CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES EVALUATOR II (SUPERVISOR)
DEPARTMENTAL PROMOTIONAL
CONTINUOUS TESTING

Bulletin Release Date: July 18, 2016
This bulletin supersedes the bulletin released on January 29, 2016

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 SHOULD 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 statue) 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.

HOW TO APPLY: Applications and Supplemental Responses (see page three of this bulletin) must be submitted to the address listed below 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). Standard State Applications (STD. 678) can be found at: **http://jobs.ca.gov/pdf/std678.pdf.**

By Mail or In Person:

California Department of Public Health **(916) 650-0436**
Examination Services Unit
1615 Capitol Ave., 4th floor, Suite 73-430
P.O. Box 997378 MS 1700-1702
Sacramento, CA 95899-7378

DO NOT SUBMIT APPLICATIONS TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR).

FINAL FILING DATE: Testing is considered continuous as dates can be set at any time.

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

January 7, 2016 **April 7, 2016** **July 7, 2016** **September 9, 2016** **November 9, 2016**

TESTING PERIOD: A candidate may be tested only once during any testing period. The testing period for this classification is January 1 through December 31.

SALARY RANGE: $5074 - $6308 per month.

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

Positions may exist with the California Department of Public Health statewide.

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/resumes **MUST** include "to" and "from" dates (month/day/year), time base, 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, names of institution, completion dates, and degree (if applicable). Applicants **MUST** submit a copy of official transcripts when using education to meet the entrance requirements for this examination. Applications/resumes received without this information will be rejected.

MINIMUM QUALIFICATIONS: Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as "Either I," "or II," "or III," etc.

Either I

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

Or II

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

GENERAL QUALIFICATIONS: In addition to the scope defined on this announcement, candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class.

EXAMINATION INFORMATION: The examination will consist of seven Supplemental Questions that are weighted 100%. Applicants are required to respond to the following seven 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 II (Supervisor) level. Responses to the supplemental items will be assessed based on predetermined job-related rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above that required under the minimum qualifications.

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

SUPPLEMENTAL APPLICATION: Each applicant for this examination **must** complete and submit responses to the seven supplemental items that follow. Answer questions completely; incomplete responses and omitted information cannot be considered or assumed. Resumes, letters of reference, and other materials will not be evaluated or considered as responses to items in the supplemental application. YOUR RESPONSES ARE SUBJECT TO VERIFICATION and should be an accurate reflection of your personal experience. Applications received without responses to the supplemental items will be rejected.

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

- Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Your font size should be no smaller than"10" pitch.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.

- In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
- Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

FILING INSTRUCTIONS

Applicants must submit:

- A completed Standard State Application (STD. 678)
- A response to each of the seven supplemental items (two copies)
- Signed Certification Page (see page 4)
- Signed Conditions of Employment Form (see page 5)

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

SUPPLEMENTAL ITEMS

1. Health Facilities Evaluator II (Supervisor) positions require the ability to interpret state and federal laws, regulations, and policy and procedures administered by the Department of Public Health as they pertain to the planning, licensing, certification, inspection, and regulation of health facilities.
   - Describe your experience interpreting and applying state and federal laws, regulations, and policies and procedures administered by the Department of Public Health as they relate to the planning, licensing, certification and regulation of health facilities.
2. Health Facilities Evaluator II (Supervisor) positions require knowledge of the functions and techniques of health facility management, services, organization, and standards of patient care.
   - Describe your knowledge and experience in planning, conducting, and documenting facility surveys.
3. Health Facilities Evaluator II (Supervisor) positions require an ability to use investigative methods and techniques and rules of evidence.
   - Describe your knowledge and experience with investigative methods and techniques (including rules of evidence) as applied to a health facilities survey and/or evaluation.
   - Health Facilities Evaluator II (Supervisor) positions require the ability to design, develop, conduct, and provide a full range of in-service and out-service training for individuals and groups of evaluators. This requires knowledge of effective group and individual training techniques and methods, as well as principles of adult learning. Describe your experience in the design, development, conduct and evaluation of in-service (e.g., mentor, on-the job-instructor, etc.) and out-service training (e.g., consultation, technical expert, etc.).
4. Health Facilities Evaluator II (Supervisor) positions require that you be able to perform assessment review of field staff work by securing accurate data, and recording and reporting data systematically. This includes the need to identify and maintain sensitive and confidential information.
   - Describe your experience in using various methods of data collection in making assessments of staff performance and facility performance. In your response, include the methods and/or resources used and the reasons you chose those methods and/or resources.
5. Health Facilities Evaluator II (Supervisor) positions require the ability to analyze situations and information accurately, develop and evaluate alternatives, reach logical conclusions, and take appropriate action to implement effective changes as corrective actions to identified problems.
   - Describe how you have used established protocols to resolve a problem, conduct an investigation or survey, prepare a bill analysis, or develop a policy or a procedure.

