacinto
Shelby
Trinity
Tyler

Region 6

Austin
Brazoria
Chambers

Colorado
Fort Bend
Galveston
Harris
Liberty
Matagorda
Montgomery
Walker
Waller
Wharton

Region 7

Bastrop
Bell
Blanco
Bosque
Brazos
Burleson
Burnet
Caldwell
Coryell
Falls
Fayette
Freestone
Grimes
Hamilton
Hays
Hill
Lampasas
Lee
Leon
Limestone
Llano
Madison
McLennan
Milam
Mills
Robertson
San Saba
Travis
Washington
Williamson

Region 8

Atascosa
Bandera
Bexar

Calhoun
Comal
DeWitt
Dimmit
Edwards
Frio
Gillespie
Goliad
Gonzales
Guadalupe
Jackson
Karnes
Kendall
Kerr
Kinney
LaSalle
Lavaca
Maverick
Medina
Real
Uvalde
Val Verde
Victoria
Wilson
Zavala

Region 9

Andrews
Borden
Coke
Concho
Crane
Crockett
Dawson
Ector
Gaines
Glasscock
Howard
Irion
Kimble
Loving
Martin
Mason
McCulloch
Menard
Midland
Pecos
Reagan

Reeves
Schleicher
Sterling
Sutton
Terrell
Tom Green
Upton
Ward
Winkler

Region 10

Brewster
Culberson
El Paso
Hudspeth
Jeff Davis
Presidio

Region 11

Aransas
Bee
Brooks
Cameron
Duval
Hidalgo
Jim Hogg
Jim Wells
Kenedy
Kleberg
Live Oak
McMullen
Nueces
Refugio
San Patricio
Starr
Webb
Willacy
Zapata

GERI	Classification	Salary Group	Minimum Salary	Minimum +7%	Maximum Salary	Actual Average Salary	Count of Positions
	Compliance Reviewer	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,621.87	30
	Generalist Surveyor	B17	\$3,158.36	\$3,379.45	\$4,866.58	\$3,781.91	6
	Inspector - License & Cert	B19	\$3,608.34	\$3,860.92	\$5,746.66	\$3,745.33	14
	Inspector VII	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,268.06	1
	Investigator VI	B22	\$4,408.69	\$4,717.30	\$7,039.91	\$4,640.03	79
	Nurse III	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,301.16	1
	Nurse III (Health Facilities)	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,663.00	170
	Nutritionist III (Health Fac)	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,348.59	22
	Pharmacist I	B27	\$6,522.08	\$6,978.63	\$10,761.41	\$6,941.16	4
	Program Specialist IV	B20	\$3,857.24	\$4,127.25	\$6,149.00	\$4,640.60	4
Soc Svcs Surveyor (Hlth Fac)	B19	\$3,608.34	\$3,860.92	\$5,746.66	\$3,954.31	59	

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ICF	Classification	Salary Group	Minimum Salary	Minimum +7%	Maximum Salary	Actual Average Salary	Count of Positions
	Compliance Reviewer	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,538.12	6
	Investigator VI	B22	\$4,408.69	\$4,717.30	\$7,039.91	\$4,722.67	1
	Nurse III (ICF)	B21	\$4,123.74	\$4,412.40	\$6,579.41	\$4,726.37	14
	QIDP Surveyor	B19	\$3,608.34	\$3,860.92	\$5,746.66	\$3,934.76	40
Soc Svcs Surveyor (ICF)	B19	\$3,608.34	\$3,860.92	\$5,746.66	\$4,110.29	9	

70

*3 Regional areas have higher starting salaries for Nurse IIIs based on difficulty in staff retention:

Region 3 \$4,597.73

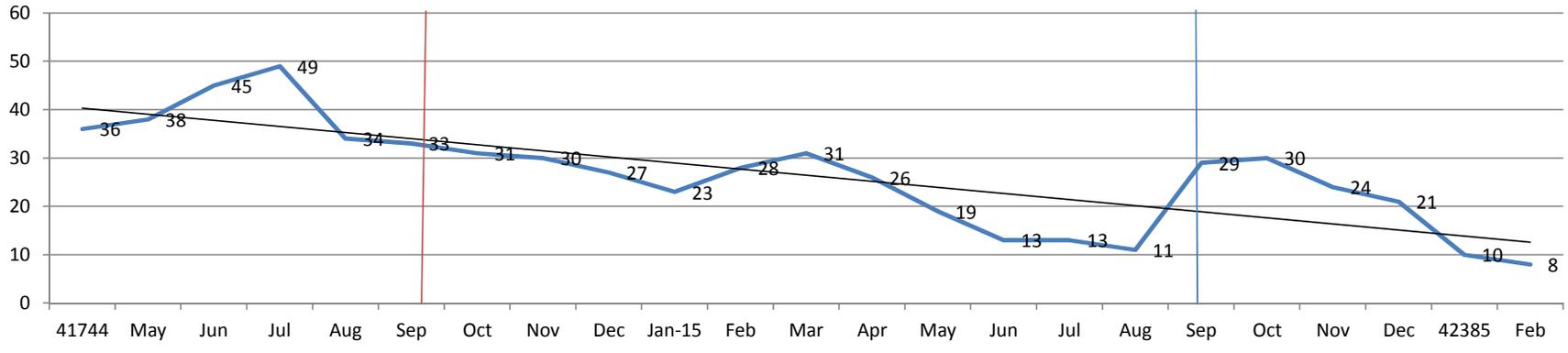
Region 6 \$4,597.73

Region 7 \$4,677.14

**Position counts for both Geri and ICF include positions that are currently vacant

*** Salary average for both Geri and ICF exclude vacant positions as there is no salary associated with the vacancies

Net surveyor vacancies



Sep 2014 - start of double fill process
 Sep 2015 - addition of new FTES

Name	Empl ID	Eff Date	Bus Unit	Action	Rsn Cd
Goodman, Gray	00000146251	2013-03-01	80000	TER	068
Darby, Tracy	00000217129	2013-06-12	80000	TER	060
VanDrimmelen, Jody	00000220388	2013-01-31	80000	TER	060
Carrasco, Joe L	00000180322	2013-06-29	80000	TER	060
Rosales, Arlene	00000239453	2013-08-21	80000	TER	U60
Moon, Darrell D	00000149649	2013-07-13	80000	TER	060
Gibson, Samantha Jo	00000192173	2013-01-23	80000	TER	069
Hailey, Linda Kay	00000229440	2013-01-05	80000	TER	X67
Connel, Julia H	00000227137	2012-11-01	80000	TER	X67
McCowan, Jeanne	00000230863	2013-03-07	80000	TER	X67
Abul-Saud, Mike J	00000238308	2013-05-08	80000	TER	X67
Hearn, Lynda L	00000064807	2013-04-01	80000	TER	Z60
Freeman, Kathy	00000219872	2013-05-01	80000	TER	Z60
Vasquez-Luevano, Evangelina	00000234658	2013-02-01	80000	TER	Z60
Dudley, Donna	00000219221	2013-08-16	80000	TER	F67
Spikes, Lisa	00000222377	2013-08-01	80000	TER	F67
Martinez, Lisamarie	00000218816	2013-07-24	80000	TER	F67
Mendoza, Angelica Irene	00000226439	2013-02-01	80000	TER	U60
Giustiniani, Tabatha	00000211454	2013-05-01	80000	TER	V60
Beaty, Barbara	00000231460	2012-10-23	80000	TER	V60
Sesay, Marian	00000239902	2013-04-23	80000	TER	V60
Allen, Tabrisha	00000234381	2013-04-12	80000	TER	V60
Whitaker, Zadio L	00000153080	2013-09-01	80000	TER	V60
De La O, Adrienne M	00000232879	2013-01-26	80000	TER	V60
Bennett, Reba N	00000148823	2013-01-01	80000	TER	V60
Adewunmi, Shola	00000232500	2012-12-19	80000	TER	Y60
Teer, Chantal I	00000086597	2013-06-01	80000	TER	057
Pickens, Edna L	00000184208	2012-11-01	80000	TER	068
Hobson, Coralea G	00000192277	2013-06-01	80000	TER	068
Oboyle, Sharon J	00000146302	2013-07-01	80000	TER	068
Moss, Christene	00000160465	2013-04-01	80000	TER	068
Britt, Patricia Dawn	00000144816	2012-11-01	80000	TER	068
Vanderburg, Barbara J	00000202376	2013-03-01	80000	TER	068
Hebert, Nancy	00000184635	2012-10-01	80000	TER	068
Rayburn, Cathy L	00000148461	2013-02-01	80000	TER	068
Lloyd, Sheodora Gemma	00000193874	2013-08-01	80000	TER	068
Townsend, Mercedes	00000107052	2013-06-01	80000	TER	068
Fries, Diane	00000074199	2013-06-04	80000	TER	068
Green, Sylvan	00000232781	2013-03-26	80000	TER	063
Lehmann, Lulu	00000104898	2012-10-15	80000	TER	065
Kindles, Sharon	00000133478	2012-09-10	80000	TER	065
Laughlin, Jon	00000219440	2012-10-15	80000	TER	065
Sparks, Marilyn	00000233676	2013-01-03	80000	TER	X60
Chechourka, Kimberly G	00000231975	2013-07-06	80000	TER	060
Perrin, Shani	00000107090	2013-02-16	80000	TER	060
Shagula, Linda J	00000148981	2013-01-01	80000	TER	060
Reynolds, Eadie Ann	00000131180	2012-11-15	80000	TER	060
Michie, Brandon John	00000187920	2013-05-11	80000	TER	060
Crownover, Alishia Denise	00000176103	2013-05-01	80000	TER	060
Foster, Donna R	00000233391	2013-01-01	80000	TER	060
Cooper, Valarie Yvonne	00000212908	2012-10-11	80000	TER	060
Engel, Pamela Jewel	00000189958	2013-03-18	80000	TER	060

Njuguna,Peter	00000228432	2013-01-24	80000	TER	060
Carstens,Yvonne Anne	00000229976	2012-11-07	80000	TER	060
Merritt,Patti L	00000142622	2012-12-01	80000	TER	060
Robison,Tamera	00000221504	2013-06-01	80000	TER	060
Montgomery-Booker,Latena	00000219223	2012-10-01	80000	TER	060
Horton,Teresa	00000160791	2012-10-01	80000	TER	060
Smith RN,Dee Ann	00000220003	2012-09-08	80000	TER	060
Gibson,Paula Regay	00000207784	2013-06-01	80000	TER	060
Thornsberry,Sherrie L	00000218521	2013-06-01	80000	TER	060
Voncannon,Lydia C	00000153557	2013-03-01	80000	TER	060
Geller,Kim A	00000196960	2013-03-02	80000	TER	060
Keelan,Wilma J	00000230018	2013-03-01	80000	TER	060
Matlock,Denise V	00000230120	2012-10-09	80000	TER	060
Turanyi,Robert	00000237346	2013-04-03	80000	TER	060
Holder,Debbie Lynn	00000150479	2012-10-04	80000	TER	060
Richardson,Larry	00000111125	2012-10-01	80000	TER	060
Fleischmann,Jodie	00000233738	2013-08-09	80000	TER	060
Kobel,Michelle J	00000235560	2013-08-01	80000	TER	060
Adams,Jennifer Renne	00000243130	2013-07-23	80000	TER	X67
Washburn,Roberta Jean	00000186912	2013-04-13	80000	TER	U60
Tamakloe,Abuie	00000135774	2013-01-17	80000	TER	068
Demeo,Christine V	00000141353	2013-02-01	80000	TER	068
Miles,Consuela H	00000133894	2013-07-01	80000	TER	068
Harrigan,Debra	00000205356	2012-11-01	80000	TER	X60
Reaves,Linda Susan	00000202128	2012-11-01	80000	TER	060
Barber,Michelle	00000236753	2013-02-13	80000	TER	X67
Garcia,Lilly H	00000178825	2013-03-18	80000	TER	065
Rabbitt,Jenny E	00000123130	2012-12-22	80000	TER	069
Arispe,David	00000216686	2013-02-20	80000	TER	069
Bazan,Mary	00000197004	2013-03-20	80000	TER	V60
Duran,Velia	00000189548	2013-09-01	80000	TER	068
Amaro,Carmen	00000188626	2012-12-01	80000	TER	068
Hampton,Heather Diane	00000184681	2012-11-10	80000	TER	060
Wood,Erin Y	00000213953	2012-10-01	80000	TER	060
Holladay,Crystal Victoria	00000221969	2013-03-26	80000	TER	060
Willms,Stephanie Ann	00000084330	2012-11-10	80000	TER	060
Weems,Kellie Denise	00000220794	2013-04-01	80000	TER	060
Stanberry,Melissa C	00000193000	2012-10-01	80000	TER	060
Villalpando,Edelmira Hernandez	00000233666	2013-08-22	80000	TER	060
Vasquez,Annabelle	00000220227	2013-05-14	80000	TER	069
McCullough,Rebecca M	00000104089	2012-09-29	80000	TER	Y67

Reason	Job Code	Job Code Title	Dept ID	Div	FT/PT	Shift
Retirement	1324G	Generalist Surveyor	0680000160	068	F	N
Voluntary Separation	1355	Investigator VI	0380000160	038	F	N
Voluntary Separation	1355	Investigator VI	0380000160	038	F	N
Voluntary Separation	1355	Investigator VI	0380000160	038	F	N
Inadequate Salary	4412	Nurse III	1080000110	108	F	N
Voluntary Separation	4412	Nurse III	0380000000	038	F	N
Death	4412H	Nurse III (Health Facilities)	0880000140	088	F	N
Dis Cause: Probatn/Not Suited	4412H	Nurse III (Health Facilities)	0180000110	018	F	N
Dis Cause: Probatn/Not Suited	4412H	Nurse III (Health Facilities)	0380000410	038	F	N
Dis Cause: Probatn/Not Suited	4412H	Nurse III (Health Facilities)	0680000800	068	F	N
Dis Cause: Probatn/Not Suited	4412H	Nurse III (Health Facilities)	0780000800	078	F	N
Dislike Duties/Conditions	4412H	Nurse III (Health Facilities)	0380000130	038	F	N
Dislike Duties/Conditions	4412H	Nurse III (Health Facilities)	0680000130	068	F	N
Dislike Duties/Conditions	4412H	Nurse III (Health Facilities)	1080000110	108	F	N
Dismissal-Exhausted All Leave	4412H	Nurse III (Health Facilities)	0380000120	038	F	N
Dismissal-Exhausted All Leave	4412H	Nurse III (Health Facilities)	0380000130	038	F	N
Dismissal-Exhausted All Leave	4412H	Nurse III (Health Facilities)	0380000800	038	F	N
Inadequate Salary	4412H	Nurse III (Health Facilities)	1080000110	108	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0280000120	028	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0380000800	038	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0380000800	038	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0380000800	038	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0680000110	068	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0680000160	068	F	N
Personal Reasons	4412H	Nurse III (Health Facilities)	0880000130	088	F	N
Reason Refused/Unknown	4412H	Nurse III (Health Facilities)	0380000130	038	F	N
Resig inLieu of Invol Sep	4412H	Nurse III (Health Facilities)	0780000120	078	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000110	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000140	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000140	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000170	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000410	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0380000410	038	F	N
Retirement	4412H	Nurse III (Health Facilities)	0580000110	058	F	N
Retirement	4412H	Nurse III (Health Facilities)	0680000140	068	F	N
Retirement	4412H	Nurse III (Health Facilities)	0680000410	068	F	N
Retirement	4412H	Nurse III (Health Facilities)	0780000410	078	F	N
Retirement	4412H	Nurse III (Health Facilities)	1180000110	118	F	N
Termination at Will	4412H	Nurse III (Health Facilities)	0680000130	068	F	N
Trans to Another Agency	4412H	Nurse III (Health Facilities)	0180000110	018	F	N
Trans to Another Agency	4412H	Nurse III (Health Facilities)	0480000110	048	F	N
Trans to Another Agency	4412H	Nurse III (Health Facilities)	0780000120	078	F	N
Travel/Travel Allowance	4412H	Nurse III (Health Facilities)	0380000160	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0180000110	018	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0180000120	018	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0180000410	018	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0180000800	018	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0180000800	018	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0280000110	028	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0280000120	028	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000130	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000160	038	F	N

Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000160	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000170	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000170	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000410	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0380000800	038	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0480000110	048	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0480000110	048	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0480000130	048	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0480000140	048	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0680000110	068	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0680000160	068	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0680000410	068	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0780000110	078	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0780000120	078	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0780000120	078	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	0980000140	098	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	1180000410	118	F	N
Voluntary Separation	4412H	Nurse III (Health Facilities)	1180000410	118	F	N
Dis Cause: Probatn/Not Suited	4018H	Nutritionist III (Health Fac)	0880000120	088	F	N
Inadequate Salary	4018H	Nutritionist III (Health Fac)	0880000120	088	F	N
Retirement	4018H	Nutritionist III (Health Fac)	0380000110	038	F	N
Retirement	4018H	Nutritionist III (Health Fac)	0380000120	038	F	N
Retirement	4018H	Nutritionist III (Health Fac)	0580000110	058	F	N
Travel/Travel Allowance	4018H	Nutritionist III (Health Fac)	0380000170	038	F	N
Voluntary Separation	4018H	Nutritionist III (Health Fac)	0480000110	048	F	N
Dis Cause: Probatn/Not Suited	1325Q	QMRP Surveyor	0280000210	028	F	N
Trans to Another Agency	1325Q	QMRP Surveyor	1180000210	118	F	N
Death	1325H	Soc Svcs Surveyor (Hlth Fac)	0680000150	068	F	N
Death	1325H	Soc Svcs Surveyor (Hlth Fac)	0780000120	078	F	N
Personal Reasons	1325H	Soc Svcs Surveyor (Hlth Fac)	1180000110	118	F	N
Retirement	1325H	Soc Svcs Surveyor (Hlth Fac)	1080000110	108	F	N
Retirement	1325H	Soc Svcs Surveyor (Hlth Fac)	1080000110	108	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0180000110	018	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0180000110	018	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0280000120	028	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0380000110	038	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0480000140	048	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0580000120	058	F	N
Voluntary Separation	1325H	Soc Svcs Surveyor (Hlth Fac)	0880000110	088	F	N
Death	1325I	Soc Svcs Surveyor (ICF-MR)	0880000210	088	F	N
Dis Cause: Violation of Rules	1325I	Soc Svcs Surveyor (ICF-MR)	0680000210	068	F	N

PayGrp	Comp Rt	Reports To	Position	FTE	Action Dt	Sal Plan	Grade	Hire Date	Rehire Dt	Company Dt
MON	3,307.42	00055327	00055399	1.00	2013-02-25	B	17	1993-12-06	2004-09-01	1993-07-20
MON	4,348.46	00055320	00075724	1.00	2013-06-10	B	22	2010-09-01	2010-09-01	2010-09-01
MON	4,166.83	00055320	00075727	1.00	2013-01-16	B	22	2011-01-01	2011-01-01	2011-01-01
MON	4,166.83	00055320	00075730	1.00	2013-07-15	B	22	2007-04-16	2010-05-01	2007-04-16
MON	4,063.99	00049624	00049621	1.00	2013-08-15	B	21	2013-02-01	2013-02-01	2011-11-28
MON	4,202.67	00071924	00043992	1.00	2013-07-05	B	21	2000-12-18	2004-09-01	2000-12-18
MON	4,202.13	00054923	00054918	1.00	2013-01-24	B	21	2008-04-09	2008-04-09	2008-04-09
MON	4,063.99	00056413	00054582	1.00	2013-01-07	B	21	2012-02-13	2012-02-13	2012-02-13
MON	4,063.99	00054634	00054629	1.00	2012-10-30	B	21	2011-10-31	2011-10-31	2011-10-31
MON	4,063.99	00046652	00054822	1.00	2013-03-07	B	21	2012-04-06	2012-04-06	2012-04-06
MON	4,063.99	00055301	00055412	1.00	2013-05-08	B	21	2013-01-01	2013-01-01	2007-08-27
MON	4,063.99	00055317	00067996	1.00	2013-03-25	B	21	1999-03-01	2010-04-16	2000-03-27
MON	4,063.99	00055328	00046667	1.00	2013-05-01	B	21	2010-11-29	2011-10-17	2010-12-15
MON	4,063.99	00049624	00054956	1.00	2013-01-31	B	21	2012-08-28	2012-08-28	2012-08-28
MON	4,063.99	00055321	00054643	1.00	2013-08-15	B	21	2010-11-12	2010-11-12	2010-11-12
MON	4,063.99	00055317	00043997	1.00	2013-08-06	B	21	2011-04-01	2011-04-01	2011-04-01
MON	4,063.99	00054644	00054650	1.00	2013-07-24	B	21	2010-11-01	2010-11-01	2010-11-01
MON	4,063.99	00049624	00055527	1.00	2013-01-31	B	21	2011-10-01	2013-08-26	2012-04-24
MON	4,063.99	00054620	00054615	1.00	2013-04-22	B	21	2010-02-16	2010-02-16	2010-02-16
MON	4,063.99	00054644	00054573	1.00	2012-10-24	B	21	2012-05-01	2012-05-01	2011-12-29
MON	4,063.99	00054644	00054694	1.00	2013-04-24	B	21	2013-02-25	2013-02-25	2013-02-25
MON	4,063.99	00054644	00054701	1.00	2013-04-12	B	21	2012-08-13	2012-08-13	2012-05-04
MON	4,202.66	00054828	00046664	1.00	2013-08-23	B	21	2001-05-07	2004-09-01	1999-01-07
MON	4,063.99	00055327	00054810	1.00	2013-01-16	B	21	2012-06-25	2012-06-25	2012-06-25
MON	4,063.99	00048698	00054926	1.00	2012-12-31	B	21	2003-03-01	2011-02-01	2005-07-31
MON	4,063.99	00055317	00054684	1.00	2012-12-05	B	21	2012-06-04	2012-06-04	2012-06-04
MON	4,063.99	00055302	00054865	1.00	2013-05-15	B	21	2002-11-01	2011-11-21	2006-08-25
MON	4,063.96	00055322	00054639	1.00	2012-10-18	B	21	2007-09-01	2007-09-01	2007-09-01
MON	4,926.60	00054665	00054671	1.00	2013-05-06	B	21	2008-04-21	2010-04-01	2008-04-21
MON	5,129.06	00055318	00054678	1.00	2013-07-17	B	21	1993-09-01	2004-09-01	1987-09-20
MON	4,202.66	00043998	00043999	1.00	2013-03-18	B	21	2005-01-01	2005-01-01	2005-01-01
MON	4,345.55	00055111	00054630	1.00	2012-10-31	B	21	1993-09-01	2004-09-01	2000-09-23
MON	4,063.99	00054634	00054636	1.00	2013-02-06	B	21	2009-03-01	2009-03-01	1999-09-10
MON	4,202.13	00045046	00054787	1.00	2012-09-24	B	21	2007-09-01	2007-09-01	2007-09-01
MON	4,802.25	00046670	00054825	1.00	2013-01-16	B	21	2001-04-03	2004-09-01	2000-02-09
MON	4,063.96	00055151	00055156	1.00	2013-07-29	B	21	2008-06-01	2008-06-01	2008-06-01
MON	4,314.45	00047626	00065249	1.00	2013-05-31	B	21	1996-10-01	2004-09-01	1993-03-02
MON	4,202.67	00054973	00054964	1.00	2013-05-30	B	21	2000-06-01	2004-09-01	2000-06-01
MON	4,063.99	00055328	00054836	1.00	2013-03-25	B	21	2012-06-18	2012-06-18	1990-12-09
MON	5,048.95	00056413	00054581	1.00	2012-10-15	B	21	1999-12-01	2012-10-15	1990-07-27
MON	4,507.74	00055282	00054744	1.00	2012-09-10	B	21	1994-08-01	2012-09-10	1993-08-06
MON	4,063.99	00055302	00054863	1.00	2012-10-02	B	21	2010-11-01	2012-10-15	2010-11-01
MON	4,063.99	00055320	00054534	1.00	2012-12-17	B	21	2012-07-16	2012-07-16	2012-07-16
MON	4,063.99	00056413	00054579	1.00	2013-06-27	B	21	2012-05-21	2012-05-21	2012-05-21
MON	4,063.99	00055275	00054588	1.00	2013-02-13	B	21	2002-11-04	2012-02-16	2005-10-29
MON	4,345.55	00055196	00054595	1.00	2012-12-24	B	21	2001-10-09	2004-09-01	2000-08-18
MON	4,063.99	00054603	00042044	1.00	2012-11-14	B	21	1989-10-01	2010-01-01	2001-03-12
MON	5,039.51	00054603	00054584	1.00	2013-05-10	B	21	2007-12-16	2007-12-16	2007-12-16
MON	4,063.99	00054621	00054606	1.00	2013-05-03	B	21	2006-11-01	2010-07-26	2005-12-24
MON	4,063.99	00054621	00054877	1.00	2013-01-03	B	21	2012-07-09	2012-07-09	2012-07-09
MON	4,063.99	00055317	00054661	1.00	2012-10-05	B	21	2010-04-12	2010-04-12	2010-04-12
MON	4,202.13	00055320	00054637	1.00	2013-03-14	B	21	2008-02-19	2008-02-19	2008-02-19

MON	4,063.99	00055320	00054705	1.00	2013-01-23	B	21	2012-01-01	2012-08-01	2012-04-30
MON	4,063.99	00043998	00054694	1.00	2012-10-30	B	21	2012-03-05	2012-03-05	2012-03-05
MON	4,207.34	00043998	00054696	1.00	2012-11-27	B	21	1975-09-15	2004-09-01	1976-05-13
MON	4,063.99	00055111	00059735	1.00	2013-05-14	B	21	2011-02-14	2011-02-14	2011-02-14
MON	4,063.99	00054644	00056691	1.00	2012-09-21	B	21	2010-11-12	2010-11-12	2010-11-12
MON	4,345.54	00055282	00054552	1.00	2012-09-24	B	21	2005-01-18	2005-01-18	2005-01-18
MON	4,063.99	00055282	00054782	1.00	2012-09-10	B	21	2010-12-13	2010-12-13	2002-01-25
MON	4,063.99	00055281	00054870	1.00	2013-05-17	B	21	2009-10-26	2012-07-01	2011-12-23
MON	4,063.99	00055280	00054771	1.00	2013-05-28	B	21	2010-10-18	2010-10-18	2010-10-18
MON	4,063.99	00054828	00054641	1.00	2013-03-01	B	21	2003-05-05	2012-01-03	2010-06-06
MON	4,063.99	00055327	00059756	1.00	2013-03-05	B	21	2008-09-22	2013-06-17	2003-11-13
MON	4,063.99	00055004	00059758	1.00	2013-02-28	B	21	2012-02-27	2012-02-27	2012-02-27
MON	4,063.99	00055109	00054561	1.00	2012-10-09	B	21	2012-03-12	2012-03-12	2012-03-12
MON	4,063.99	00055302	00054863	1.00	2013-04-02	B	21	2012-11-26	2012-11-26	2012-11-26
MON	4,063.99	00055302	00055412	1.00	2012-09-27	B	21	1999-07-15	2012-06-04	2002-04-21
MON	4,202.10	00055192	00054955	1.00	2012-09-10	B	21	2003-12-01	2004-09-01	2003-12-01
MON	4,063.99	00059728	00059726	1.00	2013-07-24	B	21	2012-07-23	2012-07-23	2012-07-23
MON	4,063.99	00059728	00059729	1.00	2013-07-29	B	21	2012-09-24	2012-09-24	2012-09-24
MON	3,894.25	00055330	00054913	1.00	2013-07-22	B	21	2013-06-04	2013-06-04	2013-06-04
MON	4,166.84	00055330	00054913	1.00	2013-04-12	B	21	2007-11-16	2012-09-01	2012-03-16
MON	4,101.28	00055322	00054640	1.00	2013-01-11	B	21	1993-09-01	2004-09-01	1991-05-21
MON	3,966.44	00055321	00054674	1.00	2013-02-14	B	21	1994-11-07	2004-09-01	1994-11-07
MON	4,228.15	00045046	00045050	1.00	2013-07-01	B	21	1974-07-08	2004-09-01	1991-06-20
MON	3,894.25	00043998	00067994	1.00	2012-10-22	B	21	2009-07-09	2009-07-09	2009-07-09
MON	3,894.25	00055282	00054746	1.00	2012-10-31	B	21	2009-03-01	2010-06-01	2009-01-03
MON	3,401.33	00055289	00054625	1.00	2013-02-12	B	19	2012-10-31	2012-10-31	2010-08-28
MON	3,401.33	00048712	00051495	1.00	2013-03-14	B	19	2007-02-12	2012-08-15	2007-02-16
MON	3,488.01	00046673	00068003	1.00	2013-01-04	B	19	2001-09-01	2009-06-01	2004-08-17
MON	3,639.42	00055302	00054874	1.00	2013-02-20	B	19	2010-08-01	2010-08-01	2010-08-02
MON	3,488.01	00054973	00055582	1.00	2013-03-06	B	19	2008-09-24	2010-04-08	1997-09-23
MON	3,606.61	00049624	00054959	1.00	2013-08-23	B	19	2008-02-01	2008-02-01	2006-07-05
MON	3,606.61	00049624	00054960	1.00	2012-11-30	B	19	2008-01-07	2008-01-07	1999-09-06
MON	3,488.01	00056413	00042045	1.00	2012-11-14	B	19	2007-09-01	2010-11-10	2007-09-01
MON	3,488.01	00056413	00067981	1.00	2012-09-27	B	19	2010-05-10	2010-05-10	2004-09-02
MON	3,488.01	00054620	00054619	1.00	2013-03-18	B	19	2011-03-01	2011-03-01	2011-03-01
MON	4,458.50	00055322	00067987	1.00	2012-11-02	B	19	2002-05-01	2006-02-01	2003-01-31
MON	3,488.01	00055280	00054765	1.00	2013-04-02	B	19	2011-01-14	2011-01-14	2011-01-14
MON	3,488.01	00045052	00054797	1.00	2012-09-25	B	19	2008-05-12	2011-12-01	2011-02-11
MON	3,488.01	00054917	00068053	1.00	2013-08-19	B	19	2012-07-18	2012-07-18	2007-12-28
MON	3,401.33	00048712	00048713	1.00	2013-05-14	B	19	2010-12-27	2012-03-01	2010-12-27
MON	3,488.01	00054847	00054843	1.00	2012-10-01	B	19	1983-02-22	2010-06-14	1995-09-14

