December 6, 2024

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
              Director

SUBJECT: **DEPARTMENT OF PUBLIC HEALTH FINAL UPDATE - IMPLEMENTATION OF OFFICE OF THE INSPECTOR GENERAL AND AUDITOR-CONTROLLER RECOMMENDATIONS FOR OVERSIGHT OF SKILLED NURSING FACILITIES**

The Department of Public Health (Public Health) and its Health Facilities Inspection Division (HFID) have continued to make progress implementing recommendations from Office of the Inspector General (OIG) final report issued on October 7, 2021. This memo is to provide the Board a final update on the Department's progress made since the last update sent to you on September 27, 2023.

Public Health and HFID have completed the recommended actions and improvements made by the 2021 Office of the Inspector General (OIG) and Auditor-Controller reports. Specifically, we have completed the last outstanding recommendation made by the OIG in 2021, for Public Health to retain a consultant to conduct a comprehensive assessment of HFID operations. This review, which was conducted by Health Management Associates (HMA), was recently completed on November 12, 2024.

Retention of A Consultant

In response to the OIG and Auditor-Controller recommendations, a Request for Services to engage a consultant to assess and provide recommendations for improving HFID's operations was released. DPH selected Health Management Associates (HMA) to conduct a comprehensive assessment of HFID. HMA has completed its assessment and provided its final report on November 12, 2024. As part of its assessment, HMA reviewed the structure and terms of the California Department of Public Health (CDPH) Licensing and Certification Division's contract with the County, HFID staffing levels, nurse inspector hiring processes, programmatic productivity, management and training practices, CDPH Policies and Procedures, and HFID recordkeeping. HMA's final report provided 52 recommendations, of which HFID has already implemented approximately 75 percent. HFID is actively working on 2 specific recommendations to work with CDPH on the implementation of employee overtime action plans and developing staff training plans for CMS's new web-based survey system, iQIES, which is expected to

launch in early 2025. The remaining 11 HMA recommendations generally involve subject matter that is subject to the terms of the contract between CDPH and the County or involve CDPH or federal CMS created policies and procedures, which may not be unilaterally implemented by HFID. A list of the recommendations found in the HMA report is provided in the attached document.

Conclusion

The above action completes the Public Health and HFID response to the recommendations from Office of the Inspector General and Auditor-Controller. If you have any questions or would like any additional details on these items, please let me know.

BF:slc:lb

Attachment

c: Chief Executive Officer
        County Counsel
        Executive Officer, Board of Supervisors

Health Facilities Inspection Division (HFID) Comprehensive Assessment

Presented to

LA County HFID

August 21, 2024

CONTENTS

EXECUTIVE SUMMARY

Introduction and Background

California has more than 14,000 regulated healthcare facilities. As a contracted state survey agency, the Los Angeles County Health Facilities Inspection Division (HFID) is charged with ensuring that a designated subset of healthcare facilities follow state licensing laws and federal certification regulations by conducting the necessary surveys. HFID is also responsible for responding to and investigating complaints and facility reported incidents (FRIs). The California Department of Public Health (CDPH) oversees 56 percent of these facilities (8,313) and HFID covers the remaining 44 percent (6,528). Broken down even further, HFID has 491 total staff, who are distributed as evenly as possible among the five district offices. HFID's 333 surveyors, mostly registered nurses (RNs), are assigned to perform the required activities for the 6,528 healthcare facilities in the County. In comparison, CDPH has 1,038 staff, including 320 surveyors/consultants who perform similarly required activities for 8,313 healthcare facilities.

Project Overview

In 2023, HFID asked Health Management Associates (HMA) to assess the ability of the HFID to meet Centers for Medicare & Medicaid Services (CMS) and the CDPH programmatic requirements and understand how it can better meet programmatic requirements and all metrics under the current contract with CDPH, while improving the overall work.

More specifically, HFID has asked HMA to analyze the current processes, staffing levels, and recordkeeping, as well as how the work is assessed based on the type of facility, and then make recommendations for improvements in all aspects of the work. HFID asked that HMA's review include:

- An assessment of HFID's ability to meet CMS and CDPH programmatic requirements and all metrics under the current contract with CDPH

- Determination of the appropriate and necessary staffing structures and levels that HFID will need to best meet their current and future contractual needs, ensuring the ongoing health and safety of residents and staff within the healthcare facilities in the County

- Identification of the cause(s) and solution(s) for the significant variances in the standard average hours between the State and the County to ensure that HFID staff are performing their activities in the most efficient and effective manner

- Identification of the cause(s) and solution(s) for the number of aged intakes

- Development of a plan, whether procedurally/operationally and/or modifying HFID's organizational structure and/or staffing levels, to ensure that all investigations are closed within established time frames as required

- An assessment of management practices and recommendations regarding policies and procedures to support key operations, employee support and engagement, and workplace culture/productivity

- An assessment of recordkeeping and tracking mechanisms and practices, data analytics, and storage capacity

- An assessment of training needs and appropriate enhancements to HFID's training programming

Findings and Recommendations

The following findings and recommendations are laid out in alignment with the project's statement of work:

		Findings	Recommendations
Staffing Levels and Productivity	**Hiring and Recruitment**	• Creative Recruitment Strategies • Reporting on Vacancies • Exploring Contract Opportunities	• Collaborate with Los Angeles County (LAC) Department of Public Health (DPH) human resources (HR) to develop recruitment plans and update recruitment strategies • Identify opportunities to work with stakeholders to streamline the hiring process
	Employee Retention	• High vacancy rates • Staff frustrations with accountability and workload • Leadership development needs • Employee separation after the successful completion of evaluator certification	• Establish new strategies for retention • Establish a system for offering hiring and retention bonuses • Offer skills-based training prior to promotion • Develop a process for identifying skill gaps and providing ongoing training beyond those offered through DPH University • Develop training in managerial skills and core competencies • Conduct regular performance assessments • Continue to collaborate with County Public Health's HR and the union on ways to manage poor performers and address job needs/reasonable accommodations • Collaborate with HR, unions, and HFID to streamline the hiring process to minimize the length of time a position is vacant • Increase promotional pathways • Consider a retention bonus strategy
	Staffing Levels	• Timekeeping is a challenge for employees • Existing workforce capacity is insufficient to satisfy projected volume of work • In future years, the forecasted supply of labor hours cannot satisfy the demand for the annual forecasted administrative hours • Unknown timing and distribution of work • Optimization delay for HEFNs • Challenges with overtime spending and processes • Complaint and FRI backlog responsibilities	• Update overtime policies • Update structure to prioritize workload • Change complaint investigation process • Address overtime spending by bringing aboard a team to handle backlogs • Consider seeking to amend the agreement with the State to alternatively allocate the $3 million in overtime expenditures to full-time staff • Improve use of trainees by identifying and assigning tasks to training candidates who have yet to become fully certified HFENs • Consider a more formal team-based model for operations • Consider investing in resources to adequately support management's effort to improve efficiency

HMA

		Findings	Recommendations
Management Practices, Policies & Procedures	**Management Practices**	- External partners and collaborators have concerns about management practices - Concerns over a potential lack of adequate auditing and oversight by management of OT and the process for approval for OT - Overreliance on hiring and promoting from within - Frequent staff confusion complex policies and procedures	- Collaborate with partners to define processes and pathways regarding complaints and investigations - Engage with the Ombudsman more frequently to strategize on solutions of accountability and review of deficiencies to improve skilled nursing facilities (SNF) operations - Create additional education and training content regarding the role of the Ombudsman and to standardize communication and protocol - Clarify terminology in training materials regarding mentorship and supervisor roles - Maintain their Power BI dashboard and staff should be educated on how/encouraged to use it - Collaborate with CDPH and ensure quality assurance tools are adopted - HFID should clarify for staff appropriate use of personal phone time on-site through policy revisions and training - Enforce the timelines on report delivery per CMS requirements - HFID and LAC should develop hiring and promotion strategies that incorporate training - Establish a clear promotion pathway that helps measure skills and ability - HFID leadership should collaborate with CDPH leadership to improve upon policies and streamline processes when possible
	Policy and Process	Outdated policies, procedures, and manuals	- Update policies - Enhance communication
Recordkeeping	**Recordkeeping**	- Inconsistency in recordkeeping for overtime - Reporting integration needs - Lack of standardization - Inefficient and inconsistent assignment distribution	- Improve standardization and practices for timekeeping - Invest in additional data and reporting infrastructure - Continue to enhance audit functions - Enhance secure phone communications - Improve consistency in terminology - Use built-in scanning functionality - Ensure that staff have access to needed applications

HMA

	Findings	Recommendations
Training	- Training team is engaged and more robust in size and scope that it had been previously - Now tracking compliance rates on annual training - Staff reporting onboarding needs improvement - Supervisor/manager training is lacking - Hire start dates and Academy start dates are separate, unaligned processes	- Track and ensure that the training materials and survey manuals are delivered and shared - Conduct an audit with LAC HR on missed training opportunities and documentation of current training records to get a baseline before all interventions are rolled out - Develop and design training for non-long-term care (LTC) areas and determine pathways and skill sets needed - Train employees when skills gaps are identified on time management, computer skills training for current roles, and communication - Explore a more organized hiring and onboarding process, aligned with the Academy calendar - Ensure that all staff are aware of the terminology dictionary - Adopt policies that allow intermediate typist clerk (ITC) to shadow best practices - Consider how best to communicate to evaluators on boundaries vs empathy - Pay for HFE NFPA-related books and materials - Permit support staff to attend trainings that are germane to their jobs - Establish a training program design that allows for increased employee productivity - Increase and expand shadowing program

Training

HMA

INTRODUCTION

Los Angeles County (LAC) contracted with Health Management Associates (HMA) in February of 2023 to assess the ability of the LAC Health Facilities Inspection Division (HFID) to meet the Centers for Medicare & Medicaid Services (CMS) and the California Department of Public Health (CDPH) programmatic requirements. HMA reviewed all metrics under the current contract between Public Health and the CDPH by studying the requirements and comparing them with HFID's 2023 performance. Additional information about the history of HFID and its relationship with CDPH can be found in Appendix A: Background. An overview of our methods can be found in Appendix B: Methods for Assessment. Table 1 includes the elements of the scope of work associated with the engagement.

Table 1. HMA Scope of Work

#	SPECIFIC WORK REQUIREMENT
3.1	**Assess HFID's ability to meet CMS and CDPH programmatic requirements and all metrics under the current contract**
3.1.1	Review the requirements and performance metrics within the contract
3.1.2	Provide an assessment of HFID's ability to meet contractual requirements
3.1.3	Identify necessary changes or increases in resource allocation (staff time, information systems, recordkeeping, and office space) to meet current and future contractual requirements
3.2	**Determine the appropriate and necessary staffing structures and levels HFID will need in order to meet current and future contractual needs**
3.2.1	Assess the overall workload of HFID, their intake, and their investigations, including FRIs, licensure and certification surveys, and other required work, incorporating trends in the intake numbers (complaints and FRIs) and project caseloads
3.2.2	Assess the overall number of aged intakes that require initiation, additional investigation, completion, and/or closure; identify which intakes remain the responsibility of HFID and the remaining intakes that CDPH has agreed to assign to other CDPH district offices
3.2.3	Determine whether additional staff will be needed to eliminate the backlog of intakes and prevent future backlogs, achieved via a time study at different levels in the organization including clerical, support, surveyors, supervisors, and managers
3.3	Identify the reasons for the significant variance in the standard average hours between State and County to ensure that HFID staff are performing their activities in the most efficient and effective manner
3.3.1	Review the organizational chart of HFID and provide analysis if any differences between staffing levels and structures and that of other CDPH L&C district offices could improve HFID efficiency
3.3.2	Compare the workload of HFID and that of other CDPH district offices to identify differences between them regarding their caseloads, facility to surveyor ratios, and average hours dedicated to each intake or survey

#	SPECIFIC WORK REQUIREMENT
3.4	**Identify the causes and solutions for the number of aged intakes and develop a plan for modifying HFID's organization structure or staffing levels, ensuring that all investigations are closed within time frames**
3.4.1	Identify what improvements or systemic changes in investigative or business processes are needed to address and resolve facility noncompliance issues in a timely manner
3.4.2	Recommend accountability mechanisms to both identify and rectify procedural and operational issues and/or inefficiencies
3.5	**Assess management practices and provide recommendations regarding policies and procedures to support key operations, employee support, engagement, workplace unity, and overall productivity**
3.5.1	Review internal HFID policies and procedures to understand codified management practices
3.5.2	Interview a representative sample of staff at all levels to understand employee perceptions, workplace culture and morale, and understanding of workplace policies and procedures
3.5.3	Interview full HFID management and supervisorial team to understand leadership culture, management principles and values, and workplace policies and procedures
3.5.4	Develop an employee retention strategy
3.6	**Assess recordkeeping and tracking mechanisms and practices, data analytics, and storage capacity**
3.6.1	Assess the electronic and physical storage capacities used to maintain records and track workload across the Division as well as by region, unit, and individually
3.6.2	Assess workload tracking practices and regular monitoring of performance metrics and identify areas for optimizing and streamlining recordkeeping and tracking of workload, including optimizing the process of transitioning from paper to electronic records
3.6.3	Identify additional staffing needs and information system capacity to perform data analytics to identify patterns and trends in compliance with data and conduct facility-specific and systemwide risk assessments
3.7	**Assess training needs and appropriate enhancements to HFID's training programming**
3.7.1	Engage clinical consultants with a training unit to standardize training opportunities for new staff preparing for the surveyor minimum qualifications test (SMQT)
3.7.2	Develop regular, continuous workforce training programs to refresh skills among the entire surveyor workforce
3.7.3	Assess opportunities to enhance the mentorship program with an explicit focus on increasing employee retention
3.8	The vendor shall submit draft reports that contain analysis, assessments, and recommendations

HMA

BACKGROUND

As a contracted state survey agency, HFID is charged with ensuring that a designated subset of healthcare facilities follow state licensing laws and federal certification regulations by conducting the necessary surveys. HFID is also responsible for responding to and investigating complaints and facility reported incidents (FRIs). See Table 2 for details on HFID's scope of responsibility. The previous State/County contract was for three years beginning on July 1, 2019, and had a total budget of approximately $381 million.

Table 2. LA County HFID Required Surveys

Required Surveys
• Re-licensure surveys, recertification, and associated follow-up work
• Initial and change of service surveys
• General acute care hospital initial and change of service surveys
Response to/Investigation of Complaints and FRIs
• Skilled nursing facilities (SNFs)
• Congregate living health facilities
• Intermediate care facilities for developmentally disabled/habilitative/nursing (intermediate care facilities [ICF]/DD)
• General acute care hospital (GACH)
• Ambulatory surgical centers (ASC)
• Hospice
• Home health (HH)
• Acute psychiatric hospitals
• Comprehensive outpatient rehabilitation facilities, end stage renal disease, and transplant centers
• Primary care clinics, rural health clinics, community mental health clinics, surgical clinics, birthing clinics, federally health qualified centers

CDPH's Responsibilities

Statutorily and contractually, CDPH retains responsibility for establishing all program policies and standards, and conducting all enforcement actions related to licensure, including denials, revocations, and suspensions. Under the contract with the County, CDPH has oversight of all HFID-administered surveys and determines whether they are conducted in accordance with three performance metrics: quantity, quality, and customer service. CDPH provides HFID with reasonable notice of all mandated training. CDPH calculates workload metrics annually, 180 days after the close of the fiscal year (FY), to determine whether HFID met workload targets. In addition, CDPH regulates for LA County-owned and/or operated licensed healthcare facilities to avoid the appearance of a conflict of interest.

The State has contracted with the County to provide licensed health facility inspection services since the 1960s. At the time of this report, the most recent contract (contract agreement number 19-10042) began on July 1, 2019, and ended on June 30, 2023. Beyond HFID conducting surveys and investigations of licensed healthcare facilities, the contract additionally requires HFID to grant CDPH auditors and monitors access to their division offices and permit them to use HFID's office resources (telephones, docking stations, fax machines, and photocopiers). HFID is required to use the time entry and activity management (TEAM) system, as prescribed by CDPH, to track the time that personnel devote to conducting surveys. HFID then must provide a workload and progress report by the 10th working day of each month following the month in which HFID completes the work required to meet the workload projections.

Overview

California has more than 14,000 regulated healthcare facilities. CDPH oversees 8,313 of these facilities and HFID is responsible for 6,528. The state has 1,195 skilled nursing facilities (SNFs), of which roughly 32 percent are under HFID's purview, and 68 percent are under CDPH's jurisdiction. A total of 2,506 total long-term care (LTC) facilities—including skilled nursing facilities—are operating in California. The state is responsible for 1,749 (70%) of these institutions, and HFID is responsible for 757 (30%). There are 12,335 non-LTC facilities in California, and the state is responsible for 6,564 (53%), while HFID is responsible for 5,751 (47%). CDPH is directly responsible for about twice as many total healthcare facilities as HFID in each of the three categories (see Figures 1 and 2).

HFID has 491 total staff, who are distributed as evenly as possible among the five district offices. The breakdown of staff is as follows: 18 managers, 37 supervisors, 317 evaluators, 16 consultants, and 81 support staff. (See Appendix E: LA County Budget Year 4 (FY 22-23) for HFID Budget). HFID may adjust positions if filled positions are in accordance with the personnel categories included in the contract and do not exceed budgeted amounts.

HFID's 333 surveyors, mostly registered nurses (RNs), are assigned to perform the required activities for the 6,525 healthcare facilities in LAC..

Figure 1. HFID versus CDPH Total Number of Healthcare Facilities 2023
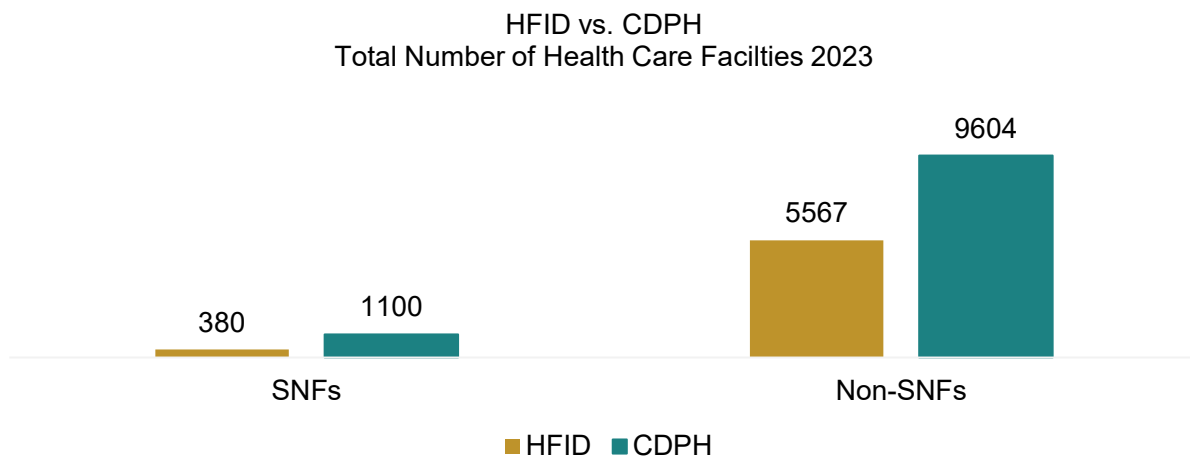
HFID vs. CDPH
Total Number of Health Care Facilties 2023

In comparison, CDPH has 1,038 staff, including 320 surveyors/consultants who perform similarly required activities for 8,313 healthcare facilities (see Figure 1). Both CDPH and HFID use the same reporting hierarchy: Surveyors report to supervisors, and supervisors/consultants report to management.

Figure 2 indicates the staffing levels (as of 2023 from the Fee report page 17) at both HFID and CDPH.).

Figure 2. Projected HFID versus Projected CDPH Staffing Level Comparison 2023-2024, per the fee reports provided by HFID

HFID cs. CHCQ
Staffing Level Comparison
2023-2024
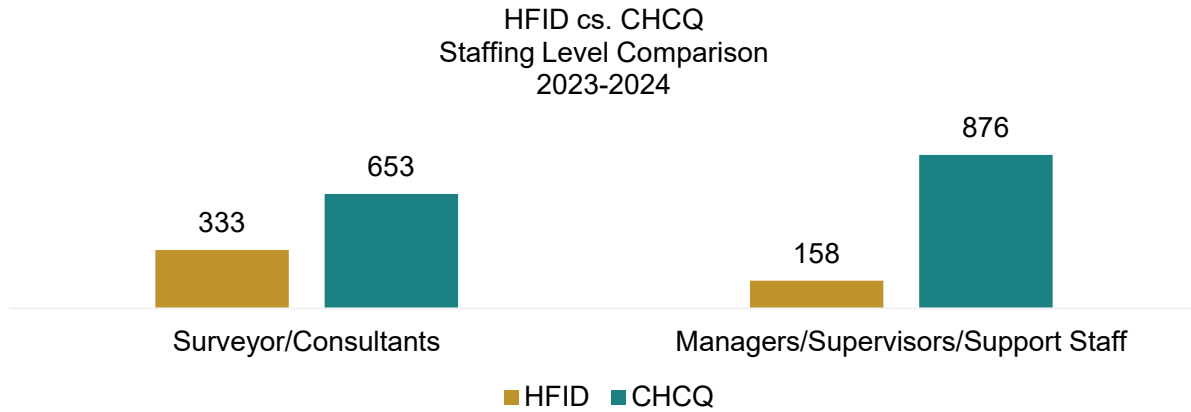
OPERATIONAL ASSESSMENT

To help HFID understand how it can better meet programmatic requirements and all metrics under the current contract with CDPH, as well as improve all aspects of the work, HMA reviewed the requirements and compared them with HFID's performance. The following is a consolidation of that review, which draws on interviews, observations, quantitative research, a time study, and review of dozens of artifacts. This document summarizes the findings and analysis of that research and focuses on opportunities for HFID to improve systems, internal operations, staffing levels, recordkeeping, and overall performance. We have organized the following sections to align with the statement of work for this project.

Staffing Levels and Productivity

In the below section, we reviewed and analyzed data to:

2.2 Determine the appropriate and necessary staffing structures and levels HFID will need to best meet their current and future contractual needs to ensure the ongoing health and safety of residents and staff within the County healthcare facilities

2.3 Identify the reason(s) for the significant variances in the standard average hours between the State and the County to ensure that HFID staff are performing their activities efficiently and effectively

2.4 Identify the cause(s) and solution(s) for the number of aged intakes and develop a plan, whether procedurally/operationally and/or by modifying HFID's organizational structure and/or staffing levels, to ensure that all investigations are closed within established time frames as required

Hiring/Recruitment

Hiring and recruitment play a pivotal role in the success of a government agency like HFID that is responsible for inspecting and certifying healthcare facilities. The recruitment and selection of qualified registered nurses who will serve as inspectors after completing a lengthy year-long, State-required training protocol is crucial to ensuring that the agency can effectively carry out its mission of safeguarding public health. Appropriate, thoughtfully selected personnel not only uphold regulatory standards but also contribute to the overall quality of healthcare services, ultimately producing safer and more reliable outcomes for the community.

The Center for Health Care Quality (CHCQ) has made significant progress toward restoring normal operations as the State continues to recover from the public health emergency (PHE). Staffing challenges will likely remain due to the nationwide nursing shortage. The following are the results of our assessment of hiring and recruitment:

- **Creative Recruitment Strategies:** LAC DPH and HFID have developed creative solutions to recruitment by using the California Board of Nursing's list of active RNs. Open position flyers were sent to the home addresses of CA RNs. HFID administration noted that this recruitment effort was highly successful, with many applications received and RNs hired. According to the 2022-23 Annual Fee Report: LAC began hosting job fairs and gained access to a larger pool of candidates which expedited the recruitment process. Los Angeles County hosted two job fairs and made offers to more than 40 candidates for health facilities evaluator nurse (HFEN) positions, which will significantly reduce the HFEN vacancy rate.

- **Reporting on Vacancies:** An element of the above effort includes monthly reporting to CHCQ about LAC's vacancies, recruitment efforts, and staff training progress/needs. The ability to regularly track and report on these metrics can only be useful in identifying effective efforts and areas of need.

- **Exploring Contract Opportunities:** Because the State's staffing issues are acute, CHCQ is exploring opportunities to contract for licensing and certification services, enabling CHCQ to re-establish the normal cycle of mandated surveys following the pandemic and fulfill oversight responsibilities that cannot be completed due to the staffing shortage.

Recommendations

- HFID should collaborate with LAC DPH HR to develop recruitment plans that will ensure that quality candidates apply for open positions and should consider using some of the following recruitment strategies:
  - Treat candidates as customers
  - Use social media and recruiting videos
  - Have job ads that reflect specific positions at HFID
  - Start an employee referral program
  - Make interviews engaging (be explicit about expectations, locations of work, and HFID's needs)
  - Identify opportunities to work with stakeholders to streamline the hiring process

Employee Retention

Employee retention is a critical determinant of organizational success at a government agency responsible for healthcare facility inspections and certifications, like HFID is. The expertise and institutional knowledge of experienced surveyors are assets in maintaining consistency and effectiveness in regulatory oversight. High retention rates foster a stable workforce, ensuring continuity in inspection protocols and the sustained improvement of healthcare standards, ultimately leading to enhanced public health outcomes.

LA County and the nation as a whole have experienced tremendous shifts in vacancy rates during the pandemic. The County's vacancy rate increased from 8 percent in 2019−2020 to 27 percent in 2021−2022. Similarly, the CHCQ HFEN vacancy rate increased from 6.46 percent in 2018−2019 to 14.8 percent in 2021-2022. As a result of the increase in vacant positions, CHCQ's expenditures on state operations fell below budgeted levels by $41.5 million in FY 2021−2022. Because of the County's similarly high vacancy rates among HFID staff assigned to complete licensing and certification operations on behalf of CHCQ, expenditures on the County contract were below budget by $16 million in FY 2021−2022.

It is important that supervisors and managers have the tools and skills necessary to succeed in their roles. According to an article by ATD Research titled, 'Developing New Managers: Key Elements for Success', studies indicate that "60% of managers underperform during their first two years, [causing] performance gaps and employee turnover." The report suggests that successful organizations not only identify potential managers early in their tenure but begin offering skill-based training when it is most effective, prior to a promotion. Offering training to first-time managers after promotion can be problematic and lead to increased turnover as teams deal with managers who are still developing key skills.

Staff whom we interviewed expressed the sentiment that HFID struggles to take negative actions on employees due to the stringent process between the union and LAC DPH HR, often leading to employees who are unable to perform their assigned duties, creating increased burden and workload on the rest of the team. Staff voiced concerns in interviews and surveys about the frustrations they feel when peers are not held accountable for their actions and underperformance. They stated that they feel defeated and overwhelmed with additional workloads, often leading staff to leave HFID to find a job elsewhere.

Mandatory LAC DPH training for supervisors occurs in the first six months of being promoted or hired into a supervisory position. Most of the educational modules are designed for all employees and are online, except the following: County Policy of Equity for Managers and Supervisors (35 minutes in duration), Sexual Harassment and Discrimination Prevention Training for Supervisors (one hour in duration), and Department of Health new supervisor orientation (listed as 120 days of supervision, with no content or format listed).

HFID would benefit from a more robust leadership development process, whether implemented at the organizational level or at the broader LAC DPH level. Two recent influential reports on leadership development, "Leadership Development: Preparing Leaders for Success" (2023) and "Developing New Managers: Key Elements for Success" (2019), emphasize that even high-performing employees need a structured program that allows them to develop managerial skills, which will lead to reduced turnover. These studies show high failure rates and consistent skills gaps among new managers, highlighting a need to continue training throughout the first year on the job.