6. Health Facilities Evaluator II (Supervisor) positions require the ability to plan, organize, direct, and control the work of others. This includes the knowledge of principles and practices of effective supervision and personnel relations, as well as the knowledge of principles, practices, and techniques used in administering a licensing and certification program.

    - Describe your experience in planning, organizing, directing, and delegating the work of others including knowledge and experience of the principles and practices of effective supervision and personnel relations.

7. Health Facilities Evaluator II (Supervisor) positions require the ability to plan, organize, direct, and control the work of others. This includes the knowledge of principles and practices of effective supervision and personnel relations, as well as the knowledge of principles, practices, and techniques used in administering a licensing and certification program

    - Describe your experience in planning, organizing, directing, and delegating the work of others including knowledge and experience

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Applications received without responses to the supplemental items <u>will be rejected</u>.

California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS

Preparation, Development, Review of
State Civil Services Examination Material

EXAMINATION TITLE: Health Facilities Evaluator II (Supervisor)

State law requires that civil service examinations are confidential and impartial. We ask that you assume a personal responsibility in maintaining the competitive aspects and confidential nature of this examination. The personal information that you provide on this form is required for documentation purposes. All information will remain confidential.

As a candidate, you must comply with the following test security standards:

1. DO NOT REVEAL the fact that you are participating in the examination process to anyone.

2. DO NOT DISCUSS any aspect of the examination with anyone. This includes supervisors, peers and co-workers. This security limitation includes information on all questions and answers.

I certify that:

1. I will not reveal to anyone that I am participating in this examination.
2. I will not discuss any aspect of this material with anyone.
3. I will adhere to all the established security measures.

I hereby certify and understand that the information provided by me in this application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that, if it is discovered I have made any false representations, I will be removed from the promotional list resulting from this examination, and possibly dismissed from civil service.

_____ _____
Signature Date

_____
Printed Name

Return this page with your original signature along with your State Application STD 678.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) will not be accepted under any circumstance.

CONDITIONS OF EMPLOYMENT (631)

Examination Title: HEALTH FACILITIES EVALUATOR II (Supervisor)

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

FFD: Continuous

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.

MARK NORTHERN REGION COUNTY CHOICES:

_____ 0400 Butte
_____ 0600 Colusa
_____ 0800 Del Norte
_____ 1100 Glenn
_____ 1200 Humboldt
_____ 1700 Lake
_____ 1800 Lassen
_____ 2300 Mendocino
_____ 2500 Modoc
_____ 2900 Nevada
_____ 3100 Placer
_____ 3200 Plumas
_____ 4500 Shasta
_____ 4600 Sierra
_____ 4700 Siskiyou
_____ 5100 Sutter
_____ 5200 Tehama
_____ 5300 Trinity
_____ 5800 Yuba

MARK CENTRAL REGION COUNTY CHOICES:

_____ 0100 Alameda
_____ 0200 Alpine
_____ 0300 Amador
_____ 0500 Calaveras
_____ 0700 Contra Costa
_____ 0900 El Dorado
_____ 1000 Fresno
_____ 2000 Madera
_____ 2100 Marin
_____ 2200 Mariposa
_____ 2400 Merced
_____ 2700 Monterey
_____ 2800 Napa
_____ 3400 Sacramento
_____ 3500 San Benito
_____ 3800 San Francisco
_____ 3900 San Joaquin
_____ 4100 San Mateo
_____ 4300 Santa Clara
_____ 4400 Santa Cruz
_____ 4800 Solano
_____ 4900 Sonoma
_____ 5000 Stanislaus
_____ 5500 Tuolumne
_____ 5700 Yolo

MARK SOUTHERN REGION COUNTY CHOICES:

_____ 1300 Imperial
_____ 1400 Inyo
_____ 1500 Kern
_____ 1600 Kings
_____ 1900 Los Angeles
_____ 2600 Mono
_____ 3000 Orange
_____ 3300 Riverside
_____ 3600 San Bernardino
_____ 3700 San Diego
_____ 4000 San Luis Obispo
_____ 4200 Santa Barbara
_____ 5400 Tulare
_____ 5600 Ventura

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 examination title, identification number and Social Security number.

Signature: _____ Date: _____