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SANDRA SHEWRY, MPH, MSW  
Acting Director

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

September 21, 2020

Yvonne Walker, President  
Service Employees International Union  
1808 14<sup>th</sup> Street  
Sacramento, CA 95811

Dear Ms. Walker:

This letter is to provide notice that the Center for Health Care Quality (CHCQ), within the California Department of Public Health (CDPH), is implementing a new electronic survey tool, the Risk and Safety Solutions (RSS) electronic survey application. RSS will be implemented in phases, beginning with COVID Mitigation surveys and later incorporating Complaint & Facility Reported Incident investigations, Infection Control Surveys, and eventually all state and federal survey work. Surveyors have two methods of using RSS while on site: (1) using the mobile app from their state issued iPhone or (2) using the desktop version of the program from their SurfaceBook. This program will allow CHCQ field staff and supervisors to work paperless, eliminating the need to transport and secure paper files. Facilities will receive their Statement of Deficiencies electronically and will be able to electronically submit their Plan(s) of Correction thus improving efficiency. RSS will enhance telework for field staff and facilitate recruitment of surveyors in all parts of the state.

The proposed implementation of the RSS is on or about September 23, 2020. A copy of the training and job aides along with the list of impacted employees are attached to this notice. If you have any questions or wish to meet, please contact Christina Montserrat at (916) 440-7348.

Sincerely,

Kristanna Rivera, Deputy Director  
Human Resources Division

cc: California Department of Human Resources  
1515 S Street, North Building, Suite 400  
Sacramento, CA 95811-1758

Attachments

CDPH Human Resources Division, MS 1700-1702 • P.O. Box 997378 • Sacramento,  
CA 91899-7378

(916) 445-0983 • (916) 552-8275 FAX

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)

SEIU Notice re Risk and Safety Solutions Electronic Survey Application



# Risk & Safety Solutions (RSS) COVID Mitigation Survey FAQ's

## Getting Started

**Q: Did we verify HIPPA compliance for resident records within the app?**

A: Yes this app is HIPPA compliant

**Q: Does the system automatically save your work?**

A: No, it's recommended to frequently save and to do so before exiting. You may lose work if the system times out without the surveyor saving.

**Q: Where can I write confidential, private observations including Surveyor Notes?**

A: The only way to write notes or any other information that is not visible to the facility is by writing a Note and choosing the Private setting. Surveyors should use this feature to replace the Form 807 for COVID Mitigation Surveys.

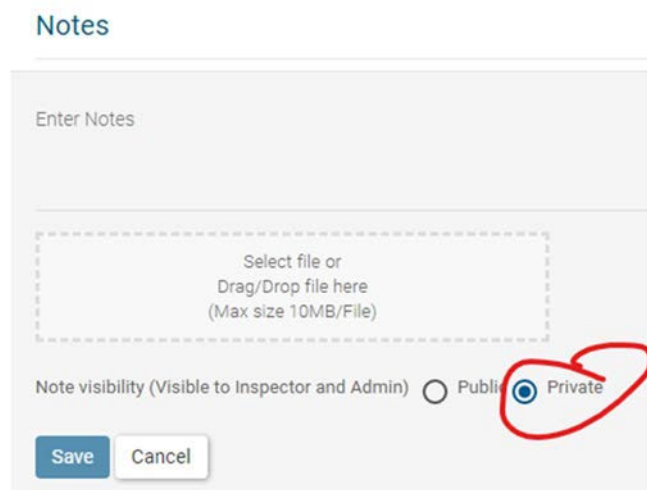
Notes

Enter Notes

Select file or  
Drag/Drop file here  
(Max size 10MB/File)

Note visibility (Visible to Inspector and Admin)  Public  Private

Save Cancel



Private notes are banded in yellow. Public notes are in white.

## Notes

Sample private note. This is visible to the surveyor(s) and supervisor.

– Michelle Bell

---

Sample public note. This is visible to the facility.

– Michelle Bell

**Q: What is the purpose of the Public Notes feature?**

A: This is where you can put information that is visible to the facility that will display at the top of their Statement of Deficiencies, such as the 000 tag and POC Cover Letter. Surveyors should use public notes to copy and paste the 000 tag and Plan of Correction Cover Letter before submitting the report to the facility.

All public notes need to be read during the supervisory review process, to ensure they do not include confidential information before they are sent to the facility.

**Q: Can you change public to private after notes are entered?**

A: Yes, you can go back and edit/change the notes before submitting the report. You can also create a new public note.

**Q: Is there a limit to number of characters we can enter into the comments or notes sections?**

A: No, there is no character limit in either section.

**Q: How do you get the Event ID and where do you record it?**

You can record the event ID in the Reference ID field located in the bottom right of the blue banner at the top of the main survey page. This can be done from either the mobile app or desktop version. Surveyors should follow the existing process to request an Event ID from Support Staff at the DO.



**Q: How do I do my off-site prep?**

A: You can record your offsite prep notes as a private note. It's a best practice to attach the facility's most recent COVID Mitigation Survey Plan in this private note so that you can easily access it while on site and compare to your observations.

## Entering Findings or "Incidents"

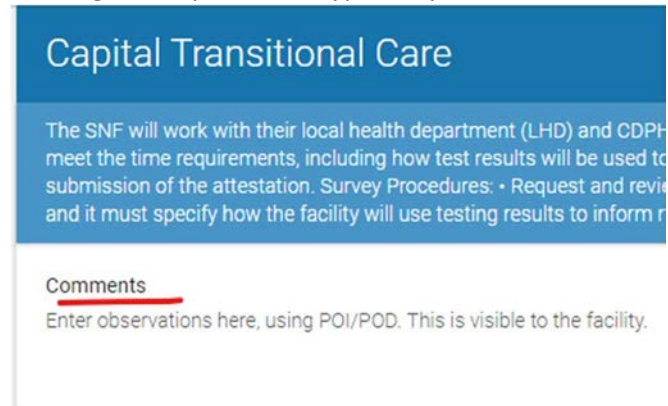
**Q: Are comments public?**

A: Yes, comments and all other information on the Incident or Findings page is visible to the facility once they receive the final report.

**Q: How do I use the Comments section?**

A: This is where you should write your deficiency statement, following POI & POD. While on site, you can start out by using talk to text from the mobile app on your iPhone. However, you always have the option

of using desktop mode to type out your observations and findings.



**Q: Are POI & POD still expected?**

A: Yes, you should still write your findings according to POI & POD.

**Q: Does the facility have access to your comments (statement of deficiency) as you edit it?**

A: No, the facility will not have access to any of your work until it has gone through supervisory review and the Statement of Deficiencies has been sent to the facility. The supervisor will ask for any needed changes and will submit to the facility when complete.

**Q: How do you document time/date of observations and interviews? Does the surveyor need to remember to date/time stamp each entry?**

A: Yes, the surveyor should still add the date and time of their observations. The system has limited date/time stamping capability, but it will not be sufficient for POD purposes.

**Q: How can you add scanned documents and pictures?**

A: From the app, you can take up to 10 pictures per finding and directly attaching to a finding. You can also scan short documents from the Office Lens scanning app on your phone and attached directly to the finding in the app. In both cases, you need to go back into your Camera or the Office Lens app to delete any pictures with confidential information.

It's best to ask the facility to email you scanned copies of larger documents that can't easily be scanned from a phone, such as Policies and Procedures. Within the desktop version, those can be attached in a note (public or private) or as part of a finding in a comment. There is no longer a need to collect paper

documents from the facility.

**Q: How do I switch from working on the app to desktop?**

A: If you “Submit as Draft” you can continue making edits on your desktop.

**Q: Why does the app include Scope & Severity tags, which aren’t used for the COVID Mitigation Survey?**

A: Those are there as a precaution, should you ever need them in the future. As we add federal processes like complaint and FRI investigations to RSS, Scope & Severity will be needed.

## The Writing and Review Processes

**Q: How do surveyors merge their findings with others on their team?**

A: By choosing “Submit as Completed”. At this point the report is viewable by the supervisor in “Ready for Review” status, but the supervisor should wait to start their review until the surveyor(s) lets them know they are done editing.

**Q: What is the supervisory review process? How can the supervisor request changes to the surveyor’s writing?**

Once the surveyor(s) have completed their write up, they should **NOT** submit the report, which will send it to the facility. While the report is still in “Ready for Review” status, the team coordinator should email, call, or text the supervisor to let them know the report is ready for their review.

The supervisor can use the Private Notes feature to request changes or can request changes over the phone, via email etc. *The supervisor should not request changes through the comments feature, which are visible to the facility.* The supervisor also has the ability to make any corrections directly in RSS. They should not erase other’s notes, but add their own until they have worked out the issue with the surveyor and the report is ready to submit.

**Q: How does the Supervisor submit a report to the facility?**

A: Once satisfied with the report, the supervisor will double check each checklist category header with a red asterisk (required section) is marked and “Set Responses to Compliant”. This will ensure accurate reporting. This should not be done for checklist categories without a red asterisk (i.e. Title 22).

The screenshot shows a list of checklist categories, each with a red asterisk and a right-pointing arrow. To the right of each category is a dropdown menu. The first dropdown menu is open, showing two options: "Set Responses to Compliant" (highlighted with a red underline) and "Set Responses to N/A". A red 'X' is drawn over the "Title 22-Article 2. License" category and its dropdown menu.

This will eliminate the following warning:

This is a yellow warning banner with the text "This report has unfinished categories. Would you like to send it to the responsible person anyway?" and a blue "Send" button on the right.

And show this:

This is a light grey confirmation banner with the text "Finished reviewing the report? Would you like to send this report to the responsible person?" and a blue "Send" button on the right.

If not already done by the surveyor, the supervisor should then copy the 000 tag and Plan of Correction Cover Letter language, paste them into separate public notes, and edit the required fields like date and the surveyor ID(s) of the surveyor(s).

*Before hitting send the supervisor must ensure that the public notes and comments do not contain confidential information that the facility should not see. Once complete, hitting “Send” will open up a customizable email template to the facility. You should never alter the link to the report.*

Send the survey to the responsible party (the facility) and move the survey into “Sent to Responsible Party” status.

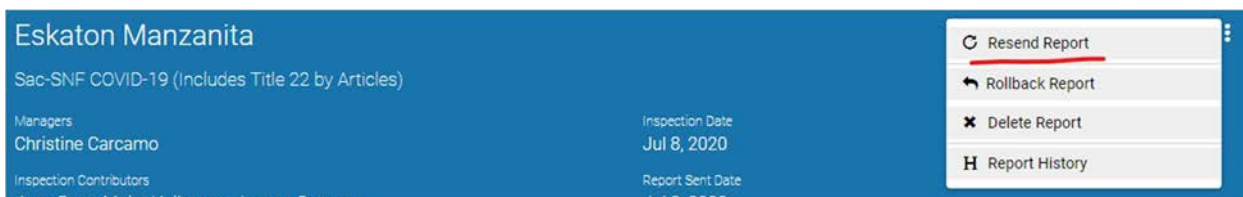
**Q: Can you recall a survey report once it’s sent to a facility?**

A: Yes, once a report has been sent to the responsible party, an Admin can do this by using the “Rollback Report” feature.



**Q: Where do we document why a finding was deleted and that it was discussed with the HFEN?**

A: A supervisor can rollback the survey (see above), set a finding to compliant, and explain why in the comments. It is not recommended to delete a finding since you will lose that context in the compliance history. Once complete, the survey can be resent to the facility.



## The Facility Side

**Q: Will we still mail a 2567 and Plan of Correction Cover Letter?**

A: No, the facility will receive an electronic Statement of Deficiencies and POC Cover Letter through RSS.

**Q: What information is visible to the facility?**

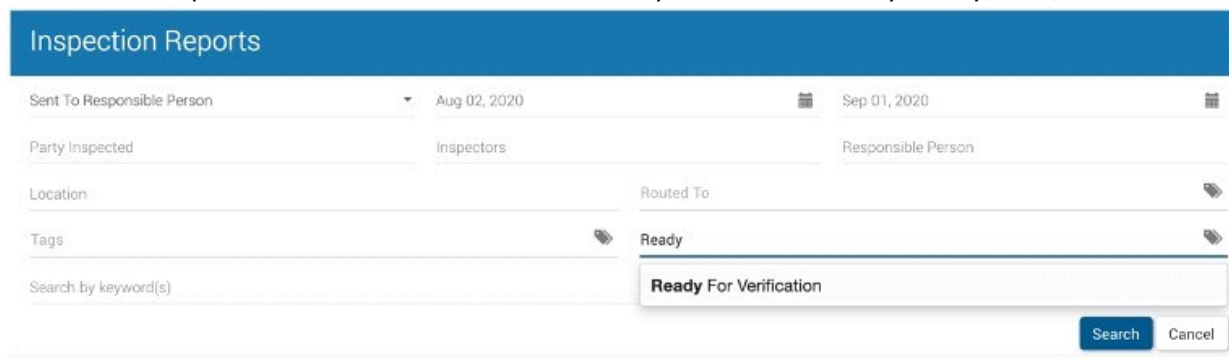
A: Once a report has been sent, *the facility will see everything except Private Notes.*

**Q: How does the facility submit their POC?**

Electronically, through the RSS system. POC's are then reviewed by a supervisor or the surveyor, depending on your office's process and can be sent back to the facility for further edits if needed.

**Q: How do I know when the facility has submitted their POC?**

A: Surveyors will receive a daily digest by facility showing which items have been marked as "Ready for Verification" by the facility. Supervisors can use the advanced search feature on the desktop version to search for all reports that contain items marked "Ready for Verification" by facility, date, etc.





**Q: Does the facility get past due POC reminders?**

A: Yes, they will receive a reminder, 5 days before the due date and daily once a POC is past due. The DO should check for newly past due POC's every business day and reach out to the facility for an update.

## Technical Questions

**Q: Can I conduct a survey without an internet connection?**

A: Yes, but only from the app on your mobile device. Any work on the desktop version on your Surface Book requires internet. You can use the MiFi or your phone's hot spot to connect.

*However, even when using the app, you need an internet connection or cell service in the beginning of the process, when choosing the checklist and facility and at the end of the process when submitting as complete. **To ensure you have an internet connection, you should start your survey from work or home before leaving for the facility.***

**Q: If the surveyor has any technical issues while conducting the survey, what should they do?**

A: RSS's help desk is open Monday - Friday 8-5.

Email: [service@RiskandSafetySolutions.com](mailto:service@RiskandSafetySolutions.com) Phone: 530-638-3375

**Q: Can I download the app to my Surface Book?**

A: Since the app is only supported by iOS and Android, it cannot be downloaded to a Microsoft Surface Book. You will need to use the web-based version from your tablet.

## Process Questions

**Q: When is it best to use the talk to text feature and when is it not recommended?**

A: You can use the talk to text feature any time you are using the mobile app. It's a good tool to use when onsite to capture your initial observations. You can then switch to the desktop version to expand on your writing. It is not recommended to record interviews using the app.

**Q: How do you process IJ's?**

A: Because the app can currently only be used for the COVID-19 Mitigation Survey, you should follow the current process for IJ's. They will need to be investigated outside of RSS.

**Q: Does this system link to ASPEN or ELMS?**

A: Not yet. This connection is not necessary to conduct a COVID-19 Mitigation survey, but CHCQ is working to set up an automatic data transfer between RSS, ASPEN, and ELMS to eliminate copying and pasting data into multiple systems. Initially the surveyor will need to copy the Statement of Deficiencies from RSS and paste it into ACO.

**Q: Will this system eliminate ACO?**

A: No, but it will eventually replace ACO as surveyors' primary work tool. In the future, we will automatically transfer required data from RSS into ACO to meet federal reporting requirements, but will not use it to conduct surveys.

**Q: Will the surveyor's name be made public?**

A: The surveyor's name is included in the report the facility sees, but will be replaced with their surveyor ID before it is posted to Cal Health Find.

**Q: Do admins have access to all facilities or only their own?**

A: All users only have access to the facilities of the DO(s) they are assigned to. If you need to do surveys for multiple DO's, you will need to be added as a user for each. If you need report access across multiple DO's you need to be an admin for each.

**Q: What happened to the process facilities have for hearings to dispute findings**

A: There is no change to this process.

**Q: How do you check compliance history?**

A: You can use completed inspection reports or the analytics sections of RSS to check compliance history for surveys and investigations done in RSS. However, older surveys done before RSS was switched on for that survey type, need to be checked in the existing system (ACO or ELMS). Eventually as more processes such as Complaints, FRI's, state surveys, and federal surveys are added to RSS, more of the compliance history will be found there.



# Inspect: Getting Started

## About Inspect

Inspect is a cloud-based inspection tool that provides streamlined inspections using a mobile device, as well as a desktop component for managing completed inspection reports. The flexible workflow allow for single inspector, multiple inspector (for cross-discipline involvement) and self-led inspections. Inspect also comes with a reporting dashboard that provides trend analysis to identify top concerns and improve results.

## Installing the Inspect Application

### For iOS users

1. Navigate to the to Comp Portal
2. Search for "RSS Inspect"
3. Select **Install**
4. Launch the application
5. Select your campus
6. Log in with your campus credentials

### Doing an Inspection on Mobile Device

1. Login to Inspect on your mobile device using your campus credentials
2. Select **Start Inspection** from the Home page
3. Choose a checklist and department on the Configuration page and select **Let's Go**
4. Follow onscreen instructions to select categories on checklist
5. Select "X" to create a finding
6. On the finding detail page, enter comments, photos and action plan
7. Select navigation dots at the top right of the screen and select "Save" when done with finding
8. If applicable, use the **Notes** section to enter general inspection notes
9. Once all findings have been documented, select **Save**
10. Select the **Submit/Edit Inspection** button on the homepage to sync inspection with the desktop version
11. Select the ellipsis for the desired inspection and submit as Completed

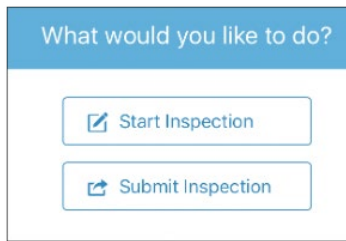
### Accessing an Inspection on Desktop

1. Login to Inspect at <https://hc.riskandsafety.com/inspect/#!/> using your campus credentials
2. Select the **Inspection Reports** button
3. Use the search feature to view reports in different statuses and select **Search**
4. Select the desired report
5. Depending on the report status you will be able to edit comments, action plans and photos

# Inspect: Mobile App

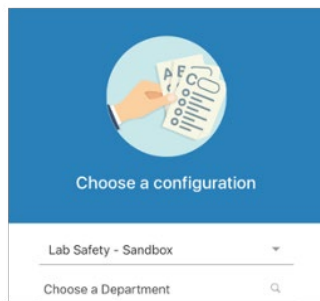
## Beginning Your Inspection

- Select **Start Inspection**



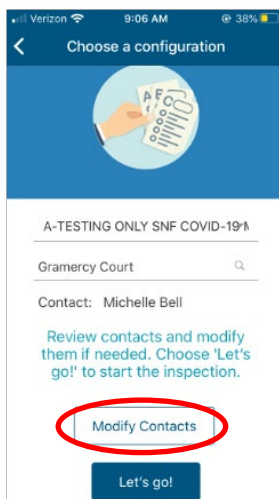
## Choosing a Configuration

- Select the checklist from the top dropdown
- Type ahead to find the department from the bottom dropdown
- Select **Let's Go!**



## Updating Contacts

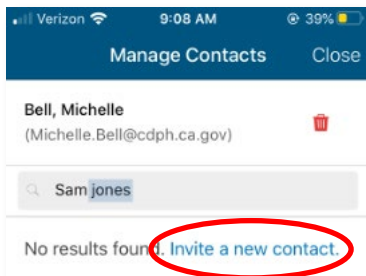
- After entering the facility name select "Modify Contacts"



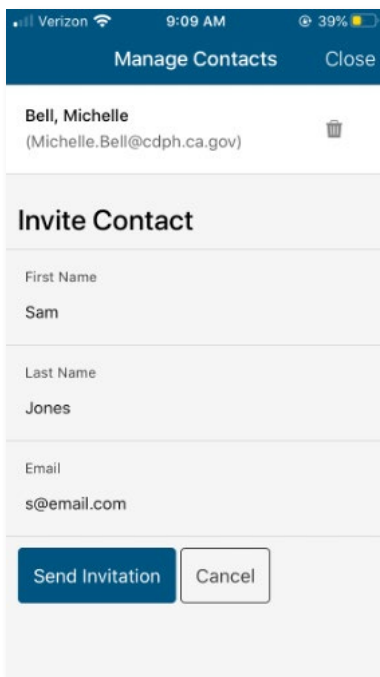
- To delete a contact, select the trash icon beside the name



- To add a contact, type their name or email address into the search field
- Select the "invite a new contact" option to add a new person

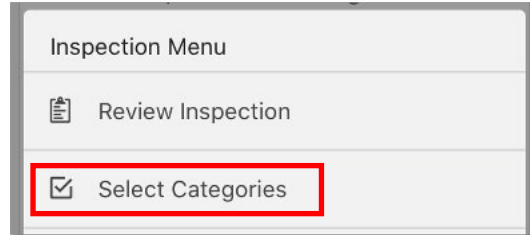
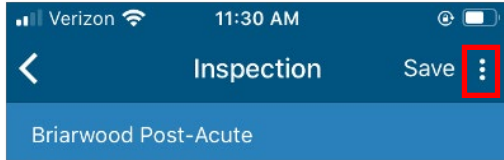


- Complete the **Invite Contact** form by entering the person's name and work email address and selecting **Save**



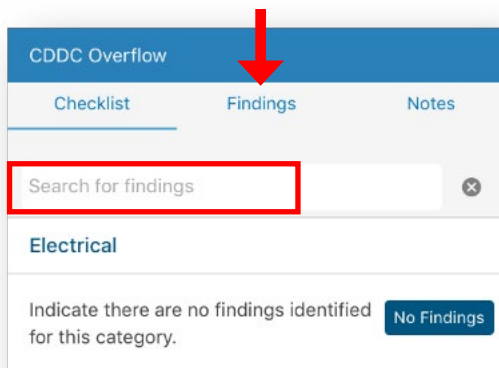
## Selecting Checklist Categories

- Select the ellipsis at the top right of the screen and “Select Categories” to choose the categories you are responsible for completing



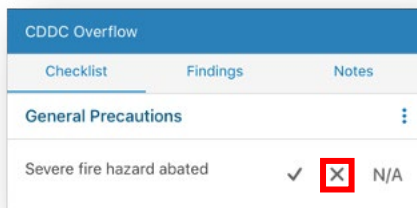
## Searching Questions by Key Word

- Swipe down on the blue header bar to reveal search box
- Enter key word(s)
- Scroll to identify desired questions



## Creating a Finding

- Select the “X” below the question to create a finding and add detail



- Tap on the **Comments** section to enter comments using the keyboard or talk-to-text feature

## Adding Photos to Findings

- Select the camera icon to add a photo (up to 10 per finding)
- Some Apple devices allow for markups on photos. to use this feature, take photo with the camera app on device
- Open photo and select **Edit** and the ellipsis in the top right of the screen
- Select **Markup**
- Use the pencil tool to mark the photo
- Select **Done**
- Photo can be accessed in Inspect using the Camera Roll icon in the Finding Detail page

## Adding Tags to Findings

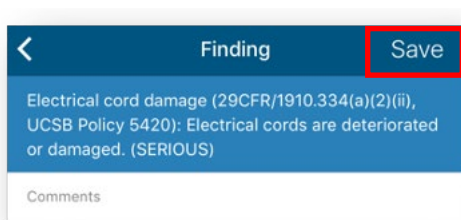
- Select Tags for reporting metrics
- Select desired tag(s) for finding (selection of tags varies per program)
- Select **Done**

## Other Optional Features

- Use the **Location** feature to list a specific room
- Use **Tags** to associate checklist-specific data points to a finding
- Use **Routing Groups** to alert functional services about identified issue
- **Corrected on Site** indicates an existing issue at the time of survey, that was corrected at that time
- **Requires Verification** allows responsible person(s) to mark an issue as "Ready for Verification" but survey team
- **Action Plan** provides a field for entering the corrective course of action for the item and can include safety codes and links to webpages.
- **Days to Resolve** alerts responsible person(s) to the due date for the finding and can be used to trigger automated reminder and overdue notifications. (Contact your program administrator for the settings in place for your checklist)

## Completing the Finding

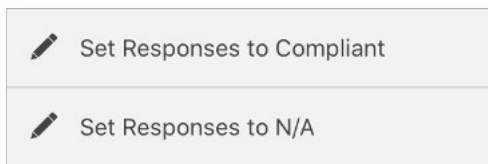
- Select **Save** in the upper right corner





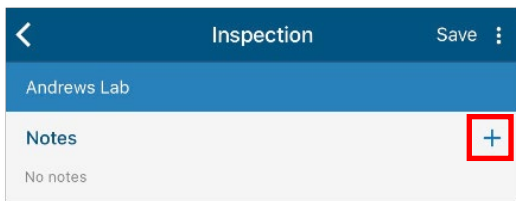
## Completing a Category

- Select the ellipsis next to a checklist category
- Set responses to Compliant, N/A or N/O (where available)
- Using this default feature, the remaining questions for the category without affecting data already entered



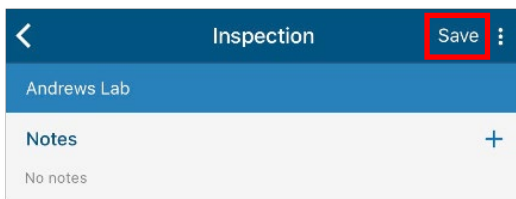
## Adding Notes to an Inspection

- Select the “+” beside **Notes**
- Tap anywhere in the Comments field to open keyboard
- Add notes using the keyboard or talk-to-text feature
- Select **Save**



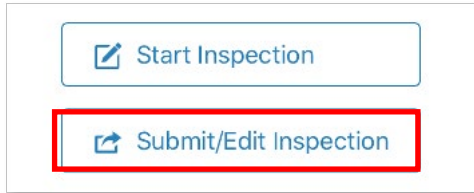
## Completing an Inspection

- Select **Save** at the top right of the screen

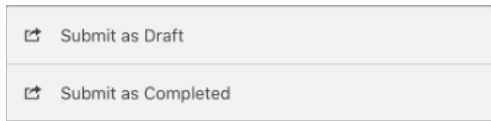


## Submitting an Inspection

- Inspections completed on a mobile device are stored to the device and must be submitted in order to be completed
- Select **Submit/Edit Inspection** button on the homepage



- Select the ellipsis next to the inspection you want to submit
- Select “Submit as Draft” if you’d like to make edits to it on your desktop
- Select “Submit as Completed” if it is ready to be directed to responsible party  
*\*If your checklist contains the Admin Review feature, reports will automatically move to the review phase after submitting as complete*



- Once submitted, the inspection is removed from the mobile device and can be found on Inspect desktop

# CDPH Surveyor

## About Inspect

Inspect is a cloud-based survey tool that provides streamlined surveys using a mobile device, as well as a desktop component for managing completed inspection reports. The flexible workflow allows for single surveyor or multiple surveyors (for cross-discipline involvement). Inspect also comes with a reporting dashboard that provides trend analysis to identify top concerns and improve results.

## Installing the Inspect Mobile App

For iOS users	For Android Users
<ol style="list-style-type: none"> <li>1. Navigate to the App Store</li> <li>2. Search for "RSS Inspect"</li> <li>3. Select <b>Install</b></li> <li>4. Launch the application</li> <li>5. Select your campus</li> <li>6. Log in with your credentials</li> </ol>	<ol style="list-style-type: none"> <li>1. Navigate to the Google Play Store</li> <li>2. Search for "RSS Inspect"</li> <li>3. Select <b>Install</b></li> <li>4. Launch the application</li> <li>5. Select your campus</li> <li>6. Log in with your credentials</li> </ol>

## Starting a Survey

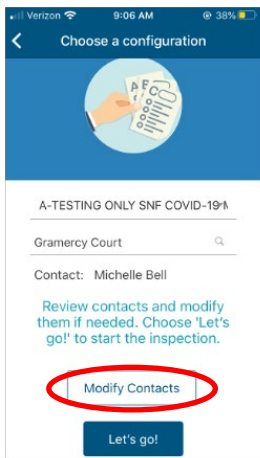
- Select **Start Inspection** from the Home page

## Choose a Configuration

- Select the checklist from the top dropdown
- Type ahead to find the location being surveyed from the bottom field
- Select **Let's Go!**

## Updating Contacts

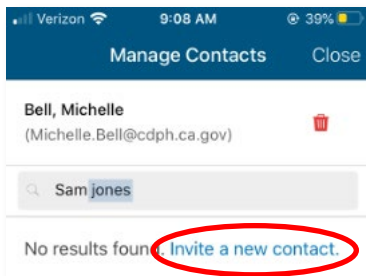
- After entering the facility name select "Modify Contacts"



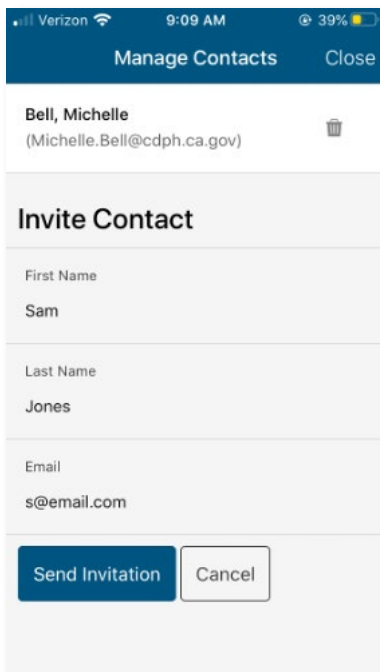
- To delete a contact, select the trash icon beside the name



- To add a contact, type their name or email address into the search field
- Select the "invite a new contact" option to add a new person



- Complete the **Invite Contact** form by entering the person's name and work email address and selecting **Save**



## Select Categories

- Inspect allows multiple surveyors to contribute to a report or for one surveyor to complete all categories for a survey
- The first time you use Inspect you will be asked to select the categories you wish to use
- Select the ellipses at the top right of the screen
- Choose “Select Categories”
- Tap on the categories you wish to use
- Select **Done**
- The system will remember your selection for future sessions.

