



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

November 7, 2016

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House H-101
Annapolis, MD 21401-1991

RE: HG § 19-308(b)(4) – Office of Health Care Quality Annual Report, Including Staffing Analysis, and Health Care Facilities Inspections for FY 2016.

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308(b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2016. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities.

I hope this information is useful. If you have any questions or need additional information on the subject, please do not hesitate to contact Mr. Andrew Nicklas, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,

Van T. Mitchell
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer
The Honorable Maggie McIntosh
Shawn Cain, Chief of Staff
Patricia Tomsko-Nay, M.D., Office of Health Care Quality
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**Department of Health and Mental Hygiene
Office of Health Care Quality**

**Annual Report and Staffing Analysis
Fiscal Year 2016**

Health-General Article 19-308(b)(4)



*Larry Hogan, Jr., Governor
Boyd Rutherford, Lt. Governor
Van T. Mitchell, Secretary
Patricia Tomsco Nay, M.D., Executive Director*

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 16 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308(b)(4).

OHCQ is the agency within the Department of Health and Mental Hygiene (Department) charged with monitoring the quality of care in Maryland's 18,032 health care facilities and community-based programs. OHCQ's mission is to protect the health, safety, and welfare of Maryland's citizens. OHCQ issues licenses, authorizing the operation of a business in Maryland; recommends certification, authorizing participation in the Medicare and Medicaid programs; conducts surveys to determine compliance with State and federal regulations, which set minimum standards for the delivery of care; and educates providers, consumers, and other stakeholders.

Since its inception, OHCQ has not been adequately staffed to complete our mandates. Since FY 14, OHCQ has had a 25 percent increase in the numbers of providers it oversees with only a 1 percent increase in the total number of employees. Our workload is directly proportional to the numbers of providers overseen.

In the face of these challenges, the OHCQ staff found additional efficiencies while remaining effective. Last year's analysis revealed a surveyor staffing deficit of 52.15 FTE surveyors. This year, the deficit has decreased to 46.05. Appendix A details the number of surveyors needed in each unit to meet the mandates. Surveyors are supervised by a coordinator, who coordinates all administrative tasks related to the licensure, certification, and survey activities and serves as a liaison to providers.

For the first time, OHCQ conducted a coordinator staffing analysis. A coordinator most efficiently and effectively supervises 5 – 7 surveyors, depending on the unit. The coordinator staffing deficit is 7 positions. When future positions are considered for OHCQ, consideration must be given to both surveyors and coordinators.

OHCQ's strategies to recruit and retain staff have resulted in only 10 vacancies as of October 15, 2016. All of the federal surveyor positions are currently filled.

It is an honor and a privilege to lead a group of dedicated staff who work tirelessly to ensure the health and safety of Marylanders across the health care continuum. OHCQ appreciates the ongoing support of the Secretary, the Administration, members of the General Assembly, and all of our stakeholders.



Patricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FABQAURP, FAAHPM
Executive Director, Office of Health Care Quality

Mission and Vision

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene charged with monitoring the quality of care in 61 types of health care facilities and community-based programs. As of July 1, 2016, OHCQ licensed and certified 18,032 facilities and programs throughout Maryland. Licensing authorizes a facility to do business in the state. Certification authorizes a facility to participate in the Medicare and Medicaid programs.

OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. Additionally, OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health, safety, and welfare of Maryland's citizens and to ensure there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

Regulatory Efficiency and Effectiveness

In January 2013, OHCQ implemented a strategic planning process that is based on a culture of accountability that goes up, down, and across the agency. The four organizational goals include:

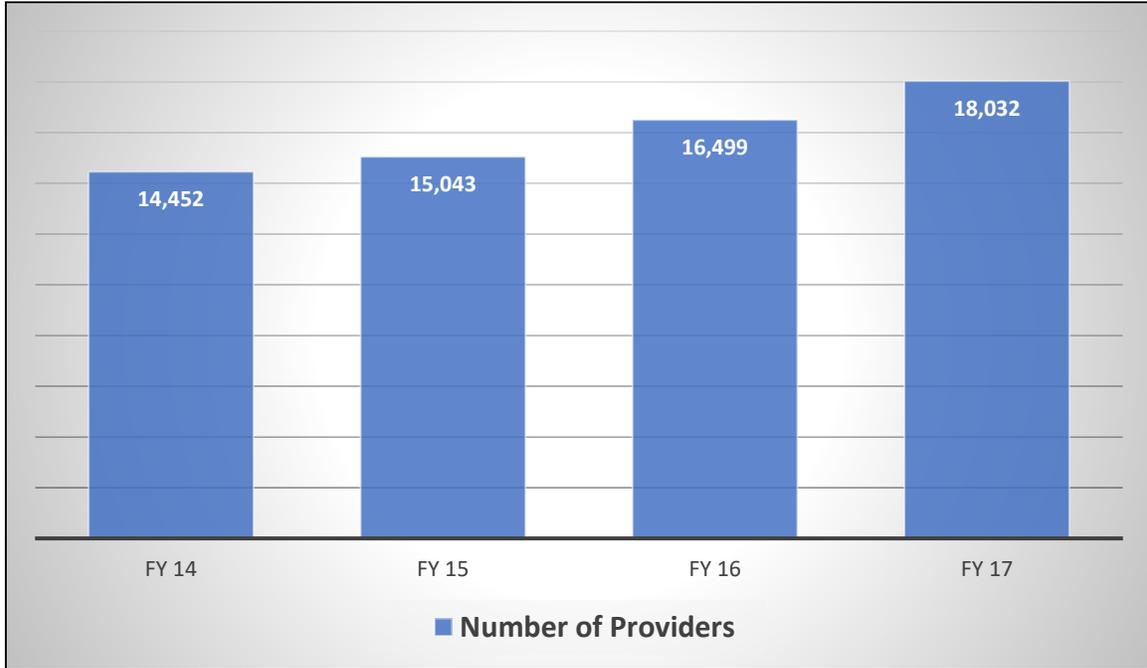
1. Regulatory efficiency and effectiveness: efficient and effective use of limited resources to fulfill mandates;
2. Core operations: focus on core business functions and maintaining accountability;
3. Customer service: consistent, timely, and transparent interactions with all stakeholders; and
4. Quality improvement: sustain a quality improvement process within OHCQ.

Though staffing levels remain below projected needs, OHCQ continues to operationalize its goal of regulatory efficiency and effectiveness. Interventions have included reviewing regulatory and statutory requirements; revising survey processes; enhancing employee training; streamlining the hiring process; improving recruitment efforts; simplifying the provider licensure process; and maximizing information management. Efforts to gain efficiency are always weighed against the need to remain effective in protecting the health and safety of Marylanders.

Mandated Activities

An influx of new providers in community-based programs, including assisted living providers and residential service agencies, as well as additional mandates have increased OHCQ's chronic staffing challenges. In FY 16, additional State mandates included revisions to freestanding birthing centers (COMAR 10.05.02.04) and general requirements for freestanding ambulatory care facilities (COMAR 10.05.01). The Centers for Medicare and Medicaid Services (CMS) added survey and certification requirements in FY 16, including Minimum Data Set (MDS) focused surveys in nursing homes and individual quality control plans in Clinical Laboratory Improvement Amendments (CLIA) certified laboratories.

**Table 1: Number of Providers Overseen by OHCQ
by Fiscal Year, 2013 – 2017**



**Table 2: Total Number of OHCQ Positions and
Contractual Employees by Fiscal Year, 2013 – 2017**

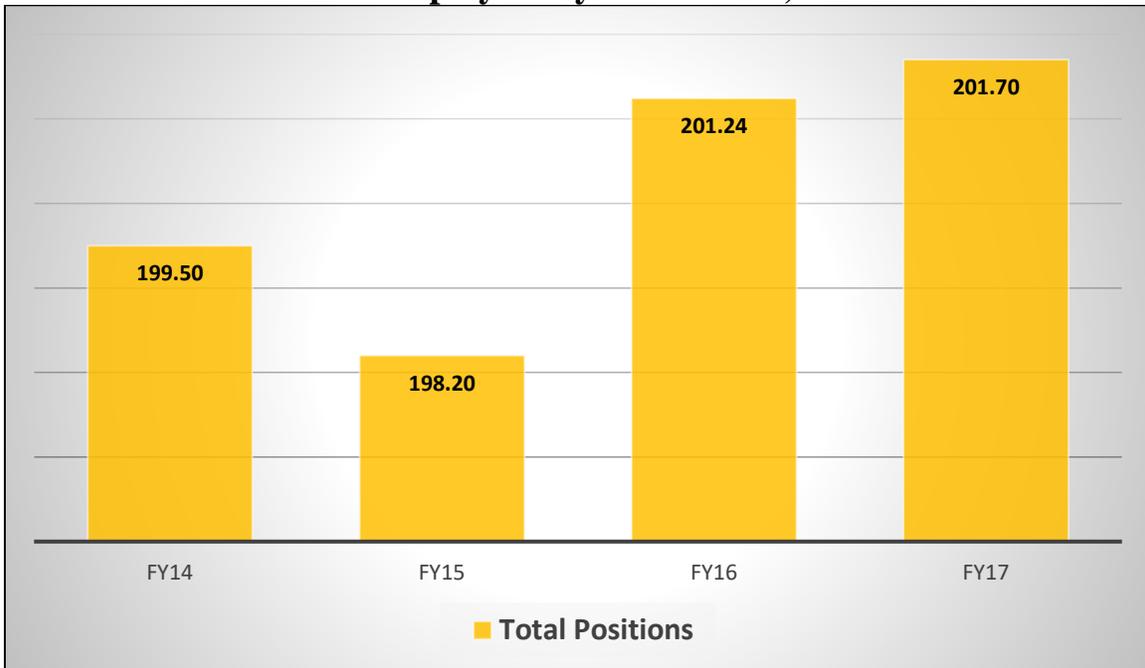


Table 3 lists the number of licensees by provider type under OHCQ’s oversight as of July 1, 2016.

Table 3: Number of Licensees by Provider Type as of July 1, 2016

Provider Type	# of Licensees, July 1, 2016
Forensic Residential Centers	2
Intermediate Care Facilities for Individuals with Intellectual Disabilities	2
Long Term Care Facilities	230
Adult Medical Day Care Centers	119
Assisted Living Programs	1531
Developmental Disabilities Sites (in 218 agencies)	3074
Community Mental Health Centers	4
Correctional Health Facilities	10
Federally Qualified Health Centers	81
Freestanding Medical Facilities	3
Health Maintenance Organizations	9
Hospitals	64
Limited Private Inpatient Facilities	1
Patient Safety Program (counted in hospitals)	0
Residential Treatment Centers	10
Transplant Centers	2
Cholesterol Testing Sites	2
Employer Drug Testing Facilities	148
Federally Waived Laboratories	2668
Forensic Laboratories	45
Health Awareness Testing Sites	76
Hospital Laboratories	98
Independent Reference Laboratories	126
Physician Office Laboratories	2998
Point-of-Care Laboratories	718
Public Health Testing Sites	36
Tissue Banks	343
Birthing Centers	2
Comprehensive Outpatient Rehabilitation Facilities	1
Cosmetic Surgery Facilities	3
Freestanding Ambulatory Surgical Centers	337
Freestanding Renal Dialysis Centers	151
Health Care Staff Agencies	631
Home Health Agencies	55
Hospice Houses	14
Hospices	27
Major Medical Equipment Providers	225
Nurse Referral Agencies	167
Outpatient Physical Therapy Providers	63
Portable X-Ray Providers	8
Residential Service Agencies	1139
Surgical Abortion Facilities	13
Group Homes for Adults with Mental Illness	153
Mental Health Vocational Programs	64
Mobile Treatment Services	28
Outpatient Mental Health Centers	247
Psychiatric Day Treatment Services, Partial Hospitalization Programs	35
Psychiatric Rehabilitation Programs for Adults	253
Psychiatric Rehabilitation Programs for Minors	167
Residential Crisis Services	20
Residential Rehabilitation Programs	793
Respite Care Services	17
Therapeutic Group Homes	12
Therapeutic Nursery Programs	1
Ambulatory Detoxification Programs	85
Correctional Substance Abuse Programs	13
DWI Education Programs	282
Opioid Maintenance Therapy Programs	77
Outpatient Treatment Programs	470
Residential Detoxification Treatment Programs	6
Residential Programs	73
Total	18,032

Staffing Analysis

OHCQ has made significant progress in gaining regulatory efficiency, but there is insufficient staffing to effectively meet our mandates. Since its inception, OHCQ has not had sufficient staff to complete the mandated survey, certification, and licensure activities. Workload is directly proportional to the numbers of providers overseen. Since FY 14, OHCQ has had a 25 percent increase in the numbers of providers with only a 1 percent increase in the total number of employees.

OHCQ’s strategies to recruit and retain staff have resulted in only 10 vacancies as of October 15, 2016. All of the federal surveyor positions are currently filled.

The surveyor staffing analysis projects the number of full time surveyors needed in FY 17 to complete the mandated survey, certification, and licensure activities. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse. The analysis does not account for OHCQ’s turnover rate, which is currently 7 percent.

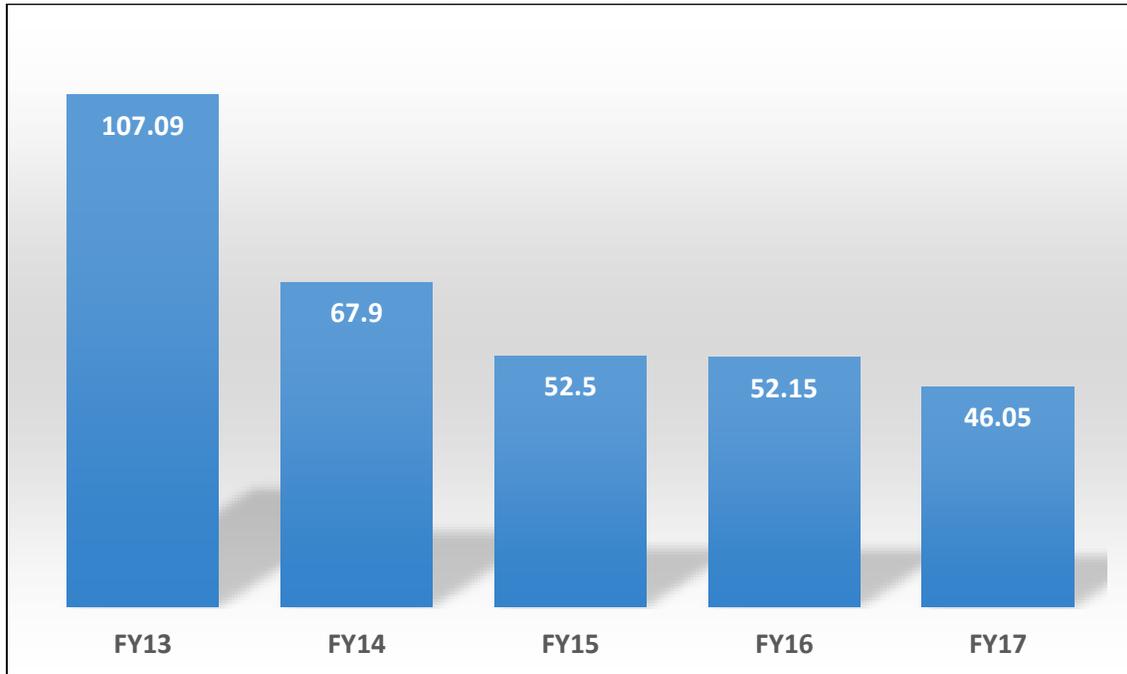
In Appendix A, the number of hours required for each activity is multiplied by the projected number of required activities in FY 17. The total is divided by 1,500, which is the number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalent of surveyors required for each activity is calculated and then totaled by unit. The sum of the surveyor deficiencies in each unit is OHCQ’s surveyor staffing deficit.

Table 4 summarizes the surveyor staffing deficit by unit, with an overall deficit of 46.05 surveyor positions. Appendix A details this analysis by unit, provider type, and activity.

Table 4: Surveyor Staffing Deficit Projected for FY 17

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	37.6	49.82	12.22
Assisted Living	26	32.27	6.27
Developmental Disabilities	33	55.06	22.06
Hospitals	6	6.60	0.60
Laboratories	5	6.01	1.01
Ambulatory Care	13	14.72	1.72
Behavioral Health	6	8.17	2.17
Totals	126.60	172.65	46.05

Table 5: Projected Surveyor Staffing Deficit from FY 13 to FY 17



Surveyors are supervised by a coordinator, who coordinates all administrative tasks related to the licensure, certification, and survey activities and serves as a liaison to providers. Coordinators play a crucial role in the day-to-day activities at OHCQ. This cohort is being supported through a leadership development program led by the Johns Hopkins Bloomberg School of Public Health.

OHCQ reviewed the current distribution of coordinators in each unit. The analysis included a review of the coordinator’s job duties, review of previous organizational structure, review of previous practices, discussion with human resources, benchmarking with other state survey agencies, discussion with the CMS, discussion with the Johns Hopkins Bloomberg School of Public Health, and best practices around the country.

Consideration was given to the varying requirements for each provider type. For example, nursing homes are the most regulated industry with extensive federal and State requirements, while health care staff agencies after initial licensure will rarely have a surveyor interact with their agency. The number of provider types in a unit was also considered. The assisted living unit oversees only 2 types of providers, while the ambulatory care unit oversees 14 provider types. The larger number of provider types requires additional administrative and managerial support.

The consensus is that a coordinator most efficiently and effectively supervises 5 – 7 surveyors, depending on the unit. Exceeding this optimal range would lead to a loss in efficiency and effectiveness. Table 6 details the coordinator staffing deficit in each unit, with the total coordinator staffing deficit of 7 positions. When future positions are considered for OHCQ, consideration must be given to both surveyors and coordinators.

Table 6: Coordinator Staffing Deficit Projected for FY 17

Unit	Current # of Surveyors	Current # of Coordinators	Needed # of Coordinators	Coordinator Deficit
Long Term Care	37.6	5	7	2
Assisted Living	26	4	5	1
Developmental Disabilities	33	3	6	3
Hospitals	6	1	1	0
Laboratories	5	1	1	0
Ambulatory Care	13	2	3	1
Behavioral Health	6	1	1	0
Totals	126.6	17	24	7

Long Term Care Unit

The long term care unit ensures that nursing homes are in compliance with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations. The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. In order to maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dietitians, registered sanitarians, qualified developmental disabilities professionals, and life safety code inspectors. When appropriate, enforcement actions are taken to ensure compliance with State and federal regulations. Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 7: Forensic Residential Centers

Units of Measurement	FY14	FY15	FY16
Number of licensed forensic residential centers	2	2	2
Renewal surveys	2	0	2
Complaints received	12	0	12
Complaints investigated	12	0	0

Table 8: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY14	FY15	FY16
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	2	2
Follow-up surveys	1	2	0
Complaints and self-reported incidents	15	109	80
Complaints and self-reported incidents, investigated	17	95	42

Table 9: Nursing Homes

Unit of Measurement	FY14	FY15	FY16
Number of licensed nursing homes	232	232	230
Initial surveys of new providers	1	2	0
Full surveys	217	199	199
Follow-up surveys	35	39	41
Civil monetary penalties levied	55	45	54
Denial of payment for new admissions	3	3	5
Complaints and facility self-reported incidents	3,392	2,968	2,486
Complaints and self-reported incidents, no further action	449	287	429
Complaints and self-reported incidents, investigated	2,932	2,460	2,057
Quality of care allegations	2,291	1,949	2,670
Resident abuse allegations	1,128	913	1,254

There is a federal mandate to initiate an on-site investigation of any nursing home complaint alleging actual harm within 10 days. In FY 16, the time to initiate an on-site investigation of a complaint alleging actual harm was 47 days. The length of time to initiate an on-site investigation is directly proportional to the number of trained OHCQ nurse surveyors.

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 279 is a federal tag about the requirement to develop comprehensive care plans for residents of the nursing home. Table 4 includes the top ten most frequently cited nursing home deficiencies by federal tags and the number of citations under each tag in FY 16. It includes deficiencies of all scopes and severity.

Table 10: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 16

Federal Tag	Description of Tag	Total Citations
F 309	Provide care and services for highest well being	169
F 514	Resident records, complete, accurate, and accessible	145
F 279	Develop comprehensive care plans	118
F 323	Free of accidents, hazards, supervision, devices	103
F 329	Drug regimen is free from unnecessary drugs	93
F 278	Assessment accuracy, coordination, certified	90
F 280	Right to participate in planning care, revise care plan	90
F 431	Drug records, label, store drugs and biologicals	88
F 371	Food procurement, store, prepare, and serve, sanitary	81
F 281	Services provided meet professional standards	78

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 11 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 16.

Table 11: Number of Actual Harm and Immediate Jeopardy Deficiencies by Federal Tag in Nursing Homes in FY 16

Federal Tag	Description of Tag	G	H	I	J	K	L
F 155	Right to refuse, formulate advance directives				4	1	
F 157	Notify of changes (injury, decline, room)	2					
F 223	Free from abuse, involuntary seclusion	2				1	
F 224	Prohibit mistreatment, neglect, misappropriation	5					
F 272	Comprehensive assessments				1		
F 309	Provide care and services for highest well being	6	1		1	1	
F 314	Treatment and services for pressure sores	7	1		1		
F 315	No catheter, prevent urinary tract infection	1					
F 319	Treatment/services for mental and psychosocial				1		
F 323	Free of accidents, hazards, supervision, devices	18			3	2	
F 325	Maintain nutritional status unless unavoidable					1	
F 328	Treatment and care for special needs	1					
F 329	Drug regimen is free from unnecessary drugs				2		
F 333	Residents are free of significant med errors	1					
F 441	Infection control, prevent spread, linens	1					
F 501	Responsibilities of medical director					1	
F 505	Promptly notify physician of lab results				1		
F 520	Quality assurance committee					1	
	Tags at G or above – 68	44	2	0	14	8	0

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In table 12, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

Table 12: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 16

Regulatory Groupings	Federal Tags in Grouping	# of Actual Harm and IJ Deficiencies
Quality of Care	F 309 – F 334	48
Resident Rights	F 151 – F 177	7
Infection Control	F 441	1
Resident Behavior and Facility Practices	F 221 – F 226	8
Resident Assessment	F 271 – F 287	1
Administration	F 490 – F 524	3
Total		68

If a nursing home disagrees with the survey results, the facility may dispute the deficiencies through an informal process, known as an informal dispute resolution. Table 13 details the outcome of the 115 federal tags that were disputed in 34 informal dispute resolutions and 2 independent informal dispute resolutions in FY 16. Table 14 details the reasons for decisions made in these informal dispute resolutions.

Table 13: Outcomes of Nursing Home Informal Dispute Resolutions by Federal Tag in FY 16

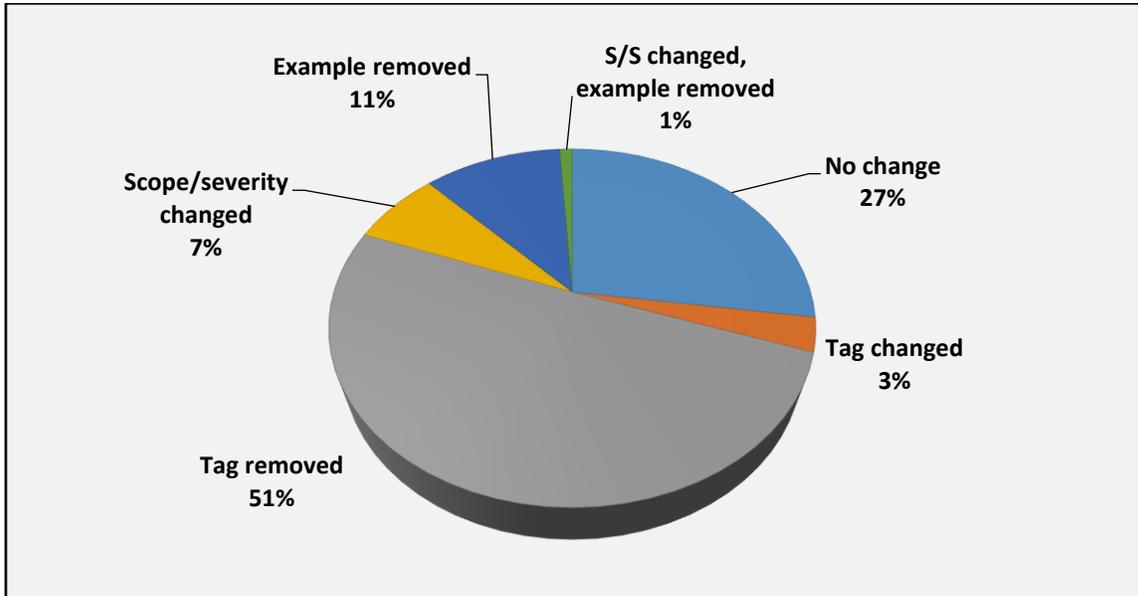
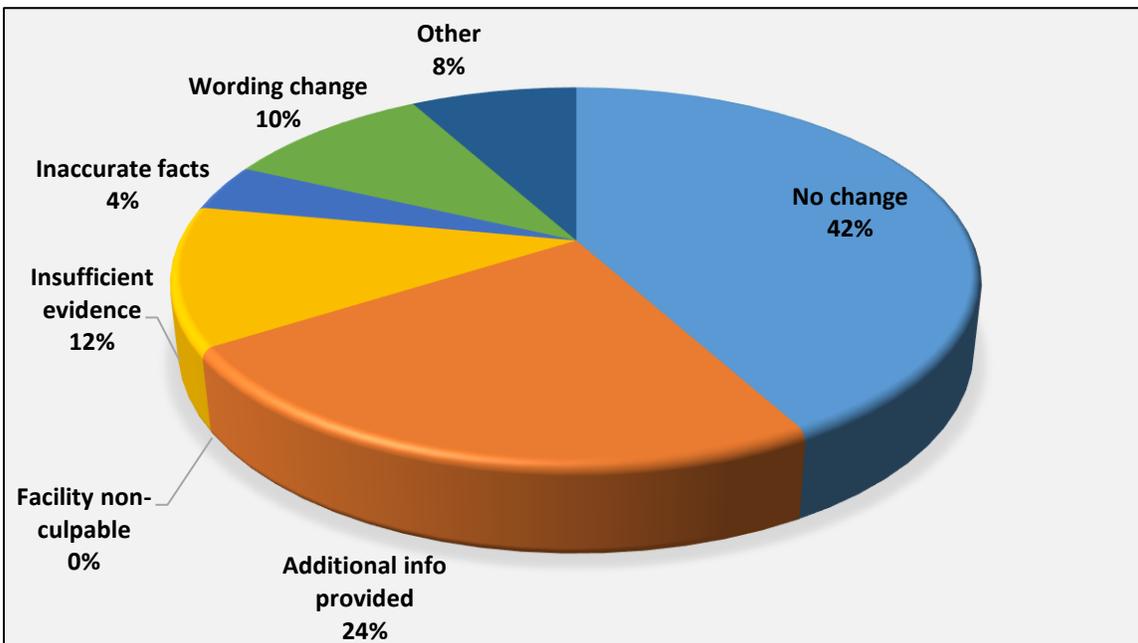


Table 14: Reasons for Nursing Home Informal Dispute Resolution Decisions in FY 16



Assisted Living Unit

The assisted living unit is responsible for the oversight of all assisted living programs in the state of Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for precicensure, licensure, relicensure, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living facilities are investigated by this unit.

Additionally, the unit is responsible for the oversight of adult medical day care centers for the elderly and medically handicapped adults, including surveys for precicensure, licensure, relicensure, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

Table 15: Adult Medical Day Care Centers

Units of Measurement	FY14	FY15	FY16
Number of licensed adult medical day care centers	116	117	119
Initial surveys of new providers	14	12	15
Full surveys	76	62	8
Follow-up surveys	1	3	1
Complaints investigated	53	40	47

Table 16: Assisted Living Programs

Units of Measurement	FY14	FY15	FY16
Number of licensed assisted living programs	1,482	1,497	1,531
Renewal surveys	679	1,038	992
Initial surveys	109	162	196
Other surveys	62	156	204
Complaints received	903	1,307	1,534
Complaints investigated	683	1,217	923

Maryland law requires that OHCQ complete annual surveys in all assisted living programs. The MFR goal was to complete 60 percent of assisted living annual surveys by June 30, 2016. In FY 16, OHCQ completed 65 percent of the required annual surveys. The number of completed annual surveys is directly proportional to the number of trained OHCQ surveyors.

Assisted living deficiencies are cited under state tags that categorize the types of deficient practices. For example, state tag 3680 is related to the management and administration of medications. Table 17 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 16.

Table 17: Most Frequently Cited Deficiencies in Assisted Living Programs in FY 16

State Tag	Description of Tag	Number of Citations
3680	Medication Management and Administration	304
2780	Delegating Nurse	281
3330	Service Plan	275
4630	General Physical Plant Requirements	274
2600	Other Staff - Qualifications	245
2530	Alternate Assisted Living Manager	194
2550	Other Staff - Qualifications	165
2560	Other Staff - Qualifications	159
2220	Assisted Living Manager	153
4900	Emergency Preparedness	153

Developmental Disabilities Unit

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. Those programs that include services offered to children that require oversight are coordinated with the Governor’s Office for Children. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration’s Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

Table 18: Developmental Disabilities Unit

Units of Measurement	FY14	FY15	FY16
Licensed developmental disability agencies	224	231	218
Number of sites	3,134	3,148	3,074
New agencies	12	4	11
Initial site surveys	N/T*	66	223
Agencies surveyed	76	71	42
Complaints and self-reported incidents	N/T	N/T	1,645
Conducted on-site investigation	304	313	502

*N/T = not tracked

Table 19: Developmental Disabilities Mortality Unit

Units of Measurement	FY14	FY15	FY16
Developmental disabilities deaths	215	219	188
Deaths investigated on-site	43	20	36
Deaths investigated, administrative reviews	N/T*	188	157

Maryland law requires that OHCQ complete annual surveys for the continuing protection of individuals with developmental disabilities receiving services from agencies licensed by the Developmental Disabilities Administration. In FY 16, OHCQ completed 18 percent of the required annual surveys. The number of completed annual surveys is directly proportional to the number of trained OHCQ surveyors as well as the number of complaint investigations.

Hospital Unit

The hospital unit provides oversight of acute care and specialty (psychiatric, chronic, special rehabilitation, and children’s) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Responsibilities of the unit include surveys, complaint investigations, review of self-reported incidents, and review of reports from accreditation organizations. The types and scope of the oversight are dictated by the provider type and certification by Medicare or Medicaid. This unit also oversees federally qualified health centers, community mental health centers, and limited private inpatient facilities.

The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital’s root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department’s regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program’s Annual Report and clinical alerts in an effort to improve patient safety.

Table 20: Community Mental Health Centers

Units of Measurement	FY14	FY15	FY16
Community mental health centers	N/T	N/T	4
Complaints received	N/T	N/T	0
Complaint investigations	N/T	N/T	0

Table 21: Correctional Health Care Facilities

Units of Measurement	FY14	FY15	FY16
Correctional health care facilities	10	10	10
Full surveys	10	4	3
Follow-up surveys	0	0	0
Complaint investigations	1	0	1

Table 22: Federally Qualified Health Centers

Units of Measurement	FY14	FY15	FY16
Federally qualified health centers	N/T	N/T	81
Complaints received	N/T	N/T	2
Complaint investigations	N/T	N/T	1

Table 23: Freestanding Medical Facilities

Units of Measurement	FY14	FY15	FY16
Licensed freestanding medical facilities	3	3	3
Initial, full and follow-up surveys	3	2	2
Complaints investigated	1	6	1

Table 24: Health Maintenance Organizations

Units of Measurement	FY14	FY15	FY16
Health maintenance organizations	9	9	9
Full surveys	4	1	0
Follow-up surveys	0	0	0
Complaint investigations	4	4	3

Table 25: Hospitals

Units of Measurement	FY14	FY15	FY16
Licensed or certified hospitals	63	64	64
Validation surveys of accredited hospitals	2	2	2
Complaints received	353	370	319
Complaints investigated on-site	99	91	115
Complaints referred to hospitals for investigation	220	225	215
Follow-up surveys	9	12	12
Enforcement remedies imposed	12	5	12
Review of The Joint Commission reports	26	13	26

Table 26: Limited Private Inpatient Facilities

Units of Measurement	FY14	FY15	FY16
Licensed limited private inpatient facilities	N/A*	N/A	1
Complaints received	N/A	N/A	0
Complaint investigations	N/A	N/A	0

*N/A = not applicable

Table 27: Patient Safety Program

Units of Measurement	FY14	FY15	FY16
Adverse event reports	203	244	219
Review root cause analysis reports (patient safety)	182	188	220
Follow-up investigations and hospital patient safety surveys	4	7	14

Table 28: Residential Treatment Centers

Units of Measurement	FY14	FY15	FY16
Licensed residential treatment centers	10	10	10
Follow-up surveys	2	4	1
Validation surveys and seclusion and restraint investigation	2	0	0
Complaints received	31	39	23
Complaint investigations	27	36	24

Clinical and Forensic Laboratories Unit

The clinical and forensic laboratories unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Maryland citizens and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point of care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit conducts State and federal surveys to ensure compliance with applicable regulations. This unit is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ routinely surveys laboratories performing cytology testing biennially. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency. With the discontinuation of Maryland's Cytology Proficiency program, there are two remaining CMS-approved cytology proficiency testing programs, including the College of American Pathologists (CAP) and the American Society for Clinical Pathology program (ASCP). In addition, the unit is responsible for investigating complaints.

This unit provides oversight for the regulation of accredited and non-accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints and licensure activities, including on-site surveys and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non-accredited forensic laboratories. The unit reviews all self-reported incidents that occur at both accredited and non-accredited forensic laboratories.

Table 29: Cholesterol Testing Sites

Units of Measurement	FY14	FY15	FY16
Cholesterol testing sites	2	2	2
Initial surveys of new providers	0	0	0
Full surveys	2	2	2
Complaint surveys	2	0	0

Table 30: Employer Drug Testing Facilities

Units of Measurement	FY14	FY15	FY16
Employer drug testing	148	150	148
Initial surveys of new providers	6	84	0
Full surveys	29	1	30
Follow-up surveys	0	3	0
Complaint surveys	1	0	0

Table 31: Federal Waived Laboratories Project

Units of Measurement	FY14	FY15	FY16
Federal waived lab project surveys	55	64	68

Table 32: Forensic Laboratories

Units of Measurement	FY14	FY15	FY16
Forensic laboratories	43	32	45
Full surveys	4	16	5
Initial surveys	2	0	0
Follow-up surveys	0	2	0
Surveillance surveys	9	0	0
Complaint investigations	5	0	0

Table 33: Health Awareness Testing Sites

Units of Measurement	FY14	FY15	FY16
Health awareness test sites	65	65	76
Initial surveys	5	0	6
Full surveys	55	50	76
Follow-up surveys	25	25	0
Site approvals	1,580	1,605	1,897
Complaints surveys	0	0	0

Table 34: Hospital Laboratories

Units of Measurement	FY14	FY15	FY16
Hospital laboratories	76	98	98
Initial surveys of new providers	0	0	0
Full surveys	5	13	2
Follow-up surveys	0	0	1
Validation surveys	1	1	1
Complaint surveys	6	2	0

Table 35: Independent Reference Laboratories

Units of Measurement	FY14	FY15	FY16
Independent reference laboratories	578	111	126
Initial surveys of new providers	4	2	2
Full surveys	48	17	16
Follow-up surveys	9	10	9
Validation surveys	1	2	1
Complaint surveys	3	5	0

**Table 36: Physician Office and Point of Care Laboratories
State Only Surveys**

Units of Measurement	FY14	FY15	FY16
Physician office and point of care laboratories, State only	629	596	571
Initial surveys of new providers	18	22	19
Full surveys	340	405	405
Follow-up surveys	139	168	134
Complaint surveys	8	1	10

**Table 37: Physician Office and Point of Care Laboratories
Federal CLIA Surveys**

Units of Measurement	FY14	FY15	FY16
Physician office and point of care labs, federal CLIA surveys	629	596	571
Initial surveys of new providers	18	22	19
Full surveys	340	405	405
Follow-up surveys	139	168	134
Validation surveys	3	4	3
Complaint surveys	7	1	10

Table 38: Public Health Testing Sites

Units of Measurement	FY14	FY15	FY16
Public health testing	24	36	36
Initial surveys of new providers	2	2	0
Full surveys	22	6	12
Follow-up surveys	0	17	0
Complaint surveys	0	0	0

Table 39: Tissue Banks

Units of Measurement	FY14	FY15	FY16
Tissue banks	268	321	343
Initial surveys of new providers	0	0	4
Full surveys	16	29	25
Follow-up surveys	0	10	1
Validation surveys	0	15	0
Complaint surveys	0	1	1

Ambulatory Care Unit

The ambulatory care unit is responsible for the State licensure and/or federal certification (Medicare) of all non-long term care facilities that include birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for home health agencies. Since July 1, 2015, this unit has had oversight over the cosmetic surgical centers, a newly licensed provider group.

Table 40: Birthing Centers

Units of Measurement	FY14	FY15	FY16
Licensed birthing centers	2	2	2
Initial surveys of new providers	0	0	0
Full surveys	1	0	2
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 41: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY14	FY15	FY16
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	2	0
Full surveys	0	0	1
Follow-up surveys	2	0	0
Complaint investigations	2	0	0

Table 42: Cosmetic Surgical Facilities

Units of Measurement	FY14	FY15	FY16
Licensed comprehensive outpatient rehabilitation facilities	N/A	N/A	3
Initial surveys of new providers	N/A	N/A	3
Full surveys	N/A	N/A	0
Follow-up surveys	N/A	N/A	0
Complaint investigations	N/A	N/A	0

Table 43: Freestanding Ambulatory Surgical Centers

Units of Measurement	FY14	FY15	FY16
Licensed freestanding ambulatory surgical centers	328	335	337
Initial surveys	16	11	14
Full surveys	157	213	102
Follow-up surveys	47	47	30
Complaint investigations	12	33	16

Table 44: Freestanding Renal Dialysis Centers

Units of Measurement	FY14	FY15	FY16
Licensed freestanding renal dialysis centers	132	142	151
Initial surveys of new providers	8	13	26
Full surveys	41	51	55
Follow-up surveys	5	11	8
Complaint investigations	39	35	19

Table 45: Health Care Staff Agencies

Units of Measurement	FY14	FY15	FY16
Health care staff agencies	545	577	631
Initial surveys of new providers	14	33	57
Full surveys	0	0	0
Renewal license	94	219	150
Complaint investigations	0	0	0

Table 46: Home Health Agencies

Units of Measurement	FY14	FY15	FY16
Licensed home health agencies	55	56	55
Initial surveys of new providers	0	0	0
Full surveys	15	13	15
Follow-up surveys	0	0	0
Complaint investigations	12	20	21

Table 47: Hospices and Hospice Houses

Units of Measurement	FY14	FY15	FY16
Licensed hospices	30	27	27
Initial surveys of new providers	0	2	3
Full surveys	5	6	4
Follow-up surveys	2	1	0
Complaint investigations	10	13	20
Licensed hospice houses (new program in FY 14)	11	14	14
Initial surveys of new providers	12	2	0
Renewal surveys	N/A	N/A	1
Complaint investigations in hospice houses	0	0	2

Table 48: Major Medical Equipment Providers

Units of Measurement	FY14	FY15	FY16
Licensed major medical equipment providers	246	219	225
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	3	5	1

Table 49: Nurse Referral Agencies

Units of Measurement	FY14	FY15	FY16
Nurse referral agencies	137	152	167
Initial license	7	8	13
Full surveys	0	0	0
Renewal license	5	36	13
Complaint investigations	1	2	1

Table 50: Outpatient Physical Therapy Providers

Units of Measurement	FY14	FY15	FY16
Licensed outpatient physical therapy providers	63	62	63
Initial surveys of new providers	4	3	6
Full surveys	10	9	3
Follow-up surveys	0	3	2
Complaint investigations	3	0	0

Table 51: Portable X-ray Providers

Units of Measurement	FY14	FY15	FY16
Licensed portable x-ray providers	8	9	8
Initial surveys of new providers	2	1	0
Full surveys	2	0	1
Follow-up surveys	0	0	0
Complaint investigations	1	0	0

Table 52: Residential Service Agencies

Units of Measurement	FY14	FY15	FY16
Licensed residential service agencies	1,144	1,210	1,139
Initial surveys of new providers	90	84	94
Full surveys	15	19	12
Follow-up surveys	6	9	10
Complaint investigations	55	63	37

Table 53: Surgical Abortion Facilities

Units of Measurement	FY14	FY15	FY16
Licensed surgical abortion facilities	12	12	13
Initial surveys	0	0	1
Renewal surveys	0	0	12
Complaints received	2	1	7
Complaints investigated	2	1	7

Behavioral Health Unit

The behavioral health unit is responsible for the evaluation of all Community Mental Health Programs prior to the expiration of the programs' approvals/licenses and prior to the relocation or expansion of these programs. The unit issues temporary approvals, 1, 2 or 3 year approvals with or without conditions, and two-year licenses depending on the program type and/ or status. Program monitoring consists of an on-site review of personnel and client records, observations, and interviews.

This unit is the agent of the Behavioral Health Administration (BHA) responsible for conducting biennial surveys and complaint investigations of substance use disorder treatment providers to ensure compliance with applicable State and federal regulations. It recommends to BHA the initial, provisional, or general certification for substance use disorder treatment providers throughout the State. The unit investigates complaints that are received from patients, providers, and members of the community. Complaints may result in deficiencies related to non-compliance with regulations or referrals to other agencies, including the Maryland Attorney General's Office. The unit interacts with other State and federal agencies involved with drug control issues. Programs evaluated by the unit include levels of service such as early intervention, outpatient treatment, residential treatment, and opioid maintenance therapy (OMT).

Early intervention programs often work with the court system to provide education regarding driving under the influence and driving while intoxicated. Outpatient clinics provide community-based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation, detoxification and counseling. OMT programs typically administer methadone to substance abusers in a community-based setting.

Table 54: Group Homes for Adults with Mental Illness

Units of Measurement	FY14	FY15	FY16
Licensed group homes for adults with mental illness	*	154	153
Initial surveys	*	0	0
Renewal surveys	*	10	2
Complaints received	*	21	1
Complaints investigated	*	9	3

Table 55: Mental Health Vocational Programs

Units of Measurement	FY14	FY15	FY16
Licensed mental health vocational programs	*	56	64
Initial surveys	*	6	2
Renewal surveys	*	2	5
Complaints received	*	0	2
Complaints investigated	*	0	3

Table 56: Mobile Treatment Services

Units of Measurement	FY14	FY15	FY16
Licensed mobile treatment services	*	25	28
Initial surveys	*	1	0
Renewal surveys	*	5	1
Complaints received	*	5	2
Complaints investigated	*	4	3

Table 57: Outpatient Mental Health Centers

Units of Measurement	FY14	FY15	FY16
Licensed outpatient mental health centers	*	210	247
Initial surveys	*	12	3
Renewal surveys	*	30	36
Complaints received	*	2	6
Complaints investigated	*	2	5

**Table 58: Psychiatric Day Treatment Services
Partial Hospitalization Programs**

Units of Measurement	FY14	FY15	FY16
Licensed psychiatric day treatment services, partial hosp.	*	9	35
Initial surveys	*	1	1
Renewal surveys	*	2	1
Complaints received	*	0	0
Complaints investigated	*	0	0

Table 59: Psychiatric Rehabilitation Programs for Adults

Units of Measurement	FY14	FY15	FY16
Licensed psychiatric rehabilitation programs for adults	*	186	253
Initial surveys	*	20	22
Renewal surveys	*	43	53
Complaints received	*	0	3
Complaints investigated	*	0	3

Table 60: Psychiatric Rehabilitation Programs for Minors

Units of Measurement	FY14	FY15	FY16
Licensed psychiatric rehabilitation programs for minors	*	139	167
Initial surveys	*	20	17
Renewal surveys	*	34	67
Complaints received	*	1	2
Complaints investigated	*	1	4

Table 61: Residential Crisis Services

Units of Measurement	FY14	FY15	FY16
Licensed residential crisis services	*	17	20
Initial surveys	*	0	1
Renewal surveys	*	1	1
Complaints received	*	2	1
Complaints investigated	*	1	2

Table 62: Residential Rehabilitation Programs

Units of Measurement	FY14	FY15	FY16
Licensed residential rehabilitation programs	*	737	793
Initial surveys	*	1	0
Renewal surveys	*	22	7
Complaints received	*	2	0
Complaints investigated	*	1	1

Table 63: Respite Care Services

Units of Measurement	FY14	FY15	FY16
Licensed respite care services	*	17	17
Initial surveys	*	0	0
Renewal surveys	*	0	2
Complaints received	*	1	0
Complaints investigated	*	1	0

Table 64: Therapeutic Group Homes

Units of Measurement	FY14	FY15	FY16
Licensed therapeutic group homes	*	14	12
Initial surveys	*	1	0
Renewal surveys	*	7	5
Complaints received	*	0	0
Complaints investigated	*	0	1

Table 65: Therapeutic Nursery Programs

Units of Measurement	FY14	FY15	FY16
Licensed therapeutic nursery programs	*	1	1
Initial surveys	*	0	0
Renewal surveys	*	0	0
Complaints received	*	0	0
Complaints investigated	*	0	0

Table 66: Ambulatory Detoxification Programs

Units of Measurement	FY14	FY15	FY16
Licensed ambulatory detoxification programs	*	65	85
Initial surveys	*	2	5
Renewal surveys	*	8	7
Complaints received	*	0	1
Complaints investigated	*	0	2