Service Dt	As of Date	Length of Svc	Days from Hire to Eff Date	Years (Rounded Down)	Months (Rounded Down)
2004-09-01	9-5-13	3103	7025	19	
2010-09-01	9-5-13	1015	1015	2	
2011-01-01	9-5-13	761	761	2	
2010-05-01	9-5-13	1155	2266	6	
2013-02-01	9-5-13	201	201	0	6
2004-09-01	9-5-13	3237	4590	12	
2008-04-09	9-5-13	1750	1750	4	
2012-02-13	9-5-13	327	327	0	10
2011-10-31	9-5-13	367	367	1	
2012-04-06	9-5-13	335	335	0	11
2013-01-01	9-5-13	127	127	0	4
2010-04-16	9-5-13	1081	5145	14	
2011-10-17	9-5-13	562	884	2	
2012-08-28	9-5-13	157	157	0	5
2010-11-12	9-5-13	1008	1008	2	
2011-04-01	9-5-13	853	853	2	
2010-11-01	9-5-13	996	996	2	
2012-04-24	9-5-13	283	489	1	
2010-02-16	9-5-13	1170	1170	3	
2012-05-01	9-5-13	175	175	0	5
2013-02-25	9-5-13	57	57	0	1
2012-08-13	9-5-13	242	242	0	7
2004-09-01	9-5-13	3287	4500	12	
2012-06-25	9-5-13	215	215	0	7
2011-02-01	9-5-13	700	3594	9	
2012-06-04	9-5-13	198	198	0	6
2011-11-21	9-5-13	558	3865	10	
2007-09-01	9-5-13	1888	1888	5	
2010-04-01	9-5-13	1157	1867	5	
2004-09-01	9-5-13	3225	7243	19	
2005-01-01	9-5-13	3012	3012	8	
2004-09-01	9-5-13	2983	7001	19	
2009-03-01	9-5-13	1461	1461	4	
2007-09-01	9-5-13	1857	1857	5	
2004-09-01	9-5-13	3075	4322	11	
2008-06-01	9-5-13	1887	1887	5	
2004-09-01	9-5-13	3195	6087	16	
2004-09-01	9-5-13	3198	4751	13	
2012-06-18	9-5-13	281	281	0	9
2012-10-15	9-5-13	0	4702	12	
2012-09-10	9-5-13	0	6615	18	
2012-10-15	9-5-13	0	714	1	
2012-07-16	9-5-13	171	171	0	5
2012-05-21	9-5-13	411	411	1	
2012-02-16	9-5-13	366	3757	10	
2004-09-01	9-5-13	3044	4102	11	
2010-01-01	9-5-13	1049	8446	23	
2007-12-16	9-5-13	1973	1973	5	
2010-07-26	9-5-13	1010	2373	6	
2012-07-09	9-5-13	176	176	0	5
2010-04-12	9-5-13	913	913	2	
2008-02-19	9-5-13	1854	1854	5	

2012-08-01	9-5-13	176	389	1	
2012-03-05	9-5-13	247	247	0	8
2004-09-01	9-5-13	3013	13592	37	
2011-02-14	9-5-13	838	838	2	
2010-11-12	9-5-13	689	689	1	
2005-01-18	9-5-13	2813	2813	7	
2010-12-13	9-5-13	635	635	1	
2012-07-01	9-5-13	335	1314	3	
2010-10-18	9-5-13	957	957	2	
2012-01-03	9-5-13	423	3588	9	
2009-01-07	9-5-13	1515	1622	4	
2012-02-27	9-5-13	368	368	1	
2012-03-12	9-5-13	211	211	0	6
2012-11-26	9-5-13	128	128	0	4
2012-06-04	9-5-13	122	4830	13	
2004-09-01	9-5-13	2952	3227	8	
2012-07-23	9-5-13	382	382	1	
2012-09-24	9-5-13	311	311	0	10
2013-06-04	9-5-13	49	49	0	1
2012-09-03	9-5-13	222	1975	5	
2004-09-01	9-5-13	3060	7078	19	
2004-09-01	9-5-13	3075	6661	18	
2004-09-01	9-5-13	3225	14238	39	
2009-07-09	9-5-13	1211	1211	3	
2010-06-01	9-5-13	884	1341	3	
2012-10-31	9-5-13	105	105	0	3
2012-08-15	9-5-13	215	2226	6	
2009-06-01	9-5-13	1300	4130	11	
2010-08-01	9-5-13	934	934	2	
2010-04-08	9-5-13	1077	1638	4	
2008-02-01	9-5-13	2039	2039	5	
2008-01-07	9-5-13	1790	1790	4	
2010-11-10	9-5-13	731	1897	5	
2010-05-10	9-5-13	875	875	2	
2011-03-01	9-5-13	756	756	2	
2006-02-01	9-5-13	2474	3846	10	
2011-01-14	9-5-13	808	808	2	
2011-12-01	9-5-13	305	1603	4	
2012-07-18	9-5-13	400	400	1	
2012-03-01	9-5-13	439	869	2	
2010-06-14	9-5-13	838	10812	29	

Surveyor Terminations/Separations

Reason	2013	2014	2015	2016
Death	4	0	2	0
Dis Cause: Attendance	0	1	0	0
Dis Cause: Job Abandonment	0	0	1	1
Dis Cause: Probatn/Not Suited	6	6	8	6
Dis Cause: Unsat Performance	0	0	1	0
Dis Cause: Violation of Rules	1	2	0	1
Dislike Duties/Conditions	3	1	0	2
Dislike Work Hours	0	0	2	1
Dismissal-Exhausted All Leave	3	1	0	0
Inadequate Salary	3	1	3	0
Personal Reasons	8	21	10	4
Reason Refused/Unknown	1	1	0	0
Resig inLieu of Invol Sep	1	1	1	1
Retirement	17	16	21	7
Termination at Will	1	1	1	0
Trans to Another Agency	4	10	13	10
Travel/Travel Allowance	2	0	0	0
Voluntary Separation	39	46	43	16

Terms of Service Counts						
	<1 Year	1-2 Years	3-5 Years	6-10 Years	11-15 Years	>15 Years
2013	19	24	19	11	9	11
2014	30	25	19	12	8	14
2015	34	25	7	18	8	14
2016	17	11	6	7	5	3

**Core Curricula and
Centers for Medicare & Medicaid Services (CMS) Requirements**

Training Activity	NF	ALF	ICF/IID	LSC	Course Length
Prerequisites to State Academy Training					
Regulatory Services 101 Computer-based Training (CBT)	X	X	X	X	1 hour
Surveyor Resources (CBT)	X	X	X	X	1 hour
Surveyor Expectations (CBT)	X	X	X	X	1 hour
Observation of 3 surveys	X				12 days total
Observation of 2 surveys		X as necessary*	X	X	10 days total
State Academy Training					
Orientation, Part 1 (classroom)	X(4)	X(3)	X(4)	X(4)	varies, in days (see parentheses)
Orientation, Part 2 (classroom)	X		X	X	4 days
Orientation, Part 3 (classroom)	X			X	4 days
Orientation, Part 4 (classroom)				X	4 days
Orientation, Part 5 (classroom)				X	4 days
On the Job Training (OJT), Part 1	X (4)		X(3)	X(1)	varies, in days (see parentheses)
OJT, Part 2	X				4 days
OJT, Part 3	X				4 days
Assisted Living Health Test (CBT)		X			self-paced
Assisted Living Test for Life Safety Code (LSC) Surveyors (CBT)				X	self-paced
Prerequisites to CMS Basic					
State Academy Training (above)	X	X	X	X	varies
CMS Basic Health Facility Surveyor (CBT)	X		X		2 hours
CMS Principles of Documentation (CBT)	X		X	X	1 hour
CMS Basic Life Safety Code: The Survey Process (CBT)				X	3 hours
CMS Orientation to Basic Life Safety Code (CBT)				X	4 hours
Fire Inspector I				X	5 days
CMS Pretest for Basic Long Term Care (BLTC)	X		X		self-paced
CMS Intro to Surveying for Non-long Term Care (CBT)			X		9 hours
Online Supplemental Support Program (OSSUP) Modules 1-6			X		self-paced
Appendix J			X		self-paced
Observation of 3 surveys	X				12 days total
Observation of 2 surveys			X	X	10 days total
CMS Basic Training					
classroom training	X		X	X	5 days
CMS post-test	X		X		self-paced
Surveyor Minimum Qualifications Test (SMQT) Test	X				4 hours

Required Curricula w/in 1st Year					
Training Activity	NF	ALF	ICF/IID	LSC	Course Length
CMS					
CMS Foundational Investigative Skills	X	X	X	X	7.5 hours
State Academy					
Infection Control F441	X	X as necessary*			1 day
Detecting and Preventing Abuse, Neglect, and Exploitation in NFs	X	X	X	X	1 day
Litigation for Surveyors	X	X	X		1.5 days
Introduction to Appendix Q	X	X as necessary*	X	X	1 day
Assisted Living Test (LSC Surveyors)				X	self-paced
Annual Mandatory Training for ALF Facilities (CBT)		X			2 hours
Understanding the NF Survey & Enforcement Process	X				1.5 days
Licensure Inspection Process for Surveyors (formally known as: Beyond Basic for ICF/MR)			X		3 days
Automated Survey Processing Environment (ASPEN) for Surveyors	X	X	X	X	1 day
Writing & Critiquing Deficiencies	X (2)	X(2)	X(2.5)	X(2.5)	varies, in days (see parentheses)
Basic Investigation Techniques			X		2 days
Investigation Skills for Nursing Homes	X	X		X	2 days
Compliance, Assessment, Regulation, Enforcement System (CARES) for Surveyors	X	X as necessary*	X	X	1/2 day
Locked Units for Nursing Facilities and ALFs				X	1 day
Additional Curricula for Building Expertise					
Training Activity	NF	ALF	ICF/IID	LSC	Course Length
State Academy & Joint Courses					
The Preadmission Screening and Resident Review (PASRR) Survey Process (webinar)	X				1 hour
Regulatory Referrals	X	X	X	X	1 hour
Appendix P Revisions and Training	X	X	X	X	3.5 hours
Certified Investigator Training Course	X	X	X	X	4 days
Drug Pass Observation for ICF/IID			X		2.5 days
Successful Citation Development	X	X	X	X	1 day
Client Behavior and Facility Practices COP (W266) (CBT)			X		1 hour
Drug Diversion Investigation Procedures Nursing Facilities (CBT)	X				1 hour
Unlicensed Facilities: Investigation and Relocation Procedures (CBT)	X	X	X	X	1 hour
Nutrition and Food Service	X				2 days
Parmaceuticals in Nursing Homes	X				2 days
Practicing Investigative Communication	X	X	X	X	1 day
Team Coordinator Training	X	X as necessary*			2 days
Reporting Tools	X	X	X	X	1 day
Team Leader Training for ICF/IID Surveys			X		2.5 days
Physical Abuse and Neglect of Children in Facilities 2005 (CBT)	X				1 hour
Evaluating Developmental Needs of Children in LTC (CBT)	X				1 hour
Interviewing Children: Techniques for Surveyors (CBT)	X				1 hour
ASPEN Certification Kit	X	X	X	X	1 day

* if not covered in NF training

Performance Document - HHS Performance

Performance Criteria

Nurse III

Section 1 - Job Description

Under the supervision of the Program Manager, participates as a team member or team coordinator conducting inspections, surveys, and investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations and rules. Completes inspection/survey reports listing deficiencies/violations and prepares written reports supporting the action and remedies recommended. Utilizes professional expertise and specializes in the following discipline: Nursing, Nutrition, Social Services, Pharmacist, or General Surveyor. Note: Employee acknowledges receipt of the plan entitled: Plans for Identifying and Reporting Registered Nurses to the Board of Nursing Examiners and a copy of Chapter 4 of the Employee Conduct form from the HHS Human Resources Manual.

Section 2 - Tasks and Standards

Description Task 1: Conducts licensure inspections, certification surveys and investigations, using applicable protocols, state and federal regulations, and appropriate policies and procedures (including the Certification Review Manual, CMS State Operations Manual, Nursing Facility Requirements for Licensure and Medicaid Certification, the Assisted Living Facilities Licensure Inspection Handbook, Day Activity and Health Service (DAHS) and Health Services Requirements, and the Long Term Care (Regulatory Investigation Handbook) in an effective, thorough and professional manner.

Measurement:

- Meets standards set forth in the Certification Manual, Investigations Handbook, and CMS guidelines (SOM) for completing forms correctly.
- Follows applicable protocols, state and federal regulations and appropriate policies and procedures as determined by on-site review of the supervisor.
- Maintains an up-to-date knowledge base regarding rules, standards, and other requirements.
- Communicates with supervisor on an ongoing basis to assure that all pertinent information is shared promptly.

Description Task 2: Prepares descriptive and comprehensive reports, recommends appropriate actions, and communicates findings to team members and facility staff.

Measurement:

- Meets standards set forth in the certification review manual and SOM for completing survey reports.
- Meets standards set forth in the investigation handbook for completing investigation reports.
- Meets standards set forth in the certification review manual, investigation handbook, and SOM for timeliness of reports.
- Deficiencies written meet criteria by Principles of Documentation.
- Scope and severity determinations reflect the extent of the deficient practice.