Because leadership, management, and people skills are most often found to be lacking, devoting additional time to continued training in those areas, combined with greater emphasis on them throughout the hiring process, is a best practice that could reduce those commonly found deficiencies. New managers are offered a pathway to promotion within an organization, and team members are more likely to remain at an organization with well-trained managers. HFID should look deeply at selection criteria for managers and give greater weight to the broad range of skills needed to succeed in management.

HFID is currently in negotiations with LAC DPH HR and the union for a salary adjustment for HEFNs (nursing series 5695).

- HFEN 5707, from RN2 to RN4

- Senior HFEN 5708, from RN 3 to RN 5

- Supervising HFEN 5709, from RN 6 to RN 8

- HF program manager, from RN 8 to RN 10

HFID has indicated that employee separation after the successful completion of evaluator certification is a trend of concern. The cost of this adverse trend is difficult to estimate as the cost of separation, hiring, training, and lower productivity can be challenging to quantify, and may vary significantly for each organization.

HFID-specific projections for the costs of separation are yet to be determined, though a Center for American Progress study has indicated that the annual turnover cost per person is 21 percent of the person's annual salary (Boushey, 2012). With the average HFEN earning approximately $132,000 annually, the average separation cost per person would be $27,720.

Recommendations

- HFID should establish new strategies for retention and attempt to negotiate those strategies that require additional funding or work that is not currently contemplated under the existing agreement into the contract with CDPH. Tangible examples include financial bonuses, employee compensation, ongoing communication, continuous feedback on performance, training, and development opportunities. Other incentives that add to employee satisfaction include effective onboarding/orientation, mentorship programs, wellness programs, work-life balance, effective change management, and an emphasis on teamwork.

- HFID should establish a system for offering hiring and retention bonuses. A retention bonus strategy could generate savings in lost productivity and the costs associated with turnover. In addition, experienced and certified employees could assist in promoting operational efficiency and higher workplace morale.

- HFID should offer skills-based training prior to promotion, help managers define goals that align with CMS contract deliverables, and use best practices in development of managers as part of retention, training, and employment benefits.

- To help reduce turnover, HFID should develop a process for identifying skill gaps and providing ongoing training beyond those offered through DPH University.

- HFID should develop trainings in managerial skills and core competencies to help foster the management of the contract and the deliverables.

- HFID should conduct regular performance assessments to identify talent development success stories, recognizing new managers who are excelling in their work and may have the potential for advancement to more senior roles. This strategy will help pinpoint excellence and enable HFID to acknowledge and reward outstanding first-time managers. It can be a learning tool for the training department to refine and compile the factors that worked well in new manager training to help strengthen programming.

- HFID should continue to collaborate with LA County Public Health's HR department and the union on ways to manage poor performers and address job needs/reasonable accommodations. Discussions about the latter should focus on whether these employees are unable to travel to sites to facilitate investigations or surveys and should potentially be moved to another division within DPH, thus opening a position for another employee to fill.

- HFID should collaborate with HR, unions, and HFID to streamline the hiring process to minimize the length of time a position is vacant. Current processes should be further enhanced to ensure that program managers can select candidates during the application screening and interview process. Another consideration is improving hiring efforts to accept applications for key positions on rolling basis.

- HFID should increase promotional pathways. With a revised operating model that establishes a more formal team-based approach, HFID would recognize the need for increases in senior HFENs to act as team leads. Increasing opportunities for advancement could improve employee engagement and potentially reduce turnover. There is also noticeable financial value for each employee retained due to this dynamic. The pay increase from HFEN to senior HFEN is approximately $4,000 per employee, which is significantly less than the turnover cost per employee of $27,720.

- HFID should consider a retention bonus strategy paid at a lower percentage of an employee's base salary compared with the cost of separation. For example, the US Office of Personnel Management (OPM) determines retention bonuses that apply to a group of employees, with a maximum rate of 10 percent of base pay. However, in special circumstances, the OPM reserves the right to increase bonuses from 25 percent of base pay to 50 percent (US Office of Personnel Management, 2023).

Staffing Levels

Our review and analysis of various data sources, including HFID data, HFID management reports, publicly available data, stakeholder interviews, and supplemental quantitative analysis yielded the following information regarding the current and anticipated future workload.

At present, HFID has a fragmented and outdated framework of technology solutions provided by CDPH under the agreement that support operations. Timekeeping is a challenge for employees, who must enter time twice on Excel spreadsheets, which then are uploaded into a centralized state system (TEAMS). TEAMS data are sent to management on the 10th business day of each month in PDF format. The data are available on a timely basis and are delivered in a format that is inefficient to support program management. CDPH requires completion of the TEAMs report.

CPDH directs workload prioritization in consultation with the County. Our analysis of HFID's data indicates that the existing workforce capacity is insufficient to satisfy the projected volume of work required by CDPH under that agreement.

HMA reviewed HFID's three-year internal forecast of workload volume estimates and corresponding workforce needs based on the standard average hours fee report. Although HFID's forecast techniques were reasonable in both approach and accuracy, HMA performed a supplemental analysis that estimated workforce needs in total hours, not in full-time equivalents (FTEs). Forecasting and managing workforce supply and demand in available hours may be more appropriate because, in general, HFENs have a range of responsibilities. Calculating supply and demand consistent with operations management may be a more practical application.

Based on the forecasted workforce demand, HFID had a need ranging from 428,000 to 486,000 productive work hours, and 93,000 to 106,000 administrative hours. HFID's forecast for labor was determined on the basis of the projected forecasted incidents multiplied by the state-determined average. The total available productive workforce labor was determined by adjusting for the 2,080 annual hours per FTE and the countywide productivity factor of 1,739 productive hours, as well as an employee attrition and acquisition factor (see tables below for detailed calculations).

Table 3. Forecasted Hours

Period	Productive Hours A	Administrative Hours B	Total Forecasted Hours A + B = C
Year 1	428,132	93,027	521,159
Year 2	458,940	99,721	558,661
Year 3	485,548	105,503	591,051

HMA

Table 4. Productive Labor Hours

Position	Standard Hours A	LA County Functional Hours B	Annual Workload Non-Productive Capacity Hours C = A - B	Net FTEs D	Productive Capacity E = B x D	Paid Time Off F = D x C
Health Facilities Evaluator, Nursing	2,080	1,739	341	211.0	366,929	71,951
Senior Health Facilities Evaluator, NSG	2,080	1,739	341	16.8	29,247	5,735
Supervising Health Facilities Evaluator, NSG	2,080	1,739	341	29.1	50,589	9,920
Total				**256.8**	**446,765**	**87,606**

This time was then adjusted for 16 percent annual employee turnover for health facilities evaluators based on trends from Q1 through Q3 of 2023 in the State of California. The other positions did not require an adjustment based on HFID-specific trend analysis. The turnover adjustment assumes an even distribution of separation.

Table 5. Productive Capacity Loss, Unadjusted

Position	Standard Hours A	LA County Functional Hours B	Annual Workload Non-Productive Capacity Hours C = A - B	FTEs D	Net Productive Capacity E = B x D	Net Paid Time Off F = D x C
Health Facilities Evaluator, Nursing	2,080	1,739	341	177.2	308,220	60,439
Senior Health Facilities Evaluator, NSG	2,080	1,739	341	16.8	29,247	5,735
Supervising Health Facilities Evaluator, NSG	2,080	1,739	341	29.1	50,589	9,920
Total				*215.7*	*388,056*	*76,094*

The next productivity adjustment assumed that separated employees departed mid-month and that some of their remaining time would be productive.

Table 6. Productive Capacity Lost, Adjusted

Start Date	End Date	Pro-Rated Annual Adjustment Factor	Available Productive Capacity
1/1/2021	1/15/2021	3.84%	187.65
1/1/2021	2/15/2021	12.33%	603.17
1/1/2021	3/15/2021	20.00%	978.48
1/1/2021	4/15/2021	28.49%	1,394.00
1/1/2021	5/15/2021	36.71%	1,796.11
1/1/2021	6/15/2021	45.21%	2,211.63
1/1/2021	7/15/2021	53.42%	2,613.74
1/1/2021	8/15/2021	61.92%	3,029.26
1/1/2021	9/15/2021	70.41%	3,444.78
1/1/2021	10/15/2021	78.63%	3,846.89
1/1/2021	11/15/2021	87.12%	4,262.41
1/1/2021	12/15/2021	95.34%	4,664.52
Exiting FTE Production Add-Back			*29,032.63*

The same methodology for exiting FTEs was applied to forecast the capacity on newly hired FTEs and the final capacity adjustment. Based on the data for the first six months of 2023, the annual capacity for about 28.0 FTEs needs analysis.

Table 7. Available Productive Time

Start Date	Pro-Rated Annual Adjustment Factor	Available Productive Capacity
1/1/2021	96.16%	3,902.03
2/1/2021	87.67%	3,557.41
3/1/2021	80.00%	3,246.13
4/1/2021	71.51%	2,901.51
5/1/2021	63.29%	2,568.00
6/1/2021	54.79%	2,223.38
7/1/2021	46.58%	1,889.87
8/1/2021	38.08%	1,545.25
9/1/2021	29.59%	1,200.62
10/1/2021	21.37%	867.12
11/1/2021	12.88%	522.49
12/1/2021	4.66%	188.99
New FTE Production Add-Back		*24,612.81*

Table 8. Total Available Productive Time

Category	Available Productive Capacity
Existing Workforce Capacity	388,056
Exiting FTE Capacity	29,032
New FTE Capacity	24,613
Total Productive Hours Available	*441,702*

In sum, HFID has a forecasted supply of 435,100 productive hours available to address forecasted service demand. This supply can sufficiently cover the labor hours demand for Year 1 of the forecast but would require an additional 9.9 and 25.2 FTEs to satisfy the forecasted labor hours for Year 2-3 respectively (hours variance / 1,739 Hours FTE). The forecast also projects a range of 93,000–106,000 administrative hours per year, which is based upon a contractual agreement between CDPH and HFID that adds a 17.85 percent adjustment to forecasted labor hours. The forecasted supply of labor hours cannot satisfy the demand for the annual forecasted administrative hours. The administrative hours should be continuously evaluated to ensure that adequate resources are in place to address this demand, and to identify opportunities to streamline administrative functions and reduce the supply and demand hours variance.

HFID has indicated that since the point in time of this analysis (Summer 2023), that HFID negotiated sufficient staffing in accordance to forecast. Year 2/3 has more budgeted positions to address additional workload. For FY23/24, HFID performed more than 100% of the contractual requirements. This is a favorable trend for HFID, and we suggest performing this type of analysis on an regular basis.

See Appendix P, HFID Standard Average Hours Workload Forecast, for details. This forecast may assist in operational planning; other organizational limitations require consideration:

- **Unknown Timing and Distribution of Work.** Though the number of filled positions is insufficient to meet the forecasted demand in the first two years of the model's implementation, additional limitations to the analysis include the unknown timing and distribution of high-priority work. It is unlikely that any system design could eliminate operational challenges derived from non-discretionary workload prioritization.

- **Optimization Delay for HEFNs.** The delays between hiring and certification of HEFNs is protracted. No processes are in place for when/how to integrate these staff into the field, nor does any policy explain what tasks they may perform prior to certification. It is left to each manager's discretion. In addition, the Academy is offered via HFID six times per year, but hiring is based on the need for open positions, meaning HEFNs could wait months before becoming fully certified and are deployed into the field.

- **Challenges with Overtime Spending and Processes.** For overtime (OT), per the weekly managers' meeting agenda, managers follow the following guidelines:
  - Rotate overtime and ensure that OT is available to all staff.
  - BU #311 and BU #312, Article 58—Overtime Section 6: Distribution of Overtime.
  - "Management shall assign overtime as equitably as possible among all qualified employees in the same classification in the same organizational work unit and work location. In the assignment of overtime under this provision, however, Management may consider specific skills required to perform work."
  - Managers will provide to senior leadership the weekend schedule of facilities and employees working.
  - Confirm that all levels of staff are aware of overtime.
  - OT is approved per CDPH to work on backlog.

The amount of overtime in the current contract with CDPH budget is $3,040,593 in each calendar year. Per the executed contract, no HFID employees may earn more than 30 percent of their annual salary in overtime without CDPH's prior approval. HFID must provide scope of work and justification for CDPH to consider the request. The OT scope of work and justification must relate to the duties outlined in the contract.

Table 9. OT Analysis

Job Title	(Avg) Annual Salary	30% Rate For Annual	8 Months OT (Actuals)	Contract Allowable (for 8 Months)
Senior Typist Clerk	$57,132	$17,139	$30,947	$38,088
HFEN	$131,679	$39,503	$56,111	$87,786
Senior HFEN	$135,624	$40,687	$29,378	$90,416
HFEN Supervisor	$148,200	$44,460	$40,395	$98,800

- **Standard Average Hours (SAH).** As Table 10 and Table 11 demonstrate, major differences are evident between the SAH by facility from 2018−19 to 2022−23, including a significant change for initial certification reduction from 416.20 hours to 181 hours for CDPH, but an increase for HFID from 142.31 hours to 181 hours. Although a robust action plan was in place for focusing on backlogs and complaints during this time, the full range of possible causes for the variance is unclear.

Table 10. FY 2018-19 SAH CDPH SNFs vs. HFID SNFs

Standard Average Hours*			
Oversight Activities	**CDPH**	**HFID**	**Variance**
Complaint	19.75	17.02	2.73
Initial Certification	416.20	142.31	273.89
Life Safety Code (LSC) Initial Certification	18.82	15.38	3.43
Initial Licensure	104.73	47.69	57.04
Licensure Visit	73.39	12.31	61.09
Recertification	346.70	286.26	60.44
Recertification/Follow-Up	80.56	46.96	33.60

HMA

Standard Average Hours*			
Oversight Activities	CDPH	HFID	Variance
LSC Recertification	26.70	34.19	(7.49)
LSC Recertification/Follow-Up	7.74	4.71	3.03
Re-Licensure	87.78	90.38	(2.60)

Table 11. 2022-23 SAH CDPH SNFs vs. HFID SNFs

	CDPH	HFID	Variance
Complaint/FRI	17	17	0
Initial Certification	181	181	0
LSC Initial Certification	26	26	0
Initial Licensure	88	88	0
Recertification	286	286	0
Recertification/Follow-Up	68	68	0
LSC Recertification	19	19	0
LSC Recertification/Follow-Up	9	9	0
Re-Licensure	71	71	0

Note: HFID staff indicated that they do not have the resources to get an accurate account for the SAH for 2022−2023 and are therefore mirroring CDPH SAH, which established statewide SAHs that include LA County.

- **Complaint and FRI Backlog Responsibilities.** HFID and CDPH are both responsible for completing backlogged SNF complaints and FRIs received on or after July 1, 2015, whereas CDPH is responsible for completing all backlogged SNF complaints and FRIs for facilities located in Los Angeles County before July 1, 2015. CDPH dictates how many backlogs will be completed within the first two years of the new contract (see Table 12). This process falls short of addressing the totality of complaints/FRI backlogs at SNFs and non-SNFs.

Table 12. HFID New Contract FY 23-26 Intakes + Backlogs Projections for Non-LTCs + LTCs

Intakes (Complaints + FRIs) - Includes backlog in Years 1 and 2 (500 NLTC + 500 LTC)

Facility Type	Activity Description	2023-24 (Year 1)	2024-25 (Year 2)	2025-26 (Year 3)
Non-LTC Intakes (Complaints + FRIs)	Intakes (includes backlog in Years 1 and 2)	4,457	4,746	4,534
LTC Intakes (Complaints + FRIs)	Intakes (includes backlog in Years 1 and 2)	10,025	10,630	10,733
Totals		**14,482**	**15,376**	**15,267**

Recommendations

HMA identified several recommendations for HFID to improve workload with focus on establishing an operating structure, efficient processes, and training supports to drive improved efficiency, including:

- HFID should update overtime policies to align with OT and procedure implementation across management and within the HFID leadership team, supported by more rigorous policies, and increased training and communications.

- HFID should update structure to prioritize workload, optimally applying the total available productive workforce labor by prioritizing the identification and assignment of workload tasks across key positions. Establishing an operating model and management structure to streamline work assignment and adapt to changing operating conditions is also critical. HFID also should implement an optimized staffing model that can mitigate existing challenges, including a continued emphasis on non-discretionary workload priority to be monitored by the management team.

- HFID should change complaint investigation process by establishing a policy of investigating the oldest complaint or FRI first, given fewer of the oldest backlogged complaints remain.

- HFID should address overtime spending by bringing aboard a team to handle backlogs and complaints about OT dollars. This recommendation would be helpful creating a small (15 FTE) team dedicated to resolving backlogs and complaints (see Table 13). It is worth noting that this plan certainly would work in SNFs, but other categories of facilities and clinics may have different state and federal requirements that require a fully trained surveyor. HFID also would need to ensure that they don't burn surveyors out by having them work exclusively on complaints. A rotation or voluntary process would mitigate this possibility.

- HFID might consider seeking to amend the agreement with the State to alternatively allocate the $3 million in overtime expenditures to full-time staff. For example, with this funding, approximately an additional 15.0 FTEs per year could be added (see Table 13). An incremental increase in staffing could benefit HFID in multiple ways. The additional staff could alleviate the burden of overworked employees, which could have a compounding impact, with all employees working more efficiently and shouldering a more optimal workload.

Table 13. Alternative Use of OT Expenditures on Workforce

Job Title	Annual Salary	50% Benefit Uplift	Total Cost of Employment	Incremental FTEs
HFEN	$131,679	$65,840	$197,519	15.4

- HFID should improve use of trainees by identifying and assigning tasks to training candidates who are yet to become fully certified HFENs. Not all tasks within HFID's scope require the expertise of a certified HFEN. Providing clearly identified tasks to trainees can potentially alleviate the burden among experienced HFENs. It also would create capacity to deploy more seasoned HFENs, who are also in a position to execute higher acuity work more efficiently to address higher priority cases. In addition, targeted task assignment may provide trainees with valuable experience that may smooth their transition and increase their efficiency as certified HFENs once they have passed SMQT and are fully deployable per CMS guidance.

- HFID should consider a more formal team-based model for operations. This concept differs from the current state, where teams are formed continuously based on project and availability. Under a revised model, a senior HFEN with sufficient experience would be deemed a "team lead," determining project task assignments and supervising the work of three to five HFENs (including trainees). A team lead:

  o Facilitates a certification survey

  o Is on-site at every survey

  o Assigns survey tasks

  o Requests additional information from the facility

  o Leads team meetings at the facility

  o Notifies the facility that the survey is completed

  o Convenes the exit interview when preliminary findings are shared with the facility

- HFENs should not be pulled off a survey to investigate a complaint unless no other options are viable. Doing so disrupts the survey process and often leads to gaps in surveyor memory, affects the write-up, and has other negative impacts. This model allows more experienced employees to have targeted capacity for higher priority assignments, for which they may be best suited, and promotes better efficiency in task completion.

- HFID should consider investing in resources to adequately support management's effort to improve efficiency. Areas for potential investment could include both human capital as well as information technology, as noted in the Recordkeeping section below.

Management Practices and Policies and Procedures

2.5 Assess management practices and provide recommendations regarding policies and procedures to support key operations, employee support and engagement, and workplace culture and productivity.

The below findings and recommendations address HFID's need to improve management practices, policies, and procedures.

Management Practices

Findings

External community collaborators and partners indicated that management is guarded, often works in isolation, and has non-standardized approaches to communication and processes, especially as they relate to investigations. Some stakeholders said that management practices are improving, but enhanced professional communication and alignment of the HFID team remains a concern. Regions and supervisors handle processes, communication, and openness very differently.

HMA completed an in-depth analysis of overtime process and records. Multiple OT request forms for several employees had received the supervisor's approval a month before the employee made the request. Although this situation may have been isolated to one individual error, it shows a lack of attention to detail, process, policy, and is an expensive ($3,040,593 in FY2022) and important budget line item.

This finding would seem to indicate a lack of adequate auditing and oversight by management of OT and the process for approval for OT. The budget cycle notes an expenditure of $1,834,420.50 in overtime dollars paid from August 2022 to February 2023. HMA was informed that these dollars were dedicated only to backlog of complaints expenditures; however, timecards showed OT was approved week after week for education and a variety of other work duties listed on the request sheet.

In another review of OT hours, HMA discovered that an individual was approved for OT for 10 weeks straight, without a day off. This amount of work may lead to burnout and raises questions about whether staff time is well managed. The OT did not follow the backlog complaints directive. OT should be 30 percent or less of an employee's salary.

Managers and supervisors are generally promoted from within, with experience and/or background at HFID or in LAC. A perception among some staff is that HFID's practice is to hire based on longevity with the County or HFID, rather than competence (voiced during interviews). According to the current evidence and research, promoting employees based on longevity rather than skills can create inherent problems with retention and job performance and leads to the "Peter Principle." This concept is based on the notion that organizations overpromote employees to the "level of their incompetence". The National Bureau of Economic Research has reported on this phenomenon in *Promotions and the Peter Principle* (2018).

HFID is a very complex DPH program, as CDPH contracts with the County for HFID to perform licensed healthcare facility regulation under both federal and state law. This can lead to a lack of clarity on complex policies and procedures. HMA attended a managers' workload meeting on June 15, 2023, where managers discussed and reviewed processes and issues/concerns. During the managers' meeting, the 65-page policy and procedure document, 'State Citations and Penalties' (dated 2019) was discussed. This discussion was important as it is something that these managers do every day, and yet there was disagreement about different parts of the policy and procedure, indicating a lack of training or clarity.

- CDPH the Department of Justice, the Ombudsman, and public safety agencies should collaborate to define the interfaces of their processes and pathways regarding complaints and investigations. Bringing these groups together at least biennially can serve as a post-COVID level-setting on communication and collaboration systems to better serve the people of LAC. Each has a unique role in the safety of the people of LAC who are most vulnerable, yet parties may not understand their competing or aligning standards.

- HFID assistant chiefs and ombudsmen should work with the HFID training team to create additional content for the Academy and ongoing annual education regarding the role of the Ombudsman and to standardize communication and protocol.

- HFID leadership and the training team should clarify terminology in training materials regarding the meaning of mentorship and supervisor roles. The lack of cohesion in terminology and expectations has created confusion and disappointment among the HFENs. Standardized training for mentors is absent from current HFID practices. A nurse mentor is an experienced practitioner who usually volunteers to serve as a role model, advocate, and motivator to help new nurses and staff acclimate to their new work environment and role. To be successful mentors, individuals who are new to the role should attend a formal training program. This program will provide mentors with the skills and tools they need to coach, develop, and encourage new hires, while enhancing their overall skills in relationship building, active listening, and goal development.

- The Power BI dashboard HFID has implemented is an excellent tool and should be maintained. Staff should be educated on how to use it and encouraged to utilize it to keep current on metrics, to prevent, rather than react to performance improvement (PI) feedback. The PI team will be rolling out two new algorithms this year (see Appendix I: HFID Dual Enforcement Algorithm and Appendix J: HFID SNF Intake Process Timeline Algorithm).

- HFID's quality assurance committee should collaborate with CDPH and ensure these quality tools are adopted and used.

- HFID should clarify for what use of personal phone time on-site through policy revisions and training is appropriate for staff.

- HFID has rolled out the timelines on report delivery per CMS requirements but has not yet enforced them. The HFENs have been working under different timelines. An action plan by HFID leaders should be deployed and monitored, with action steps for remediation of this long-standing problem of non-timeliness. Transparent data sharing with the teams will be vital for buy in and accountability. These actions will help to reduce time spent relearning a complaint and avoid the loss of any investigation details.

- HFID and LAC should develop hiring and promotion strategies that incorporate training (i.e., HFENs gain skills needed to be managers and supervisors). Establishing a clear promotion pathway that helps measure skills and ability will reduce turnover and burnout and support compliance with good management practices aligned with CMS contract expectations. An organization with background and research on this topic is the Association for Talent Development (https://td.org).

- HFID leadership should collaborate with CDPH leadership to improve policies and streamline processes where possible.

Policy and Process

To meet the goals of the contract and obtain the best possible outcomes, practice, processes, and policies must align in order for the organization to function smoothly. Below we offer recommended improvements in policy and process at the organizational level:

Findings

- **Outdated Policies, Procedures, and Manuals**. Our review of policies turned up some State policies that dated back to 1996 and 2005; others were six or more years old (2017 or earlier). In addition, the County's employee manual is 20 years old. Our review identified a lack of standardization on updating policies in a timely manner, rolling out policies to staff, process gaps, and potentially outdated information (i.e., word processors, floppy disks, and Blackberries were mentioned in policies).

Recommendations

- **Update Policies**. HFID should update outdated and inaccurate County policies, procedures, and manuals. HFID should continue to review and revise old and/or inaccurate policies and procedures as well as update their employee manual to reflect modernized processes and needs, such as telework. HFID should proceed with its plan to use the LA County manual and CDPH manual to complete a side-by-side comparison and update and remove old policies. In addition, these revised materials should be reincorporated into the training and onboarding process. This would need to be a joint effort of CDPH, LAC, and HFID, as HFID is contractually required to follow and implement CDPH policies and procedures, which are applicable statewide.

- **Enhance Communication**. HFID should enhance communication processes by making some minor adjustments to advance communication between HFID and LAC healthcare facilities. HFID could conduct biannual townhalls with LAC healthcare facilities to enable key leaders from all parties to discuss:

    o New CMS requirements

    o The return to normal frequency for verifying the completion of survey, recertification, re-licensure activities

    o Ideas for implementing change and using new technology to conduct surveys

    o Answer questions or concerns

- In addition, HFID could add a segment in its all staff meeting to review and provide an overview of any updated QSOs or All Facilities Letters (AFLs) as well as work to bring back regional/DO meet and greets.

Recordkeeping

2.6 Assess recordkeeping and tracking mechanisms and practices, data analytics, and storage capacity.

In our assessment of recordkeeping, data tracking mechanisms and practices, data analytics, and storage capacity, we found the following areas of concern and made the corresponding recommendations:

Findings

- **Inconsistency in Recordkeeping for Overtime.** Per HFID's contract with CDPH, HFID is bound to use CDPH's TEAM system for all staff. The HFID team shared 20 examples of individual team members' time calculations. In the time and attendance breakdown on these 20 examples, on a form required by CDPH, the time categories used were survey/complaint time, facility administrative time, administrative time, and time off. Overtime is omitted from the form. On all HFEN examples, the signature for HFENs was entered by administrative staff or their supervisor rather than the actual HFEN, except in three cases. One timecard had no signature; instead "okay" was entered for the time. These inconsistencies in timecard review procedures, combined with expectations for an employee's signature, could send mixed messages to employees and regions and may lead to inaccurate or incomplete data, as well as potentially unnecessary overtime spending.

- **Reporting Integration Needs.** HFID is in a unique position with partnership/collaborations with several regulatory, compliance, and State oversight bodies (CDCQ Healthcare-Associated Infections [HAI], LAC DPH Acute Communicable Disease Control [ACDC], CMS, LAC, and the Ombudsman) that make for some unique challenges for integrating and comparing data. The HFID team has sought to create additional reports, mainly Excel spreadsheets, that do not integrate data to supplement the management of the CMS contract. This issue has left all managers and supervisors with poor tools and infrastructure to support management of staff and contract deliverables.

- **Lack of Standardization**. Multiple systems and constraints affect the data and tools used for daily operations. The teams are without standard ways of tracking schedules, out-of-compliance complaints, and recertifications needed. This lack of standardization is apparent in multiple ways. Staff have no clear understanding of schedules and recertifications planned and many Excel sheets are inaccessible to staff or designed differently from region to region. This leaves everyone confused and is not conducive to a management style with clear expectations and deliverables. Staff expressed this frustration during interviews. HFID should continue to eliminate repetitive logs and should streamline processes and tools between and across managers.

- **Inefficient and Inconsistent Assignment Distribution.** In our observations and interviews regarding communication to field staff, it was noted that group emails, texts, and/or calls are sent out to communicate about assignments for complaints being assigned. A common practice for communicating with field-based teams should be to avert questions about compliance with response time.

