



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

November 2, 2021

The Honorable Bill Ferguson
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

Re: Health-General Article, §§ 19-308(b)(4) and 19-1409(e), Annotated Code of Maryland - Maryland Department of Health Office of Health Care Quality Annual Report and Staffing Analysis Fiscal Year 2021 (MSAR # 5624)

Dear President Ferguson and Speaker Jones:

Pursuant to Health-General Article, § 19-308(b)(4) and 19-1409(e), Annotated Code of Maryland, the Maryland Department of Health Office of Health Care Quality respectfully submits their Annual Report and Staffing Analysis for Fiscal Year 2021.

If you have any questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

Cc: Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services
Heather Shek, JD, Director, Office of Governmental Affairs
Sarah T. Albert, Department of Legislative Services (5 copies) MSAR #5624



MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

**Maryland Department of Health
Office of Health Care Quality**

**Annual Report and Staffing Analysis
Fiscal Year 2021**

Health-General Article § 19-308(b)(4)

Health-General Article § 19-1409(e)

Larry Hogan, Governor

Boyd Rutherford, Lt. Governor

Dennis R. Schrader, Secretary

Jinlene Chan, MD, MPH, FAAP, Deputy Secretary for Public Health Services

Patricia Tomsco Nay, MD, CHCQM, FAAFP, FABQAURP, FAAHPM, 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 21 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article § 19-308(b)(4) and Health-General Article § 19-1409(e). OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in certain health care facilities and community-based programs. As of July 1, 2021, OHCQ oversees 19,032 providers in 44 industries, a record annual increase of 7.7 percent from the number of providers on July 1, 2020.

Through the authority of the Maryland Secretary of Health, OHCQ issues State licenses which authorize a facility or program to do business in Maryland. The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. As an agent of CMS, OHCQ conducts certification, recertification, and Clinical Laboratory Improvement Amendments (CLIA) activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations. It is through these activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that there is public confidence in the health care and community delivery systems.

The COVID-19 pandemic and the catastrophic health emergency impacted OHCQ's activities as both federal and State government reprioritized existing mandates and established new ones to best protect the health and safety of individuals as the pandemic progressed. The federal and State systems of oversight, particularly in the nursing home industry, will continue to evolve over the coming years, requiring OHCQ to implement new and revised survey processes.

In FY 18, the Department developed and implemented a seven-year staffing plan for OHCQ. As anticipated, this controlled growth in the agency's workforce is progressively improving compliance with federal and State mandates. The 2021 legislative session resulted in additional mandates for OHCQ through the passage of HB0674/SB0704 - Nursing Homes – Transfer of Ownership – Site Visits and Surveys, HB0881/SB0815 - Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention, and SB0187/HB0240 - Criminal Procedure – Forensic Genetic Genealogical DNA Analysis, Searching, Regulation, and Oversight.

OHCQ continues to use technological solutions to improve processes and enhance communication, but our success will be determined by our most valued resource – OHCQ's staff who work each day to protect the health and safety of Marylanders across the health care continuum. It is an honor and a privilege to lead this group of dedicated staff. OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, and all of our stakeholders.

Patricia Tomsko Nay, MD

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

Mission and Vision

Through the authority of the Maryland Secretary of Health, the Office of Health Care Quality (OHCQ) issues State licenses which authorize a facility or program to do business in Maryland. The Department has designated OHCQ as the agency that monitors the quality of care in certain types of health care facilities and community-based programs.

The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. The Social Security Act mandates the establishment of federal minimum health and safety and Clinical Laboratory Improvement Amendments (CLIA) standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs. In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies. Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers. As an agent of CMS, OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.

OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations, which set forth minimum standards for the delivery of care. OHCQ provides technical assistance to applicants, licensees, consumers, and other stakeholders.

It is through these licensure, certification, and survey activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that 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.

COVID-19 Pandemic and the Catastrophic Health Emergency

The COVID-19 pandemic and the catastrophic health emergency impacted OHCQ's licensure, certification, and survey activities as both State and federal government reprioritized existing mandates and established new ones to best protect the health and safety of individuals as the pandemic progressed. This required OHCQ to implement new or revised survey processes in many industries during FY 21. Both the State and federal systems of oversight will continue to evolve over the coming years, particularly in the nursing home industry.

During the pandemic, OHCQ implemented off-site reviews of new sites for existing community-based providers, such as programs serving individuals with developmental disabilities. The online audiovisual visit allowed for real-time communication between OHCQ and the provider. OHCQ could direct where the provider turned the camera and what areas to focus on during the tour of the physical space. In certain situations, this type of survey was both efficient and effective in determining if the new site met the licensure requirements and could begin operation. While

developed as an alternative during the pandemic, this type of survey is now being incorporated into OHCQ's standard processes when appropriate.

On March 16, 2020, the Maryland Secretary of Health issued an order limiting OHCQ's licensing, oversight, and inspection activities to the following activities for all provider types: (1) administrative review and triage of all complaints and facility-reported incidents; (2) on-site investigations of those complaints and facility-reported incidents that are triaged as an immediate jeopardy and any follow-up visits necessary to confirm abatement of the immediate jeopardy situation; (3) off-site processing of initial licensure applications and requests to increase capacity; an on-site visit will be conducted only if required for providers to seek reimbursement; (4) other investigations if determined by OHCQ's Executive Director or Designee to be imperative to protect the health and safety of Marylanders. The Secretary rescinded this order on October 1, 2020, allowing normal survey activities to continue.

Throughout the COVID pandemic and catastrophic health emergency, OHCQ followed the CMS prioritization of certification and survey activities in nursing homes. In response to the COVID-19 pandemic, CMS suspended nursing home surveys on March 4, 2020. On March 20, 2020, CMS permitted immediate jeopardy and focused infection control surveys in nursing homes if states had sufficient resources to perform the surveys. On May 18, 2020, CMS outlined a plan to restore survey activities based on the state's phase of the COVID pandemic. Generally, states could perform surveys to investigate alleged immediate jeopardy, revisits for immediate jeopardy, focused infection control surveys, initial surveys, and COVID hot spots. As states entered Phase 2, surveys to investigate alleged actual harm could be performed.