Description Task 3: Provides effective professional testimony at formal hearings.

Measurement

- Meets standards for testimony set forth in departmental guidelines.
- Proposes defensible decisions and recommendations to the Program Manager and Enforcement committee.
- Complies with departmental policies/procedures and is not involved in any allegations of misconduct.

Description Task 4: When acting as team coordinator, assumes responsibility for coordinating all aspects of the survey/investigation/inspection to ensure that protocols, policies and procedures are followed.

Measurement:

- Ensures that protocols, policies and procedures are followed.
- Ensures that the survey/investigation/inspection is completed in a timely manner.

Description Task 5: Assists in Administration and Quality Assurance Reviews, presentation of in-services, attends required training and seminars. Participates in enforcement.

Measurement:

- Meets supervisor's expectations for quality of performance.
- Assistance is provided as assigned.
- Participates and attends Enforcement Committee meetings at least quarterly.
- Attends 100% of mandatory training and immediately communicates attendance difficulties to the Program Manager for purposes of rescheduling.
- If applicable completes all requirements for and maintains a current professional license in good standing.
- Provides Program Manager copies of certificated of completion (or other proof) for all external training attended and required continuing education for maintaining licensure.

Description Task 6: Responds to requests for information.

Measurement:

- Provides consultation to other team members as requested.
- Accurately responds to requests for information in a timely manner, including all e-mail requests.
- Follows appropriate internal and external communication procedures.
- Follows established procedures for legislative inquiries/referrals.
- Informs supervisor and/or appropriate regional administrative staff immediately of significant program issues.

Description Task 7: All survey staff (if you hold a professional license as an RN, LVN, MSW, BSW Dietician, or Pharmacist for NF, ICF/IID, and ALF will be required to submit to their Program Manager (PM) proof that the requirement is being met. Depending on the type of license, continuing education credits may be earned annually or every two years.

Measurement:

- Evidence of this requirement will be submitted to ensure 100% compliance.

Section 3 - Performance Dimensions

- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description
- Communication Skills Description
- Professionalism Description
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Performance Document - HHS Performance

Performance Criteria

Investigator VI

Section 1 - Job Description

Under the supervision of the Program Manager/Assistant Regional Director/Regional Director or Regional Liaison; participates as a team member or team coordinator conducting investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations, and rules. Completes investigations reports listing deficiencies/violations which support the actions and remedies recommended. Performs advanced (senior level) investigative work. The work involves the triage, planning, organizing, scheduling, and conducting of investigations. May assign and/or supervise the work of others. Works under minimal supervision with considerable latitude for the use of initiative and independent judgment.

Section 2 - Tasks and Standards

Description Task 1: Conducts investigations using applicable protocols, state and federal regulations, and appropriate policies and procedures for the Geriatric, ICF/IID, and HCSSA programs. Those include CMS State Operations Manual (SOM), Nursing Facility Requirements for Licensure and Medicaid Certification, the Assisted Living Facilities Licensure Inspection Handbook, Day Activity and Health Services Requirements, and the Long Term Care-Regulatory Investigation Handbook. Investigative procedures should be conducted in an effective, thorough and professional manner.

Measurement:

- Meets standards set forth in the Certification Manual, Investigations Handbook, and CMS guidelines (SOM) for completing forms correctly.
- Follows applicable protocols, state and federal regulations and appropriate policies and procedures as determined by on-site review of the supervisor.
- Maintains an up-to-date knowledge base regarding rules, standards, and other requirements.
- Communicates with supervisor on an ongoing basis to assure that all pertinent information is shared promptly.

Description Task 2: Assumes responsibility for coordinating all aspects of the investigation to ensure that procedures, policies and protocols are followed for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Ensure that protocols, policies, and procedures are followed.
- Triage intakes prior to scheduling.
- Schedule investigations for self and others in a manner that ensures timely completion as set forth in the Investigation Handbook and SOM.

Description Task 3: Prepares descriptive and comprehensive reports that ensure compliance with State and Federal performance standard criteria for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Meet performance standards as set forth in the investigation handbook and SOM.
- Write deficiencies that meet the principles of documentation criteria.
- Ensure that documentation is submitted for review within mandated timeframes.
- Determine scope and severity that reflects the extent of the deficient practice.
- Participate and attend enforcement meetings

Description Task 4: Assists with quality assurance review of investigative reports for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Monitor the quality of investigation reports by reviewing for performance standard criteria and other program requirements.
- Review investigative techniques, policies and regulations for recommendations of improvements, changes or modifications.
- Evaluate investigative findings.

Description Task 5: Provides effective professional testimony at formal hearings for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Meet standards for testimony as set forth in departmental guidelines.
- Propose defensible decisions and recommendations to the Program Manager and Enforcement committee.
- Comply with departmental policies and procedures which include guidelines regarding employee conduct.

Description Task 6: Meets manager expectations for quality of performance for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Attend 100% of mandatory training and immediately communicate attendance difficulties to the Program Manager for purposes of rescheduling.
- If applicable, complete all requirements for and maintains a current professional license in good standing.
- Provide copies of certificates of completion (or other proof) for all external training attended and required continuing education.
- Willingness to travel to other areas of the state outside of geographic region on both individual and group investigative assignments.
- May develop and conduct training.
- Performs related work as assigned.

Description Task 7: Responds to request for information for the Geriatric, ICF/IID, and HCSSA programs.

Measurement:

- Provide consultation to other team members as requested.
- Respond to requests for information in a timely manner, including email requests.
- Follow appropriate internal and external communication procedures.
- Follow established procedures for legislative inquiries/referrals. Inform manager and/or appropriate regional administrative staff immediately of significant program issues.

Section 3 - Performance Dimensions

- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description
- Communication Skills Description
- Professionalism Description
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Performance Document - HHS Performance

Performance Criteria

Nutritionist III (Health Facilities)

Section 1 - Job Description

1. Under the supervision of the Program manager, participates as a team member or team coordinator conducting inspections, surveys, and investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations, and rules.
2. Completes inspections/survey reports listing deficiencies/violations and prepares written reports supporting the action and remedies recommended.
3. Utilizes professional expertise and specializes in one of the following disciplines: nursing, nutrition, social services, pharmacist, or generalist surveyor.

Note: Employee acknowledges receipt of the plan entitled, Plans for Identifying and Reporting Registered Nurses to the Board of Nurse Examiners, and a copy of Chapter 4 Employee Conduct from the HHS Human Resources manual.

Section 2- Tasks and Standards

Description Task 1: Conducts licensure inspections, certification surveys and investigations, using applicable protocols, state and federal regulations, and appropriate policies and procedures (including the Certification Review Manual, CMS State Operational Manual, Nursing Facility Requirements for Licensure and Medicaid Certification, the Assisted Living Facilities Licensure Inspection Handbook, Day Activity and Health Services Requirements, and the Long Term Care Regulatory Investigation Handbook in an effective, thorough and professional manner.

Measurement:

- Meets standards set forth in the Certification Manual, Investigations Handbook, and CMS guidelines (SOM) for completing forms correctly.
- Follows applicable protocols, state and federal regulations and appropriate policies and procedures as determined by on-site review of the supervisor.
- Maintains an up-to-date knowledge base regarding rules, standard, and other requirements
- Communicates with supervisor on an ongoing basis to assure that all pertinent information is shared promptly.

Description Task 2: Prepares descriptive and comprehensive reports, recommends appropriate actions, and communicates findings to team members and facility staff.

Measurement:

- Meets standards set forth in the certification review manual and SOM for completing survey reports.
- Meets standards set forth in the investigation handbook for completing investigation reports.
- Meets standards set forth in the certification review manual, investigation handbook, and SOM for timeliness of reports.
- Deficiencies written meet criteria by Principles of Documentation.
- Scope and severity determinations reflect the extent of the deficient practice.

Description Task 3: Provides effective professional testimony at formal hearings.

Measurement:

- Meets standards for testimony set forth in departmental guidelines.
- Proposes defensible decisions and recommendation to the Program Manager and Enforcement committee.
- Complies with departmental policies/procedures and is not involved in any allegations of misconduct.

Description Task 4: When acting as team coordinator, assumes responsibility for coordinating all aspects of the survey/investigation/inspection to ensure that protocols, policies and procedures are followed.

Measurement:

- Ensures that protocols, policies and procedures are followed.
- Ensures that the survey/investigation/inspection is completed in a timely manner.

Description Task 5: Assists in Administration and Quality Assurance Reviews, presentation of in-services, attends required training and seminars. Participates in enforcement.

Measurement:

- Meets supervisor's expectations for quality of performance.
- Assistance is provided as assigned.
- Participates and attends Enforcement Committee meetings at least quarterly.
- Attends 100% of mandatory training and immediately communicates attendance difficulties to the Program Manager for purposes of rescheduling.
- If applicable, completes all requirements for and maintains a current professional license in good standing.
- Provides Program Manager copies of certificates of completion (or other proof) for all external training attended and required continuing education for maintaining licensure.

Description Task 6: Responds to requests for information.

Measurement:

- Provides consultation to other team members as requested.
- Accurately responds to requests for information in a timely manner, including all e-mail requests.
- Follows appropriate internal and external communication procedures.
- Follows established procedures for legislative inquiries/referrals.
- Informs supervisor and/or appropriate regional administrative staff immediately of significant program issues.

Section 3 - Performance Dimensions

- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description
- Communication Skills Description
- Professionalism Description
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Performance Document - HHS Performance

Performance Criteria

Social Services Surveyor (Health Facilities)

Section 1 - Job Description

Under the supervision of the Program Manager, participates as a team member or team coordinator conducting inspections, surveys, and investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations and rules. Completes inspection/survey reports listing deficiencies/violations and prepares written reports supporting the action and remedies recommended. Utilizes professional expertise and specializes in the following discipline: Social Services.

Section 2 - Tasks and Standards

Description Task 1: Conducts licensure inspections, certification surveys and investigations, using applicable protocols, state and federal regulations, and appropriate policies and procedures (including the Certification Review Manual, CMS State Operations Manual, Nursing Facility Requirements for Licensure and Medicaid Certification, the Assisted Living Facilities Licensure Inspection Handbook, Day Activity and Health Services Requirements, and the Long Term Care (Regulatory Investigation Handbook) in an effective, thorough and professional manner.

Measurement:

- Meets standards set forth in the Certification Manual, Investigations Handbook, and CMS guidelines (SOM) for completing forms correctly.
- B. Follows applicable protocols, state and federal regulations and appropriate policies and procedures as determined by on-site review of the supervisor.
- C. Maintains an up-to-date knowledge base regarding rules, standards, and other requirements.
- D. Communicates with supervisor on an ongoing basis to assure that all pertinent information is shared promptly.

Description Task 2: Prepares descriptive and comprehensive reports, recommends appropriate actions, and communicates findings to team members and facility staff.

Measurement:

- Meets standards set forth in the certification review manual and SOM for completing survey reports.
- Meets standards set forth in the investigation handbook for completing investigation reports.
- Meets standards set forth in the certification review manual, investigation handbook, and SOM for timeliness of reports.
- Deficiencies written meet criteria by Principles of Documentation.
- Scope and severity determinations reflect the extent of the deficient practice.

Description Task 3: Provides effective professional testimony at formal hearings.

Measurement

- Meets standards for testimony set forth in departmental guidelines.
- Proposes defensible decisions and recommendations to the Program Manager and Enforcement committee.
- Complies with departmental policies/procedures and is not involved in any allegations of misconduct.

Description Task 4: When acting as team coordinator, assumes responsibility for coordinating all aspects of the survey/investigation/inspection to ensure that protocols, policies and procedures are followed.

Measurement:

- Ensures that protocols, policies and procedures are followed.
- Ensures that the survey/investigation/inspection is completed in a timely manner.

Description Task 5: Assists in Administration and Quality Assurance Reviews, presentation of in-services, attends required training and seminars. Participates in enforcement.

Measurement:

- Meets supervisor's expectations for quality of performance.
- Assistance is provided as assigned.
- Participates and attends Enforcement Committee meetings at least quarterly.
- Attends 100% of mandatory training and immediately communicates attendance difficulties to the Program

- Manager for purposes of rescheduling.
- If applicable completes all requirements for and maintains a current professional license in good standing.

Description Task 6: Responds to requests for information.

Measurement:

- Provides consultation to other team members as requested.
- Accurately responds to requests for information in a timely manner, including all e-mail requests.
- Follows appropriate internal and external communication procedures.
- Follows established procedures for legislative inquiries/referrals.
- Informs supervisor and/or appropriate regional administrative staff immediately of significant program issues.

Description Task 7: Submits proof that the applicable licensure requirement regarding continuing education credits is met. Depending on the type of license, continuing education credits may be earned annually or every two years. Fifty percent of the professional's required continuing education credits will be in gerontology or care for individuals with cognitive or physical disabilities, as appropriate.

Measurement:

- Evidence of this requirement will be submitted to ensure 100% compliance.
- Provides Program Manager copies of certificates of completion (or other proof) for all external training attended and required continuing education credits for maintaining licensure.

Section 3 - Performance Dimensions

- Initiative
- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description Communication Skills
- Communication Skills Description Professionalism
- Professionalism Description Making
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Performance Document - HHS Performance

Performance Criteria

ICF/IID Surveyor

Section 1 - Job Description

Under the supervision of the Program Manager, conducts licensing inspections, certification surveys, and investigations for Intermediate Care Facilities for individuals with an intellectual disability or related condition (ICF/IID) to determine compliance with state and federal laws, regulations, and rules. Evaluates active treatment services utilizing professional expertise in the area of developmental, behavioral, and social service programming. Conducts complaint/incident investigations. Completes inspection/survey reports listing deficiencies/violations and prepares written reports supporting the actions recommended. Makes appropriate referrals to state and federal agencies. Utilizes professional expertise and specializes as a QIDP and/or Nurse, Social Worker, or Nutritionist.

Section 2 - Tasks and Standards

Description Task 1: Conducts licensure inspections, certification surveys, and investigations using applicable protocols, state and federal regulations and appropriate policies and procedures in an effective, thorough, and professional manner.

Measurement:

- Meets standards set forth in the Certification Review Manual, CMS State Operations Manual (SOM), State Standards for Participation, and Licensing Standards for Intermediate Care Facilities for individuals with an intellectual disability or related condition (ICF/IID).
- Follows applicable protocols, state and federal regulations, and appropriate policies and procedures as determined by on-site review by supervisor.
- Maintains an up-to-date knowledge base regarding rules, standards, and other requirements.
- Communicates with supervisor on an ongoing basis of field activities.
- Ensures that surveys and investigations are completed in a timely manner.