Recommendations

HMA's recommendations for recordkeeping practices are as follows:

- **Improve Standardization and Practices for Timekeeping.** LA County uses timekeeping for pay, and CDPH uses TEAM for complaint and survey hour tracking. HFID and CDPH should collaborate on identifying best practices for the use and standardization of both of these timekeeping methods, and HFID should audit its operations for fidelity and consistency to management practices and incorporate findings into staff and manager training. In addition, HFID should work with CDPH to develop a better method for tracking work and productivity so that management can plan more accurately, monitor productivity, and ensure compliance with CMS's time frame for documentation and delivery of reports.

- **Invest in Additional Data and Reporting Infrastructure.** HFID management should identify the IT infrastructure and report visualization needed to support successful operation as a key priority and strategize to ensure compliance with the full CMS contract, identify key gaps, educate staff on those gaps, and engage leaders in the value of this work. HFID should consider investing in a process, person, and/or system for the facilitation of data reporting and collection that is easily accessible for employees and can provide more timely insight for the management team. Despite shortcomings in the broader IT network, HFID has made great strides in collecting and analyzing operating data to assist in management planning and decision support. The team has developed an automated dashboard for operational volume data and some useful Power BI reports that were developed by an intern. The tool created was integrated and is easily updated, providing near real-time data that allows access to data delayed for up to one day versus a delay of several weeks to a month for other management reporting tools. HFID should consider retaining a part/full-time equivalent who can assist with this and other decision support activities.

- **Continue to Enhance Audit Functions.** HFID's audit process is now being revamped to create an audit team to work alongside the local monitors. They have also requested two additional positions to assist with auditing, which CDPH approved. HFID should continue these efforts as well as develop an audit tool and work with the State to determine and resolve the sources of discrepancies within their reports in a timely manner, ensuring that both the State's and HFID's information is complete and accurate.

- **Enhance Secure Phone Communications.** Although the County has password-protected iPhones, HFID should build on security needs by investigating, with CDPH and the County, if they can identify and implement a HIPAA-compliant, secure texting application that would adhere to department policies. Healthcare settings and government agencies use such applications for urgent communications. If the County is unable to pursue this, staff should avoid sending any PHI over iPhones. In addition, HFID should ensure that all phones are set up with voicemail capabilities and managers should follow up with employees to ensure that internal and external communication is seamless.

- **Improve Consistency in Terminology.** HFID IT should ensure that the terminology definitions that CDPH uses and leadership established are loaded on to all HFID computers and mobile devices. HFID should establish education to train on usage and expectations. HFID managers should establish protocols for monitoring fidelity to established definitions as a means of improving productivity and standardizing reports.

HMA

- **Use Built-In Scanning Functionality.** In lieu of scanners, HFID should explore the use of an app and technology that enables scanning of mobile phones and tablets to reduce the potential HIPAA breaches due to paper records, including personal health information from being transferred insecurely. In addition, for built-in applications such as Notes and Adobe, HFID should develop trainings and processes to support their use.

- **Ensure Staff Have Access to Needed Applications.** HFID should review access to data on licensing status to ensure that all staff leading the team have access to changed licensing requests and pending requests.

Training

2.7 Assess training needs and appropriate enhancements to HFID's training programming.

HFID and CDPH both have onboarding responsibilities. HFID will do local onboarding and education, and CDPH will provide a mentor in accordance with the mentorship plan.

The contract specifies that all surveyors will attend the State Academy and the Basic LTC federal course and must pass the SMQT. HFID staff are required to adhere to all policies CDPH creates, and CDPH is to oversee State and federal survey work.

Findings

HMA and HFID training leaders met on-site to review the work and action plans defined above for mitigation of the Office of Inspector General (OIG) report and staff feedback. The team is more robust in size and scope than previously designed and has planned new focused trainings, a surveyors manual dated 2023, and has varied its training topics. The eight-person training team consists of one training manager, one staff assistant, one ITC, and five training supervisors. This team has defined training schedules for the Academy, created training cohorts, and is working to expand beyond SNF HFEN training. The team is engaged, making the training experience for new employees more positive than theirs was. This area has been traditionally under-supported with money and talent.

HFID is beginning to track compliance rates on annual training, basic life support (BLS) certification, and licensure. The training team identified a gap in tracking education and compliance rates inconsistent with the CMS contract.

All staff (HFENs, HFEs/long-term services and supports [LSS], and consultants) must pass the SMQT before going on site, so they have demonstrable proof of baseline proficiency and knowledge. The Omnibus Budget Reconciliation Act (OBRA) and the Social Security Act require individual members of LTC survey teams to meet minimum qualifications established by the U.S. Secretary of Health and Human Services, including successful completion of a training and testing program. The test focuses on LTC facilities only and is complete with training on survey process, related laws, regulations, guidelines, environmental quality, sanitation, resident assessment and care plans, facility records, medical services, nursing, rehabilitation, gerontology, disability, chronic disease, resident rights, quality of life, nutrition, pharmacy, and infection control. Non-SNF/non-LTC facility education is not included. HFID has a history of training candidates to successfully pass certifications at an above average rate when compared with other jurisdictions.

HMA

Through firsthand interviews and conversations, HMA observed that many staff have not had positive onboarding experiences and effective training. None of the HFID staff who HMA interviewed had received a training manual. Most said they learned more on the job from their peers but did not feel ready to go on-site given the training they received. The training team has put in place a process to have an exit interview and discussion with new staff about their readiness to go into the field. They are now documenting the results before notifying their supervisor and the HFEN about reporting to their region, which may improve the onboarding process.

At present, newly hired or promoted supervisors and PMs receive no formal training. Rather, they are expected to learn on the job and/or via peer shadowing. The only training newly hired or promoted supervisors receive is the mandatory online training directed by the DPH Workforce. This leaves newly appointed staff, who may or may not have the skill set to be a supervisor, without the tools to do their job, as evidenced by lack of standardization regarding expectations and needed paperwork across HFID teams.

Although the new training manual for onboarding covers expectations for job performance, conduct, professional appearance, ethics, respect in the workplace, and telework policies, it omits communication protocol, time management, documentation skills, and interdepartmental expectations.

Hire start dates and Academy start dates are separate and unaligned processes. Staff may be hired several months before attending the Academy. Staff may become disillusioned because they lack the opportunity to work up to skill sets and/or licensure levels as they wait to learn and perform their job.

HMA observed several supervisors reviewing and revising complaint/survey documentation and noted that much of the terminology used needed to include a definition. When asked if staff have access to a glossary of terms, they stated that staff often Google words and terms and use whatever definition is listed first. Standardized documentation is key. Having a variety of different definitions leads to inconsistencies and potential issues with CMS approvals and closure of cases. HFID management noted that the training unit does, in fact, have a dictionary of terms commonly used in the functioning of the agency. If staff are unaware of that resource, however, a training or internal communications opportunity may be provided to correct that challenge.

The training team has developed a robust training pathway for the new Academy students as shown in Appendix M: LADO Training Pathway Algorithm. This is an excellent addition to the training manual.

The training team and all interviewees indicated a gap in the mentorship program. The CDPH program for mentorship is noted as their responsibility per the contract with HFID (See Appendix N: Mentorship Program). It appears that this is a missed opportunity for mentorship from both CDPH and HFID's operational implementation of the policy.

Recommendations

- The HFID training team should track and trend the training materials and survey manuals delivered and shared, along with providing refresher courses on where these items are located electronically for all staff, regardless of their hire date. They must set expectations and communicate learning opportunities across all job classifications/titles. HMA received a sample New Surveyor Manual, dated 2023. There were several documents in the front pocket that new employees will be expected to review and sign. One document was the acknowledgment and receipt of the new surveyor manual.

- The HFID training team should conduct an audit with LAC HR on missed training opportunities and documentation of current training records to get a baseline before all interventions are rolled out with this newly revised training team, to also include the mentorship program.

- HFID in collaboration with CDPH should develop and design training for non-LTC areas and determine pathways and skill sets needed for the roles.

- To enhance effectiveness in the workplace, HFID should hold training for employees when skills gaps on time management, computer skills training for current roles, and communication are identified. This should include standardized methodologies for types and processes for communication (e.g., when to use different technology).

- The HFID training team and HR staff should explore a more organized hiring and onboarding process, aligned with the Academy's calendar. Hiring events and recruitment can be aligned with the dates set annually, which should lead to a clearer understanding of the time frame and commitment for onboarding. HFID conducts six Academy programs per year; in January, February, May, July, and twice in September. Hiring dates should align with these start months for best use and management of newly hired staff. Alignment may support improved lead time to certification and allow trainees to support a growing department workload.

- The HFID training team should ensure that all staff are aware of the terminology dictionary, which should be loaded on to every desktop, laptop, tablet, and County phone for use by all staff. Supervisors and managers should provide oversight of use and provide feedback to the employee if they are noncompliant with use of the standardized dictionary of terms. HFID leadership and the training team should clarify terminology in training materials.

- HFID should adopt policies that allow ITC to shadow best practices and regular communication about findings for time and efficiency processes the team has discovered.

- HFID training and leadership should consider how to best communicate to evaluators the necessary balance between being a caring, empathetic RN and being a surveyor, and the boundaries needed when on-site regarding sharing of personal information.

- HFID should pay for Health Facility Evaluators (HFE) NFPA-related books and materials.

- Support staff should have the opportunity to attend trainings that are germane to their jobs. Support staff from all district offices should be able to schedule Zoom calls to share best practices, ask questions about how to handle a situation, etc. (The support staff are the air traffic controllers of the DOS and are integral to all operations.)

- Establish a training program design that allows for increased employee productivity, while maintaining HFID's strong background of above average candidate certifications (see Training section for expanded analysis).

- Increase and expand shadowing program so that staff have more time to get acquainted with their roles and the agency before being "out on their own."

Contract Performance

2.1 Assess HFID's ability to meet the Centers for Medicare and Medicaid Services (CMS) and CDPH programmatic requirements and all metrics under the current contract between Public Health and CDPH.

HFID's contract requires three performance metrics to be maintained for contractual requirements: quantity, quality, and customer service. The analysis of HFID's compliance with the CDPH contract in the following section is based on CDPH's most recent contract monitoring report, which largely reflects compliance with the contract, but is 15 months old.

Quantity

HFID submits a workload progress report on the 10th day of each month to meet the quantity metrics listed in the CDPH contract. The qualitative metrics listed below are compiled by the CDPH informatics branch of the Los Angeles State Regional Office (LASRO) and the Standards Interpretive Branch (SIB) teams. Customer service metrics are gathered and summarized using data sources from LAC and the CDPH informatics branch. The focus of these CMS metrics is on timeliness of internal conferences, informal dispute resolutions, letters, provider satisfaction, and initial, final, and statement of deficiencies releases.

The COVID-19 pandemic changed the normal operations of CHCQ's Field Operations Division and required shifting response strategies to ensure that Californians received safe, effective, and quality healthcare. Until September 30 of 2023, HFID priorities included:

- Completing recertification work, as adjusted by CMS (35% SNF, ICF, home health agency [HHA], hospice, end stage renal disease [ESRD], ASC pending)

- Completing SNF federal infection control (FIC) surveys at 20 percent of the SNF universe

- Continuing backlog reductions

- Continuing investigations and regulatory oversight involving licensed healthcare facilities

- Transitioning to new workload survey tools (risk and safety solutions)

- Implementing new infection control-based tags for investigations and surveys

- Assisting with and participating in (as needed) the Health Management System (HMS) enforcement project

HMA

Under the current contract, HFID must complete the following activities to meet the contractual quantity metrics:

- Workload metrics

- State licensing and federal certification activities for health facilities, clinics, agencies, and centers

- Timely initiation, investigation, completion, and closure of complaints and FRIs

- Timely issuance of federal and State citations and penalties to health facilities, clinics, agencies, and centers in LAC

- Conduct of life safety code (LSC) surveys and provision of the necessary staff, facilities, materials, and equipment

The following figures and tables depict the current HFID budget and CDPH's quarterly workload progress reports for the quantity metric. Of note, the lag time in data is more than 15 months.

Table 14. HFID Quantity Metrics 2022-2023 (Year 4)

#		Year 4 (FY 2022-23)	Annualized % of CMS Target	Projected Full Caseload	Annualized % of CMS Target	LAC Projected Caseload	LAC Work Hours	LAC HFEN Count
	Complaints	LAC Responsible for Resolution of All Complaints						
1	LTC Complaints*	95% Within 60 Days	100%	4,468	100%	4,468	85,419.99	44.35
2	LTC FRIs*	93% within 365 Days	93%	5,241	90%	4,717	80,709.66	41.90
3	Non-LTC Complaints*	80% within 180 Days	100%	1,785	100%	1,785	29,221.19	15.17
4	Non-LTC FRIs*	80% within 365 Days	80%	1,684	90%	1,515	25,278.90	13.12
	*Target applies to complaints received within the FY							
5	Resolve Open & Backlog Complaints and FRIs**	75%	75%	11,411	43.1%	4,919	83,367.32	43.28
	**Excludes Non-LTC Complaints and FRIs received between July 1, 2015, and June 30, 2019.							
	Subtotal			Subtotal		303997.06	157.82	

HMA

	Federal Recertification							
6	Tier 1 & 2	Maintain compliance with Tier 1 & 2 standards						
	SNF: Recert + LSC (+ follow-up)	100%	100%		100%	361	130,928.53	67.97
	SNF: Initial Cert (+ follow-up)	100%	100%		100%	1	142.07	0.07
	ICF: Recert +LSC (+ follow-up)	100%	100%		100%	252	17,531.38	9.10
	HHA: Recert (+follow-up)	100%	100%		100%	85	13,202.67	6.85
	Hospice: Recert (+follow-up)	100%	100%		100%	34	4,794.39	2.49
	ASC: Recert (+follow-up)	100%	100%		100%	30	5,469.46	2.84
	ESRD: Recert (+follow-up)	100%	100%		100%	30	5,611.51	2.91
	ESRD: Initial Cert (+follow-up)	100%	100%		100%	8	359.01	0.19
	OPT: Recert (+follow-up)	100%	100%		100%	5	1020.30	0.53
	GACH: Recert (+follow-up)	100%	100%		100%	2	1,829.86	0.95
	Transplant	100%	100%		100%	1	234.90	0.12
	Community Clinic Recert (+follow-up)	100%	100%		100%	2	184.35	0.10
7	**Validations – Complete as directed by CMS**				100%	23	6,648.91	3.45
		Subtotal			Subtotal		187,957.34	97.58

	State Licensure							
8	Re-Licensure Surveys	50% Of Mandate	50%	672	11%	72	7,491.55	3.89
9	Initial and Change of Service Surveys***	95% within 90 Days	100%	1,992	62%	1,242	12,094.95	6.28
	***Per HSC 1272 excludes GACH initial and Change of Service Surveys							
10	GACH Initial and Change of Service Surveys	95% within 30 Days						
	*Hours include admin factor	Subtotal			Subtotal		19,586.50	10.17
	Misc. Work							
11	IDRs	0%	0%			150	730.37	0.38
13	Monitoring Visits	0%	0%			60	365.19	0.19
	Subtotal		1095.56	0.57				
	Grand Total				Total		512,636.46	266.14

Source: State of California – Department of General Services Standard Agreement – Amendment SCO ID: 4265-1910042A1

Figure 3. LAC Quarterly Workload Progress Report Completed Intakes and Backlogs
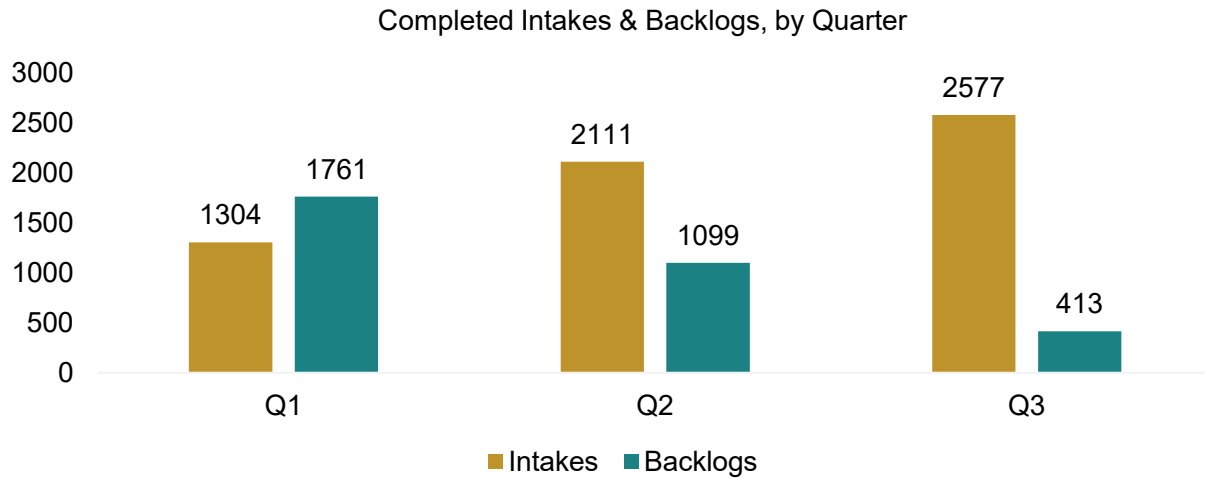
Completed Intakes & Backlogs, by Quarter

Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022)

In the third quarter (Q3), LAC completed or closed 2,577 intakes, a 22 percent increase from the previous quarter (2,111), and completed or closed 413 backlogs, a decrease of 62 percent from the previous quarter (1,099).

Figure 4. Intakes and Backlogs Year 3 Progress
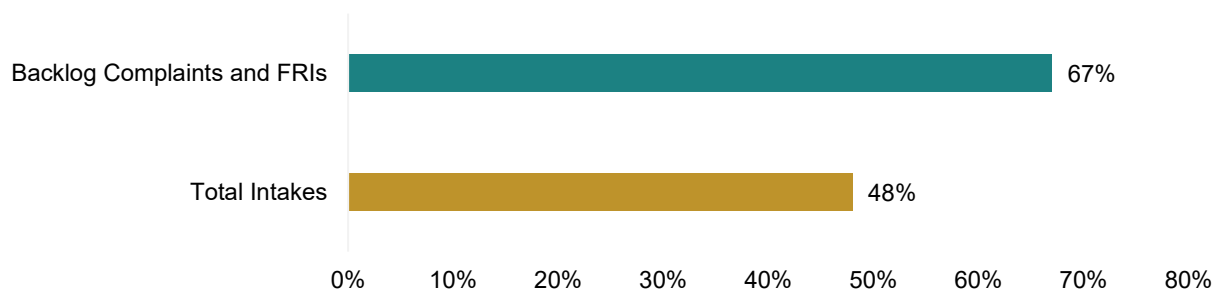
Source: Los Angeles County Quarterly Workload Progress Report (January through March 2022)

By the end of Q3, LAC completed or closed 67 percent of the Year 3 target for backlogs and 48 percent of total intakes.

Figure 5. Actual Intakes Received
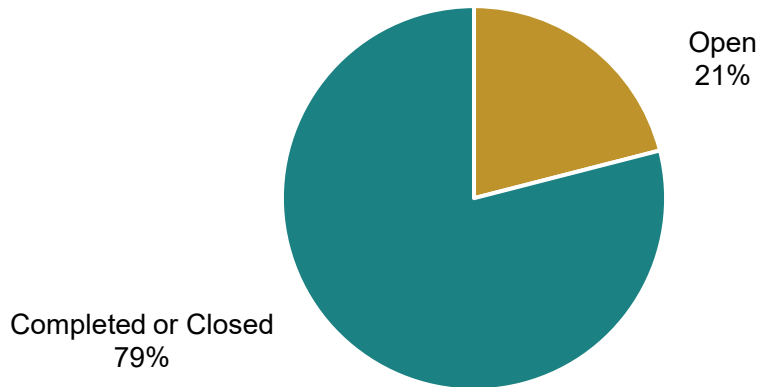
Open
21%

Completed or Closed
79%

Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022)

LAC received 7,605 intakes, which is 61 percent of the Year 3 target, while being 75 percent into the State FY. Using the actual number of intakes, LAC completed or closed 79 percent of received intakes.

Figure 6. Completed Recertifications
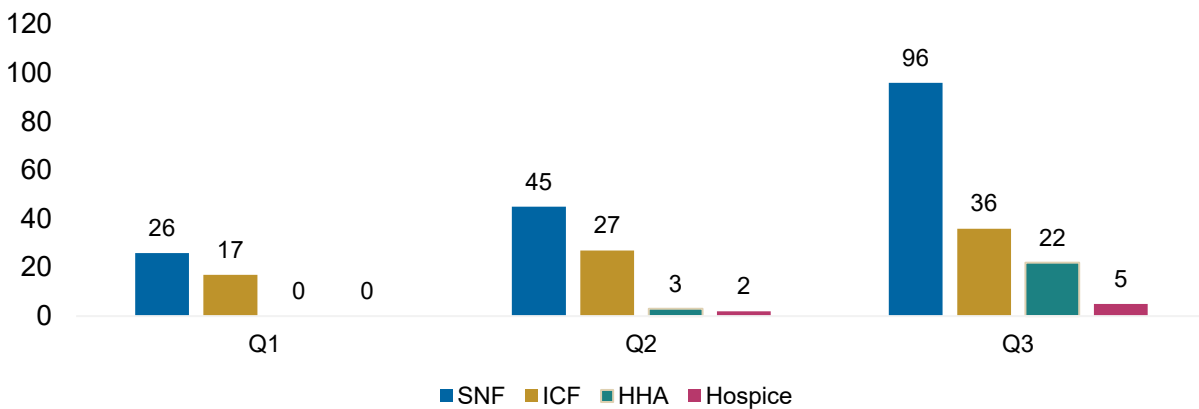
Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022)

In Q3, LAC completed 96 SNF, 36 ICF, 22 HHA, and two hospice recertifications, totaling 281 recertifications since July 1 of 2021. From Q2 to Q3 there was a 113 percent increase in the number of completed SNF recertifications and a 33 percent increase for ICF recertifications. The HHA and hospice teams also made significant progress in the number of completed recertifications, despite a delayed start and other conflicting priorities. In Q2, the HHA team completed three recertifications and the hospice team completed two. In Q3, the HHA team completed 22 recertifications while the hospice team completed five.

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Figure 7. Certifications, % of Y3 Adjusted Targets
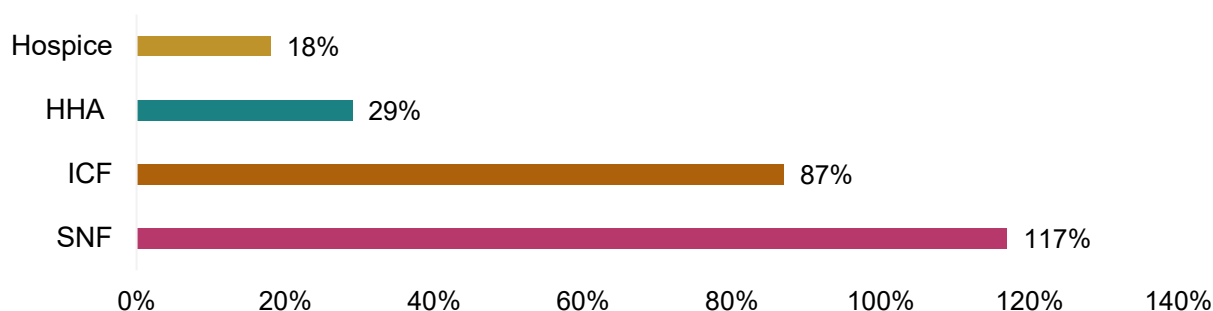
Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022

By Q3, SNF recertifications had exceeded the federally adjusted targets for Year 3 by 24 surveys. ICF recertifications met 87 percent of the adjusted target, with only 12 recertifications to meet the target. HHA and hospice recertifications were below the progress target, at 29 percent and 18 percent, respectively. To meet the federal targets, HHA needed to complete 60 surveys and hospice needed to complete 31 surveys by October 1 of 2022.

Table 15. All LTC and Non-LTC Healthcare Facilities in the County Backlogged Investigations

All LTC and Non-LTC Healthcare Facilities in the County Backlogged Investigations			
Length of Time Investigations Remained Open (as of 6/1/2023)	All Complaints	All Facility Reported Incidents	Totals
Less than 1 year	634	446	1080
1 to less than 2 years	625	1349	1974
2 to less than 3 years	42	463	505
3 to less than 4 years	19	267	286
4 to less than 5 years	6	151	157
Over 5 years	548	426	974
Totals	1874	3103	4977

Note: 'Over 5 years' includes cases that date back as far as 2010

Table 16. SNF Backlogged Investigations

Skilled Nursing Facilities Backlogged Investigations			
Length of Time Investigations Remained Open (as of 6/1/23)	**SNF Complaints**	**SNF Facility Reported Incidents**	**Totals**
Less than 1 year	422	265	687
1 to less than 2 years	255	641	896
2 to less than 3 years	10	191	201
3 to less than 4 years	7	126	133
4 to less than 5 years	1	29	30
Over 5 years	392	168	560
Totals	**1087**	**1420**	**2507**

Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022)

Quality

Under the present contract, HFID must complete the following activities to meet the contractual agreement for quality metrics: develop, implement, and maintain a quality assurance process to review contracted workload, ensuring that it meets CMS standards in real time with numerator, denominator, and real-time calculation of the percentage. The following charts and tables depict the current HFID quality target metrics and CDPH's quarterly workload progress reports:

Table 17. Quality Performance Metrics

#	Measure	Target	Q1, Q2, and Q3 Actuals
1	**State Observation Survey Analysis (SOSA) Surveys for Skilled Nursing Facilities (SNF)** *SOSA Surveys are scheduled twice per month*	100% of SNF SOSA surveys conducted score 75% or above	100% scored 75% or above
2	**SOSA Surveys for ICF** *ICF SOSA Surveys are scheduled once per month*	75% of intermediate care facility SOSA surveys score 75% or above	100% scored 75% or above
3	**Closed Complaint and ERI Record Review** *Closed Complaint will be conducted once a year, including a sample of 300 closed LTC complaints/FRIs and 300 closed NLTC complaints/FRIs from the previous year*	85% of closed complaint and FRIs records reviewed receive a passing score of 80%	Pending

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#	Measure	Target	Q1, Q2, and Q3 Actuals
4	**CMS SEQIS Measure-Quality Measure for Immediate Jeopardy (1J) and Deficiencies Level F and Above** *Use of Standard CMS Deficiency Review Tool for IJs and deficiencies cited as F and above for the 6–12-month period*	All immediate jeopardy and level F and above deficiencies receive a passing of 90% on the standard tool	Pending
5	**Registered Nurse Unit Independent Informal Dispute Resolution (IDR) of Informal Conference Decisions** *Measure the number of decisions the RN Unit overturns*	Findings are overturned less than or equal to 10% of reviews	Pending
6	**CMS SEQIS Measure-Quality Measure for the review of SPSS measure of Q1 - Documentation of deficiencies for SNF, ESRD, ICF/IID, non-deemed HHA, GACHs**	SNFs - Average score of 85% or above on Quality Measure review on 7 requirements Non-SNFs - Average score of 85% or above on Quality Measure review on 6 requirements	Pending

Source: Los Angeles County - Quarterly Workload Progress Report (January through March 2022)

The above data from CDPH are for January through March of 2022. These are the latest data available. This information illustrates compliance level but provides a retrospective review of data rather than a proactive approach to deliverables. These data are 15 months old.