## Search Questions by Key Word

- Swipe down between the two blue bands at the top of the screen to reveal the search box
- Enter key word or words
- Scroll to identify desired question

## Entering Observations

- Select the plus button to the right of the Notes heading
- **Important: Select the “Private” option to enter observations that will not be shared with the facility being surveyed.**
- Tap on the Comments section to enter observations with the keyboard or talk-to-text feature
- Add photos, if desired
- Select **Save** in the upper right corner of the screen

## Create a Finding

- Select the “X” below the survey question to create a finding
- This brings you to the Finding Detail page

## Add Comments

- Tap on the Comments section to enter comments with the keyboard or talk-to-text feature
- Select **Done**

## Add Photos

- Select the camera icon to add a photo (up to 10 per finding)

## Add Tags (if available)

- Select Tags for reporting metrics (selection of tags varies per program)
- Custom tags can be created by program administrators
- Select **Done**

## Select a Routing Group (if available)

- By default, reports go to those listed as Responsible Persons. However, routing groups can be used to assign findings to other groups outside the department such as Facilities and Housekeeping
- Select desired Routing Group for finding
- Custom Routing Groups can be created by program administrators
- Select **Done**

## Mark as Corrected on Site

- Use the toggle feature to mark an item as Corrected on Site
- The item will show on the report as completed but will display on the Analytics Dashboard as a non-compliance

## Enter or edit an action plan

- Action Plans are the standard corrective course of action for a given finding. They can include text, safety codes and links to webpages.
- Action plans can be pre-populated in the “Management” tab of Inspect desktop or added during the survey

## Review the number of days to resolve

- Each checklist question has a default number of days to resolve. This can be edited, if needed.

## Completing the Finding

- Select **Save** in the upper right corner of the screen

## Completing a Survey

- Select **Save**

## Submitting a Survey

- Select **Submit /Edit Inspection** button on Homepage
- Select the ellipsis next to the survey you want to submit
- Choose “Submit as Draft” if you’d like to continue making edits to it on your desktop
- Choose “Submit as Completed” if it is ready to be directed to the administrative review step
- Once submitted, the survey is removed from the mobile device and is available on Inspect Desktop
- We recommend submitting surveys from mobile devices daily or per use.

## SURFACE TABLETS

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### Login

- Open up the Chrome web browser on your Surface device
- Login to <https://hc.riskandsafety.com/> using your CDPH credentials

### Starting a Survey

- Select **Start Inspection** from the Home page

### Choose a Configuration

- Select the checklist from the top dropdown
- Type ahead to find the location being surveyed from the bottom field
- Select **Let's Go!**

### Entering Observations

- Select the ellipsis to the right of the Notes heading
- Select **+ Add**
- **Important: Select the "Private" option to enter observations that will not be shared with the facility being surveyed.**
- Tap on the "Enter Notes" section to enter observations
- Add photos, if desired
- Select **Save**

### Create a Finding

- Select **+ Add Incident** to the right of the checklist question create a finding
- This brings you to the Finding Detail page

### Add Comments

- Tap on the Comments section to enter comments with the keyboard

### Add Photos

- Search for photos or drag and drop photos already uploaded to your Surface (up to 10 per finding)

### Add Tags (if available)

- Select Tags for reporting metrics (selection of tags varies per program)
- Custom tags can be created by program administrators

## Select a Routing Group (if available)

- By default, reports go to those listed as Responsible Persons. However, routing groups can be used to assign findings to other groups outside the department such as Facilities and Housekeeping
- Select desired Routing Group for finding

## Mark as Corrected on Site

- Use the toggle feature to mark an item as Corrected on Site
- The item will show on the report as completed but will display on the Analytics Dashboard as a non-compliance

## Enter or edit an action plan

- Action Plans are the standard corrective course of action for a given finding. They can include text, safety codes and links to webpages.
- Action plans can be pre-populated in the “Management” tab of Inspect desktop or added during the survey

## Review the number of days to resolve

- Each checklist question has a default number of days to resolve. This can be edited, if needed.

## Completing the Finding

- Select **Save**

## Adding Notes to a Survey (previously mentioned)

- Select the ellipsis to the right of the Notes heading
- Select “Public” for notes intended to be viewed by the facility being surveyed
- Use the Comments section to enter comments with the keyboard
- Add photos, if desired
- Select **Save**

## Submitting a Survey for Review

- When you are done entering data for the survey, select **Submit** to send to the Admins/Supervisors for review

## Survey Reports

- Surveys in all statuses can be accessed by selecting **Inspection Reports** on the home page
- Use the dropdown to locate surveys in the following statuses:
  - └ Draft: for surveys you are currently editing
  - └ Pending Uploads: for surveys that you have your portion(s) complete but are waiting for data



from other surveyors

└ Admin Review: for surveys being reviewed by Supervisors/Admins

└ Sent to RP: for surveys that have been reviewed and sent to the points of contact at a facility (Responsible People)

└ Done: for surveys with no open/outstanding items or Surveys that are done

- Use the calendar to set the desired date range. The page defaults to the last 30 days.

## Advanced Search Features

- Select **Advanced Search** at the top of the page
- Filter by **Finding Status** to view reports with items that are Ready for Verification, Not Resolved, etc.
- Enter your name in the **Inspectors** field to view only surveys that you have contributed to.
- Additional features allow for search by location manager, unit name, or key words used in comments.
- Enter **Search**.
- Select the survey you wish to view.

## Verify and Resolve Findings

- Findings identified as **Requires Verification** are indicated as such in the survey
- Select ellipsis for the finding
- Select applicable option to change the status of the finding

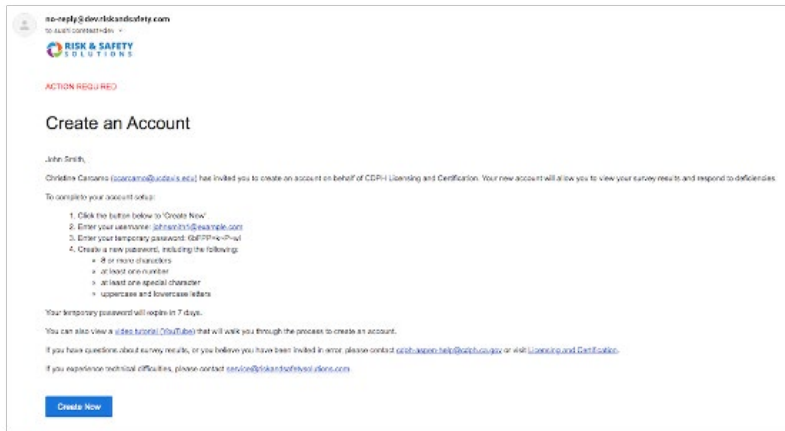
## Discussion Feature

- Each finding on a report includes the option to start a discussion between surveyors/supervisors and the point of contact at a facility.
- Select the ellipsis to the right of the finding
- Select **Start a Discussion**
- Enter comments and add the person(s) to whom they are addressed
- Select **Send**
- An email will be sent to those included in the discussion and the discussion feature will be visible on the finding itself

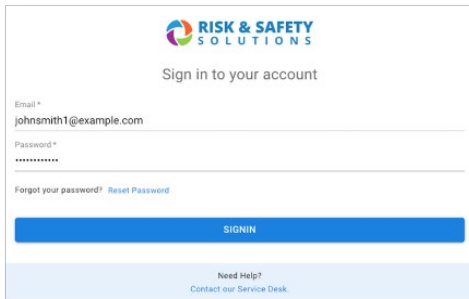
# CDPH Responsible Person

## Create an Account

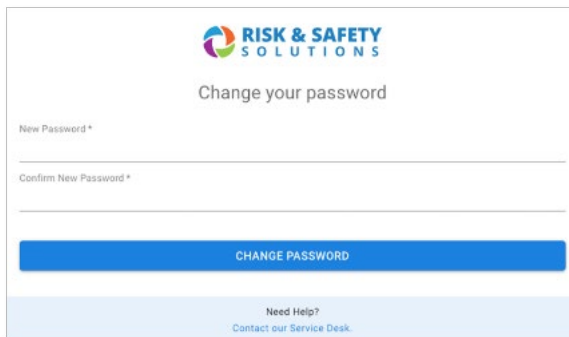
- You will need to create an account in order to access Inspect
- Select the **Create Now** feature on the “Create an Account” email you received



- Use the Username (your email address) and the temporary password from the email to login



- Create your own unique password



- Once you have created your unique password you will be automatically logged into Inspect
- If someone else at your facility needs to have access to the surveys, please contact your CDPH District Office to have a “Create Account” invitation sent directly to them.

## Log in to Inspect

- Login to <https://hc.riskandsafety.com/> using your credentials

## To find/ view surveys across statuses

- Login to <https://hc.riskandsafety.com/> using your credentials
- Select the **Inspection Reports** button on the Home page.
- Use the filters located at the top of the page to search by name, status and date range.
- Use the dropdown to locate surveys in the following statuses:
  - └ **Sent to RP:** for surveys that have been reviewed and sent to the points of contact at a facility
  - └ **Done:** for surveys with no open/outstanding items
- Use the calendar to set the desired date range. The page defaults to the last 30 days
- Select the survey you wish to view.

## Review Findings

- Select the **Inspection Reports** button on the Home page
- Select the desired report
- By default, only items that require attention are displayed. To view all findings select **View All Responses**

## Provide Plan of Correction for Findings

- Select ellipsis for the finding
- Select desired action from the following options:
  - └ Mark as Ready for Verification
  - └ Mark as In Progress
- Enter plan of correction, add images and documents, tags, routing group(s), location and action plan (if applicable)
- Select **Save**

## Start a Discussion

- For questions on an individual finding, select ellipsis for the finding
- Select **Start a Discussion**
- Enter comments, and select desired recipient(s) which include surveyors and plan administrators
- Select **Send**
- An email will be sent to those included in the discussion and the discussion feature will be visible on the finding itself

# Inspect: Dashboard - % Compliant (Weighted)

## About the Dashboard

The Inspect Analytics dashboard is a robust tool for performing dynamic reporting on a variety of data points. Users can analyze statistics and trending issues to improve program compliance. Data displayed in the dashboard can be exported for use in a variety of reports to meet your business needs.

## % Compliant (Weighted)

In order to provide the most accurate representation of compliance rates for reports that utilize multiple items for an individual checklist question, the Inspect Dashboard provides a weighted calculation for all tabs displaying % Compliant data.

Example: The following is an example of how the weighted values are tabulated for a series of four questions.

Question	Result		Value
Question A	Item 1	✓	1
Question B	Item 1	✓	1
Question C	Item 1	✓	1
Question D	Item 1	✗	0
	Item 2	✗	0
	Item 3	✗	0
	Item 4	✓	0.25
<b>Total Weighted Value</b>		<b>3.25/4 Questions or 81.25% Compliant</b>	

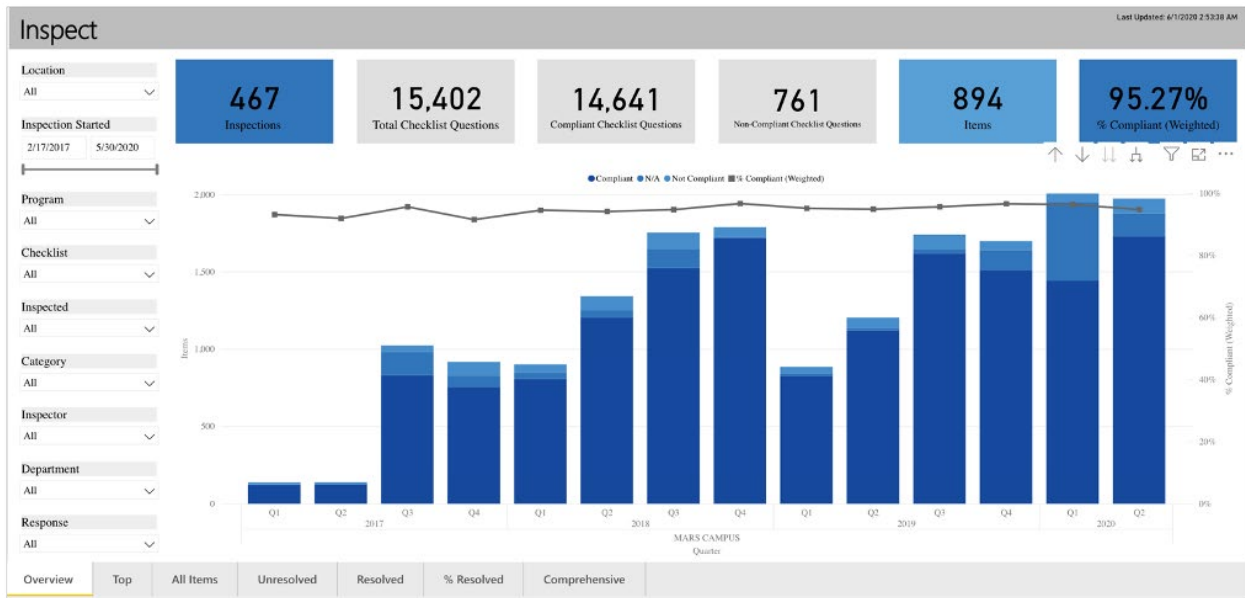
## Ranking Score

The Ranking Score is derived by Count of the number of total occurrences for the checklist item (this would include multiple items for an individual question). For each checklist finding, divide y total occurrences to get the weighted value. By adding the weighted value of issues/findings that a e only non-compliant this provides the ranked score for each non-compliant finding

# Inspect: Dashboard User Guide

## About the Dashboard

The Inspect analytics dashboard is a robust tool for performing dynamic reporting on a variety of data points. Users can analyze statistics and trending issues to improve program compliance. Data displayed in the dashboard can be exported for use in a variety of reports to meet your business needs.



## Dashboard Controls

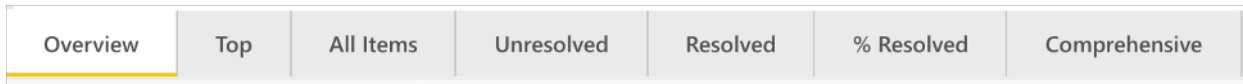
Use the dashboard controls to view different layers of data based on your business needs.

Dashboard Controls	Description
	Displayed on every dashboard tab, there are a variety of filters for dynamic reporting on a variety of data points. Filters allow users to analyze statistics and easily identify trending issues to improve program compliance.
	Drill down in the data by clicking into any of the charts or using the buttons that appear in the upper corners when hovering over a chart. <ul style="list-style-type: none"> <li>• Double arrow – expands data across all programs</li> <li>• Single arrow – groups all locations by date (e.g. year, FY quarter, month and days)</li> </ul>
	Select the <b>Focus Mode</b> button to expand a view
	To export tables to Comma Separated Value (CSV) format, click the ellipsis and click <b>Export data</b> .

## Inspect Dashboard

### Tabs

Located on the bottom of the screen, there are a variety of tabs which allows a user to view data from different vantage points within the analytics dashboard. Tab description and functionality are included below:



### Overview

- Provides users total number of inspections and findings across all locations for campus/organization
- System default tab of the analytics dashboard
- Drill down levels include: location, year, FY quarter, month, day, program, inspected, configuration, and category
- Data displayed is static
- Focus numbers across the top of screen provides a quick summary of number of inspections and quantity of findings, including percentage of compliance.



#### Overview: Data logic and calculations

- Data calculated on result of inspection report
- Multiple findings per checklist item(s) are included in the equation, but weighted
- Percentage (%) Compliant (Weighted): Count the number of total occurrences of the checklist item. For each finding, divide by total occurrences to get the weighted value. By summing the weighted value of findings, that are only Compliant, divide by the count of Checklist Items to get % Compliant (Weighted)

### Top

- Provides an analysis of most identified non-compliant items for a specific location for a specific period of time
- System default displays the top three findings, in order from least to most compliant; users can choose the quantity of items to view or use the eraser to see all checklist items ranked in this order
- Rank by Findings, allows users to identify significant non-compliances or trending issue for a program/location, from most to least compliant
- Findings Detail shows all instances (by location) where the ranked findings have been identified
- Data displayed is static

#### Top: Data logic and calculations

- Data calculated on result of non-compliant findings per inspection
- Multiple findings per checklist item(s) are included in the equation, but weighted
- Percentage (%) Compliant (Weighted): Count the number of total occurrences of the checklist item. For each finding, divide by total occurrences to get the weighted value. By summing the weighted value of findings, that are only Compliant, divide by the count of Checklist Items to get % Compliant (Weighted)
- Ranking Score: Count the number of total occurrences of the checklist item. For each finding, divide by total occurrences to get the weighted value. By summing the weighted value of findings, that are only Non-Compliant.

### **All Items**

- Provides a comprehensive list of all checklist questions, filterable by date range and where the inspection occurred (department, location, shop, lab, etc.).
- Displays the quantity of non-compliant findings per question, and the quantity of instances for each as well as the percent compliant.
- System defaults for all data entered into the system for the organization, based on role permissions
- Data displayed is static

#### All Items: Data logic and calculations

- Comprehensive data dump for all information entered into Inspect for the organization
- Multiple findings per checklist item(s) are included in the equation, but weighted
- Percentage (%) Compliant (Weighted): Count the number of total occurrences of the checklist item. For each finding, divide by total occurrences to get the weighted value. By summing the weighted value of findings, that are only Compliant, divide by the count of Checklist Items to get % Compliant (Weighted)

### **Unresolved**

- Provides the total number of unresolved inspections, number of checklist items and findings that are incomplete during a certain period of time.
- System defaults annual comparison
- Drill down levels include: year, FY quarter, month and day
- Unresolved Findings Detail, allows users to identify significant unresolved or open findings, ranked from most to least, easily identifying trending issues for a program/location, for a calendar year
- Data displayed is live, based on status and not the initial report finding values

#### Unresolved: Data logic and calculations

- Data calculated on results of inspection report, checklist items and finding
- Multiple findings per checklist item(s) are included in the equation
- Unresolved Inspections: calculates number of incomplete inspections, includes all inspections with unresolved findings or outstanding item

- Unresolved Checklist Items: calculates number of open or unresolved checklist items for all inspections entered in the system
- Unresolved Findings: calculates number of open or unresolved findings for all inspections entered in the system
- Exceeding Filter, allows user to select a numerical range to identify items that remain unresolved beyond (exceeding) the number of Days To Resolve associated to an item

## Resolved

- Provides the total number of resolved inspections, number of checklist items and findings that are complete during a certain period of time.
- System defaults annual comparison
- Drill down levels include: year, FY quarter, month and day
- Resolved Findings Detail, allows users to identify most significant findings resolved, ranked from most to least, easily identifying trending issues for a program/location, for a calendar year
- Data displayed is live, based on status and not the initial report finding values

### Resolved: Data logic and calculations

- Data calculated on results of inspection report, checklist items and finding
- Multiple findings per checklist item(s) are included in the equation
- Resolved Inspections: calculates number of complete inspections
- Resolved Checklist Items: calculates number resolved checklist items for all inspections entered in the system
- Resolved Findings: calculates number of resolved findings for all inspections entered in the system
- Days Resolved Filter, allows user to select a numerical range to identify items that were resolved between the number of days

## Percentage (%) Resolved

- Provides data that can be used to determine whether findings are being resolved within a specific period of time.
- System defaults annual comparison
- Drill down levels include: year, FY quarter, month
- Data displayed is live, based on status and not the initial report finding values

### Percentage (%) Resolved: Data logic and calculations

- Data calculated on result of non-compliant findings per inspection
- By inspected locations, and # findings at location
- % Resolved Within: Count of Findings that were resolved days within the filter (Resolved Within (Day)) divided by Total Non-Compliant Findings for the period
- % Not Resolved (Within): Count of Findings that were not resolved days within but still within the filter (Resolved Within (Day)) divided by Total Non-Compliant findings for the period



- % Not Resolved (Not Within): Count of Findings that were not resolved days within and not within the filter (Resolved Within (Day)) divided by Total Non-Compliant findings for the period
- Findings: Total Non-Compliant findings for the period

## Comprehensive

- Provides a full analysis of Inspect data across all locations for an organization
- System defaults for all data entered into the system for the organization, based on role permissions
- Drill down levels include: location, year, FY quarter, month, day, program, inspected, configuration, and category
- Dashboard filters can be used to scope data for analysis
- Data displayed is static

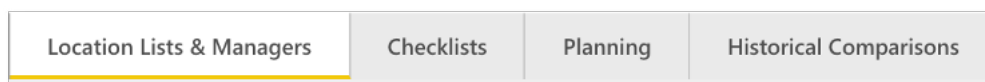
### Comprehensive: Data logic and calculations

- Comprehensive data dump for all information entered into Inspect for the organization
- Percentage (%) Compliant (Weighted): Count the number of total occurrences of the checklist item. For each finding, divide by total occurrences to get the weighted value. By summing the weighted value of findings, that are only Compliant, divide by the count of Checklist Items to get % Compliant (Weighted)

## Inspect Admin Dashboard

### Tabs

Located on the bottom of the screen, there are a variety of tabs which allows a user to view data from different vantage points within the analytics dashboard. Tab description and functionality are included below:



### Location Lists & Managers

- Provides an exportable list of all locations associated with checklist and the responsible person(s) for each

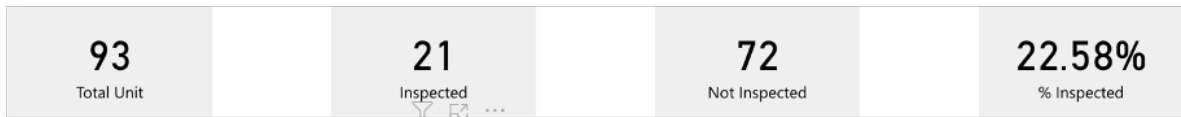
### Checklists

- Provides checklist categories, questions and action plans in an exportable format

### Planning

- Provides all departments/locations that have been inspected to date, including locations associated that have not been inspected, for a given date range

- Useful for a quick snap shot of where you are in your inspection cycle
- Date is filterable by date range and location the inspection occurred
- Data displayed is live
- Focus numbers across the top of screen provides a quick summary of total number of locations in the system for an organization, total number of inspections to-date, total number of locations not inspected, as well as total percentage (%) inspected for a given date range



Planning: Data logic and calculations

- Percentage (%) Inspected:  $\text{Inspected} / \text{Total Unit} * 100$

**Historical Comparisons**

- Provides information on all completed inspections and findings completed for an organization within a specified date range
- System defaults to overall program results (inspections and findings), including the ability to display side-by-side data comparisons, for a given date range.
- Drill down levels include: year, FY quarter, month, and day
- Can be used to easily identify trends
- Data displayed is static

Historical Comparisons: Data logic and calculations

- Data calculated on result of non-compliant findings per inspection

# CDPH Supervisor/Inspect Administrator

## INSPECTION REPORTS

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### Accessing Reports

- Login to <https://hc.riskandsafety.com/> using your credentials

### Review Survey Reports

- Select the **Inspection Reports** button on the Home page.
- Use the filters located at the top of the page to search by **name**, **status** and **date range**.
- Use the dropdown to locate surveys in the following statuses:
  - └ Draft: for surveys you are currently editing
  - └ Pending Uploads: for surveys that are partially complete: some surveyors have completed their portion, but it's waiting on data from other surveyors.
  - └ Admin Review: for surveys being reviewed by Supervisors/District Office Admin
  - └ Sent to RP: for surveys that have been reviewed and sent to the points of contact at a facility
  - └ Done: for surveys with no open/outstanding items
- Use the calendar to set the desired date range. The page defaults to the last 30 days

### Advanced Search Features

- Select **Advanced Search** at the top of the page
- Filter by **Finding Status** to view surveys with items that are Ready for Verification, Not Resolved, etc.
- Filter by **Inspectors** to view surveys that you have contributed to.
- Additional features allow for search by location manager, unit name, or key words used in comments.
- Enter **Search**.
- Select the survey you wish to view.

### Edit Surveys

- Surveys can be edited while in **Draft**, **Pending Uploads** and **Admin Review** statuses.
- Select **+Add Incident** beside a checklist question to add a new finding
- Select the ellipsis beside an existing finding to edit the finding details

### Notes

- Surveys can include two types of notes:
  - └ **Private** – can only be viewed by Surveyors and Supervisors/Inspect Administrators.
  - └ **Public** – can be viewed by the points of contact at the facility receiving the survey

## Complete a Survey

- Complete all checklist questions for the most accurate compliance metrics.
- Select the ellipsis beside each category or at the top of the survey.
- Select **Set Remaining Responses to Compliant, Set Remaining Responses to N/A**

## Change the Status of a Survey

- Surveys in **Draft** mode can be moved to the review status by selecting the **Submit** button at the top of the survey. *Your surveys will automatically move to the Admin Review phase after selecting **Submit***
- Surveys in **Pending Upload** or **Ready for Review** status can be sent to the Responsible Person by selecting the **Send** button at the top of the report.
- You have the option to customize the email that is sent to the responsible person(s). The email window will open after you select **Send** on the report.  
*\*Do not edit the survey link, as that is unique to each survey.*

## Verify and Resolve Findings

- Findings identified as **Requires Verification** are indicated as such in the survey.
- Select ellipsis for the finding
- Select applicable option to change the status of the finding

## Discussion Feature

- Each finding on a survey includes the option to start a discussion between surveyors/supervisors and the point of contact at a facility
- Select the ellipsis to the right of the finding
- Select **Start a Discussion**
- Enter comments and add the person(s) to whom they are addressed
- Select **Send**
- An email will be sent to those included in the discussion and the discussion feature will be visible on the finding itself

## MANAGEMENT

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### Making Changes to Facilities

- Select the **Management** tab on the Home page.
- Select the **Location/People** tab.
- Use the search field to find the desired facility.
- Select the ellipsis beside the search box.
- Select **Edit**.
- Make desired changes and select **Save**.

## Mapping Departments to Buildings (not available for SNFs)

- Select the **Management** tab on the Home page.
- Select the **Location/People** tab.
- Use the search field to find the desired location.
- Select the ellipsis beside the search box.
- Select **Edit**.
- In the “Building” field, search for the correct building.
- In the “Floor” field, search for the correct floor.
- Select **Save**.

## Adding New Facilities

- Select the **Management** tab on the Home page.
- Select the **Location/People** tab.
- Select the ellipsis beside the search box.
- Select **Add**.
- Enter facility name, description, building, and floor.
- Select **Add**.

## Invite a Responsible Person

- To add a new Responsible Person to a facility, you must first invite them to create an account.
- Login to <https://hc.riskandsafety.com/user-management>
- Select **Invite New User**
- Enter the user’s first name, last name and email address.
- Navigate to Inspect > Management at <https://hc.riskandsafety.com/inspect/#!/management?program=5eebd4d1be413a0000b87fc2&activeTab=PARTY>
- In the Locations/People tab, use the search field to find the desired facility associated with the person who was sent an invitation.
- Select the ellipsis beside “Responsible People”.
- Select **Add**.
- Search by name or email.
- Select **Add**.

## Delete a Responsible Person

- To delete a Responsible Person to a facility, select the **Management** tab on the Home page.
- Select the **Location/People** tab.
- Use the search field to find the desired facility.
- Select the ellipsis beside “Responsible People”.
- Select **Delete**.
- Select the red **Delete** button.

## Add a Surveyor/Administrator

- To add a Surveyor (Inspector role) or Administrator, select the **Management** tab on the Home page.
- Select the **Program Roles** tab.
- Select the ellipsis beside “Program Roles”.
- Select **Add**.
- Search by name or email.
- Select the desired role(s).
- Select **Save**.

## Edit or Delete a Surveyor/Administrator

- To add a Surveyor or Administrator, select the **Management** tab on the Home page.
- Select the **Program Roles** tab.
- Select the ellipsis beside the person to be edited/deleted.
- Select **Edit** to add or remove a role.
- Select **Save**.  
OR
- Select **Delete** to remove person from program.
- Select the red **Delete** button.

## Add Routing Groups for Finding Resolution

- By default, findings are routed to the Responsible Person for the facility. However, you can add other entities that can be selected for the resolution of specific findings (i.e. Facilities, Housekeeping, etc.).
- Select the **Management** tab on the Home page.
- Select the **Routing** tab.
- Select the ellipsis beside “Routing Group”.
- Select **Add**.
- Enter the name of the Routing Group.
- Select **Save**.

## Add Contacts for Routing Groups

- Contacts will receive notifications (if enabled for our group) for findings routed to their specialty.
- Select the **Management** tab on the Home page.
- Select the Routing tab.
- Select the ellipsis beside Routing Group you wish to assign a contact to.
- Select Add Person.
- Search by name or email.

## Add Tags

- Tags can be used to associate survey questions for data reporting.
- These tags can help organize the data in the Dashboard.
- Select the **Management** tab on the Home page.
- Select the **Checklist** tab.
- Select the desired checklist from the dropdown.
- Select the ellipsis beside “Tags”.
- Select **Add**.
- Enter the tag name.
- Select **Save**.

## Edit or Delete Tags

- Select the **Management** tab on the Home page.
- Select the **Checklist** tab.
- Select the ellipsis beside Tag to be edited.
- Select **Edit**.
- Enter desired changes.
- Select **Save**.
- OR
- Select **Remove** to remove the tag.
- Select the red **Delete** button.

# RSS Survey Online Roles & Permissions

## Role Descriptions:

The following table lists the roles available in the RSS survey application.

Role Name	Who is assigned to this role?	What this role does?	Who can assign?
Program Admin	Those responsible for managing the survey reports and administrative duties for their Program	Manage users, reports and all associated data	RSS and Program Admins
Surveyor/HFNS (Inspector)	Those responsible for conducting inspections for their Program	Conduct surveys, resolve findings	RSS and Program Admins
Point of Contact at the Facility (Responsible Person)	Those responsible for resolving issues identified during inspections	Can view reports, respond to findings on reports and use discussion feature	RSS and Program Admins



## Role & Permissions Matrix:

The following table lists user types and the actions they can take in the Inspect application.

Permission	Program Admin	Surveyor/HFENs (Inspector)	Point of Contact at the facility (Responsible Person)
Edit checklists	X		
Add/edit/delete checklist categories	X		
Add/edit/delete tags	X		
Edit party set	X		
Add/edit/delete routing group			
Add/remove program admins and surveyor/HFNS	X		
Begin new inspection for assigned program(s) and party set(s)	X	X	
Conduct inspection	X	X	
Submit inspection	X	X	
Review inspection report (if configuration indicates admin review is required)	X	X	
View inspection report	X	X	X
Edit inspection report in “draft” status	X	X	
Resolve findings	X	X	
Verify finding resolution	X	X	
Rollback inspection report	X		
Delete inspection report	X	X	
Share link to read-only inspection report	X	X	X
Begin a discussion	X	X	X
View inspection report workflow history	X	X	X

# Statement of Deficiency

## Emeritus

A-TESTING ONLY SNF COVID-19 Mitigation

Managers

Michelle Bell

Inspection Date

Jul 30, 2020

Inspection Contributors

Michelle Bell

Report Sent Date

Jul 30, 2020

Reference ID

12-34567

Status

Sent To RP

## Notes

Plan of Correction Cover Letter

Dear Administrator:

Enclosed is a Statement of Deficiencies, which resulted from a recent visit to your facility. Please use the Risk and Safety Solutions program to prepare an electronic plan of correction for each deficiency within ten (10) calendar days from receipt of this Statement of Deficiencies. You can download a PDF copy of the Statement of Deficiencies and your Plan(s) of Correction or access the electronic record at any time.

The Plan of Correction for each deficiency must contain the following:

- a) What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.
- b) How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken.
- c) What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.
- d) A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel). How the facility plans to monitor its performance to ensure corrections are achieved and sustained. The plan of correction must be implemented, corrective action evaluated for its effectiveness, and it must be integrated into the quality assurance system.
- e) Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.

If your Plan of Correction is unacceptable to the Department you will be notified in writing through the Risk and Safety Solutions program. You are ultimately accountable for compliance, and responsibility is not alleviated where notification of the acceptability of the plan of correction is not timely. Your plan of correction will serve as the facility's allegation of compliance.

If an acceptable plan of correction is not received within ten (10) calendar days from receipt of the Statement of Deficiencies, the Department will recommend to the regional office and/or the State Medicaid Agency that remedies be imposed as soon as the notice requirements are met.

If you have any questions, please contact Supervisor, Brad Pitt, at (916) 123-4567 or brad.pitt@cdph.ca.gov.

– Michelle Bell

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#### 00 Tag

The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY.

A COVID-19 Mitigation Plan Implementation Survey was conducted by the California Department of Public Health on 7/30/2020.

Representing the Department of Public Health:  
HFEN 123456

The facility was found not to be in compliance with Title 22 California Code of Regulations section 72523(c) patient care polices and procedure regulations and has implemented the Skilled Nursing Facility Mitigation Plan for COVID-19.

Representing the California Department of Public Health:

Brad Pitt, Health Facilities Evaluator Supervisor (HFES)

Total Residents: 65

A deficiency/deficiencies were written at the below state regulations.

– Michelle Bell

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#### Confidential Staff Names

LVN 1  
RN 1  
RN 2  
DON 1

– Michelle Bell

---

#### Confidential Resident Names

Resident 1  
Resident 2  
Resident 3

– Michelle Bell

---

#### Surveyor Notes

This is the section you use as you would the 807.

Observed x, y, z while surveying the facility.

– Michelle Bell

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## Offsite Prep

Facility compliance history shows x, y, z concerns. Facility's approved COVID Mitigation Plan is attached.

– Michelle Bell

## Mitigation-Testing and Cohorting 1 \*

Residents with active COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status. Where separation is not possible, the SNF is responsible for communicating with the LHD and CDPH and transferring the resident to the hospital or alternate care site following the guidance in AFL-20-48.1.

### Survey Procedures:

- Observe how COVID-19 positive residents are cohorted.
- If separation is not possible, request for documentation of communication with LHD and CDPH.

Comments: Based on observation, interview, and record review, the facility failed to implement their Mitigation Plan as part of their infection control program when one patient (Patient 1) tested positive for Covid 19, and staff did not transfer the patient to the facility's designated Covid unit.

This failure increased the risk of transmission of Covid 19 to non-infected patients.

#### Findings:

During a tour of the facility on 7/16/20, at 11:15 a.m., a sign posted on the outside of a patient's door indicated staff were to follow transmission-based precautions when entering the room. The room had three occupied beds, and the curtains were drawn between beds.

During an interview with Licensed Nurse 1 (LN 1) on 7/16/20, at 11:18 a.m., LN 1 confirmed the patient in bed C tested positive for Covid 19, and was on quarantine for 14 days. LN 1 stated the facility did have a designated Covid positive unit but the staff decided it was less disruptive for the patient to stay in their room.

During an interview and concurrent record review with the Infection Preventionist (IP), on 7/16/20, at 11:30 a.m., the IP verified Patient 1 tested positive for Covid-19 on 7/12/20. The IP stated patients who were negative currently occupied the designated Covid positive unit. The IP stated there was only one patient who tested positive for Covid 19, and the interdisciplinary team decided to keep the patient in their room to promote psychosocial wellbeing. The IP stated the plan was to implement the cohorting of patients if a second patient tested positive for Covid 19. The IP agreed the facility was not following their Mitigation Plan for cohorting patients based on status of infection.

Review of the facility's Mitigation Plan, dated 6/1/20, indicated, "Facility is prepared to create a dedicated COVID unit upon commencement of testing, which is separate and has its own access for entrance/exit. As soon as test results are received, positive residents will be moved and cohorted in the dedicated COVID unit.

Tags: § 72325 (c) Nursing Service-Space

Inspector: Michelle Bell

Status: Not Resolved ( Requires Verification )

Due Date: Aug 09, 2020

## Mitigation-Infections Prevention Control \*

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## Mitigation-Personal Protective Equipment (PPE) \*

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## Mitigation-Staffing Shortages \*

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## Mitigation-Designation of Space \*

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## Mitigation-Communication \*

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## Title 22-Article 5. Administration 1

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### § 72525. Required Committees.

(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.

(b) Minutes of every committee meeting shall be maintained in the facility and indicate names of members present, date, length of meeting, subject matter discussed and action taken.

(c) Committee composition and function shall be as follows:

(1) Patient care policy committee.

(A) A patient care policy committee shall establish policies governing the following services: physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility.

(B) The committee shall be composed of: at least one physician, the administrator, the director of nursing service, a pharmacist, the activity leader and representatives of each required service as appropriate.

(C) The committee shall meet at least annually.

(D) The patient care policy committee shall have the responsibility for reviewing and approving all policies relating to patient care. Based on reports received from the facility administrator, the committee shall review the effectiveness of policy implementation and shall make recommendations for the improvement of patient care.

(E) The committee shall review patient care policies annually and revise as necessary. Minutes shall list policies reviewed.

(F) The patient care policy committee shall implement the provisions of the Health and Safety Code, Sections 1315, 1316 and 1316.5, by means of written policies and procedures.

(G) Only a licensed health care practitioner acting within the scope of his or her professional licensure shall assume overall care of patients.

(2) Infection control committee.

(A) An infection control committee shall be responsible for infection control in the facility.

(B) The committee shall be composed of representatives from the following services:

physician, nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and maintenance.

(C) The committee shall meet at least quarterly.

(D) The functions of the infection control committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility.

2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility.

(3) Pharmaceutical service committee.

(A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.

(B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician.

(C) The committee shall meet at least quarterly.

(D) The functions of the pharmaceutical service committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals.

2. Reviewing and taking appropriate action on the pharmacist's quarterly report.

3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.

Comments: Based on observation, interview, and record review, the facility failed to maintain temperatures at or below 7 degrees C (45 degrees F) of the refrigerator located at nursing Station 1. This had the potential to result in medications not being maintained at appropriate temperatures and to become ineffective.

Findings:

During an observation and concurrent interview with the Director of Nurses (DON), on 7/16/20, at 10:35 a.m., of Station 1's medication refrigerator, the thermometer in the refrigerator indicated a temperature of 10 degrees Celsius. The DON stated that the refrigerator was too warm to keep medications at a safe and effective temperature.

During a review of the Temperature Log for the refrigerator at Station 1, the log indicated that on 7/10-7/16/20 temperatures were measured at 10 degrees Celsius which is 3 degrees warmer than required. Review of the facility's policy and procedure (P & P), dated January 2020, the P & P indicated ...temperatures of refrigerators should be maintained at or below 7 degrees Celsius...

Tags:

§ 72325 (d)(2) Nursing Service-Space

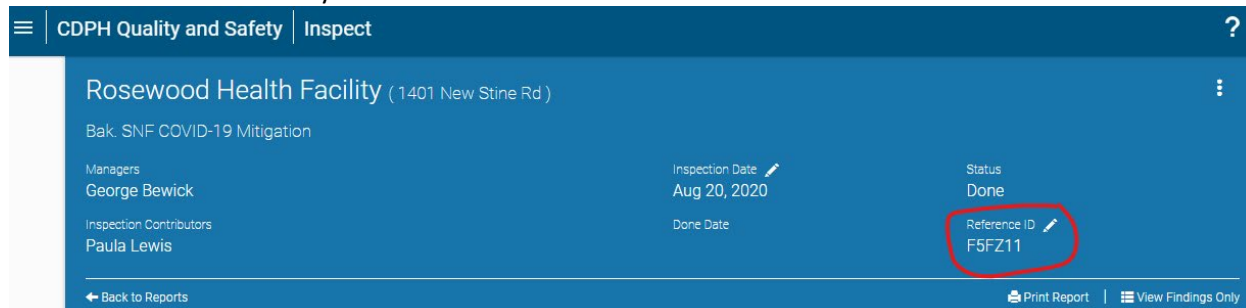
Inspector: Michelle Bell

Status: Not Resolved ( Requires Verification )

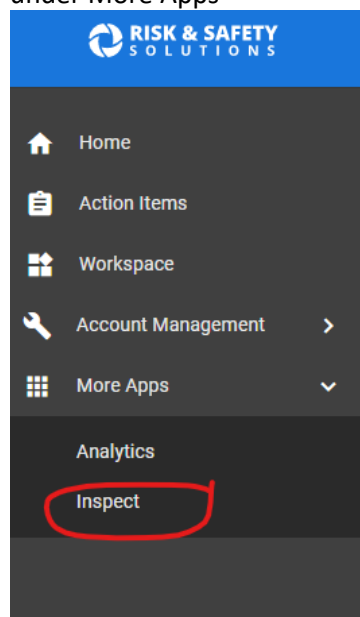
Due Date: Aug 09, 2020

## How to Upload a Plan of Correction into ELMS

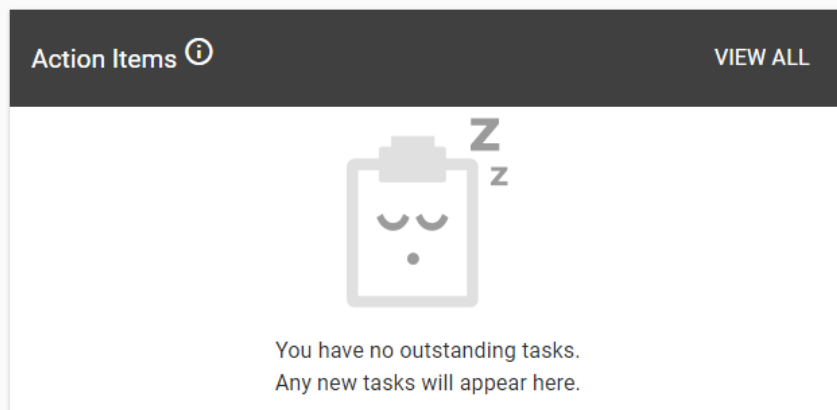
- 1) To begin the survey process, the surveyor will contact support staff to ask for an Event ID.
  - a. Create a survey shell in ASPEN and provide the surveyor with the Event ID as usual.
  - b. The Surveyor will record the Event ID in the “reference ID” field in RSS



- 2) Supervisor reviews survey and once approved, sends it to the facility in RSS by hitting “Send to Responsible Person”. The survey is now in “Sent to Responsible Person Status, waiting for the facility to submit their POC.
- 3) Once the supervisor or Surveyor (varies by DO) approves the POC, the survey moves into “Done” status. It is now ready to close.
- 4) Either support staff or the surveyor (varies by DO) copies the survey findings from RSS and pastes them into ACO. Follow the steps outlined in the “RSS to ACO Data Transfers” job aid.
- 5) Once all the findings have been pasted into ACO, the surveyor or support staff can close the survey in ACO.
- 6) ACO will generate a 2567, but do not mail it. The facility has already received their Statement of Deficiencies through RSS. There is also no need to generate a POC Cover letter from ACO. The facility has already received that as part of their RSS Statement of Deficiencies.
- 7) The next day, support staff should upload the Plan of Correction into ELMS. In RSS, the is included in the Statement of Deficiencies once the survey moved into Done status.
  - a. To find the report you need, log into the desktop version of RSS and click on “Inspect” under More Apps

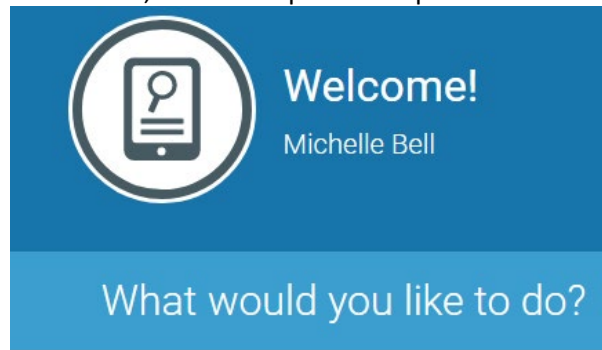


## Welcome to RSS Platform

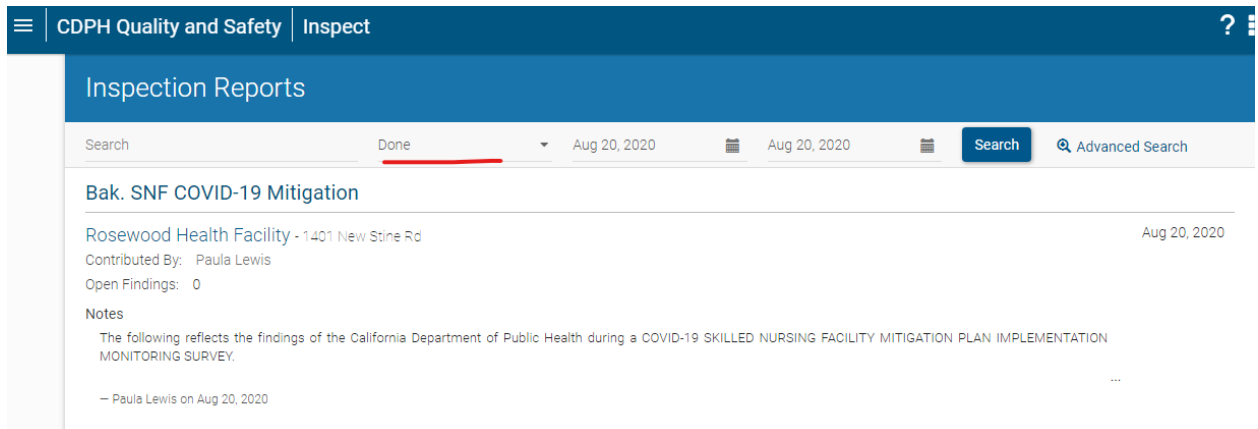


Updated 9/3/20

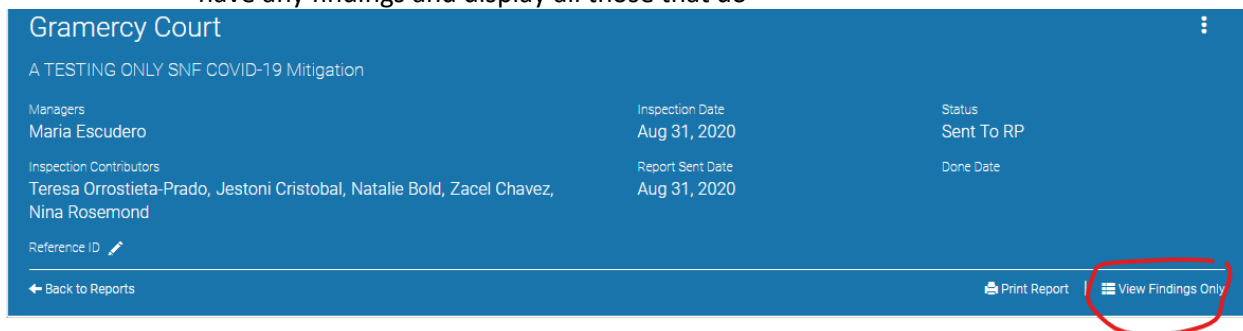
- b. From there, click on Inspection Reports



- c. To find reports changed to Done Status the previous day, choose Done status and enter yesterday's date in the date range fields. Click on the name of the facility to open the report.



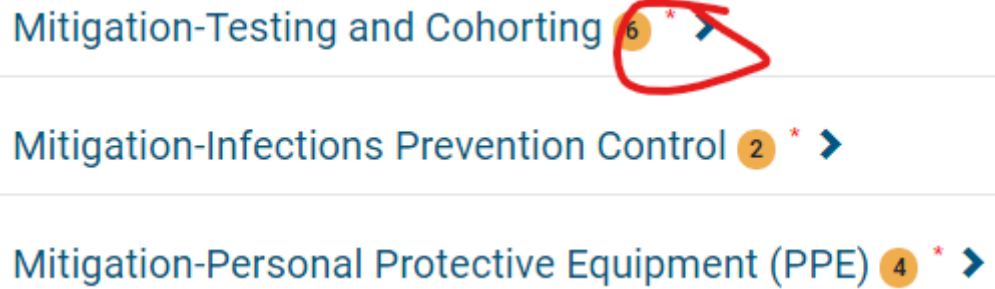
- d. Click on "View Findings Only" to minimize the Mitigation Survey questions that do not have any findings and display all those that do



Updated 9/3/20



- i. Before clicking “View Findings Only”:



- ii. After Clicking “View Findings Only”. Please note that to protect confidentiality, we have switched to a test report.

Mitigation-Testing and Cohorting 2 \* ▾

The SNF will work with their local health department (LHD) and CDPH to develop a testing plan for regular testing of residents and staff through the identified testing sites able to meet the time requirements, including how test results will be used to inform resident and health care personnel (HCP) cohorting. This plan must be in place within 14 days of submission of the attestation

Survey Procedures:

- Request and review the facility's testing plan for staff and residents. This plan must include information on methods and frequency, and it must specify how the facility will use testing results to inform resident and HCP cohorting decisions.
- Verify whether the testing plan complies with AFL-20-53.

Public Comments: N/A ⋮

Private Comments:

Tags: § 72321 (b) § 72523(c)(3)

Inspector: Teresa Orrostieta-Prado

Due Date: Sep 10, 2020

Public Comments: employee did not perform hand hygiene after resident care Resolved ⋮

Private Comments:

Tags: § 72321 (b) § 72523(c)(3)

Inspector: Jestoni Cristobal

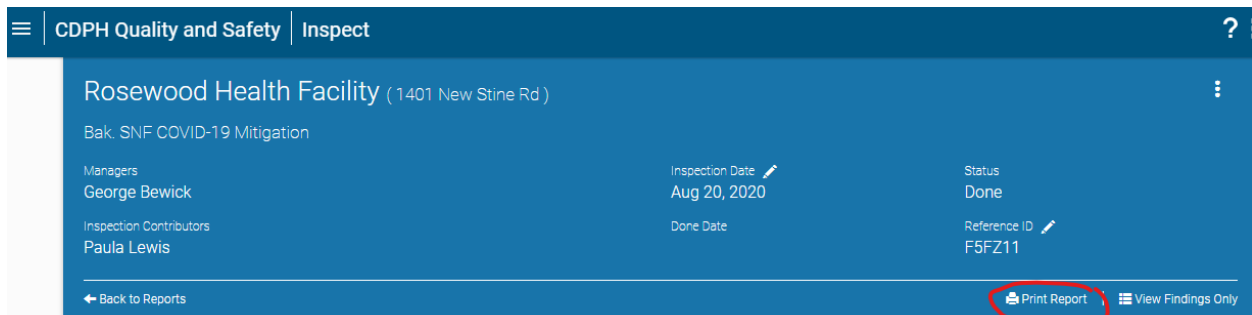
Resolution:

[Resolved](#) Update

Resolved on Aug 31, 2020

Updated by Ashley Duong on Aug 31, 2020

- e. To download or print a survey report, click the “Print Report” icon



- f. You can either print or save the report as a PDF.

**8) After downloading or printing the report, you must redact confidential information before uploading the report into ELMS**

Updated 9/3/20

- a. Confidential information will only appear in “Private Notes”, which are marked with a yellow bar...
  - i. In this picture the red mark shows Private Notes and the grey mark shows public notes, which have no yellow bar next to them

**Notes**

Surveyor Notes  
This is where the surveyor would write the notes they usually write in the form 807.  
– Michelle Bell

Confidential Resident Names  
Resident 1  
Resident 2  
Resident 3  
– Michelle Bell

Confidential Staff Names  
LNV 1  
RN 1  
RN 2  
DON 1  
– Michelle Bell

00 Tag

The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY.

A COVID-19 Mitigation Plan Implementation Survey was conducted by the California Department of Public Health on xx/xx/xxxx.

- b. And “Private Comments”, which appear within the findings
  - i. Marked in red below

**Mitigation-Testing and Cohorting** 1

The SNF will work with their local health department (LHD) and CDPH to develop a testing plan for regular testing of residents and staff through the identified testing sites able to meet the time requirements, including how test results will be used to inform resident and health care personnel (HCP) cohorting. This plan must be in place within 14 days of submission of the attestation

**Survey Procedures:**

- Request and review the facility’s testing plan for staff and residents. This plan must include information on methods and frequency, and it must specify how the facility will use testing results to inform resident and HCP cohorting decisions.
- Verify whether the testing plan complies with AFL-20-53.

**Public Comments:** Based on (observation, interviews and record reviews the facility failed to provide nursing services for Infectious Diseases evidenced by:

- Cohorting was not reevaluated, updated, and document, daily per record review which effected 5 (Resident 1, 3, 4, 6, and 7) out of 40 residents (see Mitigation plan requirement 1.3).
- There was no observed screening process for staff and visitors entering the facility and no corresponding documentation. This has the potential for the spread of infection (see Mitigation plan requirement 1.4).
- One resident (Resident 1) tested positive for COVID-19 on (date), was not separated from two roommates (Resident 4 and Resident 6) who tested negative for COVID-19 (see Mitigation plan requirement 1.7)
- One certified Nurse Assistant (CNA 1) assigned four residents (Residents 1, 4, 7, and 9) in the COVID-19 wing with three residents (Residents 2,5,and 8) who were negative for COVID-19 (see Mitigation plan requirement 1.8).

**Private Comments:** Private notes between surveyor and supervisor or between surveyors.

Inspector: Michelle Bell  
Days To Resolve: 10

**Not Compliant**  
Requires Verification

9. Once redactions are complete, log into ELMS and upload the report as you would normally upload a Plan of Correction

Updated 9/3/20

# RSS to ASPEN/ACO Data Transfer Job Aid

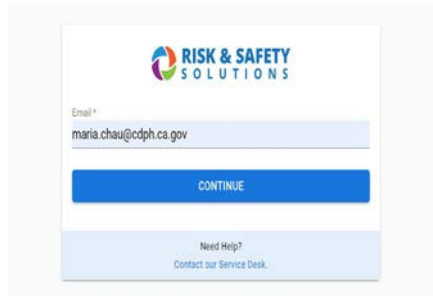
**PURPOSE:** Explains how to transfer data from a survey in RSS/Inspect desktop application (<https://hc.riskandsafety.com/>) to ASPEN/ACO. This process should not be started until the facility's Plan of Correction has been accepted.

Required software programs:

- RSS/Inspect Desktop Application
- ASPEN Central Office (ACO)
- Web Browser: Chrome or Firefox (MS Internet Explorer is not recommended)
- MS Outlook (optional)

## PROCEDURE:

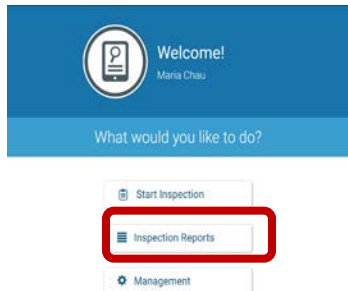
1. Log into RSS/Inspect by going to the url: <https://hc.riskandsafety.com/> and entering your CDPH email address.



2. From the Home page, select the More Apps link -> Inspect located on the left-hand side of the screen.



3. Select Inspection Reports.



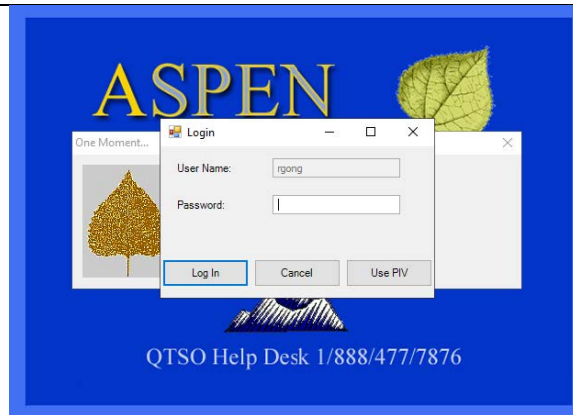
- Find the report by typing the Facility Name in the search field and selecting Done for the search filter. Click on the facility name to open the Statement of Deficiencies.

The screenshot shows the 'Inspection Reports' header in blue. Below it is a search bar with 'rosewood' entered. To the right of the search bar are filters: 'Done' (selected), 'Aug 04, 2020', and 'Sep 03, 2020'. There are 'Search' and 'Advanced Search' buttons. The main content area shows a report titled 'Bak. SNF COVID-19 Mitigation' for 'Rosewood Health Facility - 1401 New Stine Rd', contributed by Paula Lewis, with 0 open findings. A 'Notes' section contains a public note starting with 'The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY.' and is attributed to Paula Lewis on Aug 20, 2020.

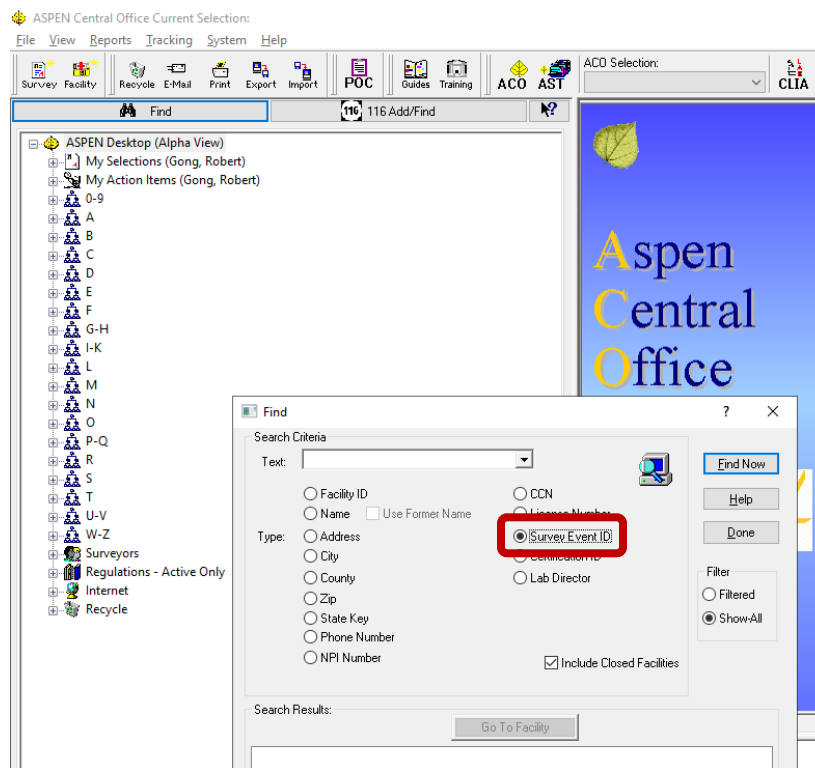
- Copy the 000-tag text from the public notes. Please note that public notes have no color code, but private notes have a yellow line next to them (see below). **Be sure not to transfer private notes to ACO.**

The screenshot shows a 'Notes' section with two entries. The first entry is a public note with a blue header and a blue vertical bar on the left. It contains text about a COVID-19 Mitigation Plan implementation survey. The second entry is a private note with a yellow vertical bar on the left. It contains text about an offsite prep note and a document titled 'ACC Care Center-555261-Mitigation Plan FINAL\_Redacted.pdf' with a 'Download' link.

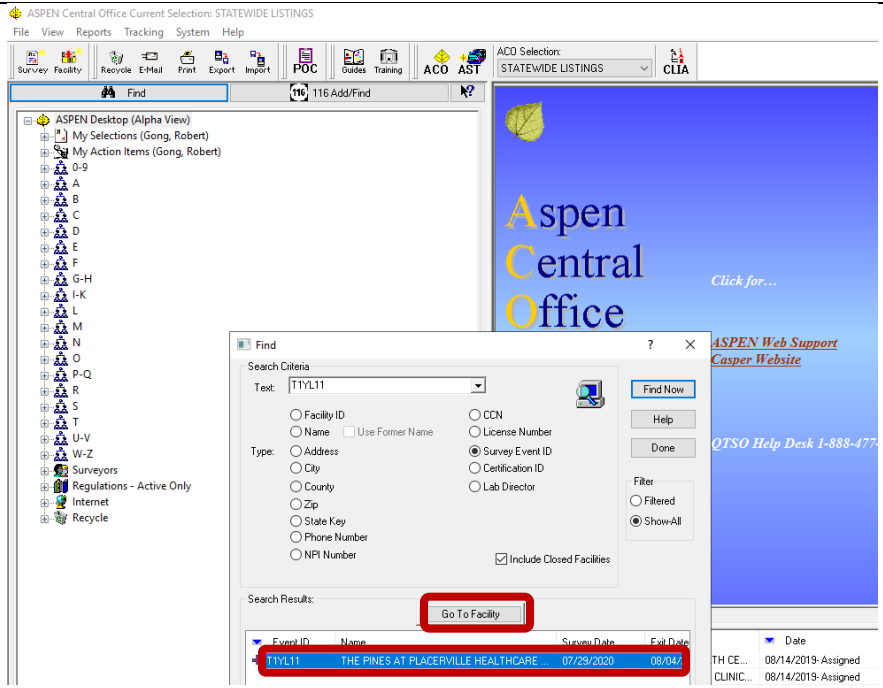
- Open ASPEN ACO on your desktop and login with your Windows password.



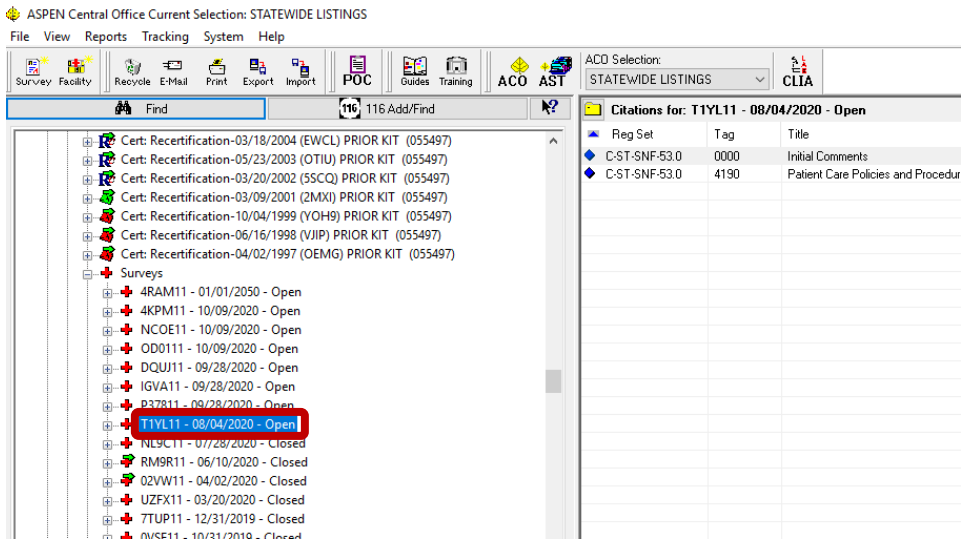
7. Search by Event ID by clicking on the Find Button (Binocular image), clicking on the Event ID button and pasting or keying in the Event ID number. Alternatively, you can search by the Facility Name and event ID by clicking on the appropriate button in the Search Criteria.



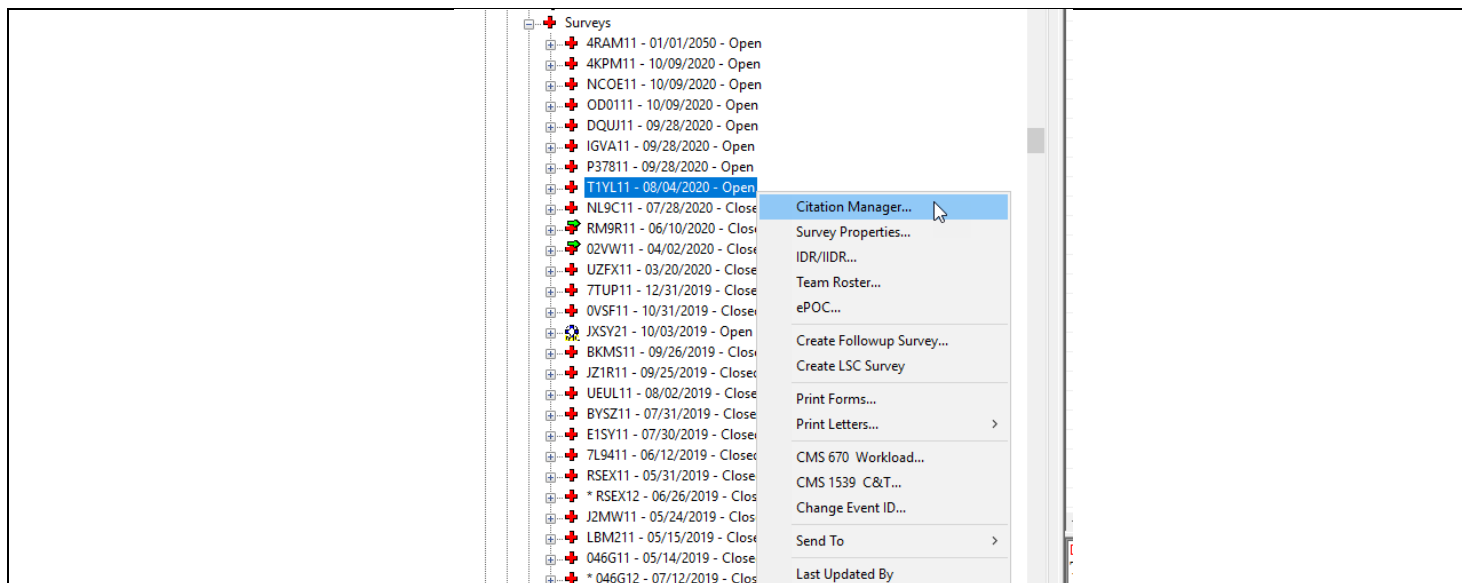
8. Either double-click on the Search Results in the Find Box or click on “Go to Facility” button above facility name.



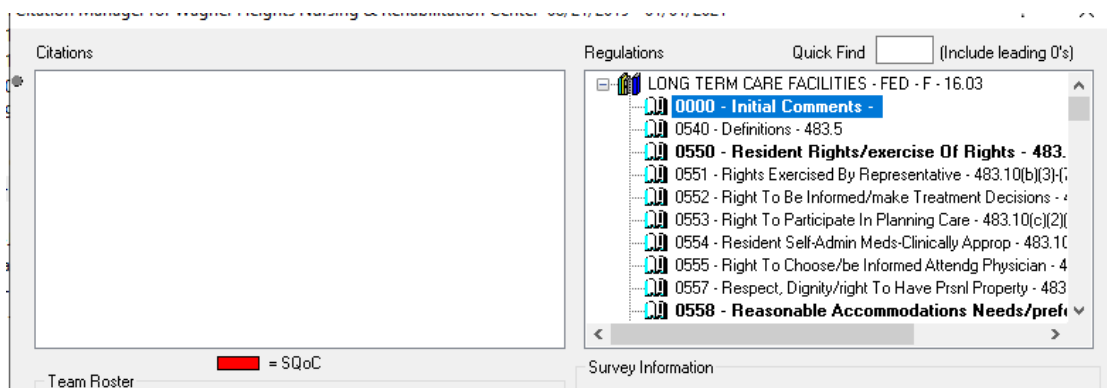
9. Look for the highlighted search result in the Facility Name tree on the left side of the ACO screen.



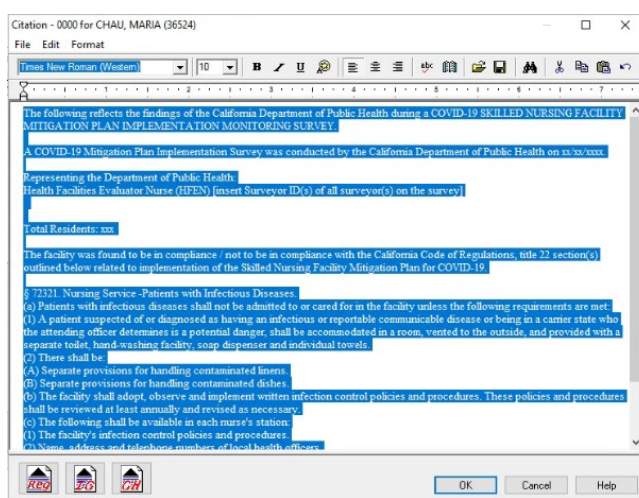
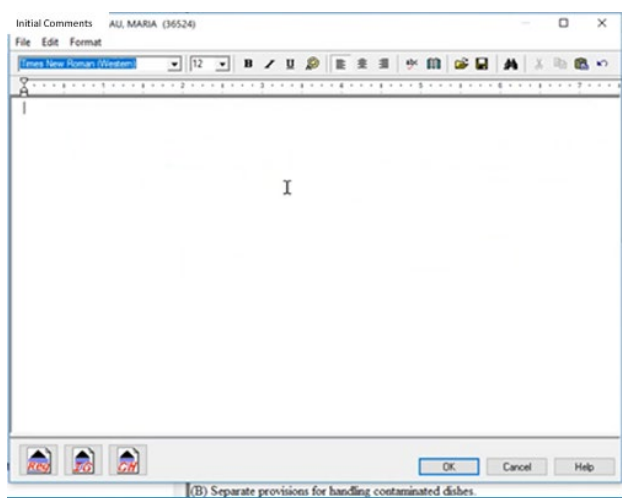
10. Right-click on event ID and click on Citation Manager.



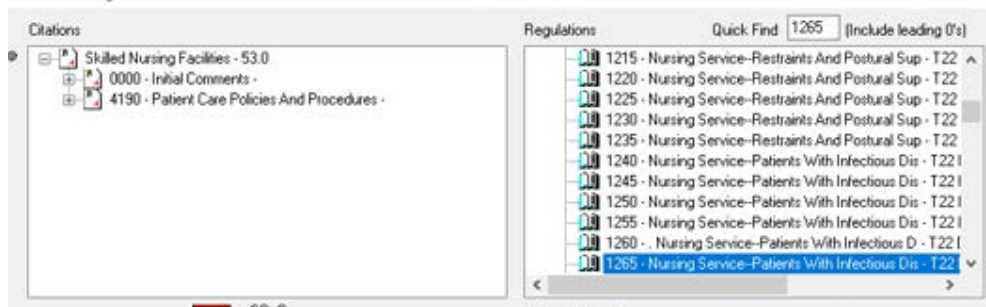
11. Enter Initial Comments. In the Regulations box on the right-hand side, highlight the Initial Comments row to drag and drop it in the Citations box on the left-hand side.



12. Paste (Ctrl-V) the Initial Comments from RSS/Inspect into the blank box that appears. You may need to recopy (Ctrl-C) the text from RSS/Inspect before being able to paste into ACO.

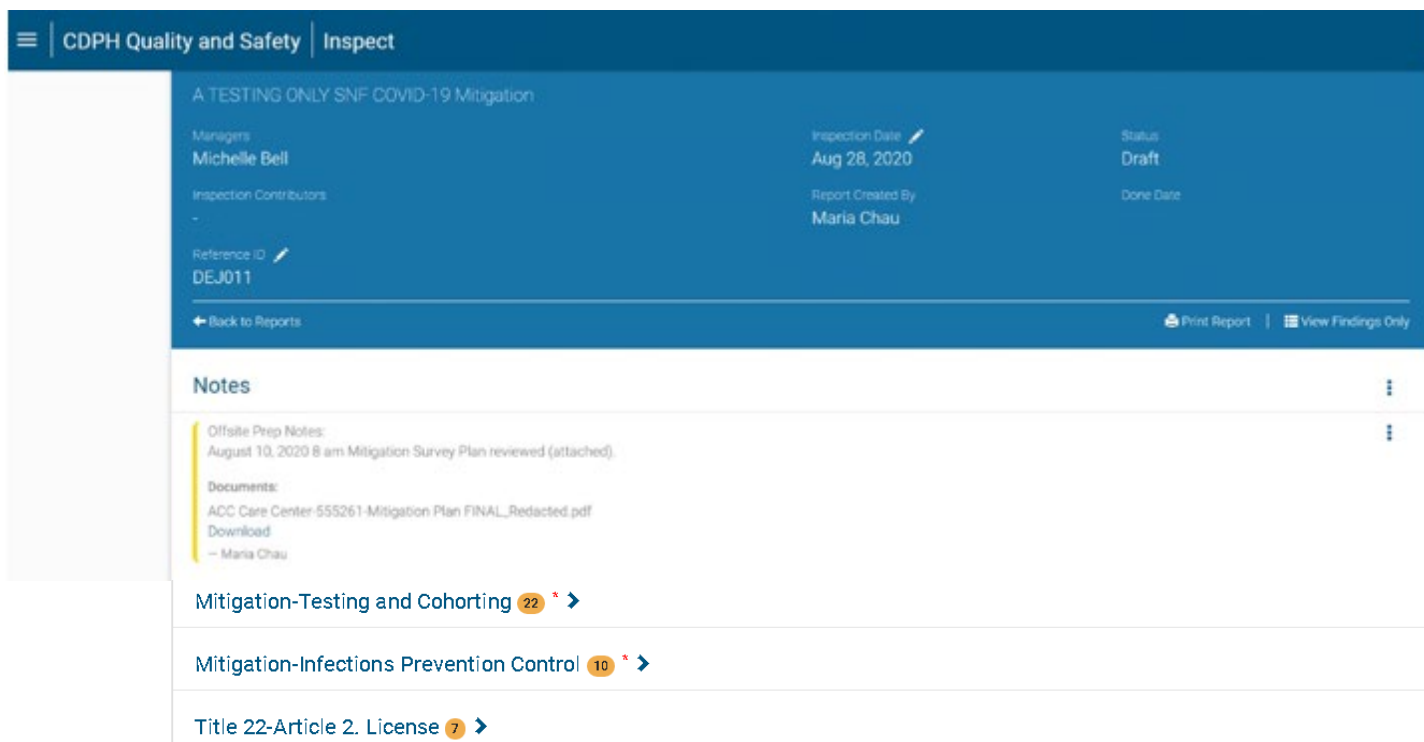


13. Use the Quick Find at the top of the Regulations box to find the State Regulation associated with the non-compliant finding.

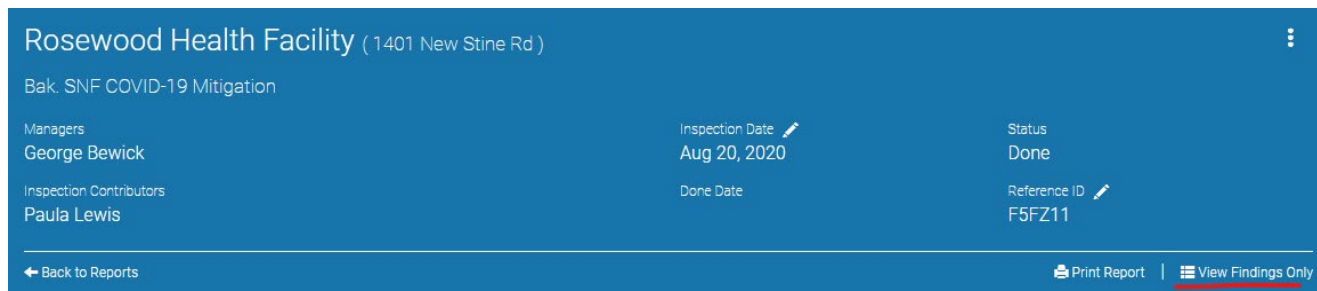


14. Drag and drop the State Regulation number to the Citations box on the left-hand side.

15. Return to the RSS/Inspect application and locate the first (or next) survey category with findings.



16. Expand and find the non-compliant findings by clicking “View Findings Only” to show only survey questions with findings.





17. Highlight and copy (Ctrl-C) the entire Public Comments of the non-compliant finding. **Please note: do not transfer private comments into ACO.**

Mitigation-Testing and Cohorting 1 \* v

The SNF will work with their local health department (LHD) and CDPH to develop a testing plan for regular testing of residents and staff through the identified testing sites able to meet the time requirements, including how test results will be used to inform resident and health care personnel (HCP) cohorting. This plan must be in place within 14 days of submission of the attestation

Add Incident

Survey Procedures:

- Request and review the facility's testing plan for staff and residents. This plan must include information on methods and frequency, and it must specify how the facility will use testing results to inform resident and HCP cohorting decisions.
- Verify whether the testing plan complies with AFL-20-53.

**Public Comments:** Based on (observation, interviews and record reviews the facility failed to provide nursing services for Infectious Diseases evidenced by:

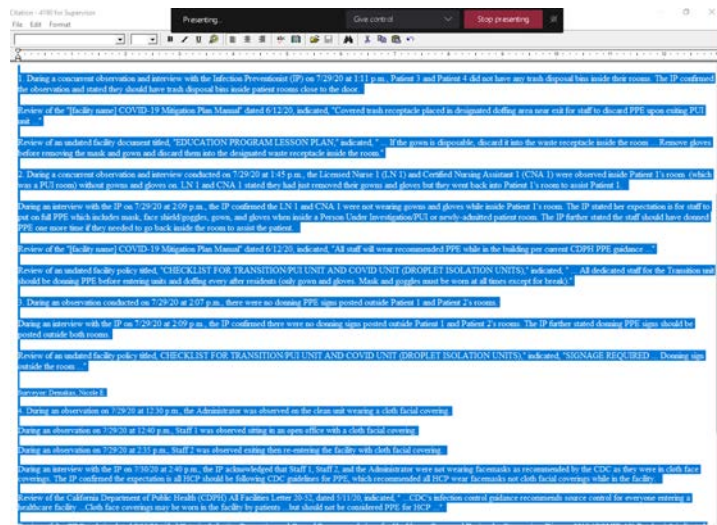
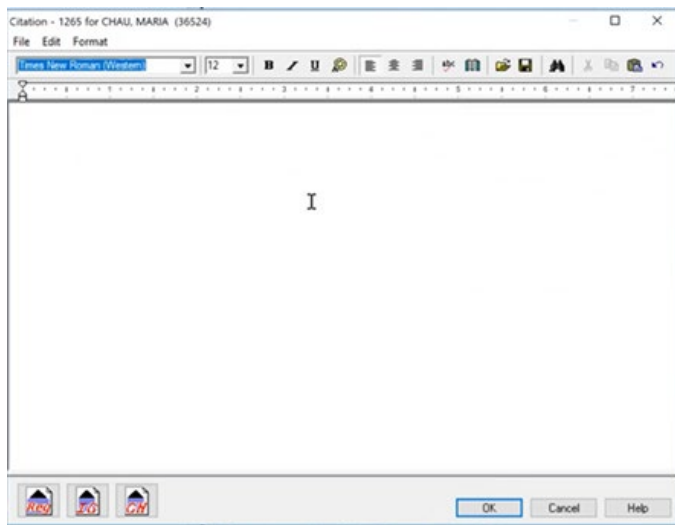
- Cohorting was not reevaluated, updated, and document, daily per record review which effected 5 (Resident 1, 3, 4, 6, and 7) out of 40 residents (see Mitigation plan requirement 1.3).
- There was no observed screening process for staff and visitors entering the facility and no corresponding documentation. This has the potential for the spread of infection (see Mitigation plan requirement 1.4).
- One resident (Resident 1) tested positive for COVID-19 on (date), was not separated from two roommates (Resident 4 and Resident 6) who tested negative for COVID-19 (see Mitigation plan requirement 1.7)
- One certified Nurse Assistant (CNA 1) assigned four residents (Residents 1, 4, 7, and 9) in the COVID-19 wing with three residents (Residents 2,5,and 8) who were negative for COVID-19 (see Mitigation plan requirement 1.8).

Not Compliant Requires Verification

**Private Comments:** Private notes between surveyor and supervisor or between surveyors.

Tags: § 72321 (b)  
 Inspector: Michelle Bell  
 Days To Resolve: 10

18. Return to ACO and paste (Ctrl-V) the findings (Public Comments) from RSS/Inspect into the blank box that appears.



19. Repeat Steps 15-18 above for all the non-compliant findings in the Event ID. For COVID Mitigation Surveys, you will paste all the findings for § 72321(b) Nursing Service -Patients with Infectious Diseases and for § 72523(c)(3) Patient Care Policies and Procedures in the corresponding Citations box for those regulations in ACO. **Be careful not to paste on top of findings you have already pasted in the Citations box.**

20. Once you have pasted all the non-compliant findings into ACO, please either close the survey or tell support staff that the survey is ready to close (assignments vary by office). Please note that ACO will generate a 2567, but **do not mail it**. There is also no need to generate the POC Cover Letter. The facility

has already received both the Statement of Deficiencies and the POC Cover Letter (if there are deficiencies) through RSS/Inspect.

# RSS Do Training Schedule 7/31/2020

Dates	District/Office or Audience	Session Times	Target Audience	Room Capacity	Session Medium	Address	Go Live Date
7/22/2020	Manager/Supervisor Training - ALL DO's	10:00am - 12:00pm	Managers and Supervisors		Webinar, Zoom session	N/A	
7/22/2020	Train-the-trainer - All DO's webinar	3:00 - 5:00pm	Trainers		Webinar, Zoom session	N/A	
7/23/2020	All DO Staff Training	10:00am - 12:00pm	All staff		Webinar, Zoom session	N/A	
7/24/2020	All DO Staff Training	1:00pm - 3:00pm	All staff		Webinar, Zoom session	N/A	
7/30/2020	Sacramento	9:00am - 12:00pm	Managers, Supervisors, and Trainers	20	On site and Virtual Zoom session	3901 Lennane Drive, Suite 210 Sacramento, CA 95834	8/7/2020
7/30/2020	Sacramento	1:00pm - 4:00pm	DO Surveyors	20	On site and Virtual Zoom session	3901 Lennane Drive, Suite 210 Sacramento, CA 95834	8/7/2020
7/31/2020	Sacramento	9:00am - 12:00pm	DO Surveyors	20	On site and Virtual Zoom session	3901 Lennane Drive, Suite 210 Sacramento, CA 95834	8/7/2020
8/3/2020	Fresno (if needed)	9:30am - 11:30am	Managers, Supervisors, and Trainers	40	On-site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/4/2020
8/3/2020	Fresno (if needed)	12:30pm - 2:30pm	DO Surveyors	40	On-site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/4/2020
8/3/2020	Fresno (if needed)	3:00pm - 5:00pm	DO Surveyors	40	On-site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/4/2020
8/4/2020	Fresno	9:30am - 11:30am	DO Surveyors	10	On site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/11/2020
8/4/2020	Fresno	12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/11/2020
8/4/2020	Fresno	3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	285 West Bullard, Suite 101 Fresno, CA 93704	8/11/2020
8/5/2020	Chico	9:30am - 11:30am	Managers, Supervisors, and Trainers	10	On site and Virtual Zoom session	126 Mission Ranch Boulevard Chico, CA 95926	8/12/2020
8/5/2020	Chico	12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	126 Mission Ranch Boulevard Chico, CA 95926	8/12/2020
8/5/2020	Chico (if needed)	3:00pm - 5:00pm	DO Surveyors	40	On-site and Virtual Zoom session	426 Mission Ranch Boulevard Chico, CA 95926	8/4/2020
8/6/2020	Stockton	9:30am - 11:30am	Managers, Supervisors, Trainers, and DO Surveyors	8	On site and Virtual Zoom session	3121 West March Lane, Ste 150 Stockton, CA 35219	8/13/2020
8/6/2020	LA Region 1 webinar	9:30am - 11:30am	Managers, Supervisors, and Trainers	20	Webinar, Zoom session	N/A	8/13/2020
8/6/2020	LA Region 1 webinar	12:30pm - 2:30pm	DO Surveyors	20	Webinar, Zoom session	N/A	8/13/2020

8/6/2020	LA Region 1 webinar	3:00pm - 5:00pm	DO Surveyors	20	Webinar, Zoom session	N/A	8/13/2020
8/7/2020	LA Region 1 webinar	9:30am - 11:30am	DO Surveyors	20	Webinar, Zoom session	N/A	8/14/2020
8/7/2020	LA Region 1 webinar	12:30pm - 2:30pm	DO Surveyors	20	Webinar, Zoom session	N/A	8/14/2020
8/7/2020	LA Region 1 webinar	3:00pm - 5:00pm	DO Surveyors	20	Webinar, Zoom session	N/A	8/14/2020
8/10/2020	Santa Rosa	9:30am - 11:30am	Managers, Supervisors, and Trainers	15	On site and Virtual Zoom session	2170 Northpoint Parkway Santa Rosa, CA 95407	8/17/2020
8/10/2020	Santa Rosa	12:30pm - 2:30pm	DO Surveyors	15	On site and Virtual Zoom session	2170 Northpoint Parkway Santa Rosa, CA 95407	8/17/2020
8/10/2020	Santa Rosa	3:00pm - 5:00pm	DO Surveyors	15	On site and Virtual Zoom session	2170 Northpoint Parkway Santa Rosa, CA 95407	8/17/2020
8/10/2020	Bakersfield	10:00am - 12:00pm	Managers, Supervisors, and Trainers	20	On site and Virtual Zoom session	4540 California Avenue, Suite 200 Bakersfield, CA 93309	8/17/2020
8/10/2020	Bakersfield	1:00pm - 3:00pm	DO Surveyors	20	On site and Virtual Zoom session	4540 California Avenue, Suite 200 Bakersfield, CA 93309	8/17/2020
8/11/2020	LAMU	9:30am - 11:30am	All staff	20	Webinar, Zoom session	N/A	8/18/2020
8/12/2020	San Francisco	9:30am - 11:30am	Managers, Supervisors, and Trainers	8	On site and Virtual Zoom session	150 North Hill Drive, Suite 22 Brisbane, CA 94005	8/20/2020
8/12/2020	San Francisco	12:30pm - 2:30pm	DO Surveyors	8	On site and Virtual Zoom session	150 North Hill Drive, Suite 22 Brisbane, CA 94005	8/20/2020
8/12/2020	San Francisco	3:00pm - 5:00pm	DO Surveyors	8	On site and Virtual Zoom session	150 North Hill Drive, Suite 22 Brisbane, CA 94005	8/20/2020
8/13/2020	San Francisco	12:30pm - 2:30pm	DO Surveyors	8	On site and Virtual Zoom session	150 North Hill Drive, Suite 22 Brisbane, CA 94005	8/20/2020
8/13/2020	Ventura	9:30am - 11:30am	Managers, Supervisors, and Trainers	12	On site and Virtual Zoom session	1889 North Rice Avenue, Suite 200 Oxnard, CA 93030	8/20/2020
8/13/2020	Ventura	12:30pm - 2:30pm	DO Surveyors	12	On site and Virtual Zoom session	1889 North Rice Avenue, Suite 200 Oxnard, CA 93030	8/20/2020
8/13/2020	Ventura (if needed)	3:00pm - 5:00pm	DO Surveyors	42	On site and Virtual Zoom session	1889 North Rice Avenue, Suite 200 Oxnard, CA 93030	8/20/2020
8/17/2020	Orange	9:30am - 11:30am	Managers, Supervisors, and Trainers	10	On site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92668	8/25/2020
8/17/2020	Orange	12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92668	8/25/2020

8/17/2020	Orange		3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92868	8/25/2020
8/18/2020	Orange (if needed)		9:30am - 11:30am	DO Surveyors	10	On site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92868	8/25/2020
8/18/2020	Orange (if needed)		12:30pm - 2:30pm	DO Surveyors	40	On-site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92868	8/25/2020
8/18/2020	Orange (if needed)		3:00pm - 5:00pm	DO Surveyors	40	On-site and Virtual Zoom session	681 S. Parker Street, Suite 200 Orange, CA 92868	8/25/2020
8/17/2020	San Jose		9:30am - 11:30am	Managers, Supervisors, and Trainers	10	On site and Virtual Zoom session	100 Paseo de San Antonio, Suite 235 San Jose, CA 95113	8/25/2020
8/17/2020	San Jose		12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	100 Paseo de San Antonio, Suite 235 San Jose, CA 95113	8/25/2020
8/17/2020	San Jose		3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	100 Paseo de San Antonio, Suite 235 San Jose, CA 95113	8/25/2020
8/18/2020	San Jose (if needed)		12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	100 Paseo de San Antonio, Suite 235 San Jose, CA 95113	8/25/2020
8/19/2020	LA Region 2 webinar		9:30am - 11:30am	Managers, Supervisors, and Trainers	20	Webinar: Zoom session	N/A	8/26/2020
8/19/2020	LA Region 2 webinar		12:30pm - 2:30pm	DO Surveyors	20	Webinar: Zoom session	N/A	8/26/2020
8/19/2020	LA Region 2 webinar		3:00pm - 5:00pm	DO Surveyors	20	Webinar: Zoom session	N/A	8/26/2020
8/20/2020	East Bay		9:00am - 12:00pm	Managers, Supervisors, and Trainers	20	On site and Virtual Zoom session	850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403	8/26/2020
8/20/2020	East Bay		1:00pm - 4:00pm	DO Surveyors	20	On site and Virtual Zoom session	850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403	8/26/2020
8/21/2020	East Bay (if needed)		9:00am - 12:00pm	DO Surveyors	20	On site and Virtual Zoom session	850 Marina Bay Parkway Building P, 1st Floor Richmond, CA 94804-6403	8/26/2020
8/20/2020	San Bernardino		9:30am - 11:30am	Managers, Supervisors, and Trainers	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/26/2020
8/20/2020	San Bernardino		12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/26/2020
8/20/2020	San Bernardino		3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/26/2020
8/21/2020	San Bernardino		9:30am - 11:30am	DO Surveyors	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/26/2020
8/21/2020	San Bernardino (if needed)		12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/26/2020

8/21/2020	San Bernardino (if needed)	3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	464 West Fourth Street, Suite 529 San Bernardino, CA 92401	8/28/2020
8/24/2020	Riverside	10:00am - 12:00pm	Managers, Supervisors, and Trainers	12	On site and Virtual Zoom session	625 E. Carnegie Drive, Suite 280 San Bernardino, CA 92408	9/1/2020
8/24/2020	Riverside	1:00pm - 3:00pm	DO Surveyors	12	On site and Virtual Zoom session	625 E. Carnegie Drive, Suite 280 San Bernardino, CA 92408	9/1/2020
8/25/2020	Riverside (if needed)	10:00am - 12:00pm	DO Surveyors	12	On site and Virtual Zoom session	625 E. Carnegie Drive, Suite 280 San Bernardino, CA 92408	9/1/2020
8/25/2020	Riverside (if needed)	1:00pm - 3:00pm	DO Surveyors	12	On site and Virtual Zoom session	625 E. Carnegie Drive, Suite 280 San Bernardino, CA 92408	9/1/2020
8/26/2020	State Facilities Section/SEQIS	9:30am - 11:30am	Managers, Supervisors, and Trainers	10	On site and Virtual Zoom session	685 E. Carnegie Dr., Suite 210 San Bernardino, CA 92408	9/2/2020
8/26/2020	State Facilities Section/SEQIS	12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	685 E. Carnegie Dr., Suite 210 San Bernardino, CA 92408	9/2/2020
8/26/2020	State Facilities Section/SEQIS	3:00pm - 5:00pm	DO Surveyors	10	On site and Virtual Zoom session	685 E. Carnegie Dr., Suite 210 San Bernardino, CA 92408	9/2/2020
8/27/2020	State Facilities Section/SEQIS	9:30am - 11:30am	DO Surveyors	10	On site and Virtual Zoom session	685 E. Carnegie Dr., Suite 210 San Bernardino, CA 92408	9/3/2020
8/27/2020	State Facilities Section/SEQIS	12:30pm - 2:30pm	DO Surveyors	10	On site and Virtual Zoom session	685 E. Carnegie Dr., Suite 210 San Bernardino, CA 92408	9/3/2020
8/31/2020	LA Region 3 webinar	9:30am - 11:30am	Managers, Supervisors, and Trainers	20	Webinar: Zoom session	N/A	9/7/2020
8/31/2020	LA Region 3 webinar	12:30pm - 2:30pm	DO Surveyors	20	Webinar: Zoom session	N/A	9/7/2020
8/31/2020	LA Region 3 webinar	3:00pm - 5:00pm	DO Surveyors	20	Webinar: Zoom session	N/A	9/7/2020
8/31/2020	San Diego	9:30am - 11:30am	Managers, Supervisors, and Trainers	12	On site and Virtual Zoom session	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	9/8/2020
8/31/2020	San Diego	12:30pm - 2:30pm	DO Surveyors	12	On site and Virtual Zoom session	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	9/8/2020
8/31/2020	San Diego	3:00pm - 5:00pm	DO Surveyors	12	On site and Virtual Zoom session	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	9/8/2020
9/1/2020	San Diego (if needed)	9:30am - 11:30am	DO Surveyors	12	On site and Virtual Zoom session	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	9/8/2020
9/1/2020	San Diego (if needed)	12:30pm - 2:30pm	DO Surveyors	12	On site and Virtual Zoom session	7575 Metropolitan Drive, Suite 211 San Diego, CA 92108-4402	9/8/2020