Description Task 2: Prepares descriptive and comprehensive reports and writes federal deficiencies and state violations according to the Principles of Documentation.

Measurement:

- Meets standards set forth in the Certification Review Manual and SOM for completing survey documents.
- Meets standards set forth in the ICF/IID Investigation Handbook for completing investigation reports with no significant omissions or inaccuracies.
- Meets standards set forth by agency policies and procedures and state licensing agencies for referral reports.
- Meets standards set forth in the Certification Review Manual, ICF/IID Investigation Handbook and SOM for timeliness of reports.
- Documents sufficient evidence to support determinations of non-compliance.
- Deficiencies and violations written meet the Principles of Documentation criteria.

Description Task 3: Accurately determines non-compliance with CMS standards (Appendix J and Appendix Q), ICF/IID state Licensure Regulations, and State Standards for Participation and makes appropriate enforcement recommendations.

Measurement:

- Accurately identifies deficient practices.
- Recommends citation of deficiencies/violations at appropriate condition/standard.
- Obtains evidence through observations, interviews and record reviews to support non-compliance determinations.
- Extends survey when indicated.
- Identifies Immediate Jeopardy (IJ) situations per Appendix Q.
- Notifies team members, facility staff and regional administration of IJ situations.
- Attends enforcement meetings for all visits conducted resulting in adverse actions as schedule allows.

Description Task 4: When acting as team coordinator, coordinates all aspects of surveys and investigations to ensure all protocols, policies and procedures are followed.

Measurement:

- Maintains an up-to-date knowledge base regarding rules, standards and other surveyor requirements.
- Ensures the surveys and investigations are completed in a timely manner.
- Ensures team members document findings that support survey and investigation determinations.
- Identifies incomplete or missing packet elements.
- Submits survey packets to the administrative assistant, compliance reviewer, or program manager as assigned within the regionally specified timeframes to meet federal and state processing requirements.
- Ensures packets submitted are complete and accurate with no missing or incomplete documents.

Description Task 5: Provides effective professional testimony at formal hearings.

Measurement:

- Collects and submits evidence that supports completion of appropriate protocols.
- Proposes defensible decisions and recommendations based on substantiated facts.
- Documents findings that support survey and investigation determinations.
- Documents all pertinent observations, interviews, and record reviews in notes.
- Participates in pretrial and preparatory activities prior to providing testimony.
- Attends scheduled hearings and other legal proceedings as required to support team findings and enforcement recommendations.
- Adheres to standards set forth in departmental guidelines to support enforcement recommendations.

Description Task 6: Assists in administrative and other quality assurance reviews, attends training and seminars, and presents inservices and orientation training as requested.

Measurement:

- Upon request participates in regional administrative review functions to support the unit and program.
- Completes basic and supplemental training as needed for performance of job duties.
- Attends 100% of mandatory training with no unauthorized exceptions.
- Completes required computer based training as specified for job position and assures all required updates are completed timely.
- Participates in approved continuing education activities for maintenance of current professional license or certification, if applicable.
- Disseminates information obtained during staff/professional development conferences.
- Offers guidance as needed in areas of expertise and program policy and procedures to co-workers as needed or as assigned by the program manager.
- Assists in the orientation of new surveyors.

Description Task 7: Responds to requests for information.

Measurement:

- Accurately responds to requests for information in a timely manner.
- Makes appropriate referrals to other personnel, departments, or agencies as needed.
- Provides resource information to stakeholders according to departmental policies.
- Follows established procedures for legislative inquiries/referrals.
- Informs supervisor and regional administration immediately of significant program issues.
- Forwards media requests for information to supervisor, regional administration or the Public Information Officer as appropriate.
- Follows appropriate internal and external communication procedures.
- Cooperates with internal or OIG investigations in accordance with agency policy.

Description Task 8: Per Human Resources Code §22.039, a surveyor who is a health care professional licensed under the laws of this state must receive a minimum of 50 percent of the professional's required continuing education credits (30 percent for pharmacists), if any, in gerontology or care for individuals with cognitive or physical disabilities, as appropriate. All survey staff (if you hold a professional license as an RN, LVN, MSW, BSW, dietician, or pharmacist) for NF, ICF/IID, and ALF will be required to submit to their program manager (PM) proof of this requirement being met. Depending on the licensure requirements, continuing education credits may be earned annually or every two years.

Measurement:

- Evidence of this requirement will be submitted to ensure 100% compliance.

Section 3 - Performance Dimensions

- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description
- Communication Skills Description
- Professionalism Description
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Performance Document - HHS Performance

Performance Criteria

Generalist Surveyor (Health Facilities)

Section 1 - Job Description

Participates as a team member or team coordinator utilizing expertise in the area of generalist in inspections, certifications, surveys, and investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations, and rules.

Section 2 - Tasks and Standards

Description Task 1: Conducts licensure inspections, certification surveys and investigations, using applicable protocols, state and federal regulations, and appropriate policies and procedures (including the Certification Review Manual, CMS State Operations Manual, Nursing Facility Requirements for Licensure and Medicaid Certification, the Assisted Living Facilities Licensure Inspection Handbook, Day Activity and Health Services Requirements, and the Long Term Care (Regulatory Investigation Handbook) in an effective, thorough and professional manner.

Measurement:

- Meets standards set forth in the Certification Manual, Investigations Handbook, and CMS guidelines (SOM) for completing forms correctly.
- Follows applicable protocols, state and federal regulations and appropriate policies and procedures as determined by on-site review of the supervisor.
- Maintains an up-to-date knowledge base regarding rules, standards, and other requirements.
- Communicates with supervisor on an ongoing basis to assure that all pertinent information is shared promptly.

Description Task 2: Prepares descriptive and comprehensive reports, recommends appropriate actions, and communicates findings to team members and facility staff.

Measurement:

- Meets standards set forth in the certification review manual and SOM for completing survey reports.
- Meets standards set forth in the investigation handbook for completing investigation reports.
- Meets standards set forth in the certification review manual, investigation handbook, and SOM for timeliness of reports.
- Deficiencies written meet criteria by Principles of Documentation.
- Scope and severity determinations reflect the extent of the deficient practice.

Description Task 3: Provides effective professional testimony at formal hearings.

Measurement:

- Meets standards for testimony set forth in departmental guidelines.
- Proposes defensible decisions and recommendations to the Program Manager and Enforcement committee.
- Complies with departmental policies/procedures and is not involved in any allegations of misconduct.

Description Task 4: When acting as team coordinator, assumes responsibility for coordinating all aspects of the survey/investigation/inspection to ensure that protocols, policies and procedures are followed.

Measurement:

- Ensures that protocols, policies and procedures are followed.
- Ensures that the survey/investigation/inspection is completed in a timely manner.

Description Task 5: Assists in Administration and Quality Assurance Reviews, presentation of in-services, attends required training and seminars. Participates in enforcement.

Measurement :

- Meets supervisor's expectations for quality of performance.
- Assistance is provided as assigned.
- Participates and attends Enforcement Committee meetings at least quarterly.
- Attends 100% of mandatory training and immediately communicates attendance difficulties to the Program

- Manager for purposes of rescheduling.
- If applicable, completes all requirements for and maintains a current professional license in good standing.

Description Task 6: Responds to requests for information.

Measurement:

- Provides consultation to other team members as requested.
- Accurately responds to requests for information in a timely manner, including all e-mail requests.
- Follows appropriate internal and external communication procedures.
- Follows established procedures for legislative inquiries/referrals.
- Informs supervisor and/or appropriate regional administrative staff immediately of significant program issues.

Description Task 7: Submits proof that the applicable licensure requirement regarding continuing education credits is met. Depending on the type of license, continuing education credits may be earned annually or every two years. Fifty percent of the professional's required continuing education credits will be in gerontology or care for individuals with cognitive or physical disabilities, as appropriate.

Measurement:

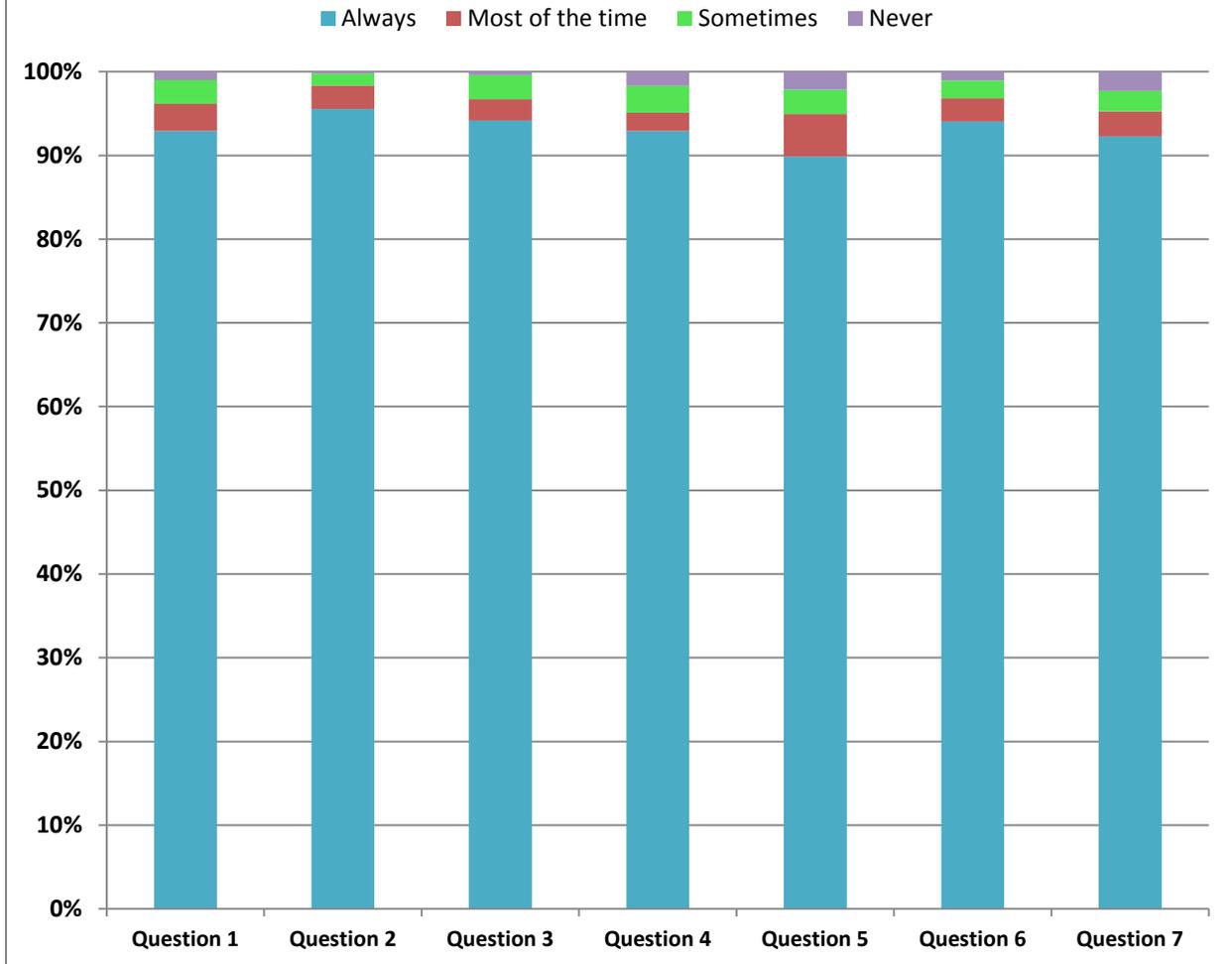
- Evidence of this requirement will be submitted to ensure 100% compliance.
- Provides Program Manager copies of certificates of completion (or other proof) for all external training attended and required continuing education credits for maintaining licensure.

Section 3 - Performance Dimensions

- Initiative Description
- Planning and Organizing Description
- Flexibility and Adaptability Description
- Communication Skills Description
- Professionalism Description
- Decision Making Description

Proficiencies	
<u>Rating</u>	<u>Description</u>
(0) NA	Not applicable
(1) Needs Major Improvement	Performance generally does not meet the standard(s) established for the task.
(2) Needs Some Improvement	Performance generally meets part, but not all, of the standard(s) established for the task.
(3) Competent	Performance consistently meets and sometimes exceeds the standard(s) established for the task.
(4) Commendable	Performance routinely surpasses the standard(s) established for the task.
(5) Distinguished	Performance so consistently and dramatically surpasses the standard(s) established for the task that the employee's expertise is broadly recognized outside the employee's own area.

Comment Card Responses 2014-2016



Data Range: January 1, 2014 through January 29, 2016

There were a total of 2015 Comment Cards collected during this period. Not all questions on those collected received responses.

Question 1 (1963 responses) – The conduct of the surveyor(s) during the visit was professional and courteous to staff.

Question 2 (1936 responses) – The conduct of the surveyor(s) during the visit was professional and courteous to residents/consumers.

Question 3 (1950 responses) – The surveyor(s) followed protocol.

Question 4 (1950 responses) – The surveyor(s) considered all pertinent evidence.

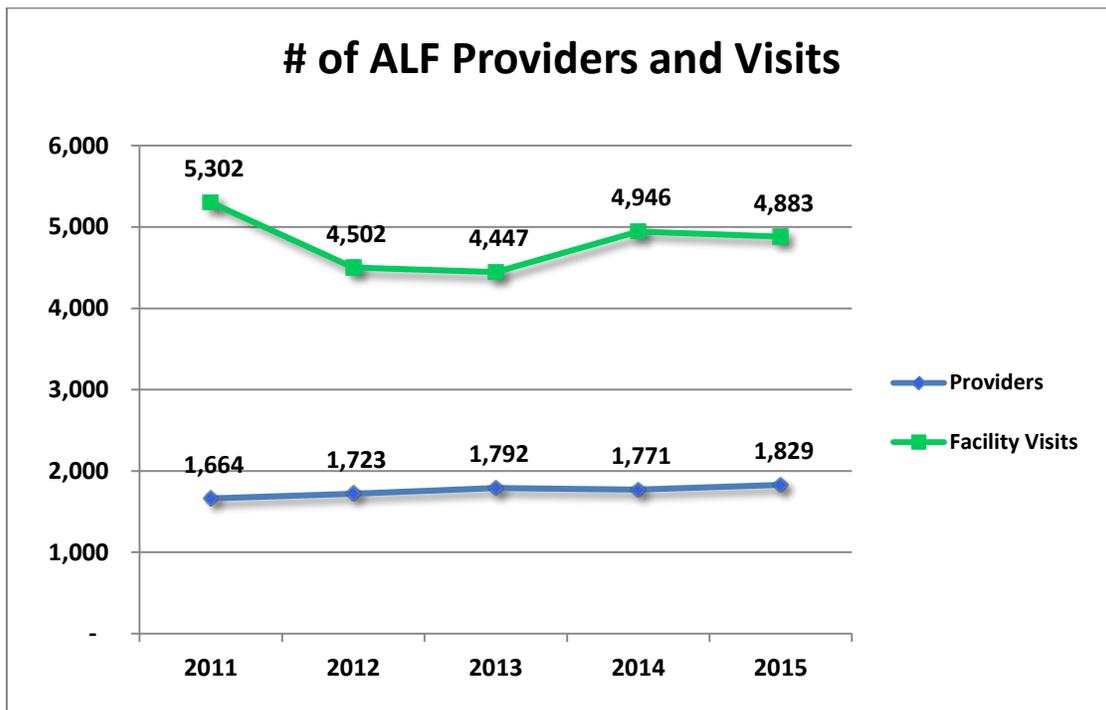
Question 5 (1952 responses) – The surveyor(s) kept you informed of the progress of the survey during the course of the survey.

