State of New Jersey
New Jersey Department of

P.O. Date: 10/4/2022

Central Procurement (4210)

Release Purchase Order

90-22-DOH

Blanket Order Number

22-WAIVE-17179:5

SHOW THIS NUMBER ON ALL PACKAGES, INVOICES AND SHIPPING PAPERS.

Agency Ref. #

VENDOR

Vendor Number: [redacted]
Healthcare Management Solutions, LLC

1000 Technology Dr.
Suite 1310
Fairmont, WV 26554
proposals@hcmsllc.com
304-368-0288

Vendor Alternate ID: [redacted]

Remit Address:
Finance
1000 Technology Dr.
Fairmont, WV 26554
US

Email: finance@hcmsllc.com
Phone Number: (304)368-0288

SHIP TO

[redacted]
HFEL Administrative Services Fiscal Office
120 South Stockton Street Lower Level
Trenton, NJ 08611
US
Email: [redacted]
Phone: [redacted]

BILL TO

[redacted]
55 North Willow Street
TRENTON, NJ 08625-0360
US
Email: [redacted]
Phone: [redacted]

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [redacted]

Account Code: 20-100-S1DC- -126-J003-3620- - -1129

Solicitation (Bid) No.:

Payment Terms:
Shipping Terms:
Freight Terms:
Delivery Calendar Day(s) A.R.O.: 0

Item # 1
Class-Item 907-83

NH Recertification/FIC/LSC // $40,923 each

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
4.00	$ 40,923.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 163,692.00

LN/FY/Account Code	Dollar Amount
1/23/20-100-S1DC- -126-J003-3620- - -1129	$ 163,692.00

Item # 2
Class-Item 907-83

ASC Recertification w/o LSC // $13,642 each

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
3.00	$ 13,642.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 40,926.00

LN/FY/Account Code	Dollar Amount
2/23/20-100-S1DC- -126-J003-3620- - -1129	$ 40,926.00

TAX:	$ 0.00
FREIGHT:	$ 0.00
TOTAL:	$ 204,618.00

APPROVED
By: [redacted]
Phone#: ([redacted]
BUYER

State of New Jersey
New Jersey Department of

P.O. Date: 11/9/2022

Central Procurement (4210)

Release Purchase Order

90-22-DOH

Blanket Order Number

22-WAIVE-17179:7

SHOW THIS NUMBER ON ALL PACKAGES, INVOICES AND SHIPPING PAPERS.

Agency Ref. #

VENDOR

Vendor Number: [redacted]
Healthcare Management Solutions, LLC

1000 Technology Dr.
Suite 1310
Fairmont, WV 26554
proposals@hcmsllc.com
304-368-0288

Vendor Alternate ID: [redacted]

Remit Address:
Finance
1000 Technology Dr.
Fairmont, WV 26554
US

Email: finance@hcmsllc.com
Phone Number: (304)368-0288

SHIP TO

[redacted]
HFEL Administrative Services Fiscal Office
120 South Stockton Street Lower Level
Trenton, NJ 08611
US
Email: [redacted]
Phone: [redacted]

BILL TO

[redacted]
55 North Willow Street
TRENTON, NJ 08625-0360
US
Email: [redacted]
Phone: [redacted]

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [redacted]

Account Code: 20-100-S1DC- -126-2001-3620- - -1129

Solicitation (Bid) No.:

Payment Terms:
Shipping Terms:
Freight Terms:
Delivery Calendar Day(s) A.R.O.: 0

Item # 1
Class-Item 907-83

ERSD Recertification surveys // $15,914 each // 5 per month

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
15.00	$ 14,853.06667	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 222,796.00

LN/FY/Account Code	Dollar Amount
1/23/20-100-S1DC- -126-2001-3620- - -1129	$ 222,796.00

Item # 2
Class-Item 907-83

Ambulatory Surgery Center recertification surveys // $13,642 each // 5 per month

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
15.00	$ 0.06667	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 1.00

LN/FY/Account Code	Dollar Amount
2/23/20-100-S1DC- -126-2001-3620- - -1129	$ 1.00

Item # 3
Class-Item 907-83

SNF Recertification surveys // $41,291 each // 5 per month

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
15.00	$ 0.06667	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 1.00

LN/FY/Account Code	Dollar Amount
3/23/20-100-S1DC- -126-2001-3620- - -1129	$ 1.00

Item # 4
Class-Item 907-83

Hospital Compliant Investigation // $9,081 each // 5 per month

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
15.00	$ 0.06667	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 1.00

LN/FY/Account Code	Dollar Amount
4/23/20-100-S1DC- -126-2001-3620- - -1129	$ 1.00

Item # 5
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 722.60	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 3,613.00

LN/FY/Account Code	Dollar Amount
5/23/20-100-S1DC- -126-2001-3620- - -1129	$ 3,613.00

Item # 6
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
10.00	$ 24,553.40	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 245,534.00

LN/FY/Account Code	Dollar Amount
6/23/20-100-S1DC- -126-2001-3620- - -1129	$ 245,534.00

Item # 7
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
6.00	$ 5,252.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 31,512.00

LN/FY/Account Code	Dollar Amount
7/23/20-100-S1DC- -126-2001-3620- - -1129	$ 31,512.00

TAX:	$ 0.00
FREIGHT:	$ 0.00
TOTAL:	$ 503,458.00

APPROVED
By: [redacted]
Phone#: [redacted]
BUYER

State of New Jersey
New Jersey Department of

P.O. Date: 11/29/2022

Central Procurement (4210)

Release Purchase Order

90-22-DOH

Blanket Order Number

22-WAIVE-17179:9

SHOW THIS NUMBER ON ALL PACKAGES, INVOICES AND SHIPPING PAPERS.