Table 67: Correctional Substance Abuse Programs

Units of Measurement	FY14	FY15	FY16
Licensed correctional substance abuse programs	*	42	13
Initial surveys	*	2	0
Renewal surveys	*	10	8
Complaints received	*	0	0
Complaints investigated	*	0	0

Table 68: DWI Education Programs

Units of Measurement	FY14	FY15	FY16
Licensed DWI education programs	*	269	282
Initial surveys	*	18	56
Renewal surveys	*	36	70
Complaints received	*	5	1
Complaints investigated	*	2	4

Table 69: Opioid Maintenance Therapy Programs

Units of Measurement	FY14	FY15	FY16
Licensed opioid maintenance therapy programs	*	74	77
Initial surveys	*	23	8
Renewal surveys	*	31	26
Complaints received	*	0	0
Complaints investigated	*	0	0

Table 70: Outpatient Treatment Programs

Units of Measurement	FY14	FY15	FY16
Licensed outpatient treatment programs	*	459	470
Initial surveys	*	65	96
Renewal surveys	*	165	150
Complaints received	*	8	16
Complaints investigated	*	6	13

Table 71: Residential Detoxification Treatment Programs

Units of Measurement	FY14	FY15	FY16
Licensed residential detoxification treatment programs	*	18	6
Initial surveys	*	1	1
Renewal surveys	*	12	2
Complaints received	*	1	14
Complaints investigated	*	1	11

Table 72: Residential Programs

Units of Measurement	FY14	FY15	FY16
Licensed residential programs	*	108	73
Initial surveys	*	5	17
Renewal surveys	*	48	17
Complaints received	*	1	24
Complaints investigated	*	1	18

Appendix A: Surveyor Staffing Analysis

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Long Term Care Unit								
Forensic Residential Centers								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	15	1	15	8	120	0.08		
Follow-up surveys	0	1	0	8	0	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	90	1	90	8	720	0.48		
Follow-up surveys	2	1	2	16	32	0.02		
Informal dispute resolutions	1	1	1	8	8	0.01		
Nursing Homes								
Initial surveys	2	1	2	191	382	0.25		
Annual surveys	230	1	230	191	43930	29.29		
Complaints and self-reports	2650	1	2650	8	21200	14.13		
Follow-up surveys	43	1	43	16	688	0.46		
State resident funds surveys	230	1	230	8	1840	1.23		
Life safety code initial surveys	7	1	7	9.7	67.9	0.05		
Life safety code annual surveys	320	1	320	10	3200	2.13		
Life safety code follow-up surveys	105	1	105	7.7	808.5	0.54		
Life safety code complaint surveys	15	1	15	12	180	0.12		
Informal dispute resolutions	55	1	55	8	440	0.29		
Testifying in hearings	40	1	40	12	480	0.32		
Long Term Care Unit						49.82	37.6	12.22
Assisted Living Unit								
Adult Medical Day Care Centers								
Initial surveys	17	1	17	24	408	0.27		
Renewal surveys	119	0.5	60	16	960	0.64		
Complaints and self-reports	60	1	60	8	480	0.32		
Follow-up surveys	5	1	5	16	80	0.05		
Initial surveys	230	1	230	40	9200	6.13		
Annual surveys	1450	1	1450	16	23200	15.47		
Complaints and self-reports	1600	1	1600	8	12800	8.53		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Assisted Living Programs								
Follow-up surveys	45	1	45	16	720	0.48		
Informal dispute resolutions for unit	30	1	30	8	240	0.16		
Testifying in hearings for unit	40	1	40	8	320	0.21		
Assisted Living Unit						32.27	26	6.27
Developmental Disabilities Unit								
Initial site openings	225	1	225	8	1800	1.20		
Residential, ALUs, group homes	3074	1	3074	16	49184	32.79		
Day hab., supportive employment	350	1	350	24	8400	5.60		
Individual family care	220	0.1	22	12	264	0.18		
CSLA and FISS	4200	0.1	420	8	3360	2.24		
Resource coordination	17	0.1	2	40	80	0.05		
Follow-up surveys	26	1	26	24	624	0.42		
Death investigations, on-site	40	1	40	40	1600	1.07		
Death investigations, administrative	180	1	180	8	1440	0.96		
Complaint and self-reports, on-site	360	1	360	16	5760	3.84		
Complaint and self-reports, admin.	1200	1	1200	4	4800	3.20		
New directions waiver	10	1	10	20	200	0.13		
Informal dispute resolutions	20	1	20	8	160	0.11		
Settlement conferences	10	1	10	40	400	0.27		
Children's providers, all activities						3.00		
Developmental Disabilities Unit						55.06	33	22.06
Hospital Unit								
Community Mental Health Centers								
Initial surveys	2	1	2	24	48	0.03		
Complaints	1	1	1	24	24	0.02		
Correctional Health Care Facilities								
Initial surveys	0	1	0	24	0	0.00		
Full surveys	10	1	10	24	240	0.16		
Complaint investigations	2	1	2	8	16	0.01		
Federally Qualified Health Centers								
Complaints	2	1	2	24	48	0.03		
Freestanding Medical Facilities								
Initial surveys	2	1	2	64	128	0.09		
Full surveys	3	1	3	24	72	0.05		
Complaints	8	1	8	10	80	0.05		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Health Maintenance Organizations								
Initial surveys	1	1	1	160	160	0.11		
Full survey of non-accredited HMOs	1	1	1	120	120	0.08		
Follow-up surveys	1	1	1	16	16	0.01		
Complaints	5	1	5	8	40	0.03		
Hospitals								
Initial surveys	1	1	1	210	210	0.14		
Validation surveys	3	1	3	210	630	0.42		
Complaint investigations, on-site	120	1	120	24	2880	1.92		
Complaint investigations, admin.	260	1	260	8	2080	1.39		
Follow-up surveys	15	1	15	16	240	0.16		
Mortality review, psychiatric hospitals	20	1	20	16	320	0.21		
Limited Private Inpatient Facilities								
Initial surveys	1	1	1	40	40	0.03		
Complaints	2	1	2	24	48	0.03		
Patient Safety Program								
Review hospital root cause analysis	240	1	240	4	960	0.64		
Patient safety program surveys	15	1	15	24	360	0.24		
Residential Treatment Centers								
Initial surveys	0	1	0	80	0	0.00		
Complaints	40	1	40	24	960	0.64		
Validation surveys	2	1	2	16	32	0.02		
Follow-up surveys	5	1	5	16	80	0.05		
Hospital Unit								
Informal dispute resolutions	8	1	8	8	64	0.04		
Hospital Unit						6.60	6	0.60
Clinical and Forensic Laboratories								
Cholesterol Testing Sites								
Cholesterol testing	2	1	2	7	14	0.01		
Employer Drug Testing Facilities								
Employer drug testing facilities	150	0.5	75	6	450	0.30		
Forensic Laboratories								
Initial surveys	1	1	1	48	48	0.03		
Renewal surveys	4	1	4	48	192	0.13		
Surveillance surveys	3	1	3	24	72	0.05		
Complaints and self-reports	3	1	3	24	72	0.05		
Follow-up surveys	2	1	2	16	32	0.02		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Health Awareness Testing Sites								
Health awareness testing surveys	76	1	76	8	608	0.41		
Health awareness site approval	1900	1	1900	0.5	950	0.63		
State only surveys	210	0.5	105	6	630	0.42		
Hospital Laboratories								
Hospital laboratories	98	0.25	25	8	200	0.13		
Independent Reference Laboratories								
Non-accredited	62	0.5	31	16	496	0.33		
Complaints	8	1	8	16	128	0.09		
Physician Offices and Point-of-Care Laboratories								
CLIA	450	0.5	225	12	2700	1.80		
Federal waived labs project	68	1	68	8	544	0.36		
Complaint surveys	8	1	8	16	128	0.09		
Validation	4	1	4	20	80	0.05		
Public Health Testing Sites								
Public health testing	40	1	40	5	200	0.13		
Tissue Banks								
Tissue banks	365	0.5	183	8	1460	0.98		
Clinical and Forensic Laboratories						6.01	5	1.01
Ambulatory Care Unit								
Birthing Centers								
Initial surveys	0	1	0	40	0	0.00		
Renewal surveys	2	1	2	32	64	0.04		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Comprehensive Outpatient Rehabilitation Facilities								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	1	0.05	0	16	0	0.00		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Cosmetic Surgery Facilities								
Initial surveys	5	1	5	48	240	0.16		
Renewal surveys	0	1	0	0	0	0.00		
Complaint investigations	3	1	3	16	48	0.03		
Informal dispute resolutions	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Freestanding Ambulatory Surgical Centers								
Initial surveys	22	1	22	60	1320	0.88		
Renewal surveys	337	0.33	111	40	4440	2.96		
Follow-up surveys	55	1	55	16	880	0.59		
Complaint investigations	25	1	25	16	400	0.27		
Informal dispute resolutions	3	1	3	8	24	0.02		
Freestanding Renal Dialysis Centers								
Initial surveys	32	1	32	48	1536	1.02		
Renewal surveys	151	0.33	50	32	1600	1.07		
Follow-up surveys	16	1	16	16	256	0.17		
Complaint investigations	42	1	42	16	672	0.45		
Informal dispute resolutions	3	1	3	8	24	0.02		
Health Care Staff Agencies								
Initial surveys	40	1	40	8	320	0.21		
Complaint investigations	1	1	1	8	8	0.01		
Home Health Agencies								
Initial surveys	1	1	1	32	32	0.02		
Renewal surveys	55	0.33	18	40	720	0.48		
Complaint investigations	24	1	24	24	576	0.38		
Informal dispute resolutions	1	1	1	8	8	0.01		
Hospice Care Programs								
Initial surveys	3	1	3	40	120	0.08		
Renewal surveys	27	0.33	9	40	360	0.24		
Complaint investigations, hospice	24	1	24	16	384	0.26		
Complaints, hospice houses	4	1	4	16	64	0.04		
Informal dispute resolutions	2	1	2	8	16	0.01		
Major Medical Equipment Providers								
Initial surveys	0	1	0	16	0	0.00		
Complaint investigations	6	1	6	4	24	0.02		
Informal dispute resolutions	0	1	0	8	0	0.00		
Nurse Referral Agencies								
Initial surveys	8	1	8	8	64	0.04		
Complaint investigations	2	1	2	8	16	0.01		
Outpatient Physical Therapy Providers								
Initial surveys	7	1	7	16	112	0.07		
Renewal surveys	62	0.05	3	16	48	0.03		
Follow-up surveys	4	1	4	16	64	0.04		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Outpatient Physical Therapy Providers								
Complaint investigations	3	1	3	4	12	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Portable X-ray Providers								
Initial surveys	2	1	2	16	32	0.02		
Renewal surveys	8	0.05	0	16	0	0.00		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Initial surveys	110	1	110	40	4400	2.93		
Full surveys	30	1	30	24	720	0.48		
Follow-up surveys	15	1	15	16	240	0.16		
Residential Service Agencies								
Complaint investigations	80	1	80	16	1280	0.85		
Informal dispute resolutions	6	1	6	16	96	0.06		
Surgical Abortion Facilities								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	0	1	0	40	0	0.00		
Complaint investigations	15	1	15	40	600	0.40		
Informal dispute resolutions	1	1	1	16	16	0.01		
Ambulatory Care Unit								
Hearings, all provider types in unit	8	1	8	20	160	0.11		
Ambulatory Care Unit						14.72	13	1.72
Behavioral Health Unit								
Group Homes for Adults with Mental Illness								
Initial surveys	0	1	0	20	0	0.00		
Renewal surveys	153	0.5	77	8	616	0.41		
Complaint investigations	10	1	10	4	40	0.03		
Mental Health Vocational Programs								
Initial surveys	4	1	4	10	40	0.03		
Renewal surveys	64	0.33	21	8	168	0.11		
Complaint investigations	3	1	3	4	12	0.01		
Mobile Treatment Services								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	28	0.33	9	8	72	0.05		
Complaint investigations	4	1	4	4	16	0.01		
Outpatient Mental Health Centers								
Initial surveys	10	1	10	20	200	0.13		
Renewal surveys	247	0.33	82	8	656	0.44		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Outpatient Mental Health Centers								
Complaint investigations	3	1	3	4	12	0.01		
Psychiatric Day Treatment Programs, Partial Hospitalization								
Initial surveys	1	1	1	14	14	0.01		
Renewal surveys	35	0.33	12	8	96	0.06		
Complaint investigations	1	1	1	4	4	0.00		
Psychiatric Rehabilitation Programs for Adults								
Initial surveys	24	1	24	20	480	0.32		
Renewal surveys	253	0.33	83	8	664	0.44		
Complaint investigations	4	1	4	4	16	0.01		
Psychiatric Rehabilitation Programs for Minors								
Initial surveys	20	1	20	20	400	0.27		
Renewal surveys	167	0.33	55	8	440	0.29		
Complaint investigations	3	1	3	4	12	0.01		
Residential Crisis Services								
Initial surveys	1	1	1	14	14	0.01		
Renewal surveys	20	0.33	7	8	56	0.04		
Complaint investigations	2	1	2	4	8	0.01		
Residential Rehabilitation Programs								
Initial surveys	1	1	1	24	24	0.02		
Renewal surveys	793	0.33	262	8	2096	1.40		
Complaint investigations	1	1	1	8	8	0.01		
Respite Care Services								
Initial surveys	0	1	0	14	0	0.00		
Renewal surveys	17	0.33	6	8	48	0.03		
Complaint investigations	1	1	1	4	4	0.00		
Therapeutic Group Homes								
Initial surveys	1	1	1	14	14	0.01		
Renewal surveys	12	0.5	6	8	48	0.03		
Complaint investigations	1	1	1	4	4	0.00		
Therapeutic Nursery Programs								
Initial surveys	0	1	0	40	0	0.00		
Renewal surveys	1	0.33	0	8	0	0.00		
Complaint investigations	0	1	0	4	0	0.00		
Ambulatory Detoxification Programs								
Initial surveys	8	1	8	14	112	0.07		
Renewal surveys	85	0.5	43	6	258	0.17		
Complaint investigations	3	1	3	4	12	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Correctional Substance Abuse Programs								
Initial surveys	1	1	1	12	12	0.01		
Renewal surveys	13	0.5	7	6	42	0.03		
Complaint investigations	0	1	0	4	0	0.00		
DWI Education Programs								
Initial surveys	35	1	35	8	280	0.19		
Renewal surveys	282	0.5	141	4	564	0.38		
Complaint investigations	5	1	5	4	20	0.01		
Opioid Maintenance Therapy Programs								
Initial surveys	16	1	16	16	256	0.17		
Renewal surveys	77	0.5	39	8	312	0.21		
Complaint investigations	0	1	0	8	0	0.00		
Outpatient Treatment Programs								
Initial surveys	105	1	105	12	1260	0.84		
Renewal surveys	470	0.5	235	8	1880	1.25		
Complaint investigations	15	1	15	8	120	0.08		
Residential Detoxification Treatment Programs								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	6	0.5	3	8	24	0.02		
Complaint investigations	15	1	15	4	60	0.04		
Residential Programs								
Initial surveys	10	1	10	24	240	0.16		
Renewal surveys	73	0.5	37	8	296	0.20		
Complaint investigations	20	1	20	8	160	0.11		
Behavioral Health Unit								
Informal dispute resolutions	1	1	1	4	4	0.00		
Behavioral Health Unit						8.17	6	2.17
Total						172.65	126.60	46.05

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