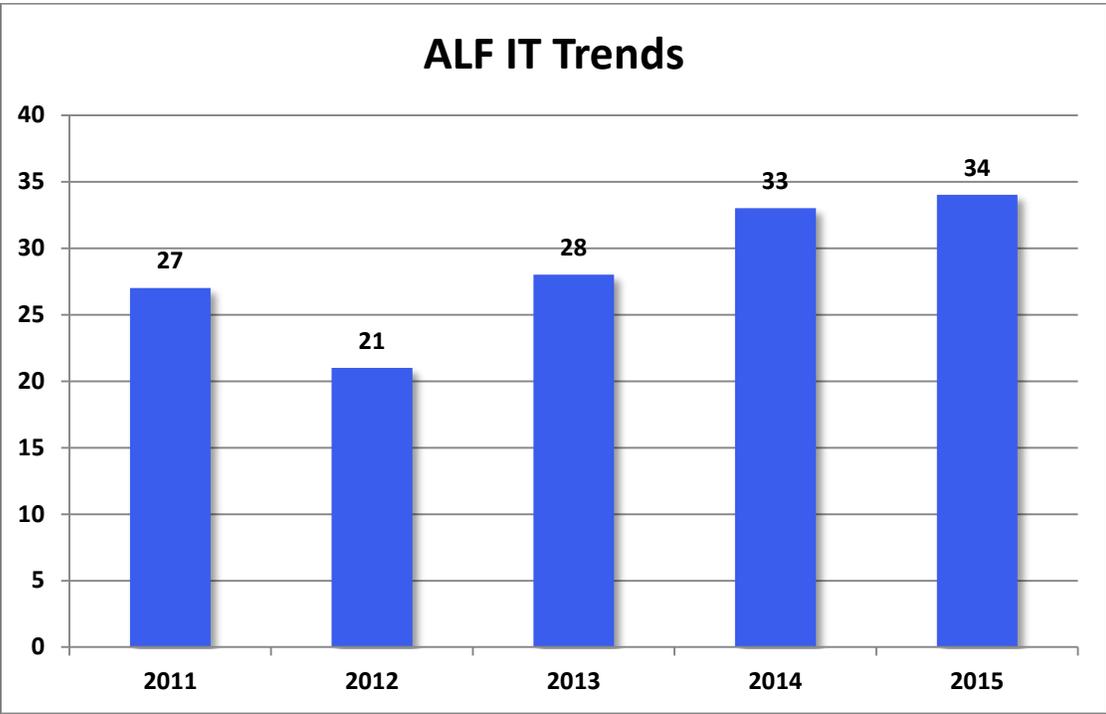
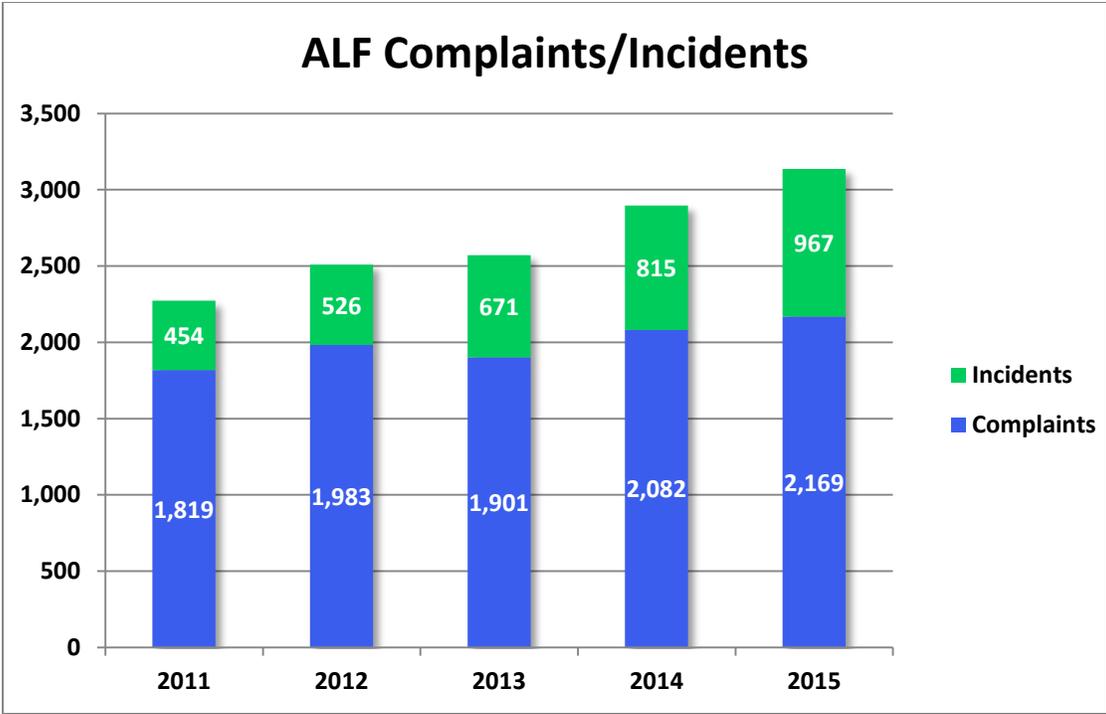
Question 6 (1939 responses) – The surveyor(s) explained the findings or deficiencies.

Question 7 (1935 responses) – The surveyor(s) considered all evidence presented to refute deficiencies/violations prior to exit.

Assisted Living Facilities

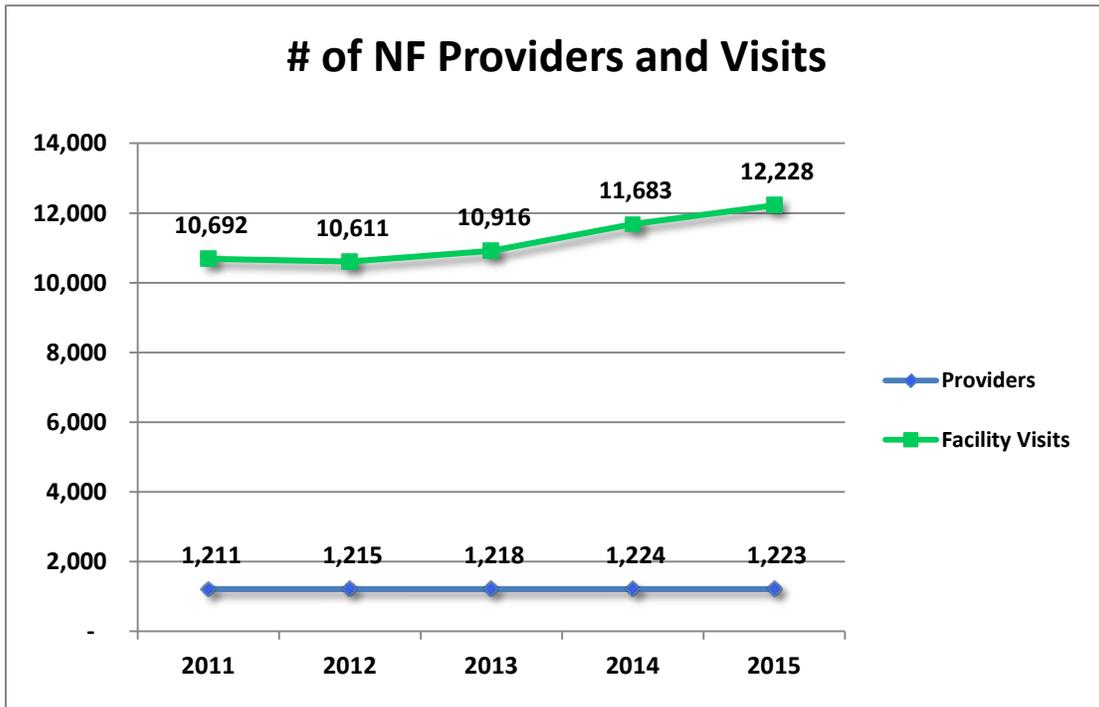
Fiscal Year	Number of Providers	Facility Visits	Complaints	Incidents	Number of Immediate Threats
2011	1,664	5,302	1,819	454	27
2012	1,723	4,502	1,983	526	21
2013	1,792	4,447	1,901	671	28
2014	1,771	4,946	2,082	815	33
2015	1,829	4,883	2,169	967	34

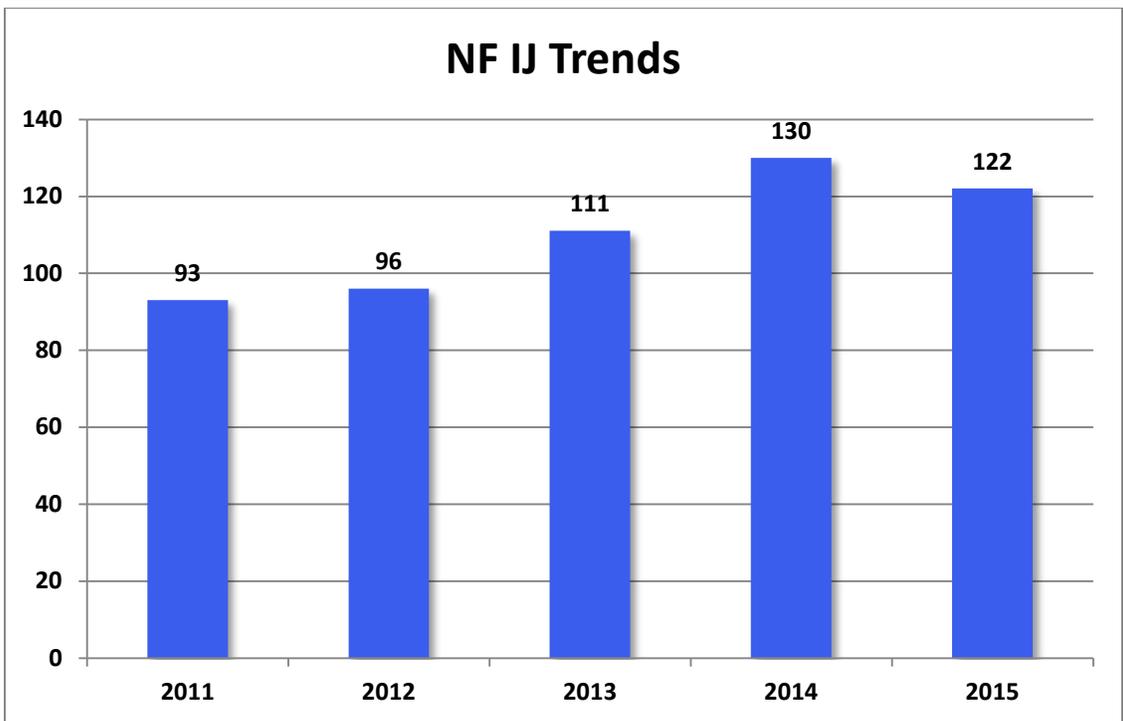
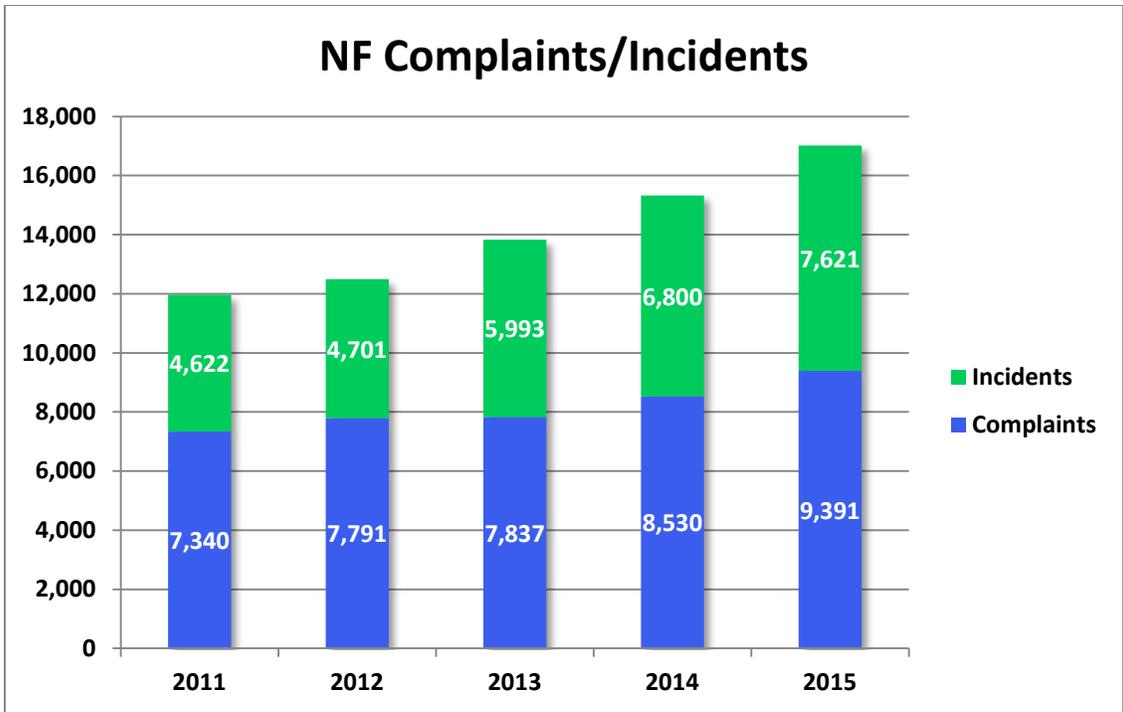