Agency Ref. #

VENDOR

Vendor Number: [redacted]
Healthcare Management Solutions, LLC

1000 Technology Dr.
Suite 1310
Fairmont, WV 26554
proposals@hcmsllc.com
304-368-0288

Vendor Alternate ID: [redacted]

Remit Address:
Finance
1000 Technology Dr.
Fairmont, WV 26554
US

Email: finance@hcmsllc.com
Phone Number: (304)368-0288

SHIP TO

[redacted]
HFEL Administrative Services Fiscal Office
120 South Stockton Street Lower Level
Trenton, NJ 08611
US
Email: [redacted]

BILL TO

[redacted]
55 North Willow Street
TRENTON, NJ 08625-0360
US
Email: [redacted]

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [redacted]

Account Code: 20-100-S1DC- -126-2001-3620- - -1129

Solicitation (Bid) No.:

Payment Terms:
Shipping Terms:
Freight Terms:
Delivery Calendar Day(s) A.R.O.: 0

Item # 1
Class-Item 907-83

ASC Recertification w/o LSC // $13,642 each

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
2.00	$ 13,642.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 27,284.00

LN/FY/Account Code	Dollar Amount
1/23/20-100-S1DC- -126-2001-3620- - -1129	$ 27,284.00

Item # 2
Class-Item 907-83

NH Recertification/FIC/LSC // $40,923 each

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
2.00	$ 40,923.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 81,846.00

LN/FY/Account Code	Dollar Amount
2/23/20-100-S1DC- -126-2001-3620- - -1129	$ 81,846.00

Item # 3
Class-Item 907-83

IDR/IIDR Nursing Home // $3,612 per survey

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	$ 3,612.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 3,612.00

LN/FY/Account Code	Dollar Amount
3/23/20-100-S1DC- -126-2001-3620- - -1129	$ 3,612.00

Item # 4
Class-Item 907-83

ESRD Recertification w/o LSC // $15,914 per survey

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 15,914.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 79,570.00

LN/FY/Account Code	Dollar Amount
4/23/20-100-S1DC- -126-2001-3620- - -1129	$ 79,570.00

TAX:	$ 0.00
FREIGHT:	$ 0.00
TOTAL:	$ 192,312.00

APPROVED
By: [redacted]
Phone#: ([redacted]
BUYER

State of New Jersey
New Jersey Department of

P.O. Date: 1/11/2023

Central Procurement (4210)

Release Purchase Order

90-22-DOH

Blanket Order Number

22-WAIVE-17179:11

SHOW THIS NUMBER ON ALL PACKAGES, INVOICES AND SHIPPING PAPERS.

Agency Ref. #

VENDOR

Vendor Number: [redacted]
Healthcare Management Solutions, LLC

1000 Technology Dr.
Suite 1310
Fairmont, WV 26554
proposals@hcmsllc.com
304-368-0288

Vendor Alternate ID: [redacted]

Remit Address:
Finance
1000 Technology Dr.
Fairmont, WV 26554
US

Email: finance@hcmsllc.com
Phone Number: (304)368-0288

SHIP TO

[redacted] - DOH
HFEL Administrative Services Fiscal Office
120 South Stockton Street Lower Level
Trenton, NJ 08611
US
Email: [redacted]
Phone: [redacted]

BILL TO

[redacted]
55 North Willow Street
TRENTON, NJ 08625-0360
US
Email: [redacted]
Phone: [redacted]

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [redacted]

Account Code: 20-100-S1DC- -126-2001-3620- - -1129

Solicitation (Bid) No.:

Payment Terms: Net 30
Shipping Terms: F.O.B., Destination
Freight Terms:
Delivery Calendar Day(s) A.R.O.: 0

Item # 1
Class-Item 907-83

NH Recertification FIC/LSC // $40,923 each // 15 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
8.00	$ 40,923.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 327,384.00

LN/FY/Account Code	Dollar Amount
1/23/20-100-S1DC- -126-2001-3620- - -1129	$ 327,384.00

Item # 2
Class-Item 907-83

IDR/ IIDR Nursing Home // $3,612 each // 10 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	$ 3,612.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 3,612.00

LN/FY/Account Code	Dollar Amount
2/23/20-100-S1DC- -126-2001-3620- - -1129	$ 3,612.00

Item # 3
Class-Item 907-83

ESRD Recertification without LSC // $15,914 each // 20 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
12.00	$ 15,914.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 190,968.00

LN/FY/Account Code	Dollar Amount
3/23/20-100-S1DC- -126-2001-3620- - -1129	$ 190,968.00

Item # 4
Class-Item 907-83

ASC Recertification without LSC // $13,642 each // 10 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 13,642.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 68,210.00

LN/FY/Account Code	Dollar Amount
4/23/20-100-S1DC- -126-2001-3620- - -1129	$ 68,210.00

Item # 5
Class-Item 907-83

SNF Recertification // $41,291 each // 5 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 41,291.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 0.00

LN/FY/Account Code	Dollar Amount
5/23/20-100-S1DC- -126-2001-3620- - -1129	$ 0.00

Item # 6
Class-Item 907-83

Hospital Compliant Investigation // $9,081 each // 5 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 9,081.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 0.00

LN/FY/Account Code	Dollar Amount
6/23/20-100-S1DC- -126-2001-3620- - -1129	$ 0.00

Item # 7
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
24.00	$ 5,252.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 126,048.00

LN/FY/Account Code	Dollar Amount
7/23/20-100-S1DC- -126-2001-3620- - -1129	$ 126,048.00

Item # 8
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
6.00	$ 9,995.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 59,970.00

LN/FY/Account Code	Dollar Amount
8/23/20-100-S1DC- -126-2001-3620- - -1129	$ 59,970.00

Item # 9
Class-Item 907-83

The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
1.00	$ 7,331.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 7,331.00

LN/FY/Account Code	Dollar Amount
9/23/20-100-S1DC- -126-2001-3620- - -1129	$ 7,331.00

TAX:	$ 0.00
FREIGHT:	$ 0.00
TOTAL:	$ 783,523.00

APPROVED

By: [redacted]

Phone#: [redacted]

BUYER

State of New Jersey
New Jersey Department of

P.O. Date: 4/18/2023

Central Procurement (4210)

Release Purchase Order

90-22-DOH

Blanket Order Number

22-WAIVE-17179:12

SHOW THIS NUMBER ON ALL PACKAGES, INVOICES AND SHIPPING PAPERS.

Agency Ref. #

VENDOR

Vendor Number: [redacted]
Healthcare Management Solutions, LLC

1000 Technology Dr.
Suite 1310
Fairmont, WV 26554
proposals@hcmsllc.com
304-368-0288

Vendor Alternate ID: [redacted]

Remit Address:
Finance
1000 Technology Dr.
Fairmont, WV 26554
US

Email: finance@hcmsllc.com
Phone Number: (304)368-0288

SHIP TO

[redacted]
HFEL Administrative Services Fiscal Office
120 South Stockton Street Lower Level
Trenton, NJ 08611
US
Email: [redacted]
Phone: [redacted]

BILL TO

[redacted]
55 North Willow Street
TRENTON, NJ 08625-0360
US
Email: [redacted]
Phone: [redacted]

INVOICES: Direct invoices in DUPLICATE to the address shown above. TERMS AND CONDITIONS set forth in our Bid or Quotation, on the reverse side hereof or incorporated herein by reference become a part of this

ATTN: Contact [redacted]

Account Code: 20-100-S1DC- -126-2001-3620- - -1129

Solicitation (Bid) No.:

Payment Terms: Net 30
Shipping Terms: F.O.B., Destination
Freight Terms:
Delivery Calendar Day(s) A.R.O.: 0

Item # 1
Class-Item 907-83

NH Recertification FIC/LSC // $40,923 each // 15 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
15.00	$ 40,923.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 613,845.00

LN/FY/Account Code	Dollar Amount
1/23/20-100-S1DC- -126-2001-3620- - -1129	$ 613,845.00

Item # 2
Class-Item 907-83

IDR/ IIDR Nursing Home // $3,612 each // 10 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
10.00	$ 3,612.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 36,120.00

LN/FY/Account Code	Dollar Amount
2/23/20-100-S1DC- -126-2001-3620- - -1129	$ 36,120.00

Item # 3
Class-Item 907-83

ESRD Recertification without LSC // $15,914 each // 20 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
20.00	$ 15,914.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 318,280.00

LN/FY/Account Code	Dollar Amount
3/23/20-100-S1DC- -126-2001-3620- - -1129	$ 318,280.00

Item # 4
Class-Item 907-83

ASC Recertification without LSC // $13,642 each // 10 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
10.00	$ 13,642.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 136,420.00

LN/FY/Account Code	Dollar Amount
4/23/20-100-S1DC- -126-2001-3620- - -1129	$ 136,420.00

Item # 5
Class-Item 907-83

SNF Recertification // $41,291 each // 5 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 41,291.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 206,455.00

LN/FY/Account Code	Dollar Amount
5/23/20-100-S1DC- -126-2001-3620- - -1129	$ 206,455.00

Item # 6
Class-Item 907-83

Hospital Compliant Investigation // $9,081 each // 5 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 9,081.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 45,405.00

LN/FY/Account Code	Dollar Amount
6/23/20-100-S1DC- -126-2001-3620- - -1129	$ 45,405.00

Item # 7
Class-Item 907-83

NH LS // $5252.00 each // 30 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
30.00	$ 5,252.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 157,560.00

LN/FY/Account Code	Dollar Amount
7/23/20-100-S1DC- -126-2001-3620- - -1129	$ 157,560.00

Item # 8
Class-Item 907-83

NH Compliant // $9,995 each // 10 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
10.00	$ 9,995.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 99,950.00

LN/FY/Account Code	Dollar Amount
8/23/20-100-S1DC- -126-2001-3620- - -1129	$ 99,950.00

Item # 9
Class-Item 907-83

NH FIC // $7,331.00 each // 5 per quarter

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 7,331.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 36,655.00

LN/FY/Account Code	Dollar Amount
9/23/20-100-S1DC- -126-2001-3620- - -1129	$ 36,655.00

Item # 10
Class-Item 907-83

Additional Surveyor - Nursing Home // $9,503.00 each
The waiver is to engage consultant for inspections and investigations to reduce and mitigate the impact of COVID-19 on the residents and staff of the acute Care and Long-term Care facilities licensed or certified in New Jersey.

Quantity	Unit Price	UOM	Discount %	Total Discount	Tax Rate	Tax Amount	Freight	Total Cost
5.00	$ 9,503.00	EA	0.00 %	$ 0.00		$ 0.00	$ 0.00	$ 47,515.00

LN/FY/Account Code	Dollar Amount
10/23/20-100-S1DC- -126-2001-3620- - -1129	$ 47,515.00

TAX:	$ 0.00
FREIGHT:	$ 0.00
TOTAL:	$ 1,698,205.00

APPROVED
By: [redacted]
Phone#: ([redacted]
BUYER

Request for Proposals
Long Term Care Facilities Surveys Engagement #22-100 (A)

The Department of Health ("Department" or "DOH") is looking to engage one (1) or more Contractor(s) to conduct approximately 100 on-site surveys in accordance with State and Federal regulations at Medicare-certified and or State-licensed Acute and Long-Term care Facilities. The surveys shall consist of a combination of Focused Infection Control Surveys, Recertification & Relicensing Inspections with life safety code, Complaint Investigations, and reinspection when appropriate.

Proposals Due: **Thursday, May 19, 2022, by 3 PM EST**

Question & Answer Period: **Wednesday, May 4, 2022, by 3 PM EST**

All Bidders must submit Proposals to centralprocurement@doh.nj.gov by the Proposal due date and specified time.

Contract term: Award Date (TBD) through **June 30, 2023, 12 months. This timeline may be subject to change.**

1.0 **Scope of Work:**

The Department of Health ("Department" or "DOH") is looking to engage one (1) or more Contractor(s) to conduct approximately 100 on-site surveys in accordance with State and Federal regulations at Medicare-certified and or State-licensed Acute and Long-Term care Facilities. The Contractor shall complete the following activities, tasks, obligations, and responsibilities between the contract award date and June 30, 2023, the term of the contract.

1.1 **Contractor Responsibilities:**

The Contractor(s) shall:

- Provide Surveyor Minimum Qualification Test (SMQT) certified staff and Fire Safety Inspector 1 Life Safety Code staff to conduct approximately 100 complaint investigations, recertifications/licensure surveys and COVID-19 focused infection control surveys of facilities with the process outlined by the Centers for Medicare and Medicaid Services (CMS) and applicable federal laws and regulations at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c05pdf.pdf https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c06pdf.pdf

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c07pdf.pdf and https://www.cms.gov/files/document/qso-20-38-nh.pdf .

- Provide any necessary Personal Protective Equipment (PPE) to surveyors working pursuant to the Contract.
- Enter all survey findings into the Automated Survey Processing Environment (ASPEN) shell and submit to NJ no later than five (5) business days from the date of survey completion.
- Submit the CMS Infection Control Tool to DOH along with the CMS-2567 no later than five (5) business days from the date of survey completion.
- Participate in meetings or conference calls, as requested by NJ, to assist in review of survey findings and/or the facility Plan of Correction.
- Notify NJ as soon as possible of any suspected Immediate Jeopardy (IJ) situation in a facility being surveyed and follow procedures set forth in the SOM
- Provide requested documentation and/or testimony regarding enforcement actions as needed to support federal or State counsel in any resulting litigation.
- At the completion of each contracted survey, release to DOH all information, working papers, and reports required by federal and State law used in determining whether participating facilities met federal requirements.
- Adhere to all federal and State requirements, including but not limited to forms, methods, policies and procedures, which are applicable to CMS survey and certification work, as well as federal laws and regulations.
- Refer to and comply with CMS Quality Safety and Oversight (QSO) memoranda released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.

1.2 Surveys

The Contractor shall conduct the following survey activities.

1) Focused Infection Control surveys within 3 business days of assignment by DOH Surveyors determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections.
2) Relicensing or recertification surveys using the federal process including life safety code and revisits when appropriate, and
3) Complaint investigations and revisits when appropriate.

1.3 Survey Criteria

The Contractor shall utilize the following State and Federal criteria in determining and investigating compliance during the survey process.

1) Proper infection prevention and control practices (F880, F885, and E0024) to prevent the transmission of COVID-19 and other infections using the Centers for Medicare and Medicaid Services (CMS) Focused Infection Control survey process with a crosswalk to the NJ regulations;

2) Medicare Requirements for Participation in the Electronic Code of Federal Regulations (e-CFR) - updated 05/07, Publication # 100-07 - State Operations Manual and State regulations at N.J.A.C. 8:43F, Standards for Licensure of Adult and Pediatric Day Health Services; N.J.A.C. 8:36, Standards For Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs; N.J.A.C. 8:39, Standards For Licensure of Long-term Care Facilities; N.J.A.C. 8:43, Standards For Licensure of Residential Health Care Facilities; N.J.A.C. 8:43E, General Licensure Procedures and Enforcement of Licensure Regulations; N.J.A.C. 8:86, Adult and Pediatric Day Health Services; N.J.A.C. 8:43 A, Manual for Standards for Licensing Ambulatory Care Facilities; N.J.A.C. 8:43 G-H Licensing Standards for Hospitals and Rehabilitation Hospitals, respectively.
3) Medicare Requirements for Participation in the Electronic Code of Federal Regulations (e-CFR) - updated 05/07, Publication # 100-07 - State Operations Manual (SOM) using the CMS complaint process with a crosswalk to NJ regulations.

2.0 Proposal Submission Requirements

2.1 Proposal Submission

In order to be considered for an award, the Proposal must be received by the New Jersey Department of Health's (DOH) Central Procurement Unit, electronically through the central e-mail account {centralprocurement@doh.nj.gov } by the required date and time.

The date and time of the Proposal opening are indicated on the RFP cover sheet and on DOH Bidding Opportunities webpage www.nj.gov/health/mgmt/bids.shtml. If the Proposal opening deadline has been revised, the new Proposal opening deadline shall be shown on the posted Bid Amendment and on www.nj.gov/health/mgmt/bids.shtml. Proposals not received prior to the Proposal opening deadline shall be rejected.

2.2 Experience:

Bidder(s) shall provide relevant experience on projects of similar size and scope and have direct experience providing services with governmental public health entities. Bidders shall have experience of providing on-site assistance to healthcare facilities, specifically long-term care facilities. Surveyors must be certified Surveyor Minimum Qualifications Tested (SMQT). Detailed resumes should be submitted for all management, supervisory, and key personnel and pool survey staff to be assigned to the Contract. Resumes should emphasize relevant qualifications and experience of these individuals in successfully completing Contracts of a similar size and scope to those required by this RFP.

2.3 Pricing:

Bidder shall submit an all-inclusive price based on a survey type: complaint investigation, focused infection control, or biennial licensing survey, and combinations thereof, (for example, focused infection control and complaint investigation at the same time) and shall include all tasks.

Pricing shall be firm fixed pricing. **Firm Fixed Price** means a price that is all-inclusive of direct cost and indirect costs, including, but not limited to, direct labor costs, overhead, fee or profit, clericalsupport, equipment, materials, supplies, managerial (administrative) support, all documents, reports, forms, travel, reproduction, and any other costs.

Please complete the attached price sheet. If the Bidder is unable to provide a deliverable the corresponding field must be marked as "No Bid".

2.4 Technical Proposal Requirements

Bidder shall submit a Technical Proposal, which describes its approach and plans for accomplishing the work outlined in the Scope of Work section, Contractor Responsibilities, Deliverables, Experience, and Pricing, i.e., Sections 1.0 - 2.0. The Bidder shall set forth its understanding of the requirements of this RFP and its approach to successfully complete the contract. The Bidder should include the level of detail it determines necessary to assist the evaluation committee in its review of the Bidder's Proposal.

3.0 Proposal Evaluation:

Each criterion will be scored, and each score multiplied by a predetermined weight to develop the Technical Evaluation Score.

Personnel: The qualifications and experience of the Bidder's management, supervisory and key field personnel, and pool survey staff assigned to the contract.

Experience of firm: The Bidder's documented experience in successfully completing contracts of a similar size and scope in relation to the work required by this RFP; and direct experience providing services with governmental public health entities. Contractors shall have the experience of providing on-site assistance to healthcare facilities, specifically long-term care facilities.

Ability of firm to complete the Scope of Work based on its Technical Proposal: The Bidder's demonstration in the Proposal that the Bidder understands the requirements of the Scope of Work and presents an approach that would permit successful performance of the technical requirements of the RFP.

The intent of this RFP is to award a contract(s) to that responsible Bidder(s) whose Proposal(s),

conforming to this RFP is most advantageous to the State, price and other factors considered. Should the Department decide to award to multiple Bidders, it reserves the right to select the number of IPs it will accept from each Bidder.

5.0 Required forms:

5.1 FORMS, REGISTRATIONS AND CERTIFICATIONS REQUIRED WITH PROPOSAL

All required forms are found at the following link:
https://www.state.nj.us/treasury/purchase/forms.shtml

All bid submissions should include completed mandatory compliance forms, which include:

- Ownership Disclosure
- Disclosure of Investigations and Other Actions Involving Contractor
- Disclosure of Investment Activities in Iran
- Chapter 51 Compliance, where applicable
- Chapter 271 form, where applicable
- MacBride Principles
- Source Disclosure
- E.O. 271 Statement or Certification
- Business Registration Certificate
- Affirmative Action Compliance
- Evidence of Insurance
- State of New Jersey Standard Terms and Conditions
- Waivered Contracts Supplement to the State of New Jersey Standard Terms and Conditions
- Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

Bidders are under a continuing obligation to report updates to the information contained in its required forms.

Unless otherwise specified, forms must contain an original, physical signature, or electronic signature.

Winning Bidder(s) must register with NJSTART as a Contractor for the State of NJ.
www.njstart.gov

5.2 MACBRIDE PRINCIPLES CERTIFICATION

Pursuant to N.J.S.A. 52:34-12.2, a Bidder is required to certify that it either has no ongoing business activities in Northern Ireland and does not maintain a physical presence therein or that it will take lawful steps in good faith to conduct any business operations it has in Northern Ireland in accordance with the MacBride principles of nondiscrimination in employment as set forth in N.J.S.A. 52:18A-89.5 and in conformance with the United Kingdom's Fair Employment (Northern Ireland) Act of 1989, and permit independent monitoring of their compliance with those principles.

5.3 OWNERSHIP DISCLOSURE FORM

Pursuant to N.J.S.A. 52:25-24.2, in the event the Bidder is a corporation, partnership, or limited liability company, the Bidder must disclose all 10% or greater owners by (a) completing and submitting the Ownership Disclosure Form with the Proposal; (b) if the Bidder has submitted a signed and accurate Ownership Disclosure Form dated and received no more than six (6) months prior to the Proposal submission deadline for this procurement, the State may rely upon that form; however, if there has been a change in ownership within the last six (6) months, a new Ownership Disclosure Form must be completed, signed and submitted with the Proposal; or, (c) a Bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest. N.J.S.A. 52:25-24.2.

5.4 DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

The Bidder should submit Disclosure of Investment Activities in Iran form to certify that, pursuant to N.J.S.A. 52:32-58, neither the Bidder, nor one (1) of its parents, subsidiaries, and/or affiliates (as defined in N.J.S.A. 52:32-56(e)(3)), is listed on the Department of the Treasury's List of Persons or Entities Engaging in Prohibited Investment Activities in Iran and that neither the Bidder, nor one (1) of its parents, subsidiaries, and/or affiliates, is involved in any of the investment activities set forth in N.J.S.A. 52:32-56(f). If the Bidder is unable to so certify, the Bidder shall provide a detailed and precise description of such activities as directed on the form. If a Bidder does not submit the form with the Proposal, the Bidder shall submit the form prior to contract award.

5.5 BUSINESS REGISTRATION

In accordance with N.J.S.A. 52:32-44(b), a Bidder and its named Subcontractors must have and shall submit valid Business Registration Certificate ("BRC") issued by the Department of the Treasury, Division of Revenue and Enterprise Services prior to the award of a contract. To facilitate the Proposal evaluation and contract award process, the Bidder should submit a copy of its valid BRC and those of any named Subcontractors with its Proposal. See Section 2.1 of the State Standard Terms and Conditions.

Any Bidder, inclusive of any named Subcontractors, not having a valid business registration at the time of the Proposal opening, or whose BRC was revoked prior to the submission of the Proposal, should proceed immediately to register its business or seek reinstatement of a revoked BRC.

The Bidder is cautioned that it may require a significant amount of time to secure the reinstatement of a revoked BRC. The process can require actions by both the Division of Revenue and Enterprise Services and the Division of Taxation. For this reason, a Bidder's early attention to this requirement is highly recommended. The Bidder and its named Subcontractors

may register with the Division of Revenue and Enterprise Services, obtain a copy of an existing BRC or obtain information necessary to seek re-instatement of a revoked BRC online at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp.

A Bidder otherwise identified by the DOH as a responsive and responsible Bidder, inclusive of any named Subcontractors, but that was not business registered at the time of submission of its Proposal must be so registered and in possession of a valid BRC by a deadline to be specified in writing by the DOH. A Bidder failing to comply with this requirement by the deadline specified by the DOH will be deemed ineligible for contract award. Under any circumstance, the DOH will rely upon information available from computerized systems maintained by the State as a basis to verify independently compliance with the requirement for business registration.

5.6 DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING BIDDER FORM

The Bidder should submit the Disclosure of Investigations and Other Actions Involving Bidder Form, with its Proposal, to provide a detailed description of any investigation, litigation, includingadministrative complaints or other administrative proceedings, involving any public sector clients during the past five (5) years, including the nature and status of the investigation, and, forany litigation, the caption of the action, a brief description of the action, the date of inception, current status, and, if applicable, disposition. If a Bidder does not submit the form with the Proposal, the Bidder must comply within seven (7) business days of the State's request, orthe State may deem the Proposal non-responsive.

5.7 SOURCE DISCLOSURE

Pursuant to N.J.S.A. 52:34-13.2, prior to an award of a contract, the Bidder is required to submita completed Source Disclosure Form. The Bidder's inclusion of the completed Source Disclosure Form with the Proposal is requested and advised.

5.8 AFFIRMATIVE ACTION

The intended Contractor must submit a copy of a New Jersey Certificate of Employee Information Report, or a copy of Federal Letter of Approval verifying it is operating under a federally approved or sanctioned Affirmative Action program. Awarded Contractors not in possession of either a New Jersey Certificate of Employee Information Report or a Federal Letter of Approval must complete the Affirmative Action Employee Information Report (AA-302) located on the web at https://www.state.nj.us/treasury/purchase/forms.shtml.

Bidders should verify its Affirmative Action Compliance status on the "Maintain Terms and Categories" Tab within its profile in NJSTART. In the event of an issue with a Contractor's Affirmative Action Compliance status, NJSTART provides a link to take corrective action.

5.9 INSURANCE CERTIFICATES

The Contractor shall provide the State with current certificates of insurance for all coverages required by the terms of this contract naming the State as an Additional Insured. See Section 4.2 of the State Standard Terms and Conditions accompanying this Request for Proposal. The Bidder should verify its Insurance Certification Compliance status on the "Maintain Terms and Categories" Tab within its profile in NJSTART.

5.10 COVID-19 VACCINE CERTIFICATION

Please be advised that on October 20, 2021, Governor Murphy signed Executive Order No. 271 which went into effect on that day. In accordance with EO 271, a covered contractor must certify that it has a policy in place:

(1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or
(2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and
(3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments.

The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. Please review and complete the EO 271 certification and submit it with your Proposal.

5.11 CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

On March 9, 2022, Governor Murphy signed P.L.2022, c.3, which prohibits certain government dealings with businesses engaged in prohibited activities in Russia or Belarus. The new law requires the Department of the Treasury to develop a list of persons and entities that engage in prohibited activities in Russia or Belarus and an accompanying form for use statewide.

Prior to entering into, renewing, amending, or extending a contract, the intended Contractor must certify that they are not engaged in prohibited activities in Russia or Belarus using the provided Certification Of Non-Involvement In Prohibited Activities In Russia Or Belarus Pursuant To P.L.2022, c.3.

6.0 EXECUTIVE ORDER 166 REQUIREMENTS FOR POSTING OF WINNING PROPOSAL AND CONTRACT DOCUMENTS

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller ("OSC") is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website).
The contract resulting from this [RFP/RFQ] is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, including the [RFP/RFQ], the winning bidder's proposal and other related contract documents for the above contract on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder's/Proposer's failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder's/proposer's assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.

May 13, 2022

To: All Interested Vendors {Bidders}

Bid Solicitation: Long Term Care Facilities Surveys Engagement #22-100 (Amendment #2)

Quote Submission Due Date: Thursday, May 19, 2022, by 3 PM EST

Bid Amendment # 2- Question & Answer

The following constitutes Bid Amendment #2 to the above-referenced Bid Solicitation:

It is the sole responsibility of the Vendor {Bidder} to be knowledgeable of all the additions, deletions, clarifications, and modifications to the Bid Solicitation and/or the New Jersey Standard Terms and Conditions relative to this Bid Solicitation as outlined in all Bid Amendments.

All other instructions, terms, and conditions of the Bid Solicitation shall remain the same.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
1	Bid Solicitation Reference 1.1	**Reference: RFP, Section 1.1 Contractor Responsibilities, pg. 2** The RFP states, "Enter all survey findings into the Automated Survey Processing Environment (ASPEN) shell and submit to NJ no later than five (5) business days from the date of survey completion." **Q: Please clarify, does this requirement apply to all survey types including State surveys?** A: Yes, state surveys utilize the same guidelines including the infection control tools.
2	Bid Solicitation Reference 1.2 1.3	**Reference: RFP, Section 1.1 Contractor Responsibilities, pg. 2** The RFP states, "Submit the CMS Infection Control Tool to DOH along with the CMS-2567 no later than five (5) business days from the date of survey completion." **Q: Please clarify, does the CMS Infection Control Tool and CMS-2567 apply to all survey types that include Infection Control?** A. Yes, they are utilized by all survey types that include infection control.
3	Bid Solicitation Reference	**Q: Regarding relicensing surveys, for pricing purposes, how long does each of the licensure surveys take and how many surveyors are needed for each?** A. Please see the attached spreadsheet, information is provided for reference purposes only.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
4	Bid Solicitation Reference	**Q. Regarding State surveys, what qualifications are required for the State Licensing surveyors? Are they required to be SMQT certified or have specific CMS training?** A. In New Jersey, all surveyors in Long-term Care, Assisted Living, Dementia Care Homes and Medical Day Care facilities, are SMQT certified.
5	Bid Solicitation Reference	**Q: Please clarify, how long does it take for a surveyor to complete the State Licensure training for each survey type and how will the contractor be reimbursed for the cost required to train surveyors?** A. State licensure training includes two days of training by the state survey team during a survey, followed by another two-day survey where trainees conduct the survey and are evaluated by the state survey team to demonstrate competency. Training costs should be included as part of the flat fee pricing.
6	Bid Solicitation Reference 1.3	**Reference: RFP, Section 1.3 Surveys Criteria, pg. 2** The RFP states, "Proper infection prevention and control practices (F880, F885, and E0024) to prevent the transmission of COVID-19 and other infections using the Centers for Medicare and Medicaid Services (CMS) Focused Infection Control survey process with a crosswalk to the NJ regulations". **Q: Please clarify, is there guidance about how that's done in a Non-LTC environment such as assisted living or memory care facilities?** A. Assisted Living facilities have infection control tags A1271-A, A1341 and follow EO 283 and 290. Dementia Care Homes follow EO 283 and 290.
7	Bid Solicitation Reference 2.2	**Q. Is the contractor expected to provide remote assistance, education, and training to facilities on infection prevention and control of COVID-19 under this contract (it isn't included in the Scope of Work or Contractor Responsibilities)?** A. No, there is no remote assistance, education, or training to be provided to facilities. Please see amendment 3

8	Bid Solicitation Reference 2.2	**Q. How should the remote assistance, education, and training to facilities on infection prevention and control of COVID-19 be priced since it isn't a normal part of the survey process?** A. No, there is no remote assistance, education, or training to be provided to facilities. Please see amendment 3
9	Bid Solicitation Reference 2.2	**Q. Providing remote assistance, education, and training to a facility on infection prevention and control of COVID-19 while conducting surveys of those facilities may present a real or perceived Conflict of Interest (COI). Would NJDOH please confirm we will not be asked to provide remote assistance, education, and training as part of the survey process.** A. No, there is no remote assistance, education, or training to be provided to facilities. Please see amendment 3 "
10	Bid Solicitation Reference 2.2	**Reference: RFP, Section 2.2 Experience, pg. 3** The RFP states, "Contractors shall have the experience of providing on-site assistance to healthcare facilities, specifically long-term care facilities." **Q. What type of onsite assistance to healthcare facilities (LTC) is this requirement intended to address? Is this experience conducting onsite surveys, or providing some other type of assistance such as education and/or training?** A. No, there is no remote assistance, education, or training to be provided to facilities. Please see amendment 3 "
11	Bid Solicitation Reference 2.2	**Reference: RFP, Section 2.2 Experience, pg. 3** The RFP states, "Contractors shall have the experience of providing on-site assistance to healthcare facilities, specifically long-term care facilities." **Q. Providing onsite assistance while conducting surveys of those facilities may present a real or perceived Conflict of Interest (COI). Would NJDOH please confirm the contractor will not be asked to conduct onsite assistance to healthcare facilities, especially LTC, as part of the survey process?** A. No, there is no remote assistance, education, or training to be provided to facilities. Please see amendment 3 "

12	Bid Solicitation Reference 2.2	**Q. Do all surveyors, including those doing licensure/state surveys or ESRD surveys, have to be SMQT certified or is this requirement for LTC surveyors only?** A. In New Jersey, all surveyors in Long-term Care, Assisted Living, Dementia Care Homes and Medical Day Care facilities, are SMQT certified. There is no federal requirement for SMQT for acute care, including ESRD. However, although there is no certification required, ESRD is very technical, and ESRD Core survey experience is required.
13	Bid Solicitation Reference 2.2	**Q. Are remote assistance for facilities and education and training for infection prevention and control of COVID-19 required to be performed by the contractor?** A. There is no remote assistance, education or training for infection prevention and control of COVID-19 to be provided by the contractor. Please see amendment 3
14	Bid Solicitation Reference 2.2	**Q. If so, how should this task be priced since it is not listed on the supplied pricing sheet, and it is not in Section 1.0 Scope of Work or Section 2.0 Proposal Submission Requirement?** A. There is no remote assistance, education, or training to be performed by the contractor. Please see amendment 3
15	Bid Solicitation Reference 2.3	**Q. If pricing is required to be firm fixed price, why is the hourly rate for each FTE required? How would the hourly rate be used for billing purposes?** A. Please see amendment 3
16	Bid Solicitation Reference 3.0	**Q. The pricing sheet does not include providing these services to facilities. Would NJDOH please clarify what is the purpose/relevance of this experience?** A. Assistance can be provided with clarification or interpretation of regulations; however, surveyors cannot be prescriptive.
17	Bid Solicitation Reference 2.3	**Q. Section 2.3 states that pricing shall be firm fixed pricing, inclusive of all expenses including travel. Additionally, the price sheet states the cost for each deliverable should be "complete" and all inclusive. However, the last statement of the 2nd paragraph states, "please base pricing on an all-inclusive hourly rate per FTE". Please clarify if the price sheet should include a fixed, all-inclusive price per deliverable, or an hourly rate that includes all expenses (travel, etc.).** A. Please see amendment 3

May 13, 2022

To: All Interested Vendors {Bidders}

Bid Solicitation: Long Term Care Facilities Surveys Engagement #22-100 (Amendment #3)

Quote Submission Due Date: Thursday, May 19, 2022, by 3 PM EST

Bid Amendment # 3 – SOW Correction

The following constitutes Bid Amendment #3 to the above-referenced Bid Solicitation:

It is the sole responsibility of the Vendor {Bidder} to be knowledgeable of all the additions, deletions, clarifications, and modifications to the Bid Solicitation and/or the New Jersey Standard Terms and Conditions relative to this Bid Solicitation as outlined in all Bid Amendments.

All other instructions, terms, and conditions of the Bid Solicitation shall remain the same.

#	Bid Solicitation Section Reference	Correction / Modification
1	Bid Solicitation Reference 2.2	**RFP, Section 2.2 Experience, pg. 3** The RFP states, "The Bidder's shall provide the capacity and relevant experience to provide remote assistance to facilities as well as education and training pertaining to infection prevention and control of COVID-19." ****Deleted sentence not relevant to this RFP****
2	Bid Solicitation Reference 2.3	**RFP, Section 2.3 Pricing, pg. 4** The RFP states, "For billing purposes, please base pricing on an all-inclusive hourly rate per FTE." ****Deleted sentence not relevant to this RFP****
3	Bid Solicitation Reference 3.0	**RFP, Section 3.0 Proposal Evaluation, pg. 4** The RFP states, "Bidder's capacity and relevant experience to provide remote assistance to facilities as well as education and training pertaining to infection prevention and control of COVID-19." ****Deleted sentence not relevant to this RFP****

Healthcare Management Solutions, LLC Response to:
Request for Proposals, New Jersey Department of Health (NJDOH)
Long-Term Care Facilities Surveys, Engagement # 22-100 (A)

Date: May 19, 2022

Submitted to:
State of New Jersey
Central Procurement
New Jersey Department of Health
55 North Willow Street, P.O. Box 360
Trenton, NJ 08625
Email: centralprocurement@doh.nj.gov

Submitted by:
Healthcare Management Solutions, LLC
1000 Technology Drive, Suite 1310
Fairmont, WV 26554
Phone: 304.368.0288
Fax: 304.368.0389
Email: Proposals@hcmsllc.com

HMS

TABLE OF CONTENTS

Executive Summary 1
1. Personnel 2
2. Experience of Firm 3
3. Ability of Firm to Complete the Scope of Work Based on Its Technical Quote 5
   a. Provide Surveyor Minimum Qualification Test (SMQT) certified staff 9
   b. Provide any necessary Personal Protective Equipment (PPE) 9
   c. Enter findings into Automated Survey Processing Environment (ASPEN) 9
   d. Submit CMS Infection Control Tool and CMS-2567 within 5 business days 10
   e. Participate in meetings or conference calls 10
   f. Notify NJ as soon as possible of any suspected Immediate Jeopardy (IJ) 10
   g. Provide requested documentation and/or testimony as needed 10
   h. Release to DOH all information, working papers, and reports 11
   i. Adhere to all Federal and State requirements 11
   j. Comply with CMS Quality Safety and Oversight (QSO) memoranda 11
4. Pricing 11
Attachment 1 – State of New Jersey Standard Terms and Conditions 16
Attachment 2 – Waivered Contracts Supplement to the State of New Jersey Standard Terms and Conditions 37
Attachment 3 – Ownership Disclosure Form 49
Attachment 4 – Disclosure of Investigations and Other Actions Involving Vendor 51
Attachment 5 – Disclosure of Investment Activities in Iran Form 53
Attachment 6 – Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions 55
Attachment 7 – Chapter 271 Vendor Certification and Political Disclosure Form 60
Attachment 8 – MacBride Principals Form 62
Attachment 9 – Proof of Business Registration 64
Attachment 10 – Certificate of Insurance 66
Attachment 11 – Source Disclosure Form 68
Attachment 12 – Affirmative Action Compