



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES EVALUATOR MANAGER I

Schematic Code: SZ55 Classification Code: 8050 Exam Code: 2H1CS

Examination Type: Promotional

FINAL FILING DATES

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

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

January 8, 2019

March 8, 2019

May 8, 2019

July 8, 2019

September 9, 2019

November 7, 2019

January 8, 2020

SALARY

\$5917 - \$7351 per month

EQUAL EMPLOYMENT OPPORTUNITY

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

WHO CAN APPLY

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

MINIMUM QUALIFICATIONS

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

Either I

One year of experience performing the duties of a Health Facilities Evaluator II or Health Facilities Evaluator II (Supervisor) in the California state service.

Or II

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

AND

Four years of increasingly responsible professional experience requiring definition and implementation of operational program policy including or supplemented by at least one year of professional administrative or clinical experience as a supervisor or consultant in a health facility planning, licensing, certification, or general health administration program. [Experience in California state service applied toward this requirement must include one year at a level of responsibility equivalent to the Health Facilities Evaluator II or Health Facilities Evaluator II (Supervisor) levels.]

GENERAL QUALIFICATIONS

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

POSITION DESCRIPTION

TYPICAL TASKS

Health Facilities Evaluator Manager I, function as supervisors in the Department of Public Health Licensing and Certification Program performing in one of the following capacities: (1) first-level supervisor in headquarters over at least four professional staff performing specialized support staff duties; or (2) second-level supervisor of a field office supervising a staff including at least two Health Facilities Evaluators II (Supervisor); and provide direct supervision of the medical consultants and support staff for a district office.

HOW TO APPLY

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

STANDARD STATE APPLICATION (FORM 678)

COPY OF UNOFFICIAL/OFFICIAL COLLEGE TRANSCRIPTS

SUPPLEMENTAL RESPONSES

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

By Mail:

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

Drop Off:

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

DO NOT SUBMIT APPLICATIONS

TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR)
THROUGH EMAIL, FAX, OR INTER-AGENCY MAIL

CONTACT INFORMATION

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

PHONE NUMBER: 916-650-0436

EXAMINATION INFORMATION

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

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

SUPPLEMENTAL APPLICATION INSTRUCTIONS

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

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

1. Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
2. Your font should be no smaller than "10" pitch.
3. Your responses must be limited to one page per item.
4. Identify each page with your full name.
5. Make sure your responses are complete, specific, clear, and concise.
6. Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
7. Include place of employment, pertinent dates, duties performed, etc., when responding to items.
8. In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
9. Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

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

SUPPLEMENTAL ITEMS

1. Describe your experience in tracking and analyzing data.
2. Describe a time when you had to utilize effective communication techniques dealing with a difficult employee. What was the outcome?
3. Describe your training and education that you have completed in developing an expertise that will contribute to the success of a leadership team.
4. Describe how you would evaluate employee performance.
5. Describe the steps you would take to prioritize and complete multiple assignments and what was the results?

6. Describe your experience interpreting and applying State and Federal laws and regulations governing health facilities.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

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

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

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

Knowledge of:

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

Ability to:

1. Collect and analyze data when evaluating health facilities' performance.
2. Participate effectively in conference and training sessions with department staff, other departments, and/or public.
3. Analyze problems arising out of field operations to properly evaluate a facility's performance.
4. Establish and maintain effective working relationships with department staff and other departments.
5. Interpret and apply pertinent State and Federal laws regulations, and rules.
6. Establish and maintain cooperative relationships with personnel in the health facility industry, within the Department and with other community social and health agencies.
7. Implement progressive discipline to document and correct employee's performance issues and misconduct.
8. Perform quality control review of field staff work, design, develop, conduct and provide a full range of in-service and out-service training for Evaluators to include group and individual training techniques and methods.
9. Secure accurate data, and record/report data systematically.
10. Develop and evaluate alternatives for program compliance.
11. Reach logical conclusions and implement effective changes as corrective actions to identified problems.
12. Prepare clear accurate and concise reports to meet program objectives.
13. Analyze situations accurately and take effective actions.
14. Facilitate meetings with staff (and healthcare providers) to communicate and exchange information.
15. Review write-ups and ensure citations are defensible according to surveyors findings.

ELIGIBLE LIST INFORMATION

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

VETERAN'S PREFERENCE

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

HOW TO APPLY FOR VETERANS' PREFERENCE

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

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

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

CONDITIONS OF EMPLOYMENT (631)

Examination Title: Health Facilities Evaluator Manger I

Final Filing Dates:

January 8, 2019

March 8, 2019

May 8, 2019

July 8, 2019

September 9, 2019

November 7, 2019

January 8, 2020

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

Locations in which you are willing to work:

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

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

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

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

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

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

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

Signature: _____ Date: _____