Table 18. LTC Immediate Jeopardy Investigations

Long-Term Care Facility Immediate Jeopardy Investigations									
Length of Time IJ Investigations Remained Open (as of 6/1/23)	**Complaints**			**Facility Reported Incidents**			**Totals**		
	Received	**Closed**	**Open**	**Received**	**Closed**	**Open**	**Received**	**Closed**	**Open**
Less than 1 year	661	796	**-135**	314	386	**-72**	975	1,182	**-207**
1 to less than 2 years	1,221	1,194	**27**	680	672	**8**	1,901	1,866	**35**
2 to less than 3 years	1,284	1,397	**-113**	534	504	**30**	1,818	1,901	**-83**
Over 3 years	949	774	**175**	411	371	**40**	1,360	1,145	**215**
Totals	**4,115**	**4,161**	**-46**	**1,939**	**1,933**	**6**	**6,054**	**6,094**	**-40**

Note: SNF includes CLHF, ICF, DD, and SNFs

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As Table 17 shows, several of the metrics are still being reported as pending. The data are difficult to interpret on the first two findings as typical methodology for quality metrics (numerator and denominator methodology to arrive at a percentage of compliance) is missing.

Table 18 includes data for open and closed LTC IJ complaints. The data also indicate the lack of ability to handle all backlog complaints while keeping current with incoming complaints. The rate of closing intakes exceeds the rate of receiving intakes in many cases, however, indicating that HFID is addressing backlogged cases. Many remaining open intakes are more than three years old.

Customer Service

Under the current contract, HFID must complete the following activities to meet the contractual agreement for customer service metrics:

- Communication between HFID and CDPH begins with the single point of contact for CDPH and the single point of contact for LAC

- HFID staff should use effective communication skills to contribute efficiently to accomplishing the credentialing function of CMS

- HFID shall develop and share with CDPH a customer service policy pertaining to emails, phone calls, and fax communications

Table 19 depicts the current HFID customer service target metrics and CPDH's quarterly workload progress reports.

Table 19: Customer Service Metrics

	A3: Customer Service Metrics			
#	Measure	Target	Q1 and Q2 Actuals	Q3 Actuals
1	Provider Evaluation Survey	Average survey rating 75% or higher	89%	98%
2	Timely scheduling and completion of informal conferences (complainants) either by paper review or in person meeting. Compliance based on a sample of 30 informal conferences per year	80% of reviews are scheduled and conducted within 60 days of receipt, and, 80% of complainants are notified of the results within 10 working days after completion	80%	Pending
3	Timely scheduling and completion of IDR requests (providers).	90% of IDR requests are scheduled within three working days of the receipt of the request and occur within a 30-day period in the format requested by the facility to include a paper review, interview, or in-person review, and 90% of IDR decisions are provided within 20 business days following the review or meeting	85%	86%
4	Timely processing of initial letters to complainants.	85% of acknowledgment letters are sent within two working days	85%	86%
5	Timely processing of final letter to complainants. Average time to close complaints is 60 calendar days unless extenuating circumstances requested	85% of final letters are sent to complainant within 10 working days from the investigation completed date (the date the 2567 is sent to the provider)	75%	80%
6	Average time to submit 2567: (formal documentation) to provider after recertification surveys within 10 calendar days	80% of 2567s are submitted to provider after recertification surveys within 10 calendar working days	85%	93%

It should be noted that multiple time frames are used to constitute a year. The three various calendars and varying quarters cause data distortion and difficulty to compare data across all three systems and calendars. The data compilation is not all-inclusive because of age and variations in time comparisons.

- Calendar year: January 1−December 31 (Q1 Jan-Mar) (Q2 Apr-Jun) (Q3 Jul-Sep) (Q4 Oct-Dec)

- CDPH/HFID FY: July−June (Q1 Jul-Sept) (Q2 Oct-Dec) (Q3 Jan-Mar) (Q4 Apr-Jun) [3-year contract cycle July 2023−June 2026]

- CMS (Federal) FY: October−September (Q1 Oct-Dec) (Q2 Jan-Mar) (Q3 Apr-Jun) (Q4 Jul-Sep) [Return to normal operations as of October 1, 2023]

HMA

APPENDICES

Appendix A: Background

Regulatory Context

The Social Security Act (hereafter referred to as "the Act") mandates the establishment of minimum health and safety standards that Medicare and Medicaid providers and suppliers must meet. These standards are found in the Code of Federal Regulations Chapter 42. The Secretary of the Department of Health and Human Services (HHS) has designated the Centers for Medicare & Medicaid Services (CMS) to administer the standards compliance aspects of these programs. Regulation of California health facilities is performed by the California Department of Public Health (CDPH), through the Center for Health Care Quality (CHCQ) licensing & certification program, which is responsible for regulatory oversight of licensed healthcare facilities and professionals, to assess the safety, effectiveness, and quality of healthcare for all Californians. CHCQ fulfills this role by conducting complaint investigations and periodic inspections of healthcare facilities to determine compliance with federal and State laws and regulations. CHCQ licenses and certifies over 14,841 healthcare facilities and agencies throughout California, in more than 30 different licensure and certification categories. Facilities that are found to be in violation of licensure/certification requirements are cited for the deficient practice(s) and may be subject to fines or other enforcement actions. A regulatory violation is also referred to as a deficiency or deficient practice. Deficiencies range in scope and severity from isolated violations with no harm to patient/residents, to widespread violations that cause injuries or put residents in immediate jeopardy of harm or death.

HFID Background

Since the 1960s, the CDPH has contracted with the Los Angeles County (LAC) Department of Public Health (DPH) Health Facilities Inspection Division (HFID) to perform investigations and oversee duties of the healthcare facilities in the County. HFID is the only site in California with three key, performance-based contract measures due to past performance. These measures have been implemented to ensure contractual requirements are maintained and met. The three measures are:

1. Quantity
2. Quality
3. Customer service

LAC is the only county in California with a State/County contract to perform said activities and LAC is the only county in the United States to have this unique State/County contract. The State performs these functions for all other California counties. CMS contracts with the State of California to complete licensure and certification activities. Due to the size of LAC, the State of California Public Department of Health then contracts with LAC DPH's HFID to perform specific licensing and certification activities and investigations.

Timeline of HFID's Operational and Regulatory Challenges

The following timeline and synopsis of reports are key to understanding the history and identified challenges faced by HFID historically. Some of the past themes are still current and are reflected in this report.

HMA

2013: Foundation Aiding the Elderly

On October 30 of 2013, FATE filed a public interest civil suit against CDPH for its failure to investigate complaints filed by them and by other consumers in a timely manner. DPH is required by the Health and Safety Code to perform on-site investigations within 10 business days of receiving a complaint. For "imminent and serious" complaints that involve "a threat of imminent danger of death or serious bodily harm," CDPH is required to investigate within 24 hours.)

2014: County of Los Angeles Department of Auditor-Controller (A-C) Report

On March 4 of 2014, the Board instructed the auditor-controller, in coordination with County counsel and with the cooperation of the LAC DPH, to conduct an audit of the quality and integrity of skilled nursing facility (SNF) investigations in LAC. The report included the current backlog of SNF complaint investigations, reasons for backlog, resources required to complete backlogs in a timely fashion, and corrective action to address the backlog. A-C provided 10 corresponding recommendations for improvement.

2020: COVID-19 Mitigation Efforts

In April of 2020, the A-C, with LAC DPH and other County departments, designed a publicly available SNF COVID-19 dashboard. The dashboard provided COVID-19-related data from self-reported weekly SNF surveys. Self-reported data included the number of COVID-19 tests performed, new and cumulative COVID-19 related deaths, the number of COVID-19 cases amongst residents and staff, and the availability of personal protective equipment.

2020: Los Angeles County Board of Supervisors

On May 26 of 2020, in response to the devastating impact of COVID-19 on SNF residents and staff, the Los Angeles County Board of Supervisors passed a motion directing the executive officer to facilitate the appointment of an inspector general and conduct an evaluation of SNF oversight within the County. Recommendations on operational and programmatic changes necessary to improve the County's monitoring and oversight of SNFs, as well as legislative and regulatory recommendations for improving operations within SNFs were to be provided. On June 26 of 2020, the executive officer appointed the County's inspector general as the inspector general called for in the motion. The A-C's proposed scope of work was provided by the Board, along with the OIG's, on July 30 of 2020.

2020: A-C Initial Report

On October 5 of 2020, the A-C issued its report on the analysis of HFID's staffing levels with a status update on the development of a publicly available dashboard and other Board directives. This was made public on September 30, 2020. This report constituted the final report to the OIG on the A-C's assessment of HFID.

2020: OIG First Interim Report

On October 14, 2020, the OIG issued its first interim report. The first report focused largely on LAC DPH's COVID-19 mitigation efforts in SNFs and provided an overview of existing SNF regulatory and oversight structures.

2020: COVID-19 Vaccine Rollout

In December of 2020, the first COVID-19 vaccines were authorized for emergency use in the United States by the Food and Drug Administration, as recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. LAC DPH conducted weekly surveys to assess the ratio of unvaccinated, partially vaccinated, and fully vaccinated residents and staff.

2021: A-C Final Report

On February 8, 2021, the A-C's final report provided the results of the A-C's assessment of HFID with 18 corresponding recommendations for improvement.

2021: OIG Second Interim Report

On February 16, 2021, the OIG issued its second interim report, which provides an initial assessment of HFID operations by analysis of two SNF evacuations; a summary of HFID staff perceptions regarding HFID's operations and practices based on conversations with more than 40 HFID staff, supervisors, and managers; and an overview of the complex ownership and business structures that govern the majority of SNFs. The second OIG interim report included 13 recommendations, including the recommendation that LAC DPH develop a comprehensive countywide SNF crisis mitigation and response plan that designates a crisis mitigation team within LAC DPH, to assess and determine the appropriate response for facility-wide crises.

2021: OIG Final Report

In October of 2021, the OIG issued its final report, which included a recommendation that LAC DPH hire an independent consultant to conduct a comprehensive assessment of HFID that accounts for all issues and concerns highlighted in the A-C's and the OIG's reports. This assessment should include a broad review of HFID's organizational structure, integration into LAC DPH, staffing levels, management practices, workload, training, recordkeeping, tracking systems, and accountability mechanisms to identify procedural and operational issues and/or inefficiencies. The assessment should also review HFID's ability to meet CMS and CDPH programmatic requirements and all metrics under the current contract. The assessment should provide recommendations for addressing all identified issues and other areas of improvement, including additional staffing and other necessary resources.

Appendix B: Methods for Assessment

Figure 8 illustrates the topical areas that HMA reviewed and the methods that informed our comprehensive assessment, subsequent findings, and recommendations. We accounted for HFID's history, culture, operating environment, operational approach, and key external factors (e.g., CMS requirements).

Figure 8: Overview of HMA Data Collection Components

Staffing	Management Practices	Workload	Training	Record Keeping

Data Review: HR

Data Review: Workload and Output Metrics

Process Mapping

Observations

Staff Survey

Internal Interviews and/or Focus Groups

External Interviews

Info Review: System(s)
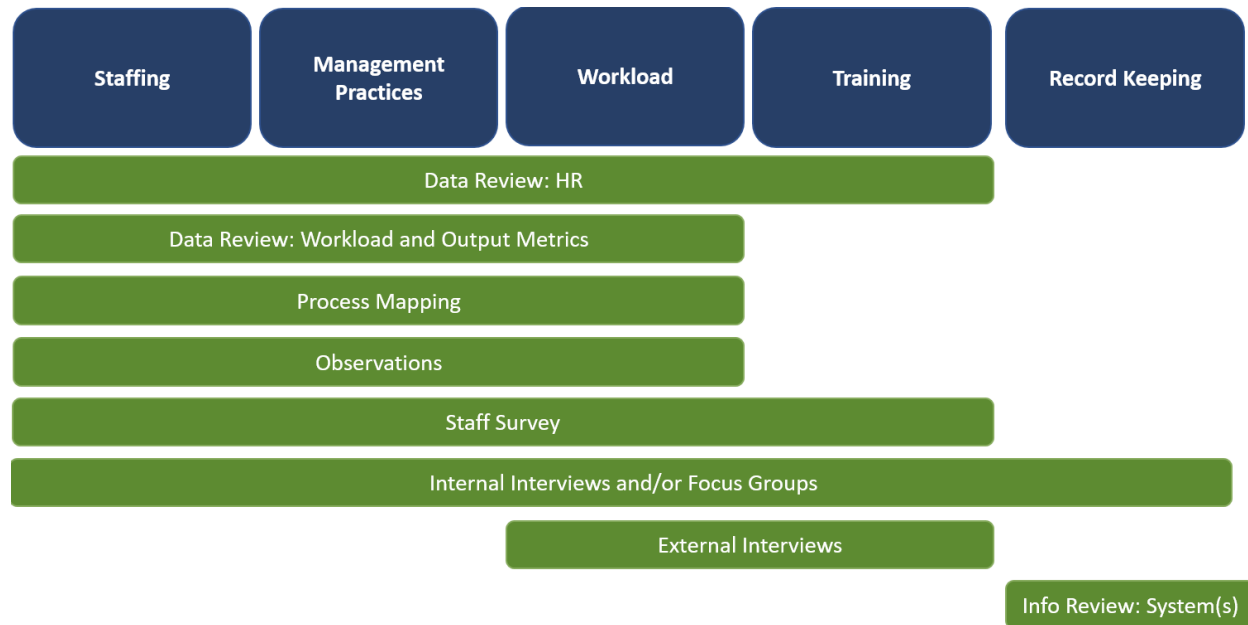
To accomplish the goals of this study and accurately reflect the complex environment of HFID, we used a mixed-methods research design. By using a combination of qualitative and quantitative approaches, we worked to improve our evaluation by ensuring that the limitations of one type of data were balanced by the strengths of another.

Qualitative

Qualitative data was collected using a variety of methods including interviews, a staff survey, and observational studies. Specifically, HMA:

- Interviewed a representative sample of staff and the full HFID management and supervisorial team. Specific staff interviews included two assistant chiefs, six program managers, two project manager IIIs, two HFEN, one intermediate typist clerk (ITC), one senior typist, support assistants (SAs), someone from the information technology (IT) group, one administrative manager, and three external stakeholders, including the Ombudsman. HMA interviewed multiple key informants with customized questions based on their job titles and classifications. This was further broken down by region and outside of HFID. See Appendix C for a complete HFID stakeholder listing.

- Conducted an anonymous all staff survey. A total of 110 staff members participated; a 22 percent survey response rate. This survey was designed specifically for HFID to assess management practices, productivity, and organizational culture. In addition to our findings and recommendations, themes and survey result specifics are shared in Appendix H: HFID Staff Survey Results.

- Conducted observations. The HMA team spent several weeks conducting observations and interviews, surveys, and investigations. We observed a full recertification process for one week, along with additional office procedures. Complaints in acute care and hospice settings were also observed. The HMA team was on-site to conduct a time study and observe a federal facility recertification for a SNF. This process included observing the lead HFEN's preparation before a site visit and noting who took the team through the recertification process. In this observation, preparation work was done the week before the recertification visit. It took the lead four hours to complete assigned tasks and research the facility.

- Reviewed internal artifacts, including policies and procedures pertaining to staffing, processes for compliance with CMS contract requirements, defining data and time submissions, the employee handbook, telework program policies, other policies, reports, meeting minutes, and contracts.

Quantitative

Quantitative analysis included review of data regarding staffing, overtime, workload, backlog of complaints, staffing hours and variances from CDPH on all available categories. Time studies were performed on a variety of tasks as well. HMA's goal was to help determine appropriate staffing levels and mix of staffing types to enable HFID to address the workload and meet its contractual obligations.

Data/Information Limitations

The data and results of this evaluation are subject to the information that HMA received from HFID, LAC HR, LAC, and CDPH. Overall, the HFID team was responsive to requests and actively collaborated with HMA for on-site evaluations, data requests, and overall communication.

Observational Study: Recertification

Table 19 shows actual time spent except for the final report writing and uploading of all documents. For a facility of this size, two HFENs needed to be on-site to do the recertification (see Appendix K: CMS Recommended Number of Surveyors per Facility Census Beds for staffing ratios defined by CMS). Based on the calculations below, for the actual observed time, 110 to 203 hours needed to be added to the average time of 286 hours (depending on time projected for items not observed by HMA but reported by HFENs). HMA did not observe team travel time, hence why that observation was not reflected. It is unclear if that time is included in CDPH's average calculation methodology.

Table 20: SNF Recertification Time Study

Date	Activity	Time (Hours)	Number on TEAM	Total Time (Hours)
5/18/2023	Off-Site Prep Completion of CMS-801	4	1	4
5/23/2023	Day 1 survey	10	3	30
5/23/2023	HFEN 1	8	1	8
5/24/2023	Day 2 survey	10	4	40
5/24/2023	HFEN 1	8	1	8
5/24/2023	Life Safety	3	2	6
5/25/2023	Day 3 survey	10	4	40
5/25/2023	Life Safety	5	2	10
5/25/2023	HFEN 1	8	1	8
5/26/2023	Day 4 survey	10	4	40
5/26/2023	Pharmacy Specialist	1	1	1
5/25/2023	HFEN 1	6.5	1	6.5
				201.5
Not Observed	Uploading of Documents from Survey	8	6	48
Projected per Staff	Post site Exit Write-Ups	20-40	6	120-240
			396-489	

This facility was a good example of what teams will face in the future. Facilities have not been recertified for several years and are slow to deliver and comply with data and record requests. This 32-bed SNF had recently decreased its bed size, according to the life safety surveyor and HFID's website. The team leader knew about the changes in licensing, but the team composition stayed the same, despite this facility requiring only two surveyors. The recommended number of HFENs for a facility of this size would be two, per CMS guidelines. The facility licensing change was a surprise to many team members, indicating siloing of team roles and a lack of communication.

The team had four HFENs who were familiar with the site and knew staff and residents. Two consultants were on-site (an occupational therapist and the life safety/EVS surveyor [HFE]), and a third consultant, a pharmacist, participated remotely. Having an occupational therapist and HFE surveyor on-site proved beneficial in reviewing some of the standards – especially restorative therapy standards – and other requirements. The composition and differentiators for this team included the fact that most of the HFENs had not completed recertifications for years due to telework and COVID-19. One HFEN was a newer employee who had already participated in other recertifications that year.

We observed that two team members were working on their previous recertification documentation during this period (both were on that team together in April). This report had not yet been completed and was due on May 23, 2023. This may have added to the time used on-site for this recertification but was not trackable.

One staff person met with a resident three times to discuss her health conditions and fears. This is a good example of an HFEN listening to residents about their feelings and current conditions, including psychosocial concerns. One encounter with the resident was 45 minutes long and was centered around her diagnosis. Such an encounter might be considered a violation of boundaries and unprofessional conduct. However, because this was one site and one observation, it may not be generalizable to all recertification teams.

Observational Study: Complaint Investigations

HMA also conducted observational analysis of complaint investigations, including complaints at an SNF, an acute care site, and a hospice facility. For these observations, we tracked segments of the process to focus on individual job classifications, work processes, and variations in methods. This one week of observations yielded a sample size too small to generalize to all processes; however, some observations were helpful in making recommendations for improvements.

The observation of a GACH complaint was fraught with delays in producing experts in clinical content and IT knowledge of the EHR, as well as documentation and policies. The HFEN was familiar with the site and the team that assisted with the process, however the HFEN did not understand the medical record nor the clinical side of the complaint and needed an expert from the ER to interpret the patient's chart. A site tour and visitation with one similar patient took about 45 minutes. The facility document review took two to three hours, with staff interviews in that time frame as well. The total time spent was just under four hours. We did not observe the report time, time spent communicating with the patient and family, or the timing of any other follow-up activities. The staff stated that they usually need to spend about 8 to 16 hours. The average time for a complaint is 14.9 hours, which is a blended rate covering SFYs 2019 through 2022. If the HFEN completed all the documentation in the suggested time, the HEFN would have spent 12−20 hours, inclusive of travel time.

An additional observation through discussion with many HFENs was that delaying the final reporting until the 30-to-60-day time frame has become customary practice. This is not best practice, as details and framing of events will need to be reviewed to ensure that details are not overlooked. This time lag with a big workload would lead to errors, omissions, and missed deadlines.

HFID has rolled out the timelines on report delivery requirements per CMS requirements however the HFENs have been working under different time frames and have not yet embraced this CMS requirement. (See Appendix L: CMS Required Time Frames for Investigations.)

A time study was also done on a hospice complaint; an allegation of fraud and staff not being qualified to be in their role. The HFEN assigned to this complaint was newer to the position and handled a very challenging situation very well. Universally, HFENs experience delays in document collection from facilities and often staff are not prepared for requests from surveyors. The HFEN we observed spent nearly three hours waiting for documents and for staff to be available for interviews. In addition to documenting the entire report, the HFEN still had to do chart review, interviews with hospice patients, and then a site visit.

HMA observed staff take a great deal of PHI and a large number of patient's/resident's charts off-site with them, even to their own homes. Of all observations, it was only locked in one case. This is a security risk that is not worth taking. Staff have scanners but uniformly do not use them on-site. In this age of advanced technology and capabilities, this situation is in direct conflict with policy and must change.

Appendix C: HFID Stakeholder Interview List

Organization/Region	Title	First Name	Last Name
DPH	Program Manager III	John	Connolly
DPH	Program Manager III	Robert	Ragland
HFID, Non-SNFs	Assistant Chief	Lena	Resurreccion
HFID, SNFs	Assistant Chief	Suzette	Leverett-Clark
LA County	Ombudsman	Rachel	Tate
HFID	Administrator	Stephen	Fok
HFID, Region 1, SNF	Program Manager	Davona	Hoang
HFID, Region 2, SNF	Program Manager	Dominic	Pacis
HFID, Region 3, SNF	Program Manager	Lisa	Parker-Willis
HFID, GACH/ICF/DD/ESRD	Program Manager	Nathan	Paalam
HFID, HHA/Hospice/CLHF	Program Manager	Rosario	Grospe
HFID, Training Unit	Program Manager	Susie	Gaerlan
HFID	IT	Brian	Poti
HFID, Region 1, SNF	HEFN I	Yi	Hung-Hsu
HFID, Region 1, SNF	HEFN I	Ivy	Nguyen
HFID, Region 3, SNF	STC	Gemima	Ramirez
HFID, Region 2, SNF	ITC	Steven	Sarmiento
HFID, Region 3, SNF	SA	Aixin	Zheng
HFID, GACH/ESRD	SA	Lilit	Nersisyan

Appendix D: Statement of Work

#	SPECIFIC WORK REQUIREMENT
3.1	**Assess HFID's ability to meet CMS and CDPH programmatic requirements and all metrics under the current contract.**
3.1.1	Review the requirements and performance metrics within the contract.
3.1.2	Provide an assessment of HFID's ability to meet contractual requirements.
3.1.3	Identify necessary changes or increases in resource allocation (staff time, information systems and recordkeeping and office space) to meet current and future contractual requirements.
3.2	**Determine the appropriate and necessary staffing structures and levels HFID will need to meet current and future contractual needs.**
3.2.1	Assess the overall workload of HFID, including intake and investigations, which include FRIs, licensure and certification surveys, and other required work, and should incorporate trends in the intake numbers (complaints and FRIs) and project caseloads.
3.2.2	Assess the overall number of aged intakes that require initiation, additional investigation, completion and/or closure. Identify which intakes remain the responsibility of HFID and the remaining intakes that CDPH has agreed to assign to other district offices.
3.2.3	Determine whether additional staff will be needed to eliminate the backlog of intakes and prevent future backlogs (should be done via a time study at different levels in the organization including clerical, support, surveyors, supervisors, and managers).
3.3	Identify the causes and solutions for the significant variance in the standard average hours between State and County to ensure HFID staff are performing their activities in the most efficient and effective manner.
3.3.1	Review the organizational chart of HFID and provide analysis if any differences between staffing levels and structures (and that of other CDPH L&C district offices) could improve HFID efficiency.

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#	SPECIFIC WORK REQUIREMENT
3.3.2	Compare the workload of HFID and that of other CDPH district offices to identify differences between HFID and other CDPH district offices regarding their caseloads, facility to surveyor ratios, and average hours dedicated to each intake or survey.
3.4	**Identify the causes and solutions for the number of aged intakes and develop a plan for modifying HFIDs org structure or staffing levels to ensure all investigations are closed within time frames.**
3.4.1	Identify what improvements or systemic changes in investigative or business processes are needed to address and resolve facility noncompliance issues in a timely manner.
3.4.2	Recommend accountability mechanisms to both identify and rectify procedural and operational issues and/or inefficiencies.
3.5	**Assess management practices and provide recommendations regarding policies and procedures to support key operations, employee support, engagement, workplace unity, and productivity.**
3.5.1	Review internal HFID policies and procedures to understand codified management practices
3.5.2	Interview a representative sample of staff at all levels to understand employee perceptions, workplace culture and morale, and understanding of workplace policies and procedures
3.5.3	Interview full HFID management and supervisorial team to understand leadership culture, management principles and values, and workplace policies and procedures
3.5.4	Develop an employee retention strategy
3.6	**Assess recordkeeping and tracking mechanisms and practices, data analytics, and storage capacity**
3.6.1	Assess the electronic and physical storage capacities used to maintain records and track workload across the Division, as well as by region, unit, and individually

#	SPECIFIC WORK REQUIREMENT
3.6.2	Assess workload tracking practices and regular monitoring of performance metrics and identify areas for optimizing and streamlining recordkeeping and tracking of workload, including optimizing the process of transitioning from paper to electronic records
3.6.3	Identify additional staffing needs and information systems capacity to perform data analytics, identify patterns and trends in compliance with data, and conduct facility specific and systemwide risk assessments
3.7	**Assess training needs and appropriate enhancements to HFID's training programming**
3.7.1	Engage clinical consultants with a training unit in standardizing training opportunities for new staff preparing for the SMQT
3.7.2	Develop regular, continuous workforce training programs to refresh skills among the entire surveyor workforce
3.7.3	Assess opportunities to enhance the mentorship program, with an explicit focus on increasing employee retention
3.8	The vendor shall submit draft reports that contain analyses, assessments, and recommendations

Appendix E: LA County Budget Year 4 (FY 22-23)

#	Position Title	FTE	Base Monthly (Class Spec as of 10/1/21)	Base Monthly Salary with 3% COLA	Quarter Monthly Salary (7/1/22-6/30/23)	LAC Proposed-FY22-23 Increase-Y4 (FY 22-23) v. Y3 (FY 21-22)
1	Chief Physician II	1	$21,452	$22,096	$66,287	$265,147
2	Assistant Chief, Health Facilities Inspn Div.	1	$11,750	$12,102	$36,307	$145,227
3	Health Facilities Consultant, Nursing	3	$13,496	$13,901	$125,106	$500,425
4	Health Facilities Consultant, Dietary	3	$7,700	$7,931	$71,382	$285,529
5	Health Facilities Consultant, OT	3	$12,030	$12,391	$111,521	$446,082
6	Health Facilities Consultant, Pharmacy	5	$15,395	$15,857	$237,860	$951,439
7	Health Facilities Evaluator, Nursing	317	$10,654	$10,973	$10,435,658	$41,742,632
8	Health Facilities Program Manager, Nursing	8	$10,351	$10,662	$255,881	$1,023,525
9	Chief Physician (IM/FP E 12)	1	$28,911	$29,778	$89,335	$357,340
10	Physicians Specialist, MD	2	$23,792	$24,506	$147,034	$588,134
11	Senior Secretary III	1	$5,127	$5,281	$15,842	$63,369
12	Senior Secretary II	2	$4,856	$5,002	$30,010	$120,040
13	Senior Health Facilities Evaluator, NSG	18	$10,973	$11,303	$610,336	$2,441,344
14	Senior Information System Analyst	1	$10,024	$10,325	$30,974	$123,897
15	Information System Analyst II	1	$8,775	$9,038	$27,114	$108,455
16	Senior Typist Clerk	59	$4,622	$4,761	$842,670	$3,370,679
17	Staff Assistant II	22	$6,322	$6,511	$429,751	$1,719,005
18	Supervising Administrative Assistant II	1	$9,196	$9,471	$28,414	$113,657
19	Supervising Health Facilities Evaluator, NSG	33	$11,991	$12,351	$1,222,710	$4,890,840
20	Senior IT Tech Support Analyst	4	$8,540	$8,796	$105,549	$422,195
21	Health Care Financial Analyst	2	$7,643	$7,872	$47,234	$188,937
22	Administrative Services Manager III	1	$12,701	$13,082	$39,246	$156,982
23	Senior Staff Analyst, HS	1	$11,795	$12,149	$36,448	$145,791
24	Staff Analyst, Health	1	$9,731	$10,023	$30,069	$120,275
25	**Total Salaries and Wages**	**491**			**$60,290,946**	$11,242,066
26	**Overtime**				$3,041,593	-
27	**LAC Total Personnel**				**$63,332,539**	$11,242,066
28	**Total Fringe Benefits**				$37,782,293	$9,072,108
29	**Total LAC Personnel & Fringe**				**$101,114,832**	$20,314,174
30	**Operating Expenses**					
31	Supplies/Office Expenses				$754,256	-
32	Office Space - Rental				$4,350,246	-

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#	Position Title	FTE	Base Monthly (Class Spec as of 10/1/21)	Base Monthly Salary with 3% COLA	Quarter Monthly Salary (7/1/22-6/30/23)	LAC Proposed-FY22-23 Increase-Y4 (FY 22-23) v. Y3 (FY 21-22)
33	Training and Meeting				$477,206	-
34	Photocopy Machine Lease				$60,736	-
35	**Total Operating Expenses**				**$5,642,445**	-
37	**Equipment**					
44	Computer Upgrades/Replacements				$809,728	-
45	**Total Equipment**				**$809,728**	-
46	**Travel**				$492,818	-
47	**Total Travel**				**$492,818**	-
48	**Computer Upgrades/Replacements**					
49	Workstations				$26,484	-
53	Wireless Care (Remove)				$145,162	-
54	**Total Computer Upgrades/Replacement**				**$171,646**	-
55	**Total Direct Costs (Operating Expense & Equipment)**				**$7,116,637**	-
56	**Indirect Costs**				$15,787,535	($1,938,332)
57	**Total Indirect Costs**				**$15,787,535**	**($1,938,332)**
58	**Total Costs**				**$124,019,004**	**$18,375,842**
59	**Percentage Increase**				17.39%	

Note: Above chart illustrates HFID's current budget. Positions are subject to change.

Appendix F: Future HFID Contract Deliverables

Item	Name/Description	Responsible Party	Due
6.8	**Staff Hiring and Training Update**	**LAC**	Quarterly, the 10th working day of the following ending quarter's month.
7.7	**IT Inventory Report**	**LAC**	Annually, the 30th calendar day following the end of the previous SFY: • July 30, 2024 • July 20, 2025 • July 30, 2026
10.1	**Workload Report (A-1)**	**LAC**	Monthly, the 10th working day of the following month
10.10	**Quarterly Report/Workload Shift Report**	**CDPH**	Quarterly, the 30th day of the following ending quarter's month

Note: The above chart has been created and will be utilized in the future FY 23-26 HFID contract.

Appendix G: PC Section Survey Activities Prioritization

PC Section Survey Activities Prioritization

Priority Level	Survey Types
One (P1)	• CMS GACH, CAH and APH surveys requiring evaluation of Pharmaceutical Services CoP • SNF surveys (CMS, relicensing or dual) with pharmacy concerns • GACH Relicensing Surveys • Initial Licensing – GACH, CAH, SNF, APH, State Facilities • Complaints related to pharmaceutical services of IJ Priority – All facility types • Adverse events (HSC 1279.1) complaint investigation related to pharmaceutical services • Pharmacy Clean Room Inspections
Two (P2)	• SNF Training Surveys • Complaints related to sterile compounding or controlled substances diversion
Three (P3)	• Complaints related to pharmaceutical services in SNF or GACH • SNF Surveys (CMS, licensing or dual) with no known pharmacy concerns

❖ Priority (Level 1, 2 and 3) survey activities take priority over non-priority survey/complaint investigation activities.

❖ PC will work with DO to identify Priority 2 survey opportunities when no Priority 1 surveys are scheduled.

❖ PCs also have other non-survey responsibilities including but not limited to consultation, citation review, training, and projects.

❖ Communicate with PC Section Chief and/or DO regarding schedule conflicts, workload prioritization or requests from district offices for participation in non-priority surveys/complaints.

PC Section Survey Activities Prioritization Revised 4/15/21

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Appendix H: HFID Staff Survey Results

Department of Public Health's Health Facilities Inspection Division's management should consider conducting, or hiring a consultant to conduct, a comprehensive analysis/study, that takes into account all issues/concerns identified in this report, to : a) Determine the appropriate and necessary staffing structures and levels (i.e., Evaluators/Consultants to ensure the ongoing HFID' s organizational structure and/or staffing levels, to ensure all investigations are closed within established time frames.

Figure 9. "What is your job title?"

Legend:
- ITC/STC
- SA I/II/III
- HFEN - HFE1
- Sr HFEN - HFE2
- Supervisor
- Program Manager/Sr. Physician
- Consultants
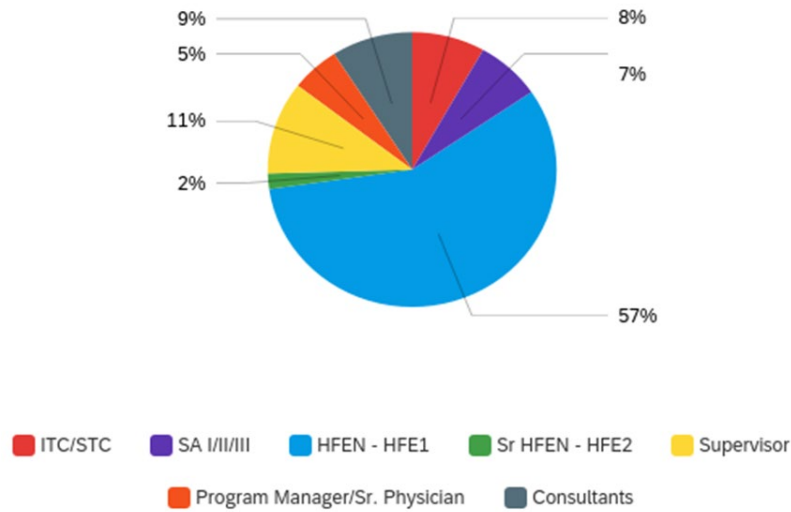
Figure 10. "Where do you work; SNF versus Non-SNF?"

Legend:
- SNF
- Non-SNF (FF, ICF, Clinics, GACH, ESRD, ASC, HH, Hospice, CLHF)
- Administration, Consulting, Training, IRS Unit
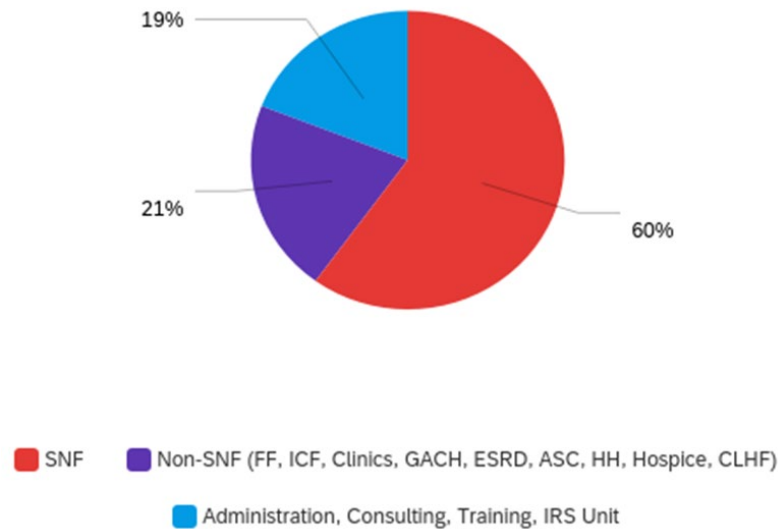
Figure 11. "What motivates you to stay with an HFID?"

Legend:
- Pay
- Flexibility of schedule
- No Weekends/Holidays off
- Opportunity for overtime
- Proximity to home
- Passion for work mission
- Telework
- Other

Values shown: 4%, 7%, 13%, 20%, 7%, 9%, 19%, 22%
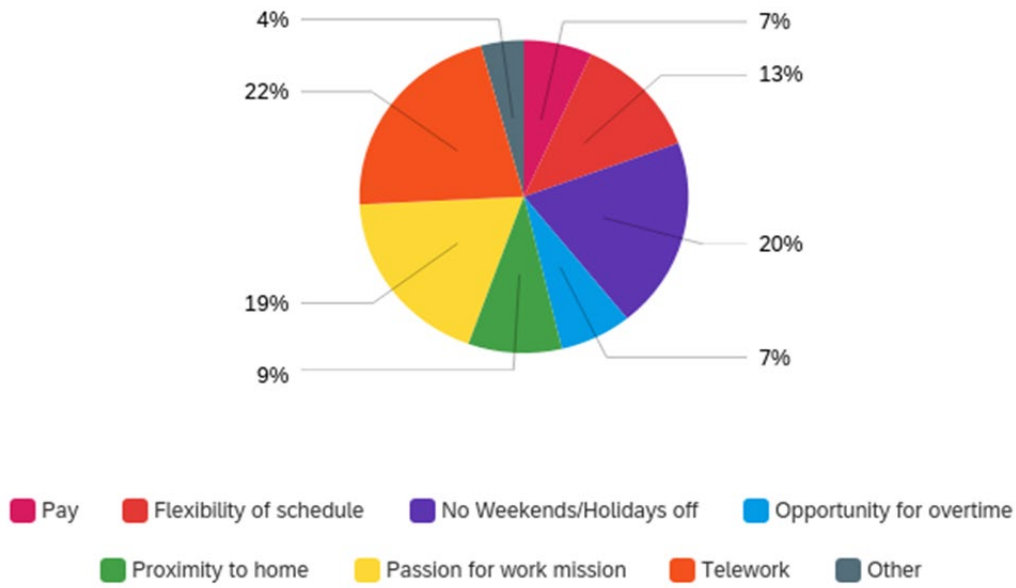
Figure 12. "What frustrates you at work?"

Legend:
- Deviation and lack of standardization
- Travel expectations
- Lack of training
- Lack of teamwork
- Telework
- Other

Values shown: 27%, 26%, 14%, 18%, 10%, 4%
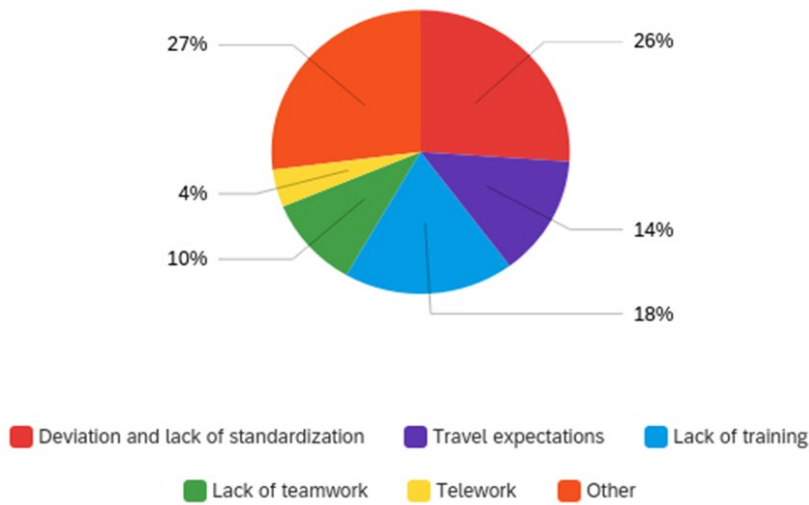
Figure 13. " Have you observed any variations in any of the following?"

13%   17%
20%   14%
18%   9%
      8%

Paperwork   Packet requirements   Promotions   OT requirements   Favoritism
Supervisor expectations   Other
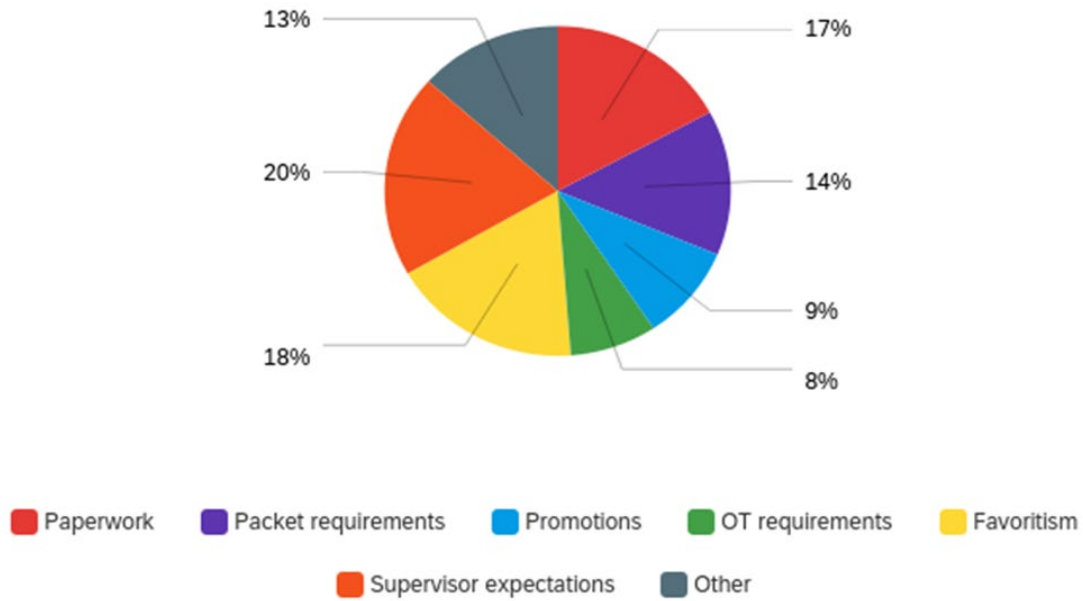
Figure 14. " What areas help you feel engaged in your work at HFID?"

5%   20%
16%
     20%
39%

Communicating with facility staff   Patients or Residents   Your team of peers
Your leadership teams   Other
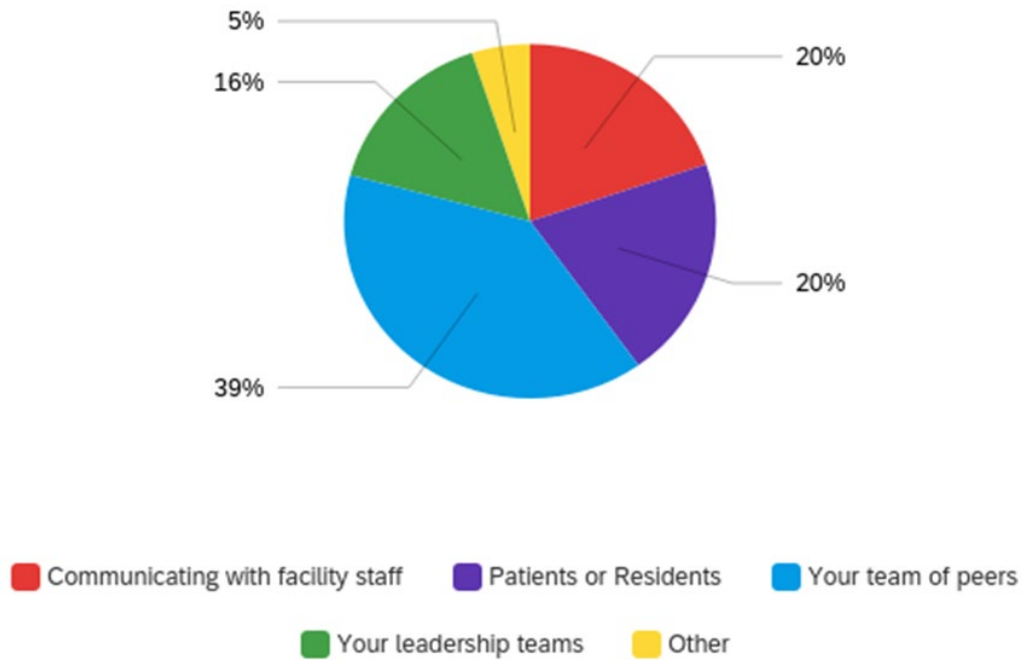
Figure 15. "Do you feel you have opportunities for promotions?"

44%

56%

⬛ Yes ⬛ No
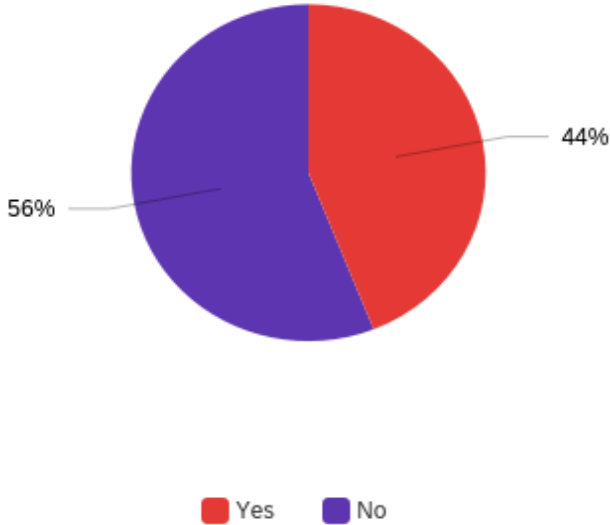
Figure 16. "Do you feel heard?"

35%

65%

⬛ Yes ⬛ No
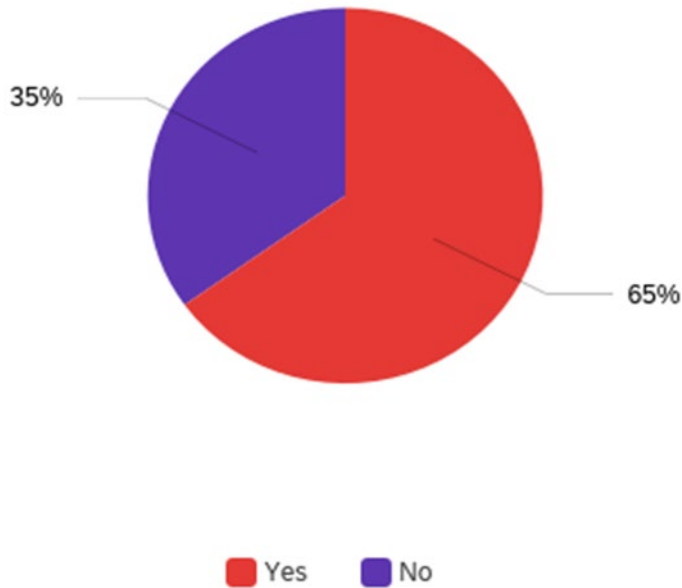
Figure 17. "What venues/settings do you feel heard?"

Pie chart with the following values:
- Team meetings: 22%
- Supervisor conversations: 23%
- E-mail forum: 9%
- Colleagues/Peers: 39%
- Other: 7%

Legend: ■ Team meetings ■ Supervisor conversations ■ E-mail forum ■ Colleagues/Peers ■ Other
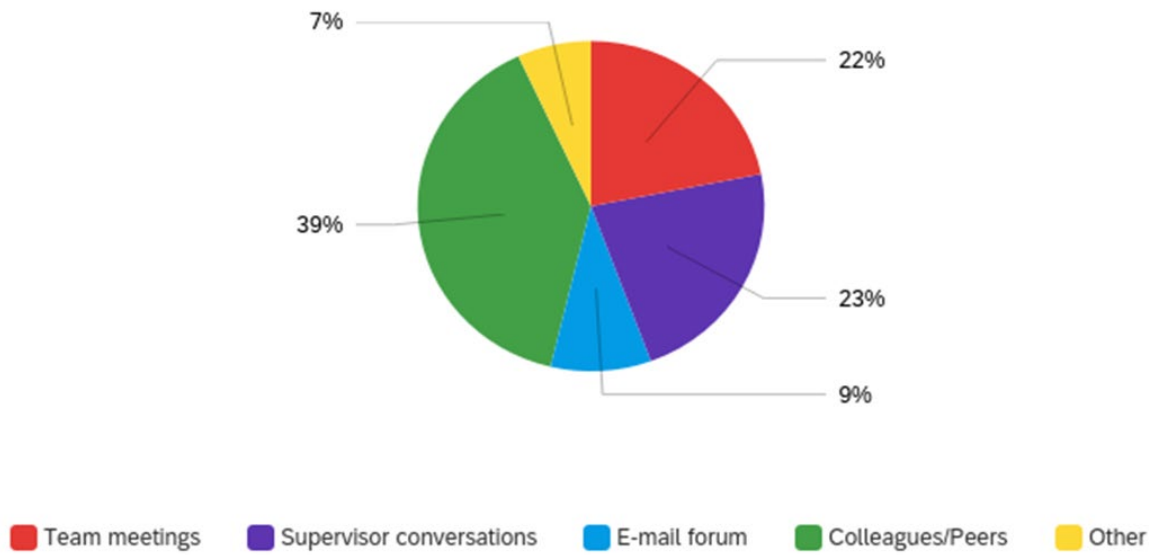
Figure 18. "Are the policies and procedures clear for work completion?"

Pie chart with the following values:
- Yes: 54%
- No: 46%

Legend: ■ Yes ■ No
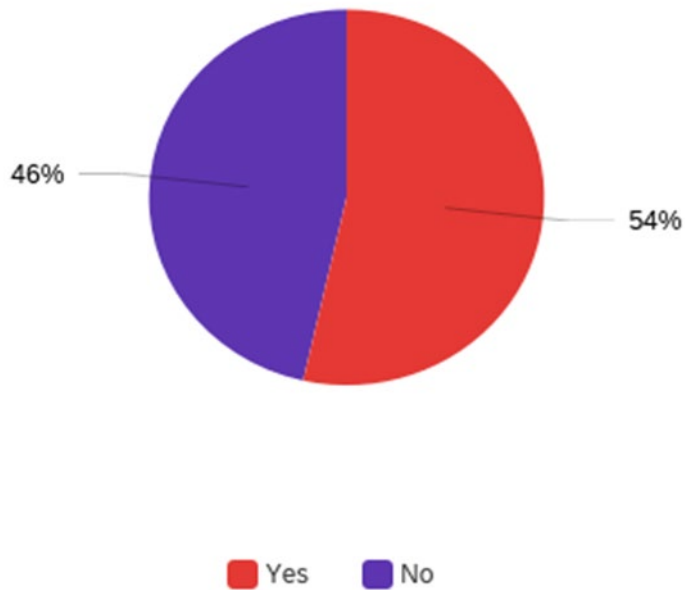
Figure 19. "How could the policies/procedures be improved upon?"

- 🔴 Re-written policies/Procedures to be clear and concise
- 🟣 More training on the policies/procedure
- 🔵 Additional clarification on policies/procedures from my manager/supervisor.
- 🟢 Mentorship from colleagues
- 🟡 Other
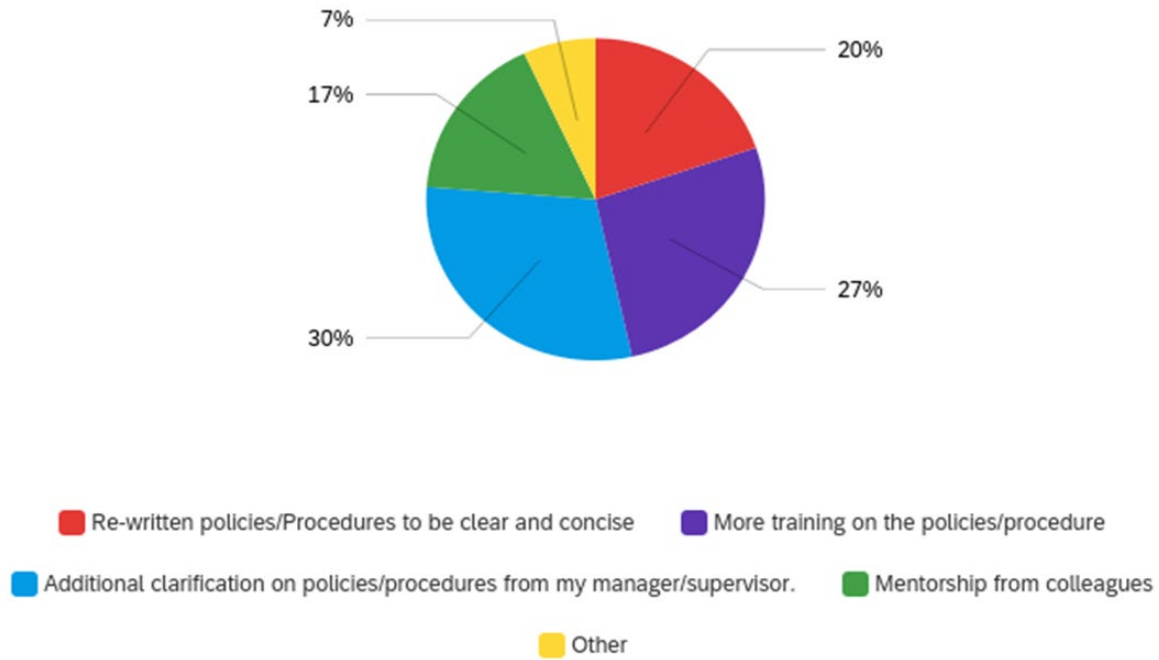
Figure 20. "Why do you think former colleagues have left?"

- 🔴 More money
- 🟣 Lack of support at work
- 🔵 Better working conditions
- 🟢 Preference for another type of work
- 🟡 Too much travel
- 🟠 Too much pressure
- ⬛ Systems too complex
- 🔴 Promotion to another job
- 🔴 Unanticipated workload
- ⬜ Other
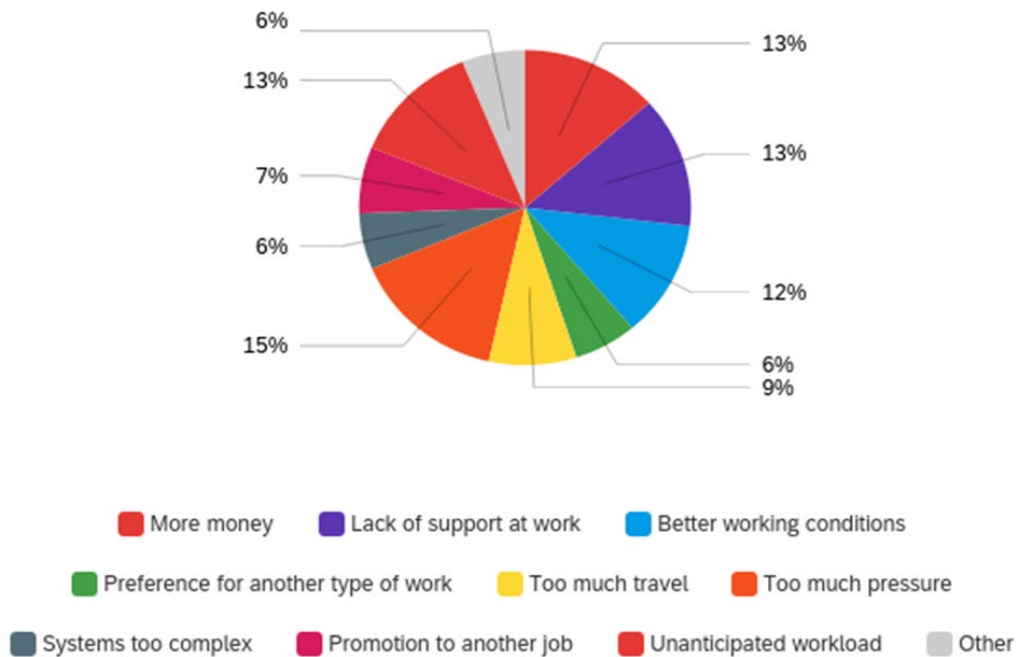
Figure 21. "What would you recommend for changes at HFID?"

Legend:
- Training
- Onboarding
- Mentorship program
- New staffing models
- Different geographic regions
- Workload review/disbursement
- No changes
- Other
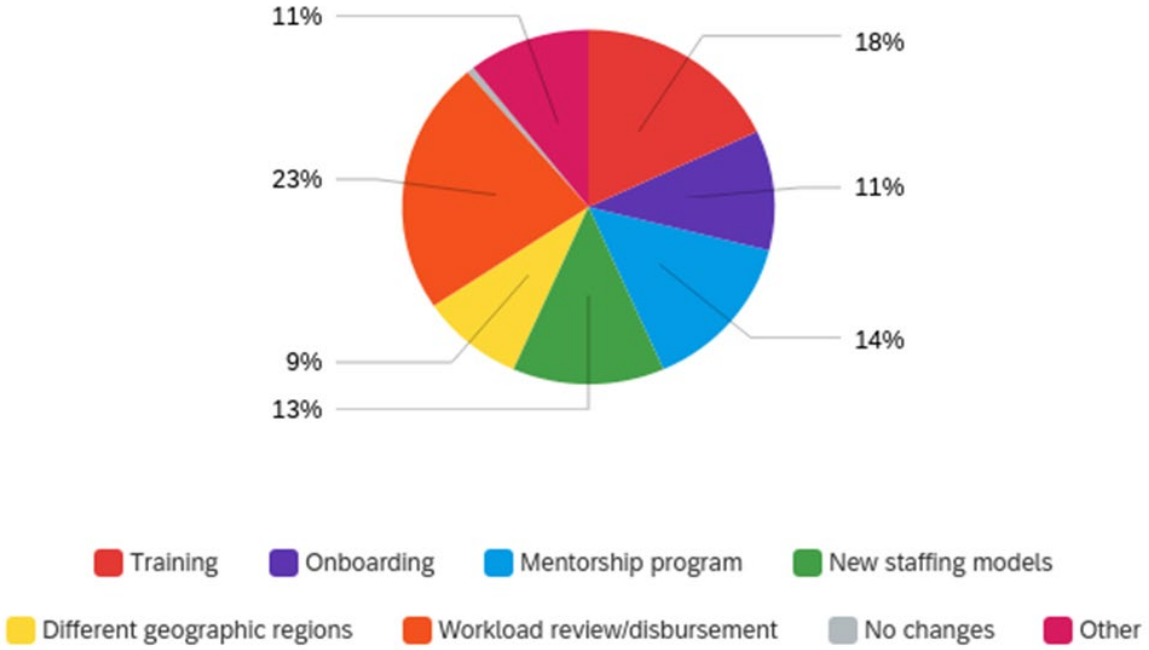
Appendix I: HFID Dual Enforcement Algorithm

HFID Dual Enforcement Sub-Process for SNF Intake with Extenuating Circumstances

Dual Enforcement Sub-Process → Issue State Citation within 30 days from issuance of CMS-2567 (HSC 1423 2(B)) → Extenuating Circumstances? → Yes → Submit request for extension to Program Manager prior to 30-day deadline (Activity Code 26) → Send Delayed Closure Letter to complainant (Activity Code 28 Letter N6K3) and facility (Letter 3023) upon approval → Issue State Citation within 90 days from issuance of CMS-2567 (HSC 1420 (a)(3)(B) → Close Intake in ASPEN

Appendix J: HFID SNF Intake Process Timeline Algorithm

HFID SNF Intake Process Timelines (eff. January 1, 2023 – December 31, 2023)

Appendix K: CMS Recommended Number of Surveyors per Facility Census Beds

Facility Census	Recommended # of Surveyors	Max # Complaint/FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size # (All residents)
1-8	2	5	All residents	All residents
9-15	2	5	All residents	8
16-19	2	5	16	8
20-48	2	5	16	12
49-52	3	6	24	13
53-56	3	6	24	14
57-61	3	7	24	15
62-65	3	7	24	16
66-69	3	7	24	17
70-90	3	8	24	18
91-95	3	8	24	19
96-100	4	9	32	20
101-105	4	9	32	21
106-110	4	9	32	22
111-115	4	10	32	23
116-123	4	10	32	24
124-128	4	10	32	25

HMA

Facility Census	Recommended # of Surveyors	Max # Complaint/FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size # (All residents)
129-133	4	10	32	26
134-138	4	11	32	27
139-143	4	11	32	28
144-148	4	11	32	29
149-153	4	12	32	30
154-158	4	12	32	31
159-164	4	13	32	32
165-169	4	13	33	33
170-174	4	13	34	34

Appendix L: CMS Required Time Frames for Investigations

Required Time Frames for Investigations Starting July 1, 2018 (Enforced April 1, 2023)		
Investigation Process	Type of Investigation	
	Immediate Jeopardy (IJ)	Non-IJ
Initiate Investigation (upon receipt)	24 Hours	10 Business Days
Exit conference with facility	(1)	(1)
Statement of Deficiencies Notice issued to facility	Two days after Exit Conference (Unless abated while the evaluator is on-site)	10 days after Exit Conference
Plan of Correction (due from facility)	10 days after Statement of Deficiency Form Received	10 days after Statement of Deficiency Form Received
Complete Investigation	60 days after Receipt of Complaint	60 days after Receipt of Complaint

(1) Algorithm Appendix E

CMS completion deadlines were not adhered to in recent past. Just this past year HFID leadership has started enforcing these strict deadlines. Workload compliance must be a part of the employee's annual performance evaluation.

Appendix M: LADO Training Pathway Algorithm

LOS ANGELES DISTRICT OFFICE (LADO) TRAINING PATHWAY ALGORITHM

NEW EMPLOYEE

HR in AM

Training Unit in PM

1st Day/Half Day
Building Access
Parking Permit
Intro & Tour of the Office
Completion of paperwork/forms
Laptop set-up
Welcome & Orientation by Training Unit Supervisor

2nd Day
Welcome & Orientation
HFID HR Liaison
Discuss expectations
Set-up & navigation of email accounts for CDPH & LAC DPH, HARP & QSEP
Access to ECAPS, MARS, DPH
Mandatory Trainings

3rd Day to 5th Day
HFID Onboarding Class (Intro to HFID, Contract Measure, Training Pathway, Expectations, Resources available)
Time Management class
Register vaccine status in Fulgent
COVID-19 baseline testing
Forms for N95 fit testing, etc.

2nd week to 3rd week
LA County DPH Workforce Mandatory Training (Web-based)
DPH Orientation Class in Ferguson (70 hrs)

Endorse to the Training Supervisor in the Region

4th week to 5th week Pre-Week 1 Academy pre-requisites (80 hrs.)

Able to attend Week 1 — YES / NO

YES →

Observation Phase LTCSP (P1)
Observe with a seasoned surveyor with 1 recert survey from offsite to exit conference Training Supervisor onsite

Week 1 Academy + OP1 (Abbreviated & State)
Academy (5 days) Post-test (4 hours). During post academy surveyor will Observe serving an intent to cite, serving & correcting a State Citation, and if available Federal FIC survey, SNF Relicensing, SMICMS. Learn/Observe/Participate in SNF Federal Abbreviated Surveys (Complaint/FRI).

Immersion Phase LTCSP (P2)
Participate a minimum of 1 complete SNF Federal Recertification Survey conduct Initial Pool Process, Sample Selection, Kitchen Tour. Observe the first "Full Meal." from off-site to exit conference (4 days onsite) & write-up (3 days) with a Training Supervisor/Mentor

Week 2 Academy + IP2 (Abbreviated & State)
Pre-academy (5 days). Academy (5 days). Post-test (4 hours). During Post Academy Surveyors will participate in SNF Federal Abbreviated Surveys (Complaint/FRI) write deficiencies, use RSS to upload surveys. Serving & correcting a State Citation, and if available Federal FIC survey, SNF Relicensing

Check Off Phase LTCSP (P3)
Participate in a minimum of 1 recert survey, esp. Medication Administration Observation (4 days onsite) & write-up (3 days). Practice reviewing at least 1 sampled resident's medications. Observe all elements of the kitchen task with a Training Supervisor/Mentor

Week 3 Academy + CP3 (Abbreviated & State)
Pre-academy (5 days). Academy (5 days). Post-test (4 hours) Post Academy Surveyors will participate in SNF Federal Abbreviated Surveys (Complaint/FRI) write deficiencies, use RSS to upload surveys. Serving & correcting a State Citation, and if available Federal FIC survey, SNF Relicensing

NO →

Survey Orientation & Mentorship
Class training on different survey types includes RSS and IQIES with training supervisor. Surveyors go on-site visits with a Mentor in the Region to learn/observe/participate in State surveys, Focused Infection Control (FIC) surveys, and abbreviated standard surveys for complaints and facility reported incidents (FRIs).

Induction Phase LTCSP (P4)
Participate in a minimum of 1 recert survey, esp. survey team meetings and exit conference (4 days onsite) & write-up (3 days). Practice reviewing at least 1 sampled resident's medications. Observe all elements of the kitchen task with a Training Supervisor/Mentor

Week 4 Academy + IP4 (Abbreviated & State)
Pre-academy (5 days). Academy (5 days). Post-test (4 hours). Participate in Abbreviated Surveys (Complaint/FRI). Complete at 1 RSS and FIC Survey.

Extended Phase LTCSP (EP5)
Participate in a minimum of 1 recert survey, participate during team meetings and exit conference (4 days onsite) & write-up (3 days) with a Training Supervisor/Mentor

Week 5 Academy In-Person Training SEQIS Training Site

SMQT CERTIFIED IN 8-9 MONTHS & FINAL ASSIGNMENT IN 9-10 MONTHS FROM DATE OF HIRE

Interim Performance Evaluation (if applicable), Exit Interview from Training Unit, and Recommend to HQ to send letter of final region/district office

SMQT Preparatory Class
Classroom prep (2 days)
Self-Study (2 days)

ADP 8/15/19, ZG 1/1/2020, 8/25/2020, 10/19/2020,1/4/2022, 1/19/2022, 5/9/2022; GM 12/14/2022, 2/1/2023

Appendix N: Mentorship Program

HEALTH FACILITIES INSPECTION DIVISION
Mentoring Program
Rev March 3, 2020

<u>Overview</u>

HFID's mentoring program offers trainees (also referred to as new surveyors/evaluators or mentees) an opportunity to develop and enhance their skills and knowledge through professional learning from a mentor. The mentor helps guide a person with less experience and/or less knowledge about the Federal and State rules and regulations for health facilities. The mentor will also incorporate State and HFID policies and procedures, guidelines, and protocols. The mentor uses approaches that facilitate a new surveyor proficiency to her/his role as a Health Facilities Evaluator Nurse/HFE I. The mentoring program promotes a helping relationship as a new surveyor builds confidence and understanding of the survey and investigative processes. Through observation and hands-on practice, the new surveyor learns strategies in identifying and investigating deficient practices by health care providers. It also guides the new surveyor in conducting oneself professionally and communicating effectively with the team members and different health care professionals. The mentoring program promotes HFID's commitment to ensure that the new surveyor is a valued member of the team.

<u>Mentor</u>

An HFID survey mentor is an SMQT*-certified surveyor who may be part of the survey team while mentoring the new surveyor. The roles of the mentor include but are not limited to the following:

- Facilitates the new surveyor's participation and involvement in the survey process (writing deficiencies and submitting a complete survey package).
- Uses the learning goals of the <u>Long Term</u> Care Survey Process (LTCSP) as a guide for the new surveyor.
- Evaluates the extent of the trainee's knowledge base in conducting the survey process using information related to the curriculum received from the academies.
- Provides feedback to the Region Supervisor/Sr HFEN and the HFID Training Unit by utilizing the attached Mentor Checklist to track the experiences provided to the new surveyor.
- Conducts peer review of survey narrative reports.
- Recertification Survey
    - During the Observational Phase (before Week 1 Academy and after completing Week 1 Academy prerequisite), Immersion Phase (after Week 1 Academy), and Check Off Phase (after Week 2 and 3 Academies), the mentor will have partial workload.
    - During the Induction Phase of the training recertification survey (after Week 4 academy), the mentor will not have an assigned workload.
- Abbreviated Survey
    - During the Observational Phase (before Week 4 Academy), the mentor will demonstrate how to conduct an abbreviated survey to the mentee
    - During the Induction Phase (3 weeks training), the mentor will serve as a resource (on site or off site) while the mentee conducts the abbreviated or bundled surveys independently.
- Submit a LTCSP Performance Guide and Evaluation after every survey (minimum 3 recertification).
- Submit Abbreviated Survey Performance Guide and Evaluation once a week (preferable for a complaint or a compilation of all intakes completed for the week).

Page 1 of 2

Mentee

A mentee is a newly hired surveyor, also referred to as a trainee, who is undergoing training in preparation for passing the SMQT, making them eligible to conduct recertification and abbreviated surveys and investigations independently. The mentee acts in accordance with the direction and instruction given by the Region Supervisors /Sr, HFEN and the HFID Training Unit, under guidance of the mentor. The mentee communicates learning needs and participates in setting goals and in the planning of the learning experiences with the Region Supervisor/Sr HFEN and the HFID Training Unit. The mentee demonstrates self-direction, initiative, and actively seeks learning experiences. The mentee conducts and presents oneself professionally and provides customer service at all times. The mentee understands the three contract measures (quality, quantity, and customer service) of HFID.

Rating Evaluation:

95 – 100 % Performed Task Independently & Proficiently

86 – 94 % Performed Task with Minimal Supervision

78 – 85 % Performed Task with Maximum Supervision

70 – 77 % Expectations Not Met

Forms/Resources:

Training Pathway

Los Angeles Training Plan, Recertification Survey Learning Experience

LTCSP scoring

Abbreviated Scoring

Appendix O: Future Contract FY 23-26 Quantity Metrics

Quantity Metrics			2023-24	2024-25	2025-26
Activity Group and #	Facility Type	Activity Description	Year 1	Year 2	Year 3
A	**Federal - Recertification and Initial Certification***				
A-01	Acute Psychiatric Hospital	Recertification	1	1	1
A-02	Ambulatory Surgical Center	Initial Certification	7	7	7
A-03	Ambulatory Surgical Center	Recertification	15	15	15
A-04	Comprehensive Outpatient Rehabilitation Facility	Recertification	1	1	1
A-05	End Stage Renal Disease	Initial Certification	8	8	8
A-06	End Stage Renal Disease	Recertification	35	35	35
A-07	General Acute Care Hospital	Initial Certification	1	1	1
A-08	General Acute Care Hospital	Recertification	2	2	2
A-09	Home Health Agencies	Initial Certification	1	1	1
A-10	Home Health Agencies	Recertification	85	85	85
A-11	Hospice	Recertification	38	38	38
A-12	Intermediate Care Facilities IID	Initial Certification	4	4	4
A-13	Intermediate Care Facilities IID	Recertification	252	252	252
A-14	Organ Transplant Center	Recertification	1	1	1
A-15	Skilled Nursing Facilities	Recertification	380	391	391
A-16	Skilled Nursing Facilities	FIC Survey	77	77	77
Activity A Group Totals			**908**	**919**	**919**

B	**Intakes (Complaints + FRIs) - Includes backlog in Years 1 and 2 (500 NLTC + 500 LTC)**				
B-01	Non-LTC Intakes (Complaints + FRIs)	Intakes (includes backlog in Years 1 and 2)	4,457	4,746	4,534
B-02	LTC Intakes (Complaints + FRIs)	Intakes (includes backlog in Years 1 and 2)	10,025	10,630	10,733
Activity B Group Totals			**14,482**	**15,376**	**15,267**

C	**State - Licensing (Initial, Re-licensing, and Change Surveys Requiring a Licensing Survey)**	256	538	966
Activity C Group Totals		**256**	**538**	**966**

D	Complaint Validations				
D-01	Ambulatory Surgical Center	Validation	2	2	2
D-02	General Acute Care Hospital	Complaint Validation	17	17	17
D-03	General Acute Care Hospital	Validation	3	3	3
D-04	Home Health Agencies (18 & 19)	Validation	2	2	2
D-05	Hospice	Complaint Validation	4	4	4
D-06	Hospice	Validation	10	10	10
		Activity D Group Totals	38	38	38

F	Monitoring Visits				
F-01	NLTC + LTC Facilities	Monitoring Visits	100	100	100
		Activity F Group Totals	100	100	100

HMA

Appendix P: HFID Standard Average Hours Workload Forecast

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
Acute Psychiatric Hospital	NLTC	01-A	Re-Certification	262	1	319	0.17
Acute Psychiatric Hospital	NLTC	01-A	Re-Certification – Follow-Up	156	1	190	0.1
Acute Psychiatric Hospital	NLTC	01-A	Re-Certification/LSC	34	1	41	0.02
Ambulatory Surgical Center	NLTC	01-A	Initial Certification	75.4	7	643	0.33
Ambulatory Surgical Center	NLTC	01-A	Initial Certification/LSC	17	7	145	0.08
Ambulatory Surgical Center	NLTC	01-A	Re-Certification	125	15	2282	1.19
Ambulatory Surgical Center	NLTC	01-A	Re-Certification – Follow-Up	29	3	106	0.06
Ambulatory Surgical Center	NLTC	01-A	Re-Certification/LSC	18	15	329	0.17
Ambulatory Surgical Center	NLTC	01-A	Re-Certification – Follow-Up	10	3	37	0.02
Comprehensive Outpatient Rehabilitation	NLTC	01-A	Re-Certification	68	1	83	0.04
End Stage Renal Disease	NLTC	01-A	Initial Certification	40	8	390	0.2
End Stage Renal Disease	NLTC	01-A	Initial Certification/LSC	12	8	117	0.06
End Stage Renal Disease	NLTC	01-A	Re-Certification	123	35	5240	2.73
End Stage Renal Disease	NLTC	01-A	Re-Certification – Follow-Up	21	6	153	0.08
End Stage Renal Disease	NLTC	01-A	Re-Certification/LSC	11	35	469	0.24
General Acute Hospital	NLTC	01-A	Initial Certification	38.7	1	47	0.02
General Acute Hospital	NLTC	01-A	Re-Certification	296	2	721	0.38

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
General Acute Hospital	NLTC	01-A	Re-Certification – Follow-Up	106	1	129	0.07
General Acute Hospital	NLTC	01-A	Re-Certification/LSC	55	2	134	0.07
Home Health Agencies (18 & 19)	NLTC	01-A	Initial Certification	17	1	21	0.01
Home Health Agencies (18 & 19)	NLTC	01-A	Initial Certification – Follow-Up	68.9	1	84	0.04
Home Health Agencies (18 & 19)	NLTC	01-A	Re-Certification	123	85	12727	6.63
Home Health Agencies (18 & 19)	NLTC	01-A	Re-Certification – Follow-Up	36	13	570	0.3
Hospice	NLTC	01-A	Re-Certification	118	38	5458	2.84
Hospice	NLTC	01-A	Re-Certification – Follow-Up	28	38	205	0.11
Hospice	NLTC	01-A	Re-Certification/LSC	13	6	16	0.01
Intermediate Care Facilities IID	LTC	01-A	Initial Certification	42	1	20530	0.11
Intermediate Care Facilities IID	LTC	01-A	Initial Certification – Follow-Up	25	4	87	0.02
Intermediate Care Facilities IID	LTC	01-A	Initial Certification/LSC	17.9	1	15951	0.05
Intermediate Care Facilities IID	LTC	01-A	Re-Certification	52	4	736	8.3
Intermediate Care Facilities IID	LTC	01-A	Re-Certification – Follow-Up	16	252	4680	0.38
Intermediate Care Facilities IID	LTC	01-A	Re-Certification/LSC	15.3	38	19	2.44
OPT/SP	NLTC	01-A	Re-Certification – Follow-Up	16	252	360	0.01
Organ Transplant Center	NLTC	01-A	Re-Certification	296	1	1875	0.19

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
Skilled Nursing Facilities	LTC	01-A	Covid-19 (FIC)	20	77	132295	0.98
Skilled Nursing Facilities	LTC	01-A	Re-Certification	286	380	15727	68.88
Skilled Nursing Facilities	LTC	01-A	Re-Certification – Follow-Up	68	190	83268326	8.19
Skilled Nursing Facilities	LTC	01-A	Re-Certification/LSC	18	380	10	4.33
Skilled Nursing Facilities	LTC	01-A	Re-Certification – Follow-Up	8	1	1982	0.01
Acute Psychiatric Hospital	NLTC	02-03-05B	Complaint	11	148	1776	1.03
Adult Day Health Centers	NLTC	02-03-05B	Complaint	17	86	840	0.92
Ambulatory Surgical Center	NLTC	02-03-05B	Complaint	46	15	965	0.44
Community Clinic	NLTC	02-03-05B	Complaint	13	17	146	0.5
Comprehensive Outpatient Rehabilitation	NLTC	02-03-05B	Complaint	60	61	5940	0.08
Congregate Living Health Facility	LTC	02-03-05B	Complaint	20	2	2590	3.09
End Stage Renal Disease	NLTC	02-03-05B	Complaint	16	244	68290	1.35
General Acute Hospital	NLTC	02-03-05B	Complaint	15	133	2256	35.55
Home Health Agencies (18 & 19)	NLTC	02-03-05B	Complaint	17	3740	3373	1.17
Hospice	NLTC	02-03-05B	Complaint	17	109	8797	1.76
Intermediate Care Facilities DD/H/N	LTC	02-03-05B	Complaint	11	163	188811	4.58
Skilled Nursing Facilities	LTC	02-03-05B	Complaint	17	657	0	98.3
Acute Psychiatric Hospital	NLTC	04-D	Re-Licensure	221	9124	0	0

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
Adult Day Health Centers	NLTC	04-D	Initial Licensure	33	0	670	0
Adult Day Health Centers	NLTC	04-D	Re-Licensure	110	0	1245	0.35
Adult Day Health Centers	NLTC	04-D	Re-Licensure Follow-Up	110	5	88	0.65
Adult Day Health Centers	NLTC	04-D	Re-Licensure Follow-Up	36	9	99	0.05
Adult Day Health Centers	NLTC	04-D	Re-Licensure Follow-Up	36	2	478	0.05
Ambulatory Surgical Center	NLTC	04-D	Licensure Visit	28.1	2	0	0.25
Chronic Dialysis Clinic	NLTC	04-D	Re-licensure	51	14	243	0
Community Clinic	NLTC	04-D	Initial Licensure	19	0	151	0.13
Community Clinic	NLTC	04-D	Re-licensure	8	11	234	0.08
Congregate Living Health Facility	LTC	04-D	Initial Licensure	32	16	901	0.12
Congregate Living Health Facility	LTC	04-D	Re-Licensure	36	6	124	0.47
Congregate Living Health Facility	LTC	04-D	Re-Licensure Follow-Up	14.6	21	0	0.06
End Stage Renal Disease	NLTC	04-D	Initial Licensure	27	7	718	0
General Acute Hospital	NLTC	04-D	Field Visit (CHOS)	20	0	594	0.37
General Acute Hospital	NLTC	04-D	Re-licensure	244	30	248	0.31
Home Health Agencies (18 & 19)	NLTC	04-D	Initial Licensure	34	2	365	0.13
Home Health Agencies (18 & 19)	NLTC	04-D	Re-Licensure	12	6	779	0.19
Hospice	NLTC	04-D	Re-Licensure	32	25	205	0.41

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
Intermediate Care Facilities DD/H/N	LTC	04-D	Initial Licensure	28	20	779	0.11
Intermediate Care Facilities DD/H/N	LTC	04-D	Re-Licensure (Survey)	59	6	205	0.37
Intermediate Care Facilities DD/H/N	LTC	04-D	Re-Licensure (Survey)	29	10	718	0.12
Intermediate Care Facilities DD/H/N	LTC	04-D	Re-Licensure (Survey) Follow-Up	90	7	229	0.06
Pediatrics Day Health	NLTC	04-D	Re-Licensure	12.2	1	110	0.01
Referral	NLTC	04-D	Initial Licensure	61	1	19	1.55
Skilled Nursing Facilities	LTC	04-D	Field Visit (CHOS)	62	40	2970	0.04
Skilled Nursing Facilities	LTC	04-D	Initial Licensure	71	1	75	0.4
Skilled Nursing Facilities	LTC	04-D	Re-Licensure	22	9	778	0.35
Surgical Clinic	NLTC	04-D	Initial Licensure	125	25	670	0.16
Ambulatory Surgical Center	NLTC	06-F	Validation	32	2	304	0.08
General Acute Hospital	NLTC	06-F	Validation Follow-Up	184	4	156	1.98
General Acute Hospital	NLTC	06-F	Complaint Validation	409	17	3808	0.87
General Acute Hospital	NLTC	06-F	Validation	105	3	1494	1.33
Home Health Agencies (18 & 19)	NLTC	06-F	Validation Follow - Up	126	20	2556	0.16
Home Health Agencies (18 & 19)	NLTC	06-F	Validation	22	2	307	0.03
Hospice	NLTC	06-F	Complaint Validation	65	4	54	0.16
Hospice	NLTC	06-F	Validation	117	10	316	0.74

HMA

Facility Type	FAC Type	Priority	Standard Survey	Fee Report 22/23 3 YR AVG	Y1-Y3 Annual Workload	Y1-Y3 Annual WL*SAH	Y1-Y3 Annual HFEN #
Hospice	NLTC	06-F	Validation Follow-Up	48	12	1424	0.37
All Facilities	LTC	06-F	Monitoring Visits	5	100	609	0.32
					16810	521159	271

GLOSSARY

Job Classifications

Consultant/Expert
Conducts surveys to evaluate the quality of services provided by facilities in fields including medicine, nursing, pharmacy, etc. Consultants/experts also serve as consultants to district office evaluators by providing guidance and making recommendations on all aspects of services provided by facilities under their area of expertise.

Health Facility Evaluators (HFEs)
Specialist evaluators survey, investigate, and inspect hospitals, skilled nursing facilities, and related healthcare facilities to enforce federal, state, and local licensing and certification requirements. Life safety evaluators ensure compliance with and enforcement of life safety and other related National Fire Protection Agency (NFPA) codes and standards, surveying areas such as building constructions, interior finishes, corridor walls, doors, hazardous areas, vertical openings, means of egress (and the illumination of such), emergency power, emergency plans, fire drills, fire alarms, smoke detection systems, smoking regulations, automatic sprinkler systems, portable fire extinguishers, furnishings, decorations, medical gases, anesthetizing locations, and laboratories.

Health Facilities Evaluator Nurse (HFEN)
Conducts surveys of hospitals, skilled nursing facilities, clinics, and other providers in accordance with state, federal, and local laws, regulations, and departmental guidelines. This is achieved by visiting the facility, interviewing patients, evaluating the adequacy of patient care through direct observation, and inspecting the physical premises. Evaluators are also responsible for conducting investigations of healthcare facilities based on complaints or suspected violations of public health laws.

Intermediate Typist Clerk (ITC)
Performs a range of clerical support duties such as preparing monthly reports, handling a high volume of phone calls from residents and facilities, and processing documents, all according to a predetermined but specialized procedure for such purposes as formulating property descriptions, recording and indexing court papers, processing transcripts, and documenting legal processes. Also checks documents for completeness, accuracy, and compliance with legal and other requirements.

Ombudsman
Individual designated by a state or a sub-state unit responsible for investigating and resolving complaints made by/for older people in LTC facilities. An Ombudsman is also responsible for monitoring federal and state policies that relate to LTC facilities, providing information to the public about the problems older people face in facilities, and training volunteers to help in the Ombudsman program. The Ombudsman program is authorized by Title III of the Older Americans Act.

HMA

Program Manager (PM)

Plans, organizes, assigns, directs, and evaluates – through subordinate nurse evaluator supervisors – the work of a regional district office, or specialty clinics within the health facilities inspection division. This position is under the general direction of the assistant chief of the health facilities inspection division. Through the supervising health facilities evaluator over nursing positions, the PM provides technical and administrative direction to the nurse evaluators responsible for surveying and investigating healthcare facilities and enforcing licensing and certification standards in accordance with state, federal, and local laws, as well as regulations concerning total patient care. Positions also direct staff responsible for performing administrative assignments in licensing, enforcement, and training services; provide administrative direction to a staff of consultants; manage IDR, compliance, and quality assessment and assurance monitoring processes; and handle informal complainant appeals.

Senior Evaluators

Supervises and evaluates the activities of the survey teams and provides technical and administrative reviews pertaining to areas affecting total patient care, such as nursing, physician, pharmacy, etc. Senior evaluators are also responsible for preparing written submissions related to enforcement actions and recommending improved procedures to appropriate supervisory personnel.

Supervising Evaluators

Supervises the activities of evaluators assigned to a district office by planning, assigning, and reviewing work, both administratively and in the field. Supervising evaluators are responsible for evaluating performance by determining effectiveness in enforcing applicable medical care standards and regulations, counseling evaluators for purposes of improving performance and productivity, adjusting grievances, and recommending disciplinary actions. In addition, supervising evaluators are responsible for evaluating facility records and other evidence and recommending enforcement proceedings.

Support Assistant (SA)

Coordinates, reviews, and analyzes data based on federal and state mandates; gathers, analyzes, and monitors information related to complaints and enforcement activities; and acts as the liaison to HFID district offices and field personnel. Duties include the detailed review and analysis of the division's workload, contract budget, and expenditures. This individual also analyzes workload data from state systems, generates workload reports for management, monitors workload to help ensure contracted workload targets are met, develops work plan proposals, works collaboratively with State and program employees to validate workload, and provides training to support staff in generating workload reports for each regional district office.

Facility Types

Acute Hospital (General Acute Care Hospital-GACH)
A healthcare facility with a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. (Ref: Health and Safety Code section 1250(a))

Ambulatory Surgical Center
Any surgical clinic as defined in the California Health and Safety Code Section 1204, subdivision (b)(1), any ambulatory surgical center (ASC) that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act, or any surgical clinic accredited by an accrediting agency as approved by the Licensing Division of the Medical Board of California, pursuant to Health and Safety Code Sections 1248.15 and 1248.4 to use anesthesia (except local anesthesia and/or peripheral nerve blocks), in compliance with the community standard of practice, in doses that – when administered – have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes.

Chronic Dialysis Center (ESRD Centers)
The federal specification for a chronic dialysis clinic. These facilities treat patients with ESRD through its varied treatment types, including hospital units that are approved to furnish, directly, transplantation and other medical and surgical specialty services required for the care of ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A renal transplantation center may also be a renal dialysis center. A renal dialysis center is a hospital unit that is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required by the California Department of Public Health CHCQ Annual Fee Report for FY 2022−23 (page 50 of 54), for the care of end stage renal disease dialysis patients, including inpatient dialysis furnished directly or under arrangement and outpatient dialysis. A hospital need not provide renal transplantation to qualify as a renal dialysis center. A renal dialysis facility is a unit that is approved to furnish dialysis service(s) directly to end stage renal disease patients.

Clinic (Primary Care, Psychology)
Healthcare center where people visit their doctor/primary care provider when they are sick or receive routine preventive care when they are healthy. A clinic is smaller than a hospital and used to treat mildly sick patients. It is not for overnight stays.

Congregate Living Health Facility

A residential home with a maximum capacity of 18 beds (pursuant to Health and Safety Code section 1250(i)(4)(A), a city- or county-operated facility delivering the same congregate living health facility services may have a capacity of 59 beds) that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, and recreational. The facility must also offer at least one of the following services: services for persons who are mentally alert; persons with physical disabilities, who may be ventilator dependent; services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both; and/or services for persons who are catastrophically and severely disabled. The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. (Ref: Health and Safety Code section 1250(i)(1))

Developmental Disability (DD)

Disability that originates before the age of 18. This disability can be expected to continue indefinitely, constitutes a substantial handicap to the ability to function normally, and is attributable to intellectual disabilities, cerebral palsy, epilepsy, autism, or any other condition closely related to intellectual disabilities, which results in similar impairment of general intellectual functioning or adaptive behavior.

Home Health Agency (HHA)

A public agency or private organization, or a subdivision of any such agency or organization, which is primarily engaged in providing skilled nursing services and other therapeutic services to persons in the home on a part-time or intermittent basis, under a plan of treatment prescribed by the attending physician.

Hospice

A specialized form of multidisciplinary healthcare, which is designed to provide palliative care and alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to a terminal disease. The goal of hospice, as stated in this definition, is to "provide supportive care to the primary care giver and the family of the hospice patient." Hospice care must meet specified criteria stated in the standards.

Intermediate Care Facility (ICF)

An ICF provides health-related care and services to individuals who do not require the degree of care or treatment given in a hospital or skilled nursing facility, but who – because of their mental or physical condition – require care and services that can only be provided in an institutional setting and needs that are greater than custodial care.

Intermediate Care Facilities for the Developmentally Disabled (ICFs/DDs)

Known at the federal level as ICFs/MR (intellectual disabilities), these facilities provide services for people of all ages with intellectual disabilities and/or developmental disabilities. ICF/DDs have 16 or more beds; ICF/DD-H (habilitative) and -Ns (nursing) have 15 or fewer beds and average six beds in a home setting. ICF/DD-CN (Continuous Nursing) is a 10-facility waiver pilot program providing licensed vocational or registered nursing on a 24-hour basis for 4-15 clients in a home-like community-based setting.

Long-Term Healthcare Facility

"Long-Term healthcare facility" means any facility licensed pursuant to Health and Safety Code Chapter 2 (commencing with section 1250) that is any of the following:

1. Skilled nursing facility

2. Intermediate care facility

3. Intermediate care facility/developmentally disabled

4. Intermediate care facility /developmentally disabled habilitative

5. Intermediate care facility/developmentally disabled nursing

6. Congregate living health facility

7. Nursing facility

8. Intermediate care facility/developmentally disabled-continuous nursing

"Long-term healthcare facility" also includes a pediatric day health and respite care facility. (Ref: Health and Safety Code section 1760) and does not include a GACH or an acute psychiatric hospital, except for that distinct part of the hospital that provides skilled nursing facility, intermediate care facility, intermediate care facility/developmentally disabled, pediatric day health, or respite care facility services (Ref: Health and Safety Code section 1418).

Non-LTC Facility

A healthcare facility or agency that is not a LTC facility. For example, a GACH, clinic, or acute psychiatric hospital required to be licensed pursuant to state law.

Skilled Nursing Facility (SNF)

A health facility that provides skilled nursing care and supportive care to patients whose primary need is the availability of skilled nursing care on an extended basis (Ref: Health and Safety Code section 1250(c)).

Terms

For the purposes of this report, the following words as used herein shall be construed to have the following meanings, unless otherwise apparent from the context in which they are used.

Activity Count
The number of pending and projected activities for CHCQ staff to perform. CHCQ projects the number of new and renewing licensing and certification surveys and complaint/FRI investigations that CHCQ will conduct from 2023 to 2024. Some activities must occur at a specified frequency. The estimate includes the workload associated with the number of pending complaints and FRIs that the program anticipates will remain from prior years that will be completed within the budget year.

Automated Survey Processing Environment (ASPEN)
ASPEN Central Office (ACO) is a Windows®-based program that enables state agencies to implement information-based administration of the healthcare facilities under their supervision. ACO stores data about certified facilities regulated by CMS and the regulations pertinent to those facilities. ACO includes full survey operations support, which enables agencies to centralize survey event planning and team assignment in addition to providing access to minimum data set resident and assessment information (historical and current) and regulatory and interpretive guidelines. ACO provides survey performance reporting and integration with quality measure/indicator statistics, which facilitates inclusion of survey findings in the State Standard System.

Backlog
Defined for the purposes of this report as any required activity (e.g., LTC and Non-LTC complaint and facility reported incidents (FRIs), investigations, etc.) that was opened/initiated in *prior* fiscal years but not yet closed or completed.

Change of Service Survey
An on-site facility survey following a facility's submission of a change of service application to report changes that require an updated license, such as a change of name, change of location, or change of capacity. Facilities are required to submit a change of service application for any changes that require an updated license, and the state conducts the on-site facility survey to ensure that the facility complies with the requirements necessary to make those changes.

Complaint
An allegation of noncompliance by a healthcare provider with federal and/or state requirements made by a third party such as the resident, family member, friend, employee, members of the public, media, or other agencies (e.g., law enforcement, fire department, Department of Justice).

Current
Any required activity (e.g., LTC and Non-LTC complaint, FRI investigations, etc.) that was opened/initiated in the current fiscal year but not yet closed/completed and limited to HFID's proportionate share based on tile annual contract percentage of the projected full caseload amounts as outlined in Exhibit A-1 in the State/County contract.

Deficiency
A healthcare provider failed to meet participation requirements with federal regulatory requirements.

Electronic Licensing Management System (ELMS)
A web-based application that allows CHCQ personnel to capture potential health service providers' applications, issue licenses, generate license renewal notices, determine license fees, issue and track state enforcement actions, and generate management reports.

Enforcement Action
The process of imposing one or more remedies, such as termination of a provider agreement, denial of payment for new admissions, or civil monetary penalties for healthcare facilities found not to be in substantial compliance.

Facility Count
The number of healthcare facilities to survey or investigate.

Facility Reported Incidents (FRIs)
Incidents that are reported by a self-reporting facility or healthcare provider (i.e., the administrator or authorized official for the provider) that alleges noncompliance with federal and/or state laws and regulations. Facilities are required to report unusual occurrences such as epidemics, outbreaks, disruption of services, major accidents, or unusual occurrences that threaten the health and safety of patients, residents, clients, staff, or visitors. FRIs and complaints are investigated in the same manner.

Federal Certification and Recertification
Surveys conducted to ensure that healthcare providers meet federal Centers for Medicare & Medicaid Services (CMS) regulations. Healthcare providers must undergo an initial certification survey to affirm that the provider complies with standards required by federal regulations. State survey agencies are also required to perform periodic recertification surveys to certify whether the healthcare provider meets the applicable federal health and safety requirements for continued participation in the federal program.

Immediate Jeopardy--Federal
A situation where noncompliance with federal laws and regulations has caused – or is likely to cause – serious injury, harm, impairment, or death to residents, patients, or clients.

Initial Licensing Survey
An on-site initial facility survey following an approved application evaluating compliance with health and safety codes and California Code of Regulations Title 22 regulations for a facility seeking initial licensure. Licensure is a state process establishing approval to conduct business as a healthcare facility.

Investigation
The process of conducting fact-finding surveys to determine and report whether a complaint or FRI is substantiated or unsubstantiated. The investigation process includes intake, triage, prioritization, and follow-up. State survey agencies investigate nursing home complaints and FRIs on behalf of CMS.

Methodology
To estimate the workload for each facility type, CHCQ uses the following general formulae: Planned workload = Standard average hours x facility counts x required frequency (if applicable). Unplanned workload = Historical data and applying linear regression to project unplanned workload, with possible adjustments from subject matter experts knowledgeable of the specific workload. CHCQ continues to analyze ratios of survey to follow-up/revisits to accurately project workload demand. CHCQ then estimates the positions needed to accomplish the workload. Specifically, the formulae for estimating positions are Surveyor positions (for complaints, facility reported incidents, and other non-periodic workload): Surveyor = ([standard average hour x activity count]/non-survey factor)/1,800 hours. Surveyor positions (for surveys): Surveyor = ([standard average hour x facility counts x mandated frequency rate]/non-survey factor)/1,800 hours. Supervisor and support staff positions: Supervisors = one supervisor to six Surveyors. Support staff for state and federal workload = one support staff to six Surveyors and supervisors.

Required Activity
LTC and a non-LTC complaint and FRI investigations, federal recertifications, state re-licensure surveys, state initial and change of service surveys, and miscellaneous work.

Staffing Ratios
CHCQ computes the allocation of the health facilities evaluator II supervisor positions using a one to six ratio; one health facilities evaluator II supervisor for every six surveyors. CHCQ computes the allocation of the health facilities evaluator manager I positions, again using a one to six ratio; one health facilities evaluator manager I for every six health facilities evaluator II supervisors. CHCQ computes the allocation of the program technician II positions using a one to six ratio; one program technician II for every six of the combined surveyors and supervisors. CHCQ computes the allocation of the CHCQ headquarters positions using a one to ten ratio; one CHCQ headquarters position for every ten of the combined requested positions for field-based staff.

Standard Average Hours (SAH)
The average number of hours that each activity type takes to complete. The SAH are developed from the State's actual timekeeping data from the prior three years. The state uses SAH as a metric for quantifying workload. Standard average hours are the average hours each survey activity takes to complete. CHCQ used July 1, 2016, through June 30, 2019, and July 1, 2019, through June 30, 2022 closed complaints and exited survey data to calculate standard average hours for this estimate.

State Licensing and Re-Licensing
Surveys conducted to ensure that healthcare providers follow all State laws and regulations. Initial licensing surveys are conducted for facilities that have applied for licensure with the State. State survey agencies are required to conduct periodic re-licensing surveys to ensure that the provider continues to meet the applicable State regulatory requirements.

State Survey Agency
The entity responsible for conducting most surveys on behalf of CMS, to certify healthcare providers' compliance with the federal CMS participation requirements. They also investigate and validate complaints and FRIs.

Statement of Deficiencies Notice

An official notice provided to the facility that lists the deficiencies that require correction, cited by an evaluator during an investigation or survey.

Surveys

Periodic inspections (i.e., federal recertifications, state re-licensure, and State initial and change of services surveys) conducted at the healthcare facility site that gather information about the quality of service, determining compliance with applicable State and federal regulations.

Survey Workload Hours

Standard average hours x facility count x required frequency. CHCQ calculates the amount of additional time associated with non-survey functions (e.g., federal and state training, meetings, etc.) to calculate the overall time required by surveyor staff. Finally, CHCQ uses the total number of surveyors to calculate the number of supervisors and administrative positions needed to support these staff.

Workload Distribution

CHCQ estimate the workload associated with all programmatic functions and the corresponding number of positions needed to perform these functions. CHCQ determines workload based on the following cost drivers: facility count, activity count, standard average hours, and survey workload hours.

Ref. No.	Recommendations from HMA	Page No.	DPH Response	Proposed Solutions & Interventions
	STAFFING LEVELS AND PRODUCTIVITY			
HMA 1	**Hiring/Recruitment:** 1.　County Public Health's Health Facilities Inspection Division (HFID) should collaborate with Los Angeles County Department of Public Health Human Resources (LAC DPH HR) to develop recruitment plans that will ensure that quality candidates apply for open positions and should consider using some of the following recruitment strategies: • Treat candidates as customers • Use social media and recruiting videos • Have job ads that reflect specific positions at HFID • Start an employee referral program • Make interviews engaging (be explicit about expectations, locations of work, and HFID's needs)	HMA 12	During FY 23/24, HFID conducted the following recruitment activities: 8 job fairs, approximately 25,000 letters/mass mailing of job announcements, and worked with DPH HR on social media postings. This resulted in the making of 138 offers of employment and the hiring of 99 HFID personnel. These ongoing efforts have helped reduce HFID vacancy rate from 27% to 11.33%.	HFID will continue to work with LAC DPH HR on social media postings (LinkedIn), gain expose through job ads postings that include specific job duties data, as well as continue with current strategy of job fair recruiting efforts.
HMA 2	2.　Identify opportunities to work with stakeholders to streamline efforts through the hiring process.	HMA 12	HFID has two Human Resources Liaisons who are dedicated staff that are charged with streamlining the HFID hiring process. The HR Liaison staff work closely with the County DPH HR Director to prioritize HFID hiring needs and tasks. The HR Liaison process streamlines offers of employment, coordination of livescans, and processes Personnel Actions Requests so that new HFID employees can be onboarded and trained as rapidly as practicable.	HFID HR Liaison staff will continue to work with LAC DPH HR to streamline hiring and onboarding efforts and creatively expand outreach to potential candidates.
HMA 3	**Employee Retention:** 1.　HFID should establish new strategies for retention and attempt to negotiate those strategies that require additional funding or work that is not currently contemplated under the existing agreement into the contract with California Department of Public Health (CDPH). Tangible examples include financial bonuses, employee compensation, ongoing communication, continuous feedback on performance, training, and development opportunities. Other incentives that add to employee satisfaction include effective onboarding/orientation, mentorship programs, wellness programs, work-life balance, effective change management, and an emphasis on teamwork.	HMA 14	HFID's employee retention efforts have been largely successful. HFID has improved its onboarding and training programs. DPH employees are encouraged to participate in both the department and the County's wellness program. The HMA recommendations for retention bonuses and increased employee compensation are part of both a larger County labor negotiation process and contract negotiation with the CDPH.	HFID will evaluate the whether certain retention incentives are indicated and continue to elevate potential areas of focus for future negotiations with the union and CDPH.
HMA 4	2.　HFID should establish a system for offering hiring and retention bonuses. A retention bonus strategy could generate savings in lost productivity and the costs associated with turnover. In addition, experienced and certified employees could assist in promoting operational efficiency and higher workplace morale.	HMA 14	See response in HMA 3, above.	See response in HMA 3, above.

Ref. No.	Recommendations from HMA	Page No.	DPH Response	Proposed Solutions & Interventions
HMA 5	3. HFID should offer skills-based training prior to promotion, help managers define goals that align with CMS contract deliverables, and use best practices in development of managers as part of retention, training, and employment benefits.	HMA 14	HFID utilizes County DPH Leadership Trainings for managers, and these trainings are both managerial and skill-based and include discussion of CMS (Centers for Medicare and Medicaid Services) requirements and specfic DPH contract deliverables.	As part of the HFID investment in its workforce, all Senior HFENs (Health Facilities Evaluator, Nursing), HFE II (Health Facilities Evaluator II), Supervisors, and Management Team attend the monthly LAC DPH Professional Development classes. These classes are offered to enhance skills in the workplace and build confidence in their current roles while also preparing them for future potential higher level promotions. Classes and trainings that have been provided this year: a. 6-8-2023 – The Art of Writing Performance Evaluation b. 9-24-2023 Difficult Conversation c. 10-12-2023 – Managing the Marginal Employee d. 11-9-2023 – Prevention and Control of Absenteeism and Abuse of Leave e. 1-11-2024 – A Supervisor's Guide to Understanding and Managing Employee rights f. 2-15-2024 – File That! Best Practices for Document and Record Management g. 3-15-2024 Maximizing Performance through Documentation, Evaluation, and Corrective Action h. 4-18-2024 – De-Escalation i. 5-9-2024 – Maximizing Supervisor Skills for First Line Supervisor Part I j. 6-13-2024 – Maximizing Supervisor Skills for First Line Supervisor Part II k. 8-8-2024 – Difficult Conversation l. 9-12-2024 – Distinguishing Between Discipline and Disability Accommodation m. 10-20-2024 – Prevention and Control of Absenteeism and Abuse of Leave n. 11-14-2024 – Future is Now! Embracing Generational Diversity and Succession Planning (Upcoming).
HMA 6	4. To help reduce turnover, HFID should develop a process for identifying skill gaps and providing ongoing training beyond those offered through DPH University.	HMA 14	HFID participates and supports trainings offered outside of DPH University, which include HFID Internal Trainings, Health Management Solutions (HMS) Tools and Trainings, and California Department of Public Health (CDPH) Trainings. CDPH trainings inform on specific points of regulatory emphasis and priorities as emphasized by CMS and/or CDPH. In HFID's experience employee turnover is rarely, if ever, a result of a perceived training deficiency, but rather a result of the personal circumstances of the individual employee.	HFID will continue to offer the current robust level of trainings its staff and identify areas where additional trainings might prove beneficial. HFID has a standing process for conducting exit conferences with employees that have decided to leave HFID, so that it can determine any potential turnover pattern and identify areas for quality improvement.
HMA 7	5. HFID should develop trainings in managerial skills and core competencies to help foster the management of the contract and the deliverables.	HMA 15	HFID's Training Unit is active in scheduling CDPH Supervisor/Manager Development Trainings. These trainings include information that Managers/Supervisors on contract obligations/deliverables.	HFID's Training Unit will continue to advise and provide staff with CDPH Training opportunities that will enhance managerial workload and contract deliverable skills, DPH Coaching for managers (once a week from August to September 2024), and possibly include CDPH's LEAN Training. HFID will also continue to encourage staff to voice proposed solutions and training topics.

Ref. No.	Recommendations from HMA	Page No.	DPH Response	Proposed Solutions & Interventions
HMA 8	6. HFID should conduct regular performance assessments to identify talent development success stories, recognizing new managers who are excelling in their work and may have the potential for advancement to more senior roles. This strategy will help pinpoint excellence and enable HFID to acknowledge and reward outstanding first-time managers. It can be a learning tool for the training department to refine and compile the factors that worked well in new manager training to help strengthen programming.	HMA 15	HFID currently has a spotlight segment during Monthly HFID All Staff Meetings that is utilized to highlight staff who are excelling in their work duties. During Monthly Supervisor's Meetings staff are encouraged/given the opportunity to share experienes, best practices, and information that would benefit other staff and clients. During Probationary Performance Evaluation and Interim Performance Evaluations (PEs), staff are give the opportunity to provide feedback and HFID's Training Unit conducts an assessment with new trainees during exit interviews.	HFID will continue to spotlight outstanding employees and allow the opportunity for shared experiences. HFID's Chief currently conducts weekly 1-to-1 meeeting with Assistant Chiefs and Program Managers and these meeting will continue.
HMA 9	7. HFID should continue to collaborate with LA County Public Health's HR department and the union on ways to manage poor performers and address job needs/reasonable accommodations. Discussions about the latter should focus on whether these employees are unable to travel to sites to facilitate investigations or surveys and should potentially be moved to another division within DPH, thus opening a position for another employee to fill.	HMA 15	HFID continues to have a monthly 1:1 meeting with DPH HR to monitor the progress of managing employees who are having performance challenges or who may need reasonable accommodations to better perform their regulatory functions.	Continue to have HFID HR Liaison contact/work with HR on current staff with restrictions.
HMA 10	8. HFID should collaborate with HR, unions, and HFID to streamline the hiring process to minimize the length of time a position is vacant. Current processes should be further enhanced to ensure that program managers can select candidates during the application screening and interview process. Another consideration is improving hiring efforts to accept applications for key positions on rolling basis.	HMA 15	See response HMA 1-3, above. Ongoing open recruitments are occurring in HFID for most items.	See response HMA 1-3, above.
HMA 11	9. HFID should increase promotional pathways. With a revised operating model that establishes a more formal team-based approach, HFID would recognize the need for increases in senior HFENs to act as team leads. Increasing opportunities for advancement could improve employee engagement and potentially reduce turnover. There is also noticeable financial value for each employee retained due to this dynamic. The pay increase from HFEN to senior HFEN is approximately $4,000 per employee, which is significantly less than the turnover cost per employee of $27,720.	HMA 15	HFID currently uses a team-based approach in many of its regulatory operations. HFID agrees generally that increased promotional pathways are an incentive for employee retention. It is important note that HFID is CDPH's contractor. HFID's personnel items and budget are set by the terms of the CDPH contract. CDPH does not have Sr. HFEN (Senior Health Facilities Evaluator, Nursing) items within the State's regulatory structure and has not approved an increase of Sr. HFEN items budgeted within the contract. HFID has already maximized and filled the allowed number of Sr. HFEN items within the contract.	See response to HMA 3, above.
HMA 12	10. HFID should consider a retention bonus strategy paid at a lower percentage of an employee's base salary compared with the cost of separation. For example, the US Office of Personnel Management (OPM) determines retention bonuses that apply to a group of employees, with a maximum rate of 10 percent of base pay. However, in special circumstances, the OPM reserves the right to increase bonuses from 25 percent of base pay to 50 percent (US Office of Personnel Management, 2023).	HMA 15	See response HMA 3, above.	See response HMA 3, above.
HMA 13	**Staffing Levels:** 1. HFID should update overtime policies to align with OT and procedure implementation across management and within the HFID leadership team, supported by more rigorous policies, and increased training and communications.	HMA 23	HFID continues to work with CDPH to implement a corrective action plan that addresses the administrative processes for HFID investigators to be approved to work OT hours to timely complete facility investigations.	HFID has updated its Corrective Action Plan to implement and train on the new HFIDConnect platform, that includes an Overtime (OT) Portal for staff. This will allow HFID to better monitor the need and usage of OT hours by investigation staff.

Ref. No.	Recommendations from HMA	Page No.	DPH Response	Proposed Solutions & Interventions
HMA 14	2. HFID should update structure to prioritize workload, optimally applying the total available productive workforce labor by prioritizing the identification and assignment of workload tasks across key positions. Establishing an operating model and management structure to streamline work assignment and adapt to changing operating conditions is also critical. HFID also should implement an optimized staffing model that can mitigate existing challenges, including a continued emphasis on non-discretionary workload priority to be monitored by the management team.	HMA 23	During, Fiscal Year (FY) 23/24, HFID's performance exceeded its contractual workload requirements. HFID was able to accomplish more work than was required by the contract by streamlining assignment and execution of workload tasks using an effective staffing model. Because the workload needs of CDPH can and do change during the term of each contract, HFID and CDPH are able to collaborate and adapt to changing operating conditions, so that the CDPH prioritized workload is completed within the available HFID productive workforce hours.	Continue to follow workload priorities as provided/established by CDPH. Any changes in workload to be memorialized in writing.
HMA 15	3. HFID should change complaint investigation process by establishing a policy of investigating the oldest complaint or FRI first, given fewer of the oldest backlogged complaints remain.	HMA 23	HFID is the contractor of HFID. Complaint investigation is a CMS Federal process. CDPH provides direction to HFID on the complaint investigation process.	HFID will continue to collaborate with CDPH on the best way to eliminate backlogged complaints.
HMA 16	4. HFID should address overtime spending by bringing aboard a team to handle backlogs and complaints about OT dollars. This recommendation would be helpful creating a small (15 FTE) team dedicated to resolving backlogs and complaints (see Table 2). It is worth noting that this plan certainly would work in SNFs, but other categories of facilities and clinics may have different state and federal requirements that require a fully trained surveyor. HFID also would need to ensure that they don't burn surveyors out by having them work exclusively on complaints. A rotation or voluntary process would mitigate this possibility.	HMA 23	HFID currently has a minimal back log. As of September 30, 2024, the Long Term Care (LTC) complaint backlog was 16. For 2023, the Non-LTC backlog was 357, which was mainly a result of the CDPH instruction to prioritize the completion of federal Acute Complaint Validation investigations, which was a significant change to the anticipated contracted Year-1 workload. It is currently unnecessary to pull investigative staff from current assignments to address a low backlog.	Continue to follow workload priorities as provided/established by CDPH. Current federal Acute Complaint Validation investigations have been prioritized over backlogged complaints. Overtime is needed for HFID investigation staff for Priority 1 (P1) intakes which must be initiated within 24 hours.
HMA 17	5. HFID might consider seeking to amend the agreement with the State to alternatively allocate the $3 million in overtime expenditures to full-time staff. For example, with this funding, approximately an additional 15.0 FTEs per year could be added (see Table 13). An incremental increase in staffing could benefit HFID in multiple ways. The additional staff could alleviate the burden of overworked employees, which could have a compounding impact, with all employees working more efficiently and shouldering a more optimal workload.	HMA 23	The contracted workload in the agreement with CDPH is based on CDPH's established Standard Average Hours (SAH) to complete each type of facility survey, investigation, and task. The contract budgets for the number of Full Time Employees (FTEs) over a 3-year period to complete the contracted workload. Understanding that recent legislation has shortened certain mandated survey and investigation timeframes for HFID staff, 10% of HFID survey workload is budgeted for OT, as staff will, at times be called upon to work after hours or on weekends to complete investigations in line with required regulatory timeframes. The recommendation is based on certain assumptions that are practicable given HFID's operational experience.	HFID will address the issues with OT work with CDPH during this contract period and at the next contract negotiation.
HMA 18	6. HFID should improve use of trainees by identifying and assigning tasks to training candidates who are yet to become fully certified HFENs. Not all tasks within HFID's scope require the expertise of a certified HFEN. Providing clearly identified tasks to trainees can potentially alleviate the burden among experienced HFENs. It also would create capacity to deploy more seasoned HFENs, who are also in a position to execute higher acuity work more efficiently to address higher priority cases. In addition, targeted task assignment may provide trainees with valuable experience that may smooth their transition and increase their efficiency as certified HFENs once they have passed SMQT and are fully deployable per CMS guidance.	HMA 25	This is currently being done within HFID's Non-Long Term Care (NLTC) program. CDPH has approved up to 18 HFENs to participate in the NLTC program while awaiting to begin the Surveyor Minimum Qualification Test (SMQT) Academy. Please note that CDPH does not allow more than 18 HFENs to participate at a given time. This allows new HFENs to gain valuable work experience while waiting for the next SMQT Academy to begin.	HFID will continue with the current practice within the NLTC program at the CDPH-allowed levels of participation, and once a HFEN has moved onto SMQT Academy, will replace with another available HFEN.

Ref. No.	Recommendations from HMA	Page No.	DPH Response	Proposed Solutions & Interventions
HMA 19	7. HFID should consider a more formal team-based model for operations. This concept differs from the current state, where teams are formed continuously based on project and availability. Under a revised model, a senior HFEN with sufficient experience would be deemed a "team lead," determining project task assignments and supervising the work of three to five HFENs (including trainees). A team lead: • Facilitates a certification survey • Is on-site at every survey • Assigns survey tasks • Requests additional information from the facility • Leads team meetings at the facility • Notifies the facility that the survey is completed • Convenes the exit interview when preliminary findings are shared with the facility	HMA 25	1. HFID currently employs a team-based/team-lead model for operations, that utilizes HFENs, as described the in Long Term Care Survey Process (LTCSP) Procedure Guide: An HFEN team member is assigned as the team leader/team coordinator by the supervisor to lead the survey team through the LTCSP and their responsibilities are as follows: a. Completes offsite preparations, adds team members including new surveyors with Training Supervisor or mentor, reviews records, makes facility unit assignment to Team Members (HFENs), prints documents, and shares offsite-prep data with Team Members, b. conducts the facilities Entrance Conference, conducts end of day Team meetings, and Exit Conference, c. during onsite, updates survey shell and shares with Team, reviews finding with Team, balances the Team workload, and shares data with Team, d. during post-survey, Team Leader ensures deficiency write-ups are accurate and reviews with District Office supervisors, completes survey packet, and generates the statement of deficiencies report (Form CMS-2567) within the timeframe of 5 to 10 business days. 2. The Region Training supervisor/mentor also plays a lead role with a focus on guiding, directing and mentoring the new surveyor through the survey/complaint preparation, onsite investigation, identification of non-compliance, ensuring they follow the Federal LTCSP and complaint policy until they are competent to conduct these survey processes independently. This includes the review and approval of the survey deficiency report to the final survey package submission. 3. The primary responsibility of the Sr.HFEN includes the review of survey team investigations/documents regarding compliance. In addition, they review, write, and edit statement of deficiency reports ensuring they are defensible and enforceable. They provide phone consultation/guidance/ direction to the survey team members and on very rare occasions participate in survey inspections and together with survey team determine any quality of care noncompliance.	Continue to follow team-lead/coordinator model for operations, as described in Long Term Care Survey Process (LTCSP) Procedure Guide.
HMA 20	8. HFENs should not be pulled off a survey to investigate a complaint unless no other options are viable. Doing so disrupts the survey process and often leads to gaps in surveyor memory, affects the write-up, and has other negative impacts. This model allows more experienced employees to have targeted capacity for higher priority assignments, for which they may be best suited, and promotes better efficiency in task completion.	HMA 25	HFID currently has separate, dedicated teams to handle surveys and complaints, so that the survey process is uninterrupted and surveys may be completed in a timely manner with no negative impacts.	Continue with the current process with designated teams for Surveys and Complaints. The Survey team also handles Facility Reported Incidents (FRIs) for the facility that they are surveying in order to achieve efficiencies by HFID personnel who have the most recent familiarity with the facility.
HMA 21	9. HFID should consider investing in resources to adequately support management's effort to improve efficiency. Areas for potential investment could include both human capital as well as information technology, as noted in the Recordkeeping section below.	HMA 25	HFID uses multiple dashboards, customizable reports and state-managed tracking systems to monitor workload deliverables and various performance metrics. HFID's Quality Assurance and Assessment (QAA) committee has produced multiple internal protocols and procedure guides to make better use of the available tools previously mentioned, including standardizing data collection and reporting and streamlining multiple business processes - creating clear guidance on how to maximize various resources.	HFID will continue to improve internal processes, explore available tools or build new tools to improve efficiency, and use its QAA committee to steer new projects, provide implementation oversight, document processes, and follow-up on new tools and resources throughout their life cycles.

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	MANAGEMENT PRACTICES AND POLICIES AND PROCEDURES			
HMA 22	**Management Practices:** 1. CDPH, the Department of Justice, the Ombudsman, and public safety agencies should collaborate to define the interfaces of their processes and pathways regarding complaints and investigations. Bringing these groups together at least biennially can serve as a post-COVID level-setting on communication and collaboration systems to better serve the people of LAC. Each has a unique role in the safety of the people of LAC who are most vulnerable, yet parties may not understand their competing or aligning standards.	HMA 27	HFID is meeting quarterly with the Ombudsman; monthly with the Fraud Task Force; participates in monthly for CDPH District Administrator/District Manager (DA/DM) meetings; and weekly management meetings with CDPH. Additionally, meeting with the Centers for Disease Control and Prevention (CDC), and as needed for emergency response plans meeting with CDPH, Los Angeles County Health Services Emergency Medical Services (DHS-EMS), and Health Care Access and Information (HCAI).	Continue to meet and collaborate with multiple partner agencies, as needed. For instances that may involve criminal allegations, HFID will meet with involved officers and their counsel to further an investigation.
HMA 23	2. HFID assistant chiefs and ombudsmen should work with the HFID training team to create additional content for the Academy and ongoing annual education regarding the role of the Ombudsman and to standardize communication and protocol.	HMA 27	HFID currently has content regarding the role of the Ombudsman within its existing trainings and protocols. Standard communication protocols for the Obudsman include Situation Alerts and attending quarterly HFID-Ombudsman Collaborative Meetings.	HFID will continue to use existing protocols to maintain communications with the Ombudsman.
HMA 24	3. HFID leadership and the training team should clarify terminology in training materials regarding the meaning of mentorship and supervisor roles. The lack of cohesion in terminology and expectations has created confusion and disappointment among the HFENs. Standardized training for mentors is absent from current HFID practices. A nurse mentor is an experienced practitioner who usually volunteers to serve as a role model, advocate, and motivator to help new nurses and staff acclimate to their new work environment and role. To be successful mentors, individuals who are new to the role should attend a formal training program. This program will provide mentors with the skills and tools they need to coach, develop, and encourage new hires, while enhancing their overall skills in relationship building, active listening, and goal development.	HMA 27	CDPH controls the terminlogy and training content. HFID's Training Unit has added additional clarity on the roles of the mentor and supervisors in its trainings, which provides an expanded explanation of what is expected when an HFID employee is in a mentorship role.	Continue with the current trainings. During HFID's November All Staff Meeting, the HFID Training Unit presented an introduction on how to build a mentor-mentee relationship. The plan is to provide mentorship training for all staff, and currently looking at trainings within the County's TalentWorks platform that may provide additional resources.
HMA 25	4. The Power BI dashboard HFID has implemented is an excellent tool and should be maintained. Staff should be educated on how to use it and encouraged to utilize it to keep current on metrics, to prevent, rather than react to performance improvement (PI) feedback. The PI team will be rolling out two new algorithms this year (see Appendix I: HFID Dual Enforcement Algorithm and Appendix J: HFID SNF Intake Process Timeline Algorithm).	HMA 27	HFID agrees.	HFID continues to maintain this tool and plans to further enhance it, with the addition of two new Staff Analysts.
HMA 26	5. HFID's quality assurance committee should collaborate with CDPH and ensure these quality tools are adopted and used.	HMA 27	HFID agrees.	HFID will continue to collaborate with CDPH.
HMA 27	6. HFID should clarify for what use of personal phone time on-site through policy revisions and training is appropriate for staff.	HMA 27	During HFID surveyor training, surveyors are advised that personal phone calls/use of personal cell phone should be conducted during surveyor's own time (lunch or breaks) and not during business hours.	HFID will send LAC policy on Telephone usage to all HFID staff. In addition, HFID will ensure information is updated in training materials.

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HMA 28	7. HFID has rolled out the timelines on report delivery per CMS requirements but has not yet enforced them. The HFENs have been working under different timelines. An action plan by HFID leaders should be deployed and monitored, with action steps for remediation of this long-standing problem of non-timeliness. Transparent data sharing with the teams will be vital for buy in and accountability. These actions will help to reduce time spent relearning a complaint and avoid the loss of any investigation details.	HMA 27	HFID has already addressed this with a new work flow and timeline which was first distributed to all staff in April 2023.	HFID will continue to emphasize and enforce timelines, and provide additional reminders within monthly All Staff and Supervisor's meetings. Further, on a weekly basis, HFID reviews completed workload reports to ensure timelines are met. Weekly Region/DO meeting will also continue to review workload at each level within the program.
HMA 29	8. HFID and LAC should develop hiring and promotion strategies that incorporate training (i.e., HFENs gain skills needed to be managers and supervisors). Establishing a clear promotion pathway that helps measure skills and ability will reduce turnover and burnout and support compliance with good management practices aligned with CMS contract expectations. An organization with background and research on this topic is the Association for Talent Development (https://td.org).	HMA 27	HFID agrees and encourages staff to apply for open positions.	HFID will continue with the current practice and incorporate this into our QAA strategies.
HMA 30	9. HFID leadership should collaborate with CDPH leadership to improve policies and streamline processes where possible.	HMA 28	HFID is CDPH's contractor. CDPH Licensing and Certification provides all regulatory policies and procedures for the program. HFID does regularly provide input to CDPH on potential process improvements, but as a contractor HFID cannot alter CDPH instituted policies or procedures.	HFID continues to work with CDPH on an ongoing basis to perform the functions under the contract in a transparent and collaborative manner.
HMA 31	**Policy and Process:** 1. Update Policies. HFID should update outdated and inaccurate County policies, procedures, and manuals. HFID should continue to review and revise old and/or inaccurate policies and procedures as well as update their employee manual to reflect modernized processes and needs, such as telework. HFID should proceed with its plan to use the LA County manual and CDPH manual to complete a side-by-side comparison and update and remove old policies. In addition, these revised materials should be reincorporated into the training and onboarding process. This would need to be a joint effort of CDPH, LAC, and HFID, as HFID is contractually required to follow and implement CDPH policies and procedures, which are applicable statewide.	HMA 28	HFID does not have the unilateral authority, as a contractor, to update policies, procedures, and manuals for LA County established by CDPH. HFID provides new and revised policies and procedures to staff when received from CDPH, and incorporates them into HFID's training and onboarding process. In addition, HFID develops internal Procedure Guides and Protocols that incorporate existing Policies in place from LA County DPH and CDPH.	HFID will continue to provide staff with new and revised policy and procedures when received, and create current and up to date guidance and standards to be implemented across the Division.
HMA 32	2. Enhance Communication. HFID should enhance communication processes by making some minor adjustments to advance communication between HFID and LAC healthcare facilities. HFID could conduct biannual townhalls with LAC healthcare facilities to enable key leaders from all parties to discuss: • New CMS requirements • The return to normal frequency for verifying the completion of survey, recertification, re-licensure activities • Ideas for implementing change and using new technology to conduct surveys • Answer questions or concerns	HMA 28	HFID continues to be actively involved in external stakeholder communication efforts. HFID attends the California Association of Health Facilities (CAHF) meetings, which includes SNF and ICF facilities, to highlight concerns based upon general observations during facility surveys. HFID also attends the California Association of Hospitals meetings for the NLTC facilities. These meetings also include representatives from CDPH. At each meeting, HFID provides updated All Facilities Letter information to the providers in an effort to enhance communication with Los Angeles County healthcare facilities, so that they may implement appropriate standards and practices and ensure regulatory compliance.	Continue to actively communicate with healthcare facilities, which includes sending out important updates and messaging.

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HMA 33	3. In addition, HFID could add a segment in its all staff meeting to review and provide an overview of any updated QSOs or All Facilities Letters (AFLs) as well as work to bring back regional/DO meet and greets.	HMA 28	HFID currently provides updates, including CMS' Quality Safety and Oversight (QSO) memos and CDPH All-Facility Letters (AFLs) during monthly All Staff and Supervisor Meetings.	HFID will explore restarting regional meet and greets.
	RECORD KEEPING			
HMA 34	1. Improve Standardization and Practices for Timekeeping. LA County uses timekeeping for pay, and CDPH uses TEAM for complaint and survey hour tracking. HFID and CDPH should collaborate on identifying best practices for the use and standardization of both of these timekeeping methods, and HFID should audit its operations for fidelity and consistency to management practices and incorporate findings into staff and manager training. In addition, HFID should work with CDPH to develop a better method for tracking work and productivity so that management can plan more accurately, monitor productivity, and ensure compliance with CMS's time frame for documentation and delivery of reports.	HMA 30	HFID is a contractor for CDPH. HFID, per the contract, are required to use CDPH's Time Entry and Activity Management (TEAM) platform to track complaint and survey workload activities. HFID staff, as County employees must use the County's timekeeping process for their pay. Because of this contractual relationship, there is no oppportunity to standardize the two systems.	Staff have two timekeeping mechanisms that they need to be compliant with. HFID will continue to remind staff to complete TEAM accurately and timely. HFID will continue to train and ensure staff comply with both sytems. HFID provides reminders during weekly Manager's meetings, Monthly All Staff Meetings, and Monthly Supervisor Meetings.
HMA 35	2. Invest in Additional Data and Reporting Infrastructure. HFID management should identify the IT infrastructure and report visualization needed to support successful operation as a key priority and strategize to ensure compliance with the full CMS contract, identify key gaps, educate staff on those gaps, and engage leaders in the value of this work. HFID should consider investing in a process, person, and/or system for the facilitation of data reporting and collection that is easily accessible for employees and can provide more timely insight for the management team. Despite shortcomings in the broader IT network, HFID has made great strides in collecting and analyzing operating data to assist in management planning and decision support. The team has developed an automated dashboard for operational volume data and some useful Power BI reports that were developed by an intern. The tool created was integrated and is easily updated, providing near real-time data that allows access to data delayed for up to one day versus a delay of several weeks to a month for other management reporting tools. HFID should consider retaining a part/full-time equivalent who can assist with this and other decision support activities.	HMA 30	HFID uses multiple dashboards, customizable reports and state-managed tracking systems to monitor workload deliverables and various performance metrics. HFID's QAA committee has produced multiple internal protocols and procedure guides to make better use of the available tools previously mentioned, including standardizing data collection and reporting, streamlining multiple business processes, and creating clear guidance on how to maximize various resources.	HFID will continue to improve internal processes, explore available tools or build new tools to improve efficiency, and use its QAA committee to steer new projects, provide implementation oversight, document processes, and follow-up on new tools and resources throughout their life cycles.
HMA 36	3. Continue to Enhance Audit Functions. HFID's audit process is now being revamped to create an audit team to work alongside the local monitors. They have also requested two additional positions to assist with auditing, which CDPH approved. HFID should continue these efforts as well as develop an audit tool and work with the State to determine and resolve the sources of discrepancies within their reports in a timely manner, ensuring that both the State's and HFID's information is complete and accurate.	HMA 30	Internal Audit Team has been in place since August 2021. The Audit Team conducts daily tracking of HFID's intake process and ensure timelines are being met. Specifically, the auditing tool includes a tracker function.	HFID internal auditing and tracking will continue and has proven to be a valuable process improvement. HFID'S performance metrics measured by this audit process are included in HFID's quarterly updates to the Board of Supervisors. HFID continues to work with CDPH to ensure compliance.

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HMA 37	4. Enhance Secure Phone Communications. Although the County has password-protected iPhones, HFID should build on security needs by investigating, with CDPH and the County, if they can identify and implement a HIPAA-compliant, secure texting application that would adhere to department policies. Healthcare settings and government agencies use such applications for urgent communications. If the County is unable to pursue this, staff should avoid sending any PHI over iPhones. In addition, HFID should ensure that all phones are set up with voicemail capabilities and managers should follow up with employees to ensure that internal and external communication is seamless.	HMA 30	The security of HFID phones are managed by CDPH and a monthly report is sent to the DPH Information Security Officer to confirm compliance with both state and county policies, including Health Insurance Portability and Accountability Act (HIPAA) compliance.	HFID will continue to utilize CDPH information security office to ensure communication and data stored on mobile devices are secure. Monthly reports will continue to be sent to the DPH Information Security Officer to ensure compliance with county and state policies.
HMA 38	5. Improve Consistency in Terminology. HFID IT should ensure that the terminology definitions that CDPH uses and leadership established are loaded on to all HFID computers and mobile devices. HFID should establish education to train on usage and expectations. HFID managers should establish protocols for monitoring fidelity to established definitions as a means of improving productivity and standardizing reports.	HMA30	HFID uses terminology established by CDPH and defined in data dictionaries maintained with each report. HFID staff and managers who access these reports are trained on the terminology and given access to the data dictionaries. HFID does not create its own terminology separate from CDPH.	HFID will continue to use terminology established by CDPH and will continue to train staff on the definitions included in each data dictionary.
HMA 39	6. Use Built-In Scanning Functionality. In lieu of scanners, HFID should explore the use of an app and technology that enables scanning of mobile phones and tablets to reduce the potential HIPAA breaches due to paper records, including personal health information from being transferred insecurely. In addition, for built-in applications such as Notes and Adobe, HFID should develop trainings and processes to support their use.	HMA 31	HFID staff utilize available scanning functionality on county-provided mobile phones. Staff are encouraged to scan and use electronic copies of documents whenever available to reduce reliance on paper records.	HFID uses the installed Notes app on their County iPhones and Microsoft Office365 apps for scanning documents into their mobile phone. Staff will continue to be encouraged and trained to scan and request electronic documents when possible.
HMA 40	7. Ensure Staff Have Access to Needed Applications. HFID should review access to data on licensing status to ensure that all staff leading the team have access to changed licensing requests and pending requests.	HMA 31	CDPH limits access to its licensing system to two support staff, supervisors and program managers in each CDPH district office. This limitation includes each HFID district office. HFID support staff will continue to provide information on licensing status and any change requests to survey team coordinators.	HFID will continue to have staff run licensing reports for team coordinators including license status and any recent or pending change requests.
	TRAINING			

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HMA 41	1.　The HFID training team should track and trend the training materials and survey manuals delivered and shared, along with providing refresher courses on where these items are located electronically for all staff, regardless of their hire date. They must set expectations and communicate learning opportunities across all job classifications/titles. HMA received a sample New Surveyor Manual, dated 2023. There were several documents in the front pocket that new employees will be expected to review and sign. One document was the acknowledgment and receipt of the new surveyor manual.	HMA 33	ProProfs is a software solution used by the HFID Training Unit to facilitate the onboarding trainings, certification, assessment, and ongoing education of health inspectors (new or seasoned), ensuring they remain knowledgeable, skilled, and compliant with the necessary standards for inspecting healthcare facilities. The HFID New Surveyor Manual has been updated and is accessible in ProProfs: "HFID NEW Surveyor (HFEN, HFE, and Consultant) Onboarding - ProProfs." In addition, CDPH Center for Health Care Quality (CHCQ) Training Branch requires new surveyors to have access to CMS Federal Trainings found in CMS' Quality, Safety & Education Portal (QSEP) and CDPH ProProfs. HFID's new surveyors finish the CMS QSEP Trainings and CDPH ProProfs prior to the week of Academy, using the link: "CHCQ Training Branch - Academy - All Documents". An electronic document to acknowledge receipt/access of training documents is electronically signed by staff in ProProfs, which was implemented in February 2024.	HFID will continue to utilize ProProfs as an online tool for training, education, and in preparation or surveyors conducting health facility inspections and its compliance.
HMA 42	2.　The HFID training team should conduct an audit with LAC HR on missed training opportunities and documentation of current training records to get a baseline before all interventions are rolled out with this newly revised training team, to also include the mentorship program.	HMA 33	CDPH CHCQ Training Branch requires new surveyors to have access to CMS Federal Trainings in QSEP and CDPH ProProfs, and HFID's new surveyors finish the CMS QSEP Trainings and CDPH ProProfs prior to the week of Academy, using the link: CHCQ Training Branch - Academy - All Documents.	LAC HR advises when mandatory trainings need to be completed. Mandatory Training Compliance reports are provided quarterly and HFID advises staff to ensure compliance.

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HMA 43	3. HFID in collaboration with CDPH should develop and design training for non-LTC areas and determine pathways and skill sets needed for the roles.	HMA 33	All surveyors are given the HFID Onboarding Series of training to prepare them both in their respective LTC and NLTC temporary assignments, which include: 1.Principles of Investigation 2.Principles of Documentation 3.Consistency of Documentation 4.How to Document in a CMS 807 5.ASPEN Explorer, Quality (ASEQ) Navigation 6.Completing 670 hours The new surveyors temporarily assignments to the NLTC are given additional trainings as follows: a.Abbreviated Standard Survey for NLTC b.Complaint Validatation There is a dedicated Training Supervisor and Sr. HFEN to provide on-site experiences to the NLTC new surveyors. Types of surveys for the on-site experience depends on the needs of the unit to meet the contract: a.Processing Complaints/FRIs using the State proves. NLTC new surveyors are given 3 onsite experiences (observation, limited, independent) with a Training Sr. HFEN b.Federal Complaint Validation Survey. NLTC new surveyors are given 3 onsite experiences (observation, limited, independent) with a Training Sr. HFEN c.Upcoming – Emergency Medical Treatment and Labor Act (EMTALA). After a lecture, the NTLC new surveyors will be given 3 onsite experiences (observation, limited, independent) with a Training Sr. HFEN	HFID will continue to provide the series of onboarding trainings, additional NLTC trainings, and On-site experience trainings.
HMA 44	4. To enhance effectiveness in the workplace, HFID should hold training for employees when skills gaps on time management, computer skills training for current roles, and communication are identified. This should include standardized methodologies for types and processes for communication (e.g., when to use different technology).	HMA 33	A 2 hour class in TalentWorks is made available. CDPH teaches ASEQ in New Surveyor Academy and HFID provides ASEQ navigation during onboarding class.	HFID plans to provide refresher trainings: Upcoming Internet Quality Improvement & Evaluation System (iQIES) training for all levels of staff, February 2025. HFID plans to conduct training rounds.
HMA 45	5. The HFID training team and HR staff should explore a more organized hiring and onboarding process, aligned with the Academy's calendar. Hiring events and recruitment can be aligned with the dates set annually, which should lead to a clearer understanding of the time frame and commitment for onboarding. HFID conducts six Academy programs per year; in January, February, May, July, and twice in September. Hiring dates should align with these start months for best use and management of newly hired staff. Alignment may support improved lead time to certification and allow trainees to support a growing department workload.	HMA 33	HFID Academy program start dates varies yearly. DPH HR hiring process does not allow for onboarding new hires in batches. HFID new hires, who are waiting for Academy, are trained and participate in the LTCSP, licensing and complaint validations.	HFID will continue to build a training plan for new hires based on their start date, independent of the Academy Program schedule.

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HMA 46	6. The HFID training team should ensure that all staff are aware of the terminology dictionary, which should be loaded on to every desktop, laptop, tablet, and County phone for use by all staff. Supervisors and managers should provide oversight of use and provide feedback to the employee if they are noncompliant with use of the standardized dictionary of terms. HFID leadership and the training team should clarify terminology in training materials.	HMA 33	CDPH shared during the HFEN Surveyor Spotlight training the Plain Language Definition. On 10/3/2024, Training Unit shared the CDPH PowerPoint and the Plain Language Definition with definitions from A-Z to all surveyors, Senior HFENs, HFE II, Supervisors and Management team. On 10/22/2024, Training Unit reinforced and emphasized during the Supervisor's meeting the importance of using the definitions provided in the CDPH Plain Language Definition in survey reports for consistency and clarity. This will also standardize communication across teams, reduce misunderstanding, and improve overall accuracy in reporting.	The CDPH list will be shared with Supervisors and Managers, and an email blast will be sent to all staff, as applicable.
HMA 47	7. HFID should adopt policies that allow ITC to shadow best practices and regular communication about findings for time and efficiency processes the team has discovered.	HMA 33	iQIEs (definition and function: Internet Quality Improvement and Evaluation System, it is a web based system that helps the Centers for Medicare & Medicaid Services (CMS) manage patient and provider information. iQIEs also helps to ensure that vulnerable patients receive quality healthcare) for SNFs will start in February 2025, prior to that time frame training rounds will begin. HFID will proactively start training once CMS releases the training modules, HFID will supplement the CMS training by conducting navigation training to the Regions, which includes support staff.	HFID Training unit is developing plans for all new staff will go through iQIEs training after the start of iQIEs. Support staff meeting every 3 months, beginning October 2024, and allow agenda items/suggestions, and to also share best practices.
HMA 48	8. HFID training and leadership should consider how to best communicate to evaluators the necessary balance between being a caring, empathetic RN and being a surveyor, and the boundaries needed when on-site regarding sharing of personal information.	HMA 33	HFID training unit provides and follows the Provider and Consumer Engagment Expectation (PACEE) during onboarding. HFID will elaborate/key points that are included during Onboarding, Part 2.	HFID will emphasize the role expectation of the HFEN during the survey process, and not to share personal information.
HMA 49	9. HFID should pay for Health Facility Evaluators (HFE) NFPA-related books and materials.	HMA 33	National Fire Protection Association (NFPA) is no longer required.	N/A
HMA 50	10. Support staff should have the opportunity to attend trainings that are germane to their jobs. Support staff from all district offices should be able to schedule Zoom calls to share best practices, ask questions about how to handle a situation, etc. (The support staff are the air traffic controllers of the DOS and are integral to all operations.)	HMA 33	See response in HMA 47, above. HFID is conducting quarterly meetings with support staff, and if best practices are shared between quarterly meeting, they can be provided to HFID's Training Unit.	See response in HMA 47, above.
HMA 51	11. Establish a training program design that allows for increased employee productivity, while maintaining HFID's strong background of above average candidate certifications (see Training section for expanded analysis).	HMA 34	HDIF does this during monthly All Staff Meetings. Acute Communicable Disease Control (ACDC), CDPH Office of Legal Services (OLS), Internal Consultants, HR, and Training Unit.	Continue current practice.
HMA 52	12. Increase and expand shadowing program so that staff have more time to get acquainted with their roles and the agency before being "out on their own.	HMA 34	Currently HFID trainees must participate in three recertification surveys, two complaints, two FRIs, with a mentor, prior to release from the Training Unit. A hand off by the Training Unit Supervisor to the District Office is conducted and mentorship recommendations are followed, this occurs following the completion of surveys. A checklist is provided to the District Offices (DOs) for follow-up.	Training unit supervisor will continue to ensure support from the District Offices.

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	CONTRACT PERFORMANCE			
	Quantity - No recommendations.	HMA 34		
	Quality - No recommendations.	HMA 42		
	Customer Service - No recommendations.	HMA 44		