On June 1, 2020, CMS required states to conduct Focused Infection Control surveys of all nursing homes. Maryland completed these surveys on August 14, 2020. Maryland identified deficient infection control practices in many facilities, some of which had the potential to cause harm. In response to being notified of deficiencies, a nursing home was required to develop and implement a plan of correction. This process resulted in the correction of deficient infection control practices faster and improved care to Maryland's nursing home residents during the pandemic.

On August 17, 2020, CMS authorized states to perform recertification surveys after completing investigations of alleged immediate jeopardy and actual harm, focused infection control surveys, initial certification, and COVID hot spots.

Beginning on January 20, 2021, CMS limited hospital survey activities for 30 days by suspending hospital recertification surveys and limiting complaint surveys to immediate jeopardy complaint allegations. CMS prioritized onsite complaint investigations based on the following factors: (1) imminent danger to patients at the hospital, (2) noncompliance with Medicare hospital conditions of participation likely exists, and (3) if immediate action must be taken to protect the health and safety of patients. On February 18, 2021, CMS extended this directive for another 30 days until March 22, 2021.

When there were limitations for on-site survey activities, OHCQ surveyors and administrative staff conducted off-site surveys and licensure activities. During this period, the number of pending license applications decreased throughout OHCQ as staff completed licensure of new providers,

as well as requests for increased bed capacity, license capacity, and new service lines. As a result, FY 21 had a record increase of 7.7 percent in the number of providers overseen by OHCQ.

Strategic Planning Process

OHCQ's strategic planning process allows the agency to best use its resources to fulfill the mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four goals of the strategic planning process are:

1. Regulatory efficiency and effectiveness: Efficient and effective use of 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 internal and external stakeholders; and
4. Quality improvement: Sustaining a quality improvement process within OHCQ.

Several regulatory efficiency and effectiveness initiatives and approaches are described below.

Enhancing Online Services

Recognizing the importance of web-based information and services to both internal and external customers, OHCQ reclassified two administrative positions to webmasters. The webmasters plan, design, develop, and implement OHCQ's web-based applications and continually review and revise these systems to enhance efficiency and effectiveness. The optimization of web architecture for navigability by web browsers improves the end user's experience. The webmasters develop and implement in-person and online training related to these web-based applications.

Improving the Customer Experience through Agile Technology Modernization

OHCQ continues to implement internal- and external-facing dashboards for employees, applicants, providers, consumers, and other stakeholders. These intuitive dashboards organize important information in a single online location that is easily accessible from any device connected to the Internet. Internal dashboards provide real-time information to staff about upcoming tasks and deadlines, allowing supervisors to more easily manage large amounts of data and numerous tasks. External dashboards for various health care industries allow consumers and providers to get information and resources quickly. Figure 1 shows a screenshot of the assisted living dashboard that offers a description of assisted living programs and links to the relevant COMAR regulations, licensee directory, consumer resources, and provider resources.

In FY 21, the OHCQ dashboards were accessed over 100,000 times, allowing users to locate information at their convenience and decreasing the number of phone calls and emails that OHCQ administrative staff received for routine inquiries. As OHCQ has gained administrative efficiencies, vacant administrative positions are reclassified to surveyors to conduct survey, certification, and licensure activities. Currently, OHCQ's work force of 244 employees includes only 4 secretarial staff.

Figure 1: Assisted Living Programs Dashboard

MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

Programs Consumers Patient Safety Grants Regulations Reports

OHCQ Protecting the health and safety of Marylanders across the health care continuum **Assisted Living Programs**

Description

An assisted living program is a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.

It does not include a nursing home, as defined under Health-General Article, §19-301, Annotated Code of Maryland; a State facility, as defined under Health-General Article, §10-101, Annotated Code of Maryland; a program licensed or approved by the Department under Health-General Article, Title 7 or Title 10, Annotated Code of Maryland; a hospice care program licensed by the Department under Health-General Article, Title 19, Annotated Code of Maryland; services provided by family members; services provided by a licensed residential service agency or licensed home health agency in an individual's own home; or a Certified Adult Residential Environment Program that is certified by the Department of Human Services under Article 88A, §140, Annotated Code of Maryland.

OHCQ is responsible for the licensure and oversight of assisted living programs.

Maryland Regulations

Regulations related to assisted living programs are found in [COMAR 10.07.14](#). To order copies of COMAR regulations, call the Maryland Division of State Documents at 410-260-3876 or 800-633-9657. Regulations are also available at public libraries - Find your [nearest public library](#).

Licensee Directory The contact information for assisted living programs is at [Licensee Directory](#). The files can be viewed or downloaded with Adobe Acrobat®, Microsoft® Word or Microsoft® Excel.

Consumer Resources

Provider Resources

Mandated Activities of Licensed and Certified Providers

As of July 1, 2021, OHCQ oversees 19,032 providers in 44 industries. On October 1, 2020, OHCQ began oversight of the 44th industry, assisted living referrers. As discussed above, FY 21 had a record increase of 7.7 percent in the number of providers overseen by OHCQ. The increase in providers occurred primarily in clinical laboratories, residential service agencies, and health care staff agencies. Table 1 lists the number of licensees per provider types as of July 1st of 2019, 2020, and 2021.

New Mandates Related to the COVID-19 Pandemic

New federal and State nursing home mandates related to the COVID-19 pandemic significantly increased the workload for OHCQ surveyors and supervisors. CMS added the Focused Infection Control (FIC) survey for nursing homes. New State activities included surveys related to COVID-19 testing requirements, COVID-19 CRISP reporting, and emergency plans. Other federal and State mandates remained in place. While OHCQ hired additional nurse surveyors during the pandemic, nursing home surveyors require a year of training and must pass a national certification exam to survey independently. Thus, these new staff are still in training.

Table 1: Number of Licensees per Provider Type as of July 1, 2019, 2020, and 2021

Provider Type	Number of Licensees		
	July 1, 2019	July 1, 2020	July 1, 2021
Adult Medical Day Care Centers	115	121	122
Assisted Living Programs	1,563	1,650	1,672
Assisted Living Referrers	N/A	N/A	41
Birthing Centers	3	2	2
Cholesterol Testing Sites	0	0	0
Community Mental Health Centers	4	4	3
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Correctional Health Facilities	10	10	10
Cosmetic Surgery Facilities	5	5	5
Developmental Disabilities Sites (304 providers)	3,079	3,050	3,008
Employer Drug Testing Facilities	262	248	250
Federally Qualified Health Centers	78	78	77
Federally Waived Laboratories	3,264	3,434	3,894
Forensic Laboratories	46	45	45
Forensic Residential Centers	1	1	1
Freestanding Ambulatory Surgical Centers	343	337	340
Freestanding Medical Facilities	4	5	5
Freestanding Renal Dialysis Centers	174	175	175
Health Awareness Testing Sites	51	54	60
Health Care Staff Agencies	443	505	593
Health Maintenance Organizations	7	7	7
Home Health Agencies	54	54	56
Hospice Houses	16	16	16
Hospices	27	26	26
Hospital Laboratories	98	99	91
Hospitals	61	63	63
Independent Reference Laboratories	127	139	148
Intermediate Care Facilities Individuals with Intellectual Disabilities	2	2	2
Limited Private Inpatient Facilities	3	4	7
Long Term Care Facilities	227	227	226
Major Medical Equipment Providers	183	190	201
Nurse Referral Agencies	132	149	158
Outpatient Physical Therapy Providers	67	66	67
Patient Safety Programs (counted in hospitals)	0	0	0
Physician Office Laboratories	3,465	3,519	3,749
Point-of-Care Laboratories	1,447	1,477	1,804
Portable X-Ray Providers	10	10	10
Public Health Testing Sites	36	34	34
Residential Service Agencies	1,290	1,427	1,605
Residential Treatment Centers	7	7	6
Rural Health Clinics	0	1	1
Surgical Abortion Facilities	11	11	11
Tissue Banks	395	419	438
Transplant Centers	2	2	2
Total Number of Providers	17,113	17,674	19,032
Percentage of Growth from Prior Year	2.6%	3.3%	7.7%

New State Mandates

The passage of HB0674/SB0704 - Nursing Homes – Transfer of Ownership – Site Visits and Surveys requires OHCQ to conduct an on-site full survey within three months and an on-site follow-up survey within four months of the full survey of a nursing home after certain change of ownerships. While the administrative responsibilities will be absorbed by existing administrative officers and coordinators, the fiscal note included the need for five additional nurse surveyors to complete these mandates. No additional positions for this bill’s mandates were received.

HB0881/SB0815 - Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention created new mandates for OHCQ. This bill requires certain mental health facilities to report complaints of sexual abuse and sexual harassment. The fiscal note for this bill included the need for an additional nurse surveyor and triage staff to complete these activities. As no additional positions were received, OHCQ reallocated two new FY 22 positions from the long term care unit to the federal unit to triage and investigate sexual abuse and harassment allegations in vulnerable adolescent and adult populations.

SB0187/HB0240 - Criminal Procedure – Forensic Genetic Genealogical DNA Analysis, Searching, Regulation, and Oversight created several new mandates for OHCQ. This bill relates to the use of forensic genetic genealogical DNA analysis in criminal cases. OHCQ is required to develop a licensing program for labs that perform single-nucleotide polymorphisms or other sequencing based testing on evidence by October 1, 2022; develop a licensing program for individuals performing genetic genealogy by October 1, 2024; develop a training program on obtaining informed consent; and identify and approve one or more bioethicist genetic counselors to administer the training. These laboratories are primarily located outside of Maryland and some in other countries, necessitating out-of-state and out-of-county travel for OHCQ staff. The fiscal note for this bill included the need for two forensic scientists to develop, implement, and operate these activities. As no additional positions were received, OHCQ will need to reallocate two positions internally from other units to fulfill these mandates.

Surveyor Staffing Analysis

The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 22 to complete the projected number of mandated survey, certification, and licensure activities. These projections consider historical information as well as anticipated upcoming changes in federal or State oversight of an industry. 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 number of hours required for each activity is multiplied by the projected number of required activities in FY 22. The total is divided by 1,500, which is the accepted standard 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 equivalents of surveyors required for each activity is calculated and then totaled by unit based on its specific mandates. The surveyor staffing deficit (number needed – current

positions) for each unit is calculated. The sum of all units' surveyor staffing deficit is OHCQ's surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 38.74 surveyor positions. The new COVID-related federal and State mandates as well as the new legislative mandates contributed to OHCQ's staffing deficit being higher than last year despite receiving 10 new positions. Appendix A details this analysis by unit, provider type, and activity.

The current number of surveyors remains unchanged for FY 22 due to 8 new survey staff pins, a return of a pin transfer, and the reduction of 9 Montgomery County positions at the beginning of FY 22. One of OHCQ's ten new positions will be an administrative position to triage sexual abuse and harassment allegations in vulnerable adolescent and adult populations that are submitted to OHCQ as mandated by HB0881/SB0815.

Table 2: Surveyor Staffing Deficit Projected for FY 22

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	54.5	79.55	25.05
Federal	22	22.99	0.99
Assisted Living	33	36.99	3.99
Developmental Disabilities	46	52.75	6.75
Laboratories	6	7.97	1.97
Totals	161.5	200.24	38.74

OHCQ Staffing Plan for FY 18 through FY 24

Through the seven-year staffing plan, the Department continues to make significant progress towards meeting OHCQ's overall staffing needs. The plan includes the need for surveyors, managers, and other positions. The plan considers historical data as well as anticipated changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated. As predicted, compliance with federal and State mandates is progressively improving. The FY 18, FY 19, FY 20, and FY 21 plans were fully implemented. Once freeze exemptions are given for the ten new positions received in FY 22, it is anticipated that the FY 22 plan will be fully implemented.

OHCQ continually works to decrease unnecessary administrative burden for the agency and providers. Whenever possible, vacant administrative positions are reclassified to conduct survey, certification, and licensure activities. Note that OHCQ's work force of 244 employees includes only 4 secretarial staff. OHCQ continues to enhance recruitment and retention processes while working with MDH Office of Human Resources to implement best practices.

OHCQ’s mandated activities include licensure, certification, and survey activities, including the investigation of complaints and facility-reported incidents. Currently 38.74 new positions are needed to complete the mandated activities. Some of the COVID-related activities may decrease or be discontinued, resulting in a lower surveyor deficit in future years. Another consideration is that a 9 percent turnover rate increases the projected number of surveyors needed to fulfill mandates from 200 to 218. Table 3 provides additional details about the staffing requirements implemented and planned for FY 18 through FY 24.

