CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES EVALUATOR II (SUPERVISOR)
Schematic Code: SZ63  Classification Code: 8051  Exam Code: 2H1CD

Examination Type: Promotional

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

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

January 8, 2019
March 8, 2019
May 8, 2019
July 8, 2019
September 9, 2019
November 7, 2019
January 8, 2020

SALARY
$5652 - $7027 per month

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

This is a promotional examination for the Department of Public Health. Competition is limited to employees who meet the minimum qualifications and have a permanent civil service appointment with the Department of Public Health. Employees who have limited-term appointments in the department (provided they have had a permanent appointment and no subsequent break in service) are allowed to participate in departmental promotional exams in the department or must be: 1) a current or former employee of the Legislature for two or more years as defined in Government Code (GC) Section 18990; or 2) a current or former non-elected exempt employee of the Executive Branch with two or more consecutive years (excluding those positions for which salaries are set by statute) as defined in GC Section 18992; or 3) persons retired from the United States military, honorably discharged from active military duty with a service-connected disability, or honorably discharged from active duty as defined in GC Section 18991.

MINIMUM QUALIFICATIONS

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

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

AND

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

GENERAL QUALIFICATIONS

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

POSITION DESCRIPTION

TYPICAL TASKS

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

STANDARD STATE APPLICATION (FORM 678)

COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS

SUPPLEMENTAL RESPONSES

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

By Mail:

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

Drop Off:

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

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

CONTACT INFORMATION

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

PHONE NUMBER: 916-650-0436

EXAMINATION INFORMATION

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

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

SUPPLEMENTAL APPLICATION INSTRUCTIONS

Each applicant for this examination must complete and submit his/her responses to all five supplemental items that follow. Applications received without responses to the supplemental items will be rejected.

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

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

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

SUPPLEMENTAL ITEMS

1. Describe your experience in leadership, supervisory or team building in planning, conducting, and documenting facility surveys.

2. How would you ensure equal employment opportunities and a harassment free work environment.

3. Describe your experience interacting effectively with a variety of individuals, organizations, state agencies and local governments.

4. Describe your experience in using various methods of data collection and analysis making assessments of staff performance and facility performance. Give examples of the methods and/or resources used. Give the reasons why you chose those methods/or resources.

5. Describe your experience in planning, organizing, directing, coaching as well as mentoring and training of others. Give examples of your specific role and the outcome.
REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

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

NOTE: Applications must include “to” and “from” dates (month/day/year), time base, job titles and/or civil service class title(s), and range (if applicable) for all work experience. College course Information must include title, number of semester or quarter units, name of institution, completion dates, and degree. Applications received without this information will be rejected. Applicants must submit a copy of either official or unofficial transcripts along with the application when using education to meet the entrance requirements for this examination.

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

Knowledge of:

1. Principles and purposes of regulations governing health care facilities.
2. State and federal laws, regulations, and rules administered by the Department governing the planning, construction, licensing, inspection, regulation, and supervision of such public and private health facilities as hospitals, nursing homes, intermediate care facilities, clinics, adult day-care centers, and home health agencies.
3. Departmental policies and procedures.
4. Investigative methods, techniques, and rules of evidence as utilized in surveys and complaint processes.
5. Health care facility building types and usage of furnishings, utilities, and equipment.
6. Building construction, fire protection and operational features terminology.
7. NFPA and CMS fire safety regulations and standards.
8. The Department's Equal Employment Opportunity Program and objectives.
9. The supervisor's role in the EEO Program and the processes available to meet EEO objectives.
10. Knowledge of the resources available within the work unit and the department to provide assistance in meeting goals and objectives to ensure that expectations of staff efforts and performance are reasonable and appropriate.
11. Principles, practices, and techniques used in the administration of the licensing and certification program.
12. Effective group and individual training techniques and methods, which contribute to and promote a positive, cooperative, professional work environment.
13. Personnel procedures to ensure that personnel actions are in compliance with departmental procedures and policies, as well as State laws and regulations as enforced by the California Department of Human Resources and the State Personnel Board.
14. Principles and techniques used to reinforce and ensure positive performance to recognize and promote acceptable and superior performance of subordinate employees.
15. Functions and techniques of health care facility management, services, organizations, and standards for patient care and safety.

Ability to:

1. Work independently on multiple assignments and restrictive timeframes, in a productive and positive manner, and to be flexible to changes in priorities, in work assignments, and other
interruptions.
2. Perform quality control review and monitor workload of field staff work.
3. Participate effectively in conferences and training sessions.
4. Communicate effectively.
5. Establish and maintain cooperative relationships with personnel in the health care industry, the Department, and with other community social and health care agencies.
7. Produce, clear, accurate and concise reports.
8. Provide consultation to staff.
9. Contribute to the Department’s EEO Program and objectives.
10. Collect and analyze data.
11. Use personal computer, applicable software programs, and database sources to write reports, do research and communicate electronically.
12. Interpret and apply pertinent State and Federal laws, regulations, and rules.
13. Analyze problems arising out of field operations.
15. Reach logical conclusions and implement effective changes as corrective actions to identified problems.
16. Analyze situations accurately and take effective action.
17. Utilize and apply effectively required technical knowledge.
18. Plan, organize, direct and control the work of others.
19. To review, edit, correct staff reports utilizing correct grammar and sentence structure to comply with principles of documentation, and consistency in writing.
20. Design, develop, conduct, and provide a full range of in-service and out-service training for evaluators to include group and individual training techniques and methods.

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

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

HOW TO APPLY FOR VETERANS’ PREFERENCE
The California State Jobs’ website (www.jobs.ca.gov) has information on how to apply for Veterans’ Preference on their website and on the Application for Veterans’ Preference form (CalHR 1093) (https://jobs.ca.gov/PDF/SPB1093.pdf). Additional information is also available at the Department of Veterans Affairs website (http://www.cdva.ca.gov).
TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:
MCI from TDD: 1-800-735-2929    MCI from voice telephone: 1-800-735-2922
Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379
CONDITIONS OF EMPLOYMENT (631)

Examination Title: Health Facilities Evaluator II (Supervisor)

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

Final Filing Dates:
January 8, 2019
March 8, 2019
May 8, 2019
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November 7, 2019
January 8, 2020

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

Locations in which you are willing to work:
Please indicate a maximum of 16 choices on this form - you will not be offered a job in locations not checked.

____(0100) Alameda    ____(0200) Alpine    ____(0300) Amador
____(0500) Calaveras    ____(0600) Colusa    ____(0700) Contra Costa
____(0900) El Dorado    ____(1000) Fresno    ____(1100) Glenn
____(1300) Imperial    ____ (1400) Inyo    ____ (1500) Kern
____(1700) Lake        ____ (1800) Lassen    ____ (1900) Los Angeles
____(2100) Marin    ____ (2200) Mariposa    ____ (2300) Mendocino
____(2500) Modoc   ____ (2600) Mono    ____ (2700) Monterey
____(2900) Nevada     ____ (3000) Orange    ____ (3100) Placer
____(3300) Riverside   ____ (3400) Sacramento    ____ (3500) San Benito
____(3700) San Diego    ____ (3800) San Francisco    ____ (3900) San Joaquin
____(4100) San Mateo    ____ (4200) Santa Barbara    ____ (4300) Santa Clara
____(4500) Shasta     ____ (4600) Sierra    ____ (4700) Siskiyou
____(4900) Sonoma    ____ (5000) Stanislaus    ____ (5100) Sutter
____(5300) Trinity    ____ (5400) Tulare    ____ (5500) Tuolumne
____(5700) Yolo    ____ (5800) Yuba    ____ (1600) Kings
____(0400) Butte    ____ (4000) San Luis Obispo    ____ (2000) Madera
____(0800) Del Norte    ____ (4400) Santa Cruz    ____ (2400) Merced
____(1200) Humboldt    ____ (4800) Solano    ____ (2800) Napa
____(5600) Ventura    ____ (5200) Tehama    ____ (3200) Plumas
____(3600) San Bernardino
TYPE OF EMPLOYMENT DESIRED:
ON A PERMANENT BASIS, I AM WILLING TO WORK:
   ☐ Full Time
   ☐ Part Time (regular hours less than 40)
   ☐ Intermittent (on call)
   ☐ Limited Term

ON A TEMPORARY BASIS, I AM WILLING TO WORK:
   ☐ Full Time
   ☐ Part Time (regular hours less than 40)
   ☐ Intermittent (on call)
   ☐ Limited Term

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

Signature: ___________________________ Date: ___________________________