Nursing Facilities

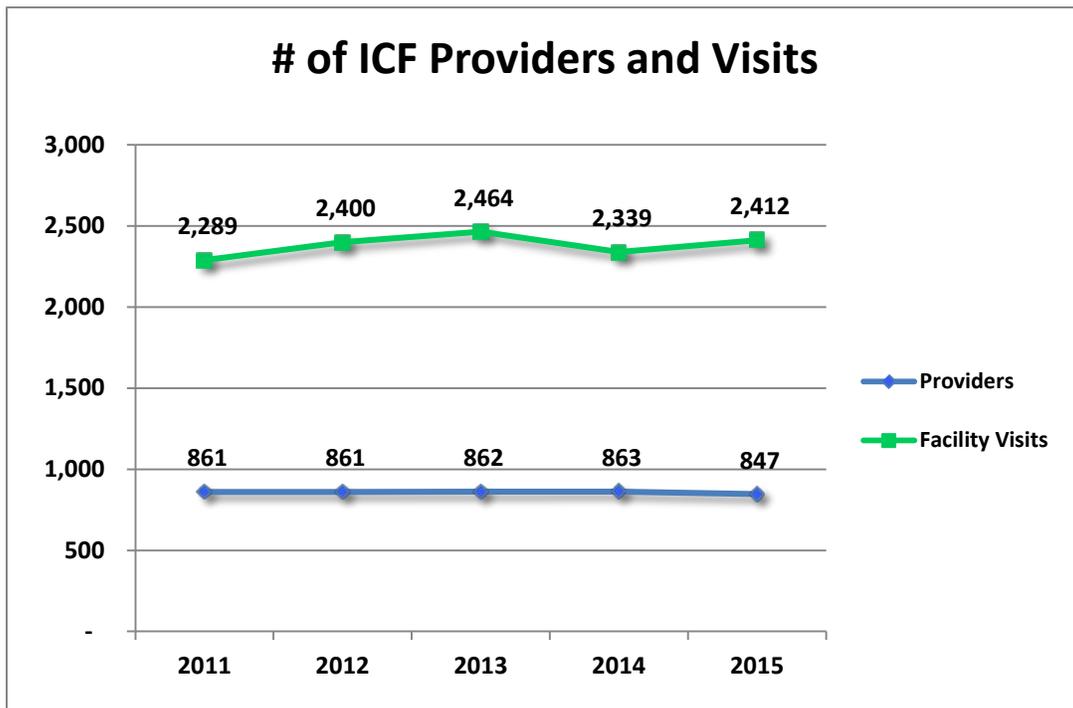
Fiscal Year	Number of Providers	Facility Visits	Number of Complaints	Number of Incidents	Number of Immediate Jeopardy's
2011	1,211	10,692	7,340	4,622	93
2012	1,215	10,611	7,791	4,701	96
2013	1,218	10,916	7,837	5,993	111
2014	1,224	11,683	8,530	6,800	130
2015	1,223	12,228	9,391	7,621	122

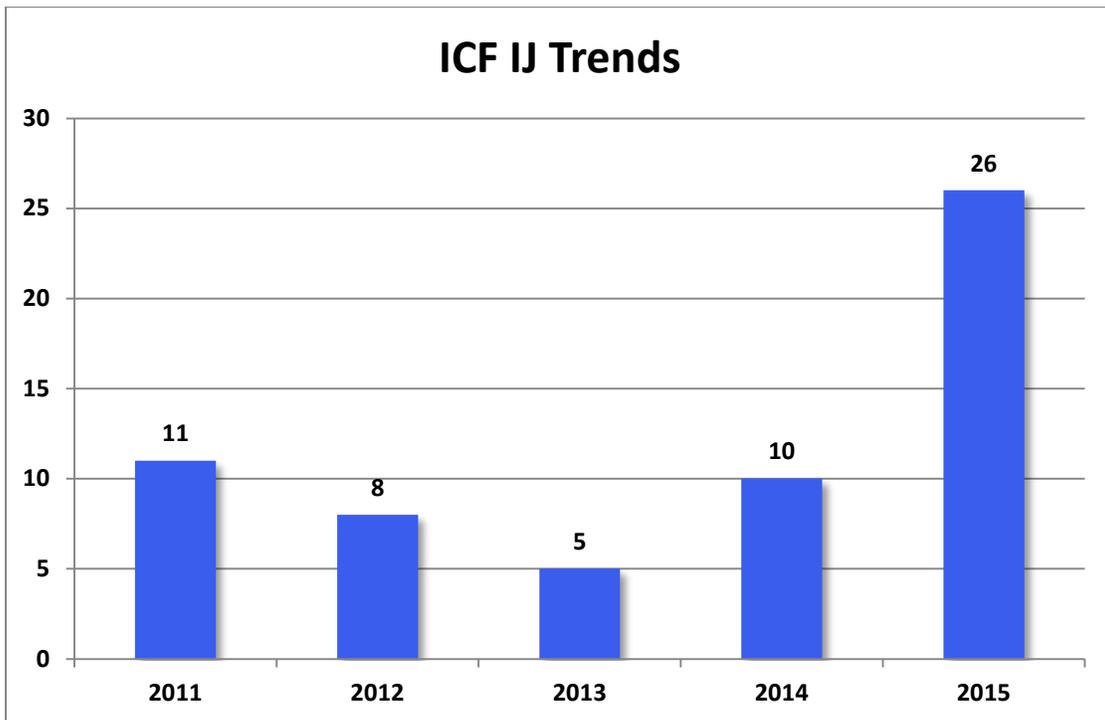
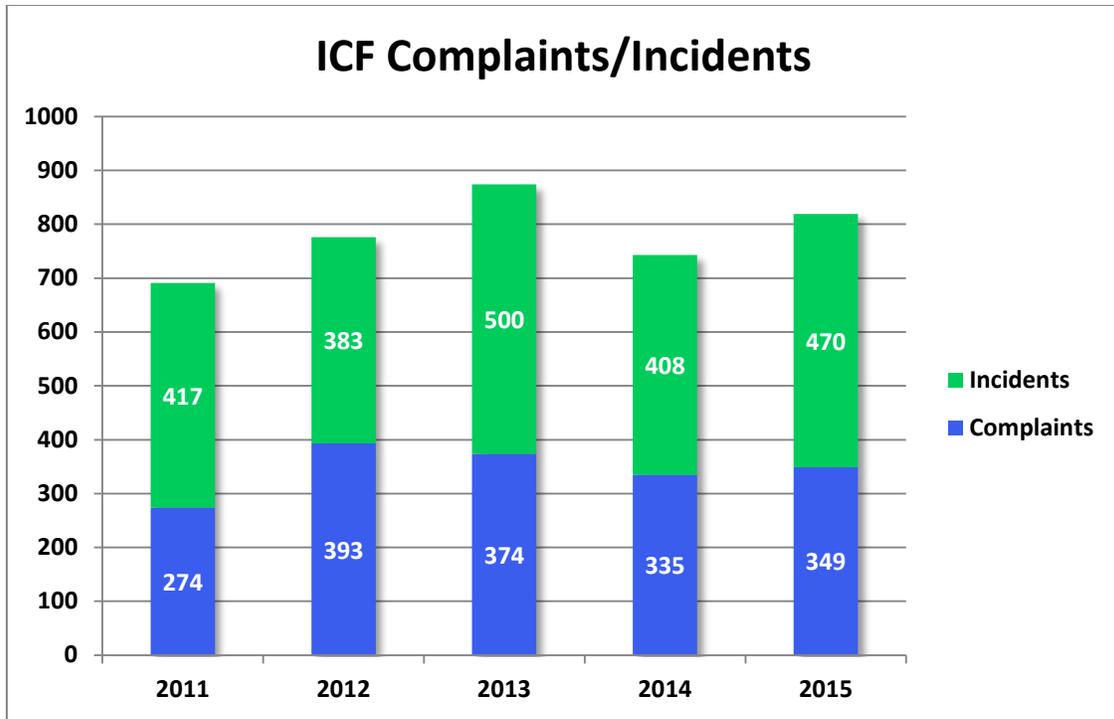




Intermediate Care Facilities

Fiscal Year	Number of Providers	Facility Visits	Number of Complaints	Number of Incidents	Number of Immediate Jeopardy's
2011	861	2,289	274	417	11
2012	861	2,400	393	383	8
2013	862	2,464	374	500	5
2014	863	2,339	335	408	10
2015	847	2,412	349	470	26





Geri Workload by FTE								
Regions	DAHs	ALFs	NFs	Intakes FY2015	Workload	Intakes per facility	Workload by FTE	Geri Staff
7	5	171	148	2,377	2,699	7	71	38
3	38	535	274	5,545	6,373	7	71	90
6	50	462	169	3,406	4,062	5	67	61
8/11	329	305	245	4,111	4,826	5	63	76
4/5	18	145	186	2,726	3,066	8	56	55
1	6	85	74	843	1,005	5	46	22
2/9/10	30	118	135	1,507	1,775	5	44	40
Totals	476	1,818	1231	20,515	23,805	6	62	382

Note: DAHs count 2/1, not 1:1

ICF Workload by FTE						
Regions	ICF	Intakes FY2015	Workload	Intakes per facility	Workload by FTE	ICF Staff
1	34	60	94	2	47	2
2/9/10	89	177	266	2	30	9
8/11	151	141	292	1	27	11
7	111	153	264	1	26	10
3	215	151	366	1	22	17
6	125	82	207	1	21	10
4/5	120	69	189	1	17	11
Totals	845	833	1678	1	24	70

Intakes are rounded up.

CMS Performance Standards

- Frequency
 - F1 – initiate no less than 10% of NF recertification surveys during weekends or off-hours
 - F2 – conduct NF recertification surveys with a statewide average of 12.9 months or less
 - F3 – conduct ICF recertification surveys within 15.9 months with a statewide average of 12.9 months or less
 - F4 – upload certification kits for NFs, must average 70 days or less from date of exit
- Quality
 - Q1 – document NF and ICF deficiencies in accordance with Principles of Documentation, 85% or greater
 - Q2 – conduct NF FOSS surveys in accordance with CMS instructions, ratings must be 3.0 and above
 - Q3 – scoped deficiencies for NF FOSS surveys with no greater than 20% disparity rate of CMS
 - Q4 – identify NF IJ and SQC at the same scope or higher, 90% or greater
 - Q6 – prioritize NF complaints appropriately 90% or greater
 - Q7 – initiate NF complaints timely
 - Priority 1s - IJs within 2 working days (notice this is less stringent than state statute)
 - Priority 2s – within 10 working days
 - Q9 – investigate NF complaints according to CMS instructions, must meet each 5 criteria 85% or greater of the time. 1) was the sample selection appropriate, 2) was appropriate shift or timeframe investigated, 3) did we document record reviews, observations and interviews for each allegation, 4) does CMS agree with our findings of compliance or non-compliance and 5) if applicable, did we contact the complainant to explain our findings
- Enforcement
 - E1 – process IJ cases within the 23 day timeframe, 95% of the time or greater
 - E2 – impose DPNA for NFs timely
 - E4 – Special Focus Facilities
 - conduct standard surveys twice per year
 - apply appropriate enforcement remedies

DADS Survey Performance as Measured by FOSS

Table 1 provides the results from the CMS Federal Oversight Support Survey (FOSS) evaluation of DADS nursing facility health surveys. For each measure a rating of 1-5 is given, when applicable, with a grade of 3 or greater considered passing. **Table 1** includes FOSS information from survey's conducted from October 2014 to January 2016. A total of 53 surveys were rated during this time.

Table 1

FOSS Measure	Average
1: Concern Identification	4.94
2: Sample Selection	4.94
3: General Investigation	4.72
4: Kitchen/Food Service Investigation	4.97
5: Medication Investigation	4.94
6: Deficiency Determination	4.83

The information in **Table 2** is derived from the FOSS results assessing tags cited on the 2567 by DADS and CMS surveyors. **Table 2** includes FOSS information from surveys conducted from October 2014 to January 2016.

Table 2

SA/RO Tag Cited on 2567	Total
Agreed on Severity	92%
RO Lower Severity	0.2%
RO Higher Severity	2%
SA No Tag Cited / RO Cited	5%
SA Cited / RO No Tag Cited	0.6%

of hours spent on workload - FFY2015

		CMS Reg 6	TX	National
ICF	Standard Survey	48	57	49
	Revisit-Follow Up	12	14	9
	Complaint	29	29	18
NF-Medicaid only	Standard Survey	154	141	147
	Revisit-Follow Up	6	3	7
	Complaint	31	24	18
SNF only	Standard Survey	125	114	117
	Revisit-Follow Up	5	2	5
	Complaint	22	19	18
SNF/NF-dually certified	Standard Survey	182	158	166
	Revisit-Follow Up	10	3	8
	Complaint	34	25	22

CMS Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma and Texas

	Over the national average
	Under the national average

CMS Quality Indicator Survey, ASE-Q

The Quality Indicator Survey

CMS is implementing the Quality Indicator Survey (QIS) which is a computer assisted long term care survey process used by selected State Survey Agencies and CMS to determine if Medicare and Medicaid certified nursing homes meet the Federal requirements. The production grade software, ASE-Q is now being used.

The QIS was designed to achieve several objectives:

- Improve consistency and accuracy of quality of care and quality of life problem identification by using a more structured process;
- Enable timely and effective feedback on survey processes for surveyors and managers;
- Systematically review requirements and objectively investigate all triggered regulatory areas within current survey resources;
- Provide tools for continuous improvement;
- Enhance documentation by organizing survey findings through automation; and
- Focus survey resources on facilities (and areas within facilities) with the largest number of quality concerns.

Description of QIS

The QIS is a two-staged process used by surveyors to systematically review specific nursing home requirements and objectively investigate any regulatory areas that are triggered. Although the survey process has been revised under the QIS, the Federal regulations and interpretive guidance remain unchanged. The QIS uses customized software on tablet personal computers (PCs) to guide surveyors through a structured investigation.

Figure 1 describes the QIS process. The process begins with offsite survey preparation activities including review of prior deficiencies, current complaints, ombudsman information, and existing waivers/variances, if applicable. Minimum Data Set (MDS) data for the facility are loaded offsite into surveyors' tablet PCs.

Upon entry at the nursing home, an entrance conference is conducted during which the team coordinator requests facility information. Concurrent with the entrance conference, surveyors conduct a brief tour to gain an overall impression of the facility, and the resident population being served.

FIGURE 1: OVERVIEW OF THE QIS PROCESS

	Offsite Survey Preparation	
	Onsite Survey Preparation	
Entrance Conference	Reconcile Stage 1 Sample	Facility Tour
	Initial Team Meeting	
	Stage 1 Preliminary Investigation	
Census and Admission Sample Reviews	Mandatory Facility Tasks (non-staged)	Stage 1 Team Meetings
	Transition from Stage 1 to Stage 2 Draw Stage 2 Sample	
	Stage 2 Investigations	
Care Area Investigations	Non-Mandatory Facility Tasks Continue Mandatory Facility Tasks	Stage 2 Team Meetings
	Stage 2 Analysis and Decision Making Integration of Information Decisions to Cite or Not to Cite	
	Conduct the Exit Conference	

Thresholds:

With the release of ASE-Q, Census and Admission sample QCLIs will have two separate sets of thresholds, one for small samples and one for not small samples.

- “Small” Census sample thresholds will apply when there are 35 or fewer residents in the Census sample and “Not Small” Census sample thresholds will apply when there are 36 or more residents in the Census sample. The exception to this rule is for Family Interview QCLIs. There is one threshold for Family Interview QCLIs, regardless of the Family Interview sample size.
- “Small” Admission sample thresholds will apply when there are 9 or fewer residents in the Admission Sample and “Not Small” thresholds will apply when there are 10 or more residents in the Admission sample. The applicable threshold is automatically applied by the software; surveyors do not have to choose which threshold to use.

Three distinct Stage 1 Samples are selected:

- 1) The census sample focuses on quality of care and quality of life and includes up to 40 randomly selected residents who are in the nursing home at the time of the survey. The random selection is only altered when in-facility complaint residents are added to the census sample.
- 2) The admission sample includes up to 30 recent admissions and emphasizes issues such as rehospitalization, death, or functional loss. This may include both current and discharged residents for a focused chart review.

- 3) The MDS data are used to create the resident pool from which the Stage 1 samples are randomly selected and to calculate the MDS-based Quality of Care and Quality of Life Indicators (QCLIs) for use in Stage 2.

In addition, other residents and issues can be selected at the surveyors' discretion.

Stage 1 provides for an initial review of large samples of residents which includes resident, family, and staff interviews; resident observations; and clinical record reviews. Utilizing onsite automation, the results of these preliminary investigations are combined to provide a comprehensive set of QCLIs covering resident and facility-level regulatory areas. Mandatory Facility Tasks are started including resident council president interview; observations of dining and kitchen areas, infection control practices, medication storage, and medication administration; and review of the Medicare demand billing process and the quality assessment and assurance program.

After the Stage 1 review is completed, ASE-Q uses the surveyors' findings together with MDS data to determine which QCLIs exceed a national threshold and consequently trigger care areas and/or non-mandatory facility tasks for further investigation in Stage 2.

Stage 2 Investigation includes:

- Care area investigations using a set of investigative protocols that assist surveyors in completing an organized and systematic review of triggered care areas;
- Completion of mandatory facility tasks; and
- Triggered non-mandatory facility tasks which include abuse prohibition, environment, sufficient staffing, personal funds, admission transfer and discharge.

After all investigations have been completed, the team analyzes the results to determine whether noncompliance with the Federal requirements exists. The ASE-Q uses the same decision-making process to determine noncompliance, including severity and scope designation, as is used in the traditional survey. An exit conference is conducted, during which the nursing home is informed of the survey findings.

Differences between the Traditional Survey and the QIS

TRADITIONAL SURVEY		QIS
	AUTOMATION	
<ul style="list-style-type: none"> Survey team collects data and records the findings on paper The computer is only used to prepare the deficiencies recorded on the CMS-2567 		<ul style="list-style-type: none"> Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software
	OFFSITE	
<ul style="list-style-type: none"> Review OSCAR 3 and 4 report Survey team uses QM/QIs report offsite to identify preliminary sample of residents (about 20% of facility census) areas of concern 		<ul style="list-style-type: none"> Review the Casper 3 Report and current complaints Download the MDS data to tablet PCs ASE-Q selects a random sample of residents for Stage 1
	ENTRANCE INFORMATION	
<ul style="list-style-type: none"> Review of Roster Sample Matrix Form (CMS 802) 		<ul style="list-style-type: none"> Obtain census number and alphabetical resident census with room numbers and units List of new admissions over last 30 days
	TOUR	
<ul style="list-style-type: none"> Gather information about pre-selected residents and new concerns Determine whether pre-selected residents are still appropriate 		<ul style="list-style-type: none"> No sample selection Initial overview of facility
	SAMPLE SELECTION	
<ul style="list-style-type: none"> Sample size determined by facility census Residents selected based on QM/QI percentiles, and issues identified offsite and 		<p>The ASE-Q provides randomly selected sample of residents for the following:</p> <ul style="list-style-type: none"> Admission sample is a review of up to 30

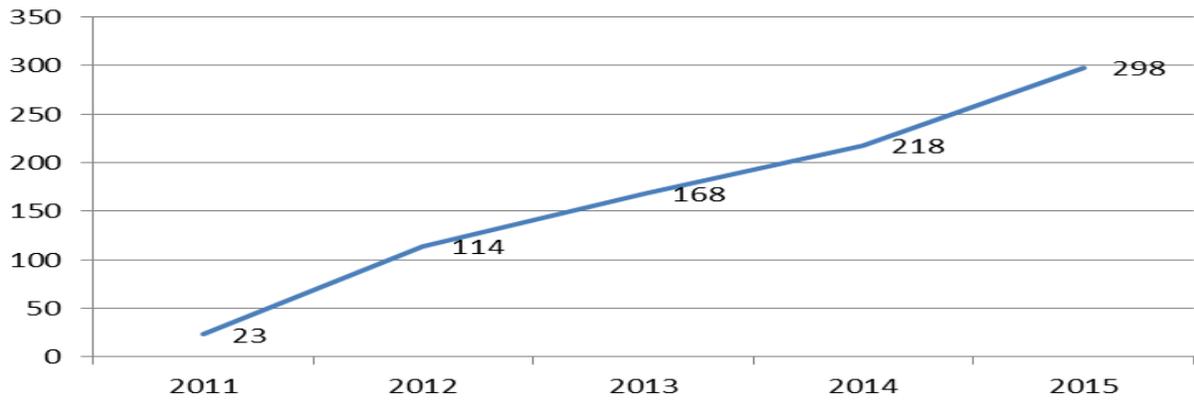
on tour		<p>current or discharged resident records</p> <ul style="list-style-type: none"> • Census sample includes up to 40 current residents for observation, interview, and record review
	SURVEY STRUCTURE	
<p>Resident sample is about 20% of facility census for resident observations, interviews, and record reviews</p> <ul style="list-style-type: none"> • Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour • Phase II: Focused record reviews • Facility and environmental tasks completed during the survey 		<ul style="list-style-type: none"> • Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started • Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on Stage 1 findings
	GROUP INTERVIEW	
<ul style="list-style-type: none"> • Meet with Resident Group/Council • Includes Resident Council minutes review to identify concerns 		<ul style="list-style-type: none"> • Interview with Resident Council President or Representative

Number of Joint Provider Meetings and attendance by region for the past 5 years

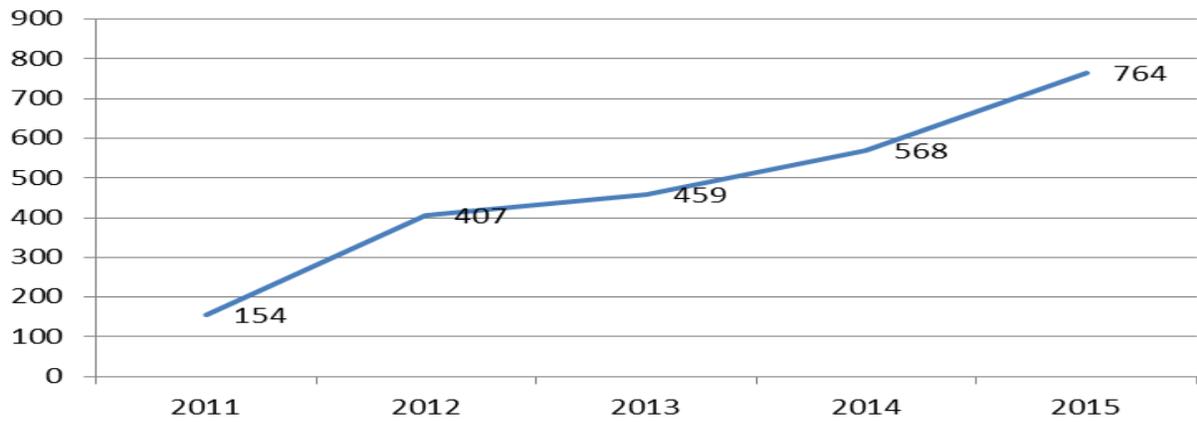
Number of Joint Training Courses Taught by Educational Services Staff						
Region	FY10	FY11	FY13	FY14	FY15	FY16-thru Jan
1	19	15	11	14	16	8
2	14	15	18	6	15	6
3	38	29	28	20	30	7
4	14	14	20	19	7	10
5	19	14	17	19	28	13
6	56	61	45	80	74	22
7	39	56	30	31	44	11
8	27	20	34	46	31	16
9	19	3	11	1	12	3
10	5	3	3	2	2	0
11	35	25	21	29	33	5
TOTAL	285	255	238	267	292	101

Number of Participants						
Region	FY10	FY11	FY13	FY14	FY15	FY16-thru Jan
1	371	324	220	272	385	117
2	304	361	375	113	347	102
3	706	509	586	975	434	96
4	297	240	366	561	74	119
5	442	246	260	377	352	102
6	1292	1264	720	1219	1039	221
7	482	2280	355	901	675	136
8	605	454	1044	1222	581	212
9	409	81	181	20	213	10
10	117	101	113	39	17	0
11	411	440	434	536	652	100
TOTAL	5436	6300	4654	6235	4769	1215

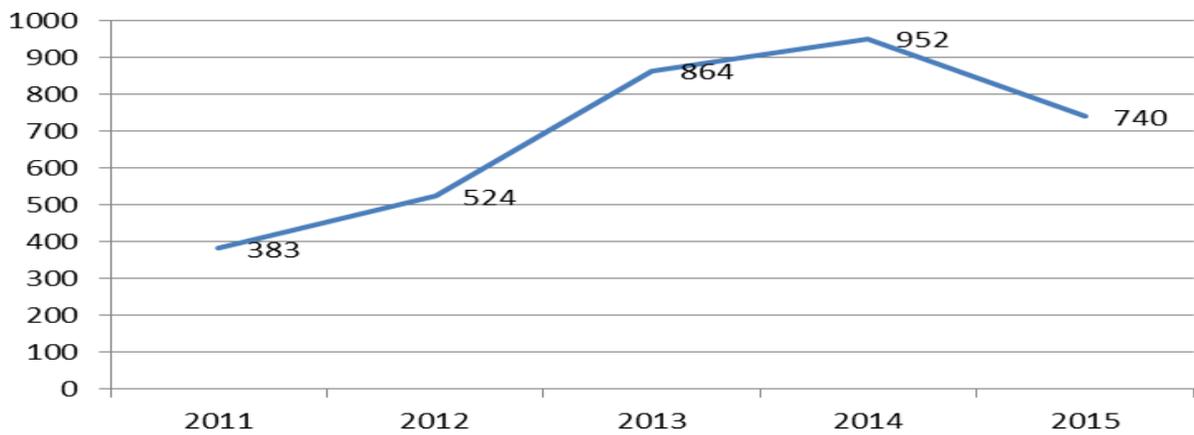
of ICF Provider Participants



of ALF Provider Participants



of NF Provider Participants



Regulated Providers and Accreditations

DSHS Regulated Providers

State Licensure Only

- Birthing Center
- Abortion Facility
- Free Standing Emergency Centers
- Special Care Center
- Crisis Stabilization Unit

Federal Certification

- Hospital (General or Special)*
- Psychiatric Hospital*
- Ambulatory Surgical Center*
- End Stage Renal Disease (Dialysis) *
- Rural Health Center
- Out-patient Physical Therapy
- Comprehensive Outpatient Rehabilitation Facility
- Portable X-ray
- Community Mental Health Center

*both licensed and certified

DADS Regulated Providers

- State Licensure Only
- Assisted Living Facilities
- Home Health & Hospice
- Day Activities & Health Services Facilities
- Prescribed Pediatric Extended Care Centers

Licensing & Federal Certification

- Nursing Facilities
- Intermediate Care Facilities*
- Home Health & Hospice

*SSLCs are not licensed

Provider types approved for Medicare certification via accreditation

- Ambulatory Surgical Center
- Home Health & Hospice
- General, Psychiatric and Critical Access Hospitals
- Out-patient Physical Therapy
- Rural Health Center

Quality Monitoring Program (QMP)

1. How many staff is in QMP? Nurses-22, Dieticians-7, Pharmacists-6
2. Can you explain the purpose of QMP and possible consults?
 - a. The purpose of the QMP is to detect, through the Early Warning System (EWS), conditions inside Texas nursing facilities (NFs) that could be detrimental to the health, safety and welfare of facility residents. quality monitors (QMs) are nurses, pharmacists and dietitians who may:
 - i. recommend procedural and policy changes;
 - ii. provide staff training and in-servicing;
 - iii. be available for technical assistance; and
 - iv. educate on evidence-based best practices (EBBP) that will ensure facilities are doing the right thing, in the right way and at the right time, for the right person to achieve the best possible outcomes.
3. Can a facility request QMP assistance or do they need a citation to receive QMP consultations?
 - a. A Nursing Facility may request a QMP visit or a Rapid Response Team. For more information please see the link provided to the QMP handbook for Nursing Facilities which provides a comprehensive overview to the program along with the website.
4. What is the number of QMP consultations by year over the past 5 years?
 - a. Visit decline in FY 2015 is related to the revised process for Rapid Response Teams along with visit selection in accordance with EWS. Below is the information.
 - i. FY 2013 = 3,580 visits
 - ii. FY 2014 = 3,148 visits
 - iii. FY 2015 = 2,176 visits
 - iv. Data for FY 2012 and FY 2011 is not available.
5. Provide an overview of the required QMP/technical assistance outlined in the 3-strike law for the first two incidents.
 - a. The statute is silent on the first two strikes, so it defaults to whether or not the NF was identified through the EWS. If the NF is ranked medium to high risk, they will receive a QMP or Rapid Response Team visit.
 - b. Regulatory Services Division notifies the QMP management when a NF has two strikes and QMP staff will pull their EWS information at that time and schedule a QMP visit, or Rapid Response Team visit.

Additional information on the QMP can be found at:

<http://www.dads.state.tx.us/providers/qmp/>

<http://www.dads.state.tx.us/handbooks/qmppm/1000/1000.htm>

To request a visit or to obtain more information they may email:
Quality.MonitoringProgram@dads.state.tx.us