Table 3: OHCQ Staffing for FY 18 through FY 24

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	5
Long term care	Nurse surveyor	1	4	3	5	1	3	4	21
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
Long term care	Nurse trainer surveyor	1	0	0	0	0	0	0	1
Assisted living	Coordinator	1	0	0	1	0	0	0	2
Assisted living	Nurse surveyor	0	2	1	0	2	2	2	9
DD	Coordinator	1	1	1	0	1	0	1	5
DD	Nurse surveyor	1	2	2	2	0	1	2	10
DD	Coordinator special program surveyor	0	1	1	1	0	0	0	3
DD	Administrative officer III	0	0	0	0	4	2	1	7
DD	Office secretary II	1	0	0	0	0	0	0	1
Federal	Coordinator	1	0	1	0	0	0	0	2
Federal	Nurse surveyor	0	0	0	1	1	1	0	3
Federal	Triage specialist	0	0	0	0	1	0	0	1
Federal	Assistant deputy director	1	0	0	0	0	0	0	1
Federal	Health policy analyst	1	0	0	0	0	0	0	1
State	Health policy analyst	1	0	0	0	0	0	0	1
Positions per fiscal year		12	12	10	10	10	10	10	74

Long Term Care Unit

The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations, as well as administrative reviews.

As described earlier in this report, there were new federal and State mandates related to the COVID-19 pandemic, including Focused Infection Control surveys and surveys related to COVID-19 testing, COVID-19 CRISP reporting, and review of emergency plans. It is anticipated that these activities will continue through FY 22, but will eventually be discontinued.

Table 4: Nursing Homes

Units of Measurement	FY19	FY20	FY21
Number of licensed nursing homes	227	227	226
Initial surveys of new providers	1	0	0
Annual full surveys	172	84	27
Focused infection control surveys	N/A	38	434
Follow-up surveys (onsite)	22	35	33
Complaints and facility self-reported incidents	3,902	4,182	4,067
Complaints and self-reported incidents, investigated	2,417	1,350	2,281
Life safety code surveys	*	*	79
Resident fund surveys	*	*	31
Compliance with COVID-19 testing	N/A	N/A	47
Compliance with COVID-19 CRISP reporting	N/A	N/A	99
Emergency plan reviews	N/A	N/A	78
Follow-up surveys (offsite)	N/A	N/A	277

* Not counted

Civil money penalties may be imposed by CMS for serious non-compliance with federal regulations and by OHCQ for serious non-compliance with State regulations. Table 5 lists the number of federal and State nursing homes civil money penalties imposed from FY 18 to FY 21, showing a 464% increase in nursing home civil money penalties from FY 18 – FY 19 to FY 20 – FY 21. As anticipated, this resulted in an increase in both informal and formal appeals. The monies collected from civil money penalties are deposited in the Health Care Quality Account special fund accounts and are used to fund grants that directly benefit the residents of Maryland’s nursing homes. More information about the Health Care Quality Account Grants Program is available at <https://health.maryland.gov/ohcq/Pages/GrantsProgram.aspx>.

Table 5: Number of Federal and State Nursing Home Civil Money Penalties Imposed from FY 18 to FY 21

Type of Sanction	FY18	FY19	FY20	FY21
Civil money penalties levied, State	0	0	49	86
Civil money penalties levied, federal	36	23	76	70
Denial of payment for new admissions	1	4	2	14
Total Number of State and Federal Sanctions	37	27	127	170

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 656 is a federal tag about the requirement to develop comprehensive care plans for nursing home residents. Table 6 includes the top twenty most frequently cited deficiencies by the number of citations under each F tag, including all scopes and severities.

**Table 6: Most Frequently Cited Federal Deficiencies
in Nursing Homes in FY 21**

Federal Tag	Description of Tag	Total Citations
F 656	Comprehensive Care Plan	124
F 842	Resident Records - Identifiable Information	121
F 684	Quality of Care	110
F 657	Care Plan Timing and Revision	101
F 623	Notice Requirements Before Transfer or Discharge	101
F 880	Infection Prevention and Control	97
F 584	Safe, Clean, and Comfortable Homelike Environment	81
F 812	Food Procurement, Store, Prepare, Serve Sanitary	81
F 641	Accuracy of Assessments	78
F 689	Free of Accident Hazards, Supervision, Devices	75
F 550	Resident Rights and Exercise of Rights	73
F 761	Label and Store Drugs and Biologicals	71
F 757	Drug Regimen is Free from Unnecessary Drugs	58
F 758	Free from Unnecessary Psychotropic Meds	57
F 756	Drug Regimen Review	56
F 625	Notice of Bed Hold Policy Before and Upon Transfer	54
F 580	Notify of Changes	48
F 655	Baseline Care Plan	47
F 692	Nutrition and Hydration Status Maintenance	44
F 697	Pain Management	37

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 7 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 21.

**Table 7: Number of Actual Harm and Immediate Jeopardy Deficiencies
by Federal Tag in Nursing Homes in FY 21**

Federal Tag	Description of Tag	G	H	I	J	K	L
F 550	Resident Rights, Exercise of Rights	1					
F 563	Right to Receive or Deny Visitors		1				
F 578	Right to Refuse, Formulate Advance Directives	1			2		
F 600	Free from Abuse and Neglect	5					
F 603	Free from Involuntary Seclusion	1					
F 678	Cardiopulmonary Resuscitation (CPR)				2		
F 684	Quality of Care	2					
F 686	Treatment to Prevent or Heal Pressure Ulcers	2					
F 689	Free of Accident Hazards, Supervision, Devices	10			7		
F 692	Nutrition and Hydration Status	1					
F 698	Dialysis				1		
F 773	Laboratory Services – Physician Order	1					
F 880	Infection Prevention Control				2	5	3
F 812	Food Procurement, Store, Prepare, Serve Sanitary						1
F 835	Administration						1
F 908	Essential Equipment - Safe Operating Condition						1
	Tags at G or above – 50	24	1	0	14	5	6

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 prelicensure, licensure, inspection of care, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living programs are investigated by this unit.

The passage of Senate Bill 966 in 2021 required all referrers to assisted living programs to register with OHCQ by October 1, 2020. A referrer is an individual or agency that (1) makes referrals to assisted living programs without cost to the person receiving the referral and (2) is compensated by an assisted living program or other third party for referring individuals to a licensed assisted living program. Currently there are 41 assisted living referrers registered with OHCQ.

Table 8: Assisted Living Programs

Units of Measurement	FY19	FY20	FY21
Number of licensed assisted living programs	1,563	1,650	1,672
Initial surveys	114	153	164
Renewal surveys	994	626	817
Other surveys	71	85	100
Complaints and facility self-reported incidents	1,152	1,120	1,079
Complaints investigated	1,092	1,194	1,192

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 9 includes the most frequently cited assisted living deficiencies by State tag and the number of citations under each tag in FY 21.

**Table 9: Most Frequently Cited Assisted Living Deficiencies
in Assisted Living Programs in FY 21**

State Tag	Description of Tag	Number of Citations
2600	Other Staff Qualifications	170
2550	Other Staff Qualifications	147
2780	Delegating Nurse	146
4910	Emergency Preparedness	145
4900	Emergency Preparedness	142
3330	Service Plan	141
4630	General Physical Plant Requirements	138
3680	Medication Management and Administration	135
2000	Administration	102
2220	Assisted Living Manager	99
1440	Licensing Procedure	97
3960	Resident's Rights	96
3380	Service Plan	89
3420	Resident Record or Log	85
2560	Other Staff Qualifications	79
2730	Other Staff Qualifications	76
2530	Alternate Assisted Living Manager	75
2280	Assisted Living Manager	74
3790	Incident Reports	74
4750	Emergency Preparedness	73

Table 10: Assisted Living Referrers

Units of Measurement	FY19	FY20	FY21
Number of referrers	N/A	N/A	41
Complaints investigated	N/A	N/A	0

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, biannual, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

In response to the COVID-19 pandemic and catastrophic health emergency, adult medical day care centers were closed on March 17, 2020. On March 9, 2021, the centers were permitted to begin reopening. Therefore, the number of full surveys done in FY 20 and FY 21 is lower than other years.

Table 11: Adult Medical Day Care Centers

Units of Measurement	FY19	FY20	FY21
Number of licensed adult medical day care centers	115	121	122
Initial surveys of new providers	12	7	7
Full surveys	61	19	3
Follow-up surveys	0	2	0
Complaints investigated	35	27	10

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. 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 12: Developmental Disabilities Unit

Units of Measurement	FY19	FY20	FY21
Licensed developmental disability agencies	253	276	304
Number of sites	3,079	3,050	3,008
New agencies	11	18	31
Initial site surveys	149	124	164
Agencies surveyed	88	90	90
Complaints and self-reported incidents	4,651	4,450	4,253
Complaints and self-reported incidents, administrative reviews	2,228	2,391	2,363
Complaints and self-reported incidents, on-site investigations	1,353	1,133	1,434

Table 13: Developmental Disabilities Mortality Unit

Units of Measurement	FY19	FY20	FY21
Developmental disabilities deaths	268	294	313
Deaths investigated on-site	37	25	102
Deaths investigated, administrative reviews	191	260	133

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. 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, developmental disabilities professionals, and life safety code inspectors. 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 14: Forensic Residential Centers

Units of Measurement	FY19	FY20	FY21
Number of licensed forensic residential centers	1	1	1
Renewal surveys	2	0	1
Complaints investigated	14	10	11

Table 15: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY19	FY20	FY21
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	1	2
Follow-up surveys	2	2	0
Complaints and self-reported incidents, investigated	72	25	21

Deficiencies in programs serving individuals with developmental disabilities are cited under State tags that categorize the types of deficient practices. For example, State tag 0715 is related to the administration of medications. Table 16 includes the most frequently cited deficiencies by State tag and the number of citations under each tag in FY 21.

Table 16: Most Frequently Cited Deficiencies in Programs Serving Individuals with Developmental Disabilities in FY 21

State Tag	Description of Tag	Number of Citations
1140	Individual Rights – Free from Neglect	298
715	Medication Administration	233
530	Staff Training	154
375	Policies and Procedures – Compliance with 10.27.11	131
171	OHCQ Investigation – PORII	82
505	Policies and Procedures - Implementation	65
169	Records and Reports	61
1435	Staff Ratios	60
645	Site in Good Repair	48
640	Site Free from Safety Hazards	47
1105	Values in IP – Wellbeing, Health	44
430	Emergency Procedures – 72-Hour Plan	32
1530	Implement Service Plan	30
735	Records at Site	27
705	Water Temperature Less than 110 Degrees	25
650	Free of Fire Hazards	23
855	Quality Assurance – Safety	22
1355	Components of IP	21
374	Policies and Procedures – Medication Admin	20
412	Policies and Procedures – Evacuation Plan and Drills	19

The developmental disabilities unit also licenses health care staff agencies and nurse referral agencies and investigates complaints in these industries under State authority.

Table 17: Health Care Staff Agencies

Units of Measurement	FY19	FY20	FY21
Health care staff agencies	443	505	593
Initial surveys of new providers	70	79	94
Complaint investigations	0	2	2

Table 18: Nurse Referral Agencies

Units of Measurement	FY19	FY20	FY21
Nurse referral agencies	132	149	158
Initial surveys of new providers	29	20	12
Complaint investigations	1	0	0

Federal Unit

In the federal unit, the types and scope of oversight is dictated by the provider type and certification by Medicare or Medicaid. As applicable to the provider type, under State and/or federal authority the unit conducts various types of surveys, conducts complaint investigations, reviews self-reported incidents, and reviews reports from accreditation organizations. It is responsible for the State licensure and/or federal certification of all non-long term care facilities as well as certain providers under State oversight only.

The unit oversees birthing centers, community mental health centers, comprehensive outpatient rehabilitation facilities, correctional health care facilities, cosmetic surgical facilities, federally qualified health centers, freestanding ambulatory surgery centers, freestanding medical facilities, freestanding renal dialysis centers, health maintenance organizations, home health agencies, hospices, hospice houses, hospitals, limited private inpatient facilities, major medical equipment providers, outpatient physical therapy providers, portable x-ray providers, residential service agencies, residential treatment centers, rural health clinics, surgical abortion facilities, and transplant centers.

Table 19: Birthing Centers

Units of Measurement	FY19	FY20	FY21
Licensed birthing centers	3	2	2
Initial surveys of new providers	0	0	0
Full surveys	3	1	2
Follow-up surveys	0	0	0
Complaint investigations	0	1	0

Table 20: Community Mental Health Centers

Units of Measurement	FY19	FY20	FY21
Community mental health centers	4	4	3
Complaint investigations	0	0	0

Table 21: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY19	FY20	FY21
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 22: Correctional Health Care Facilities

Units of Measurement	FY19	FY20	FY21
Correctional health care facilities	10	10	10
Initial surveys	0	0	0
Full surveys	2	0	0
Complaint investigations	0	0	0

Table 23: Cosmetic Surgical Facilities

Units of Measurement	FY19	FY20	FY21
Licensed cosmetic survey facilities	5	5	5
Initial surveys of new providers	1	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 24: Federally Qualified Health Centers

Units of Measurement	FY19	FY20	FY21
Federally qualified health centers	78	78	77
Complaint investigations	0	0	0

Table 25: Freestanding Ambulatory Surgery Centers

Units of Measurement	FY19	FY20	FY21
Licensed freestanding ambulatory surgical centers	343	337	340
Initial surveys	14	13	10
Full surveys	101	73	90
Follow-up surveys	15	9	9
Complaint investigations	10	11	9

Table 26: Freestanding Medical Facilities

Units of Measurement	FY19	FY20	FY21
Licensed freestanding medical facilities	4	5	5
Initial, full and follow-up surveys	0	0	0
Complaints investigated	0	1	0

Table 27: Freestanding Renal Dialysis Centers

Units of Measurement	FY19	FY20	FY21
Licensed freestanding renal dialysis centers	174	175	175
Initial surveys of new providers	8	8	1
Full surveys	63	47	45
Follow-up surveys	6	6	3
Complaint investigations	17	28	32

Table 28: Health Maintenance Organizations

Units of Measurement	FY19	FY20	FY21
Health maintenance organizations	7	7*	7
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	8	1	1

* Corrected last year's count from 9 to 7

Table 29: Home Health Agencies

Units of Measurement	FY19	FY20	FY21
Licensed home health agencies	54	54	56
Initial surveys of new providers	0	0	0
Full surveys	9	11	14
Follow-up surveys	1	2	0
Complaint investigations	13	6	6

Table 30: Hospices and Hospice Houses

Units of Measurement	FY19	FY20	FY21
Licensed hospices	27	26	26
Initial surveys of new providers	0	2	0
Full surveys	7	7	2
Follow-up surveys	3	0	1
Complaint investigations	15	3	11
Licensed hospice houses	16	16	16
Initial surveys of new providers	2	0	0
Complaint investigations in hospice houses	0	0	0

Table 31: Hospitals

Units of Measurement	FY19	FY20	FY21
Licensed or certified hospitals	61	63	63
Validation surveys of accredited hospitals	2	0	0
Complaints investigated on-site	93	40	44
Administrative reviews	210	177	207
Follow-up surveys	20	5	9
Enforcement remedies imposed	13	4	2

Table 32: Limited Private Inpatient Facilities

Units of Measurement	FY19	FY20	FY21
Licensed limited private inpatient facilities	3	4	7
Initial, full and follow up surveys	0	2	7
Complaint investigations	0	0	2

Table 33: Major Medical Equipment Providers

Units of Measurement	FY19	FY20	FY21
Licensed major medical equipment providers	183	190	201
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	1	0	3

Table 34: Outpatient Physical Therapy Providers

Units of Measurement	FY19	FY20	FY21
Licensed outpatient physical therapy providers	67	66	67
Initial surveys of new providers	3	1	2
Full surveys	19	8	9
Follow-up surveys	3	2	1
Complaint investigations	0	0	0

Table 35: Portable X-ray Providers

Units of Measurement	FY19	FY20	FY21
Licensed portable x-ray providers	10	10	10
Initial surveys of new providers	2	0	0
Full surveys	2	0	1
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 36: Residential Service Agencies

Units of Measurement	FY19	FY20	FY21
Licensed residential service agencies	1,290	1,402	1,605
Initial surveys of new providers	131	186	155
Full surveys	29	0	14
Follow-up surveys	9	12	18
Complaint investigations	98	62	99

Table 37: Residential Treatment Centers

Units of Measurement	FY19	FY20	FY21
Licensed residential treatment centers	7	7	6
Follow-up surveys	0	3	0
Validation surveys, seclusion or restraint investigation	1	0	0
Complaint investigations	20	10	7

Table 38: Rural Health Clinics

Units of Measurement	FY19	FY20	FY21
Licensed rural health clinics	N/A	1	1
Follow-up surveys	N/A	0	0
Complaint investigations	N/A	0	0

Table 39: Surgical Abortion Facilities

Units of Measurement	FY19	FY20	FY21
Licensed surgical abortion facilities	11	11	11
Initial surveys	0	0	0
Renewal surveys	9	2	1
Complaints investigated	3	0	2

Table 40: Transplant Centers*

Units of Measurement	FY19	FY20	FY21
Licensed transplant centers	2	2	2
Follow-up surveys	N/A	0	0
Complaint investigations	N/A	0	0

* In FY 18 and FY 19, CMS surveyed transplant centers. On October 1, 2019, CMS delegated the inspection of transplant programs to the states.

Maryland Hospital Patient Safety Program

The Maryland Hospital Patient Safety Program is independent of other OHCQ units. 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.

More information about the Maryland Hospital Patient Safety Program and patient safety resources is available at <https://health.maryland.gov/ohcq/Pages/Patient-Safety.aspx>

Table 41: Hospital Patient Safety Program

Units of Measurement	FY19	FY20	FY21
Adverse event reports	232	269	559
Review root cause analysis reports (patient safety)	154	272	488
Follow-up investigations and hospital patient safety surveys	0	0	0

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 Marylanders 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 surveys laboratories performing cytology testing biennially and investigates complaints. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency through the College of American Pathologists (CAP) or the American Society for Clinical Pathology program (ASCP).

This unit provides oversight for accredited and non-accredited laboratories that perform forensic analyses. Responsibilities include licensure, annual surveys, revisits of non-accredited laboratories, review of documents from laboratories and accreditation organizations, complaint investigations, and review of self-reported incidents from all forensic laboratories.

Table 42: Cholesterol Testing Sites

Units of Measurement	FY19	FY20	FY21
Cholesterol testing sites	0	0	0
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Complaint surveys	0	0	0

Table 43: Employer Drug Testing Facilities

Units of Measurement	FY19	FY20	FY21
Employer drug testing facilities	262	248	250
Initial surveys of new providers	8	1	2
Full surveys	67	41	27
Follow-up surveys	0	0	0
Complaint surveys	2	0	0

Table 44: Forensic Laboratories

Units of Measurement	FY19	FY20	FY21
Forensic laboratories	46	45	45
Full surveys	28	21	15
Follow-up surveys	1	0	0
Surveillance surveys	0	0	0
Complaint investigations	1	0	0

Table 45: Health Awareness Testing Sites

Units of Measurement	FY19	FY20	FY21
Health awareness test sites	51	54	60
Initial surveys	2	3	6
Full surveys	62	54	11
Follow-up surveys	3	0	0
Site approvals	1,639	1,393	403
Complaints surveys	0	0	0

Table 46: Hospital Laboratories

Units of Measurement	FY19	FY20	FY21
Hospital laboratories	98	99	91
Initial surveys of new providers	0	0	0
Full surveys	4	4	0
Follow-up surveys	0	0	0
Validation surveys	4	4	0
Complaint surveys	0	0	1

Table 47: Independent Reference Laboratories

Units of Measurement	FY19	FY20	FY21
Independent reference laboratories	127	139	148
Initial surveys of new providers	6	6	2
Full surveys	32	16	12
Follow-up surveys	0	22	0
Validation surveys	2	1	0
Complaint surveys	0	0	4

Table 48: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY19	FY20	FY21
Physician office and point of care labs, State only	351	378	475
Initial surveys of new providers	17	12	12
Full surveys	175	87	87
Follow-up surveys	78	104	0
Complaint surveys	0	0	8

Table 49: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY19	FY20	FY21
Physician office, point of care labs, CLIA surveys	351	378	475
Initial surveys of new providers	17	12	12
Renewal surveys	158	75	72

Table 50: Public Health Testing Sites

Units of Measurement	FY19	FY20	FY21
Public health testing	36	34	34
Initial surveys of new providers	0	0	0
Full surveys	60	17	0
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 51: Tissue Banks

Units of Measurement	FY19	FY20	FY21
Tissue banks	395	419	438
Initial surveys of new providers	9	1	2
Full surveys	28	12	0
Follow-up surveys	0	2	0
Validation surveys	0	0	0
Complaint surveys	3	0	0

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Long Term Care Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Nursing Homes						
Initial surveys	0	240	0	0.00		
Annual surveys	197	236	46,492	30.99		
CHOW initial surveys	9	240	2,160	1.44		
CHOW follow-up surveys	9	45	405	0.27		
Focused infection control surveys	360	16	5,760	3.84		
Complaint investigations	3,000	13	39,000	26.00		
Follow-up surveys onsite	35	16	560	0.37		
Follow-up surveys offsite	277	16	4,432	2.95		
State resident funds surveys	226	8	1,808	1.21		
Resident fund complaints	12	16	192	0.13		
Life safety code surveys onsite	80	16	1,280	0.85		
Life safety code annual surveys	197	16	3,152	2.10		
Life safety code follow-up surveys	32	8	256	0.17		
Life safety code complaint surveys	20	12	240	0.16		
COVID-19 testing surveys	108	8	864	0.58		
COVID-19 CRISP reporting surveys	1,170	4	4,680	3.12		
Emergency plan reviews	135	24	3,240	2.16		
Informal dispute resolutions	120	16	1,920	1.28		
Testifying in hearings	24	120	2,880	1.92		
Long Term Care Unit				79.55	54.50	25.05

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Assisted Living Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Adult Medical Day Care Centers						
Initial surveys	8	24	192	0.13		
Renewal surveys	110	16	1,760	1.17		
Complaints and self-reports	40	8	320	0.21		
Follow-up surveys	2	16	32	0.02		
Assisted Living Programs						
Initial surveys	144	40	5,760	3.84		
Annual surveys	1,520	16	24,320	16.21		
Complaints and self-reports	1,210	16	19,360	12.91		
Follow-up surveys	92	16	1,472	0.98		
Informal dispute resolutions for unit	16	16	256	0.17		
Testifying in hearings for unit	9	80	720	0.48		
Investigations of alleged unlicensed programs	16	80	1,280	0.85		
Assisted Living Referrers						
Complaints	1	8	8	0.01		
Assisted Living Unit				36.99	33.00	3.99

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Developmental Disabilities Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Developmental Disabilities Programs						
Initial site openings	180	6	1,080	0.72		
Annual surveys of providers	304	120	36,480	24.32		
Complaint and self-reports, on-site	1,450	16	23,200	15.47		
Complaint and self-reports, admin.	2,460	4	9,840	6.56		
Death investigations, on-site	50	40	2,000	1.33		
Death investigations, administrative	260	6	1,560	1.04		
Children’s providers, all activities	0	0	0	2.00		
Informal dispute resolutions	20	12	240	0.16		
Settlements and hearings	6	80	480	0.32		
Forensic Residential Centers						
Initial surveys	0	0	0	0.00		
Annual surveys	1	160	160	0.11		
Complaints and self-reports	12	8	96	0.06		
Follow-up surveys	0	8	0	0.00		
Informal dispute resolutions	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities						
Initial surveys	0	0	0	0.00		
Annual surveys	2	160	320	0.21		
Complaints and self-reports	25	8	200	0.13		
Follow-up surveys	1	16	16	0.01		
Informal dispute resolutions	1	8	8	0.01		
Health Care Staff Agencies						
Initial surveys	84	4	336	0.22		
Complaint investigations	2	8	16	0.01		
Nurse Referral Agencies						
Initial surveys	20	4	80	0.05		
Complaint investigations	2	8	16	0.01		
Developmental Disabilities Unit				52.75	46.00	6.75

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Federal Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Birthing Centers						
Initial surveys	1	40	40	0.03		
Renewal surveys	1	32	32	0.02		
Complaint investigations	2	16	32	0.02		
Community Mental Health Centers						
Initial surveys	1	32	32	0.02		
Complaints	1	24	24	0.02		
Comprehensive Outpatient Rehabilitation Facilities						
Initial surveys	1	32	32	0.02		
Renewal surveys	1	16	16	0.01		
Complaint investigations	1	8	8	0.01		
Correctional Health Care Facilities						
Initial surveys	0	24	0	0.00		
Full surveys	10	32	320	0.21		
Complaint investigations	1	8	8	0.01		
Cosmetic Surgery Facilities						
Initial surveys	1	48	48	0.03		
Renewal surveys	0	0	0	0.00		
Complaint investigations	2	16	32	0.02		
Federally Qualified Health Centers						
Complaints	1	24	24	0.02		
Freestanding Ambulatory Surgical Centers						
Initial surveys	16	48	768	0.51		
Renewal surveys	57	48	2,736	1.82		
Follow-up surveys	12	16	192	0.13		
Complaint investigations	14	16	224	0.15		
Freestanding Medical Facilities						
Initial surveys	2	64	128	0.09		
Full surveys	5	24	120	0.08		
Complaints	2	10	20	0.01		

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Federal Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Freestanding Renal Dialysis Centers						
Initial surveys	12	48	576	0.38		
Renewal surveys	60	48	2,880	1.92		
Follow-up surveys	8	16	128	0.09		
Complaint investigations	36	16	576	0.38		
Health Maintenance Organizations						
Initial surveys	1	160	160	0.11		
Full survey of non-accredited HMOs	0	120	0	0.00		
Follow-up surveys	0	16	0	0.00		
Complaints	5	8	40	0.03		
Home Health Agencies						
Initial surveys	1	40	40	0.03		
Renewal surveys	16	40	640	0.43		
Complaint investigations	12	24	288	0.19		
Hospice Care Programs						
Initial surveys	1	40	40	0.03		
Renewal surveys	9	40	360	0.24		
Complaint investigations, hospice	16	16	256	0.17		
Complaints, hospice houses	1	16	16	0.01		
Hospitals						
Initial surveys	1	210	210	0.14		
Validation surveys	3	210	630	0.42		
Complaint investigations, on-site	140	36	5,040	3.36		
Complaint investigations, administrative	300	8	2,400	1.60		
Follow-up surveys	19	16	304	0.20		
Transplant surveys	2	80	160	0.11		
Mortality review, psychiatric hospitals	30	24	720	0.48		
Limited Private Inpatient Facilities						
Initial surveys	2	40	80	0.05		
Complaints	3	24	72	0.05		
Major Medical Equipment Providers						
Initial surveys	12	16	192	0.13		
Complaint investigations	2	4	8	0.01		

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Federal Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Outpatient Physical Therapy Providers						
Initial surveys	4	16	64	0.04		
Renewal surveys	10	16	160	0.11		
Follow-up surveys	2	16	32	0.02		
Complaint investigations	2	4	8	0.01		
Patient Safety Program						
Review hospital root cause analysis	560	3	1,680	1.12		
Patient safety program surveys	6	24	144	0.10		
Portable X-ray Providers						
Initial surveys	1	16	16	0.01		
Renewal surveys	2	16	32	0.02		
Complaint investigations	2	4	8	0.01		
Residential Service Agencies						
Initial surveys	154	32	4,928	3.29		
Follow-up surveys	24	16	384	0.26		
Complaint investigations	145	16	2,320	1.55		
Residential Treatment Centers						
Initial surveys	0	80	0	0.00		
Complaints	48	32	1,536	1.02		
Validation surveys	2	16	32	0.02		
Follow-up surveys	4	16	64	0.04		
Surgical Abortion Facilities						
Initial surveys	0	40	0	0.00		
Renewal surveys	9	40	360	0.24		
Complaint investigations	4	40	160	0.11		
All provider types in the unit						
Life safety code activities	0	0	0	0.80		
Informal dispute resolutions	14	16	224	0.15		
State and federal hearings	6	80	480	0.32		
Federal Unit				22.99	22.00	0.99

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Clinical and Forensic Laboratories Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Cholesterol Testing Sites						
Cholesterol testing	0	4	0	0.00		
Employer Drug Testing Facilities						
Initial surveys	8	8	64	0.04		
Full surveys	125	8	1,000	0.67		
Complaint surveys	4	8	32	0.02		
Forensic Laboratories						
Initial surveys	1	40	40	0.03		
Renewal surveys	23	40	920	0.61		
Surveillance surveys	1	24	24	0.02		
Complaints and self-reports	2	24	48	0.03		
Follow-up surveys	1	16	16	0.01		
Health Awareness Testing Sites						
Health awareness testing surveys	54	8	432	0.29		
Health awareness site approval	1,768	1	1,768	1.18		
Full surveys	54	8	432	0.29		
Follow-up surveys	2	4	8	0.01		
Complaints surveys	0	4	0	0.00		
Hospital Laboratories						
Initial surveys	1	40	40	0.03		
Full surveys	5	8	40	0.03		
Follow-up surveys	0	4	0	0.00		
Validation surveys	5	8	40	0.03		
Complaint surveys	3	4	12	0.01		
Independent Reference Laboratories						
Initial surveys of new providers	6	8	48	0.03		
Full surveys	34	8	272	0.18		
Follow-up surveys	11	4	44	0.03		
Validation surveys	2	8	16	0.01		
Complaint surveys	4	8	32	0.02		

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Clinical and Forensic Laboratories Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Physician Offices and Point-of-Care Laboratories						
Initial surveys	20	6	120	0.08		
Full surveys	135	6	810	0.54		
Follow-up surveys	160	4	640	0.43		
Complaint surveys	10	6	60	0.04		
Validation surveys	6	16	96	0.06		
Public Health Testing Sites						
Initial surveys	1	6	6	0.00		
Full surveys	64	6	384	0.26		
Follow-up surveys	1	4	4	0.00		
Complaint surveys	1	4	4	0.00		
Tissue Banks						
Initial surveys	6	8	48	0.03		
Full surveys	178	8	1,424	0.95		
Follow-up surveys	2	4	8	0.01		
Complaint surveys	4	4	16	0.01		
Forensic Genetic Genealogical Laboratories						
All activities	N/A	N/A	N/A	2.00		
Clinical and Forensic Laboratories				7.97	6.00	1.97
OHCQ Surveyor Deficit				200.24	161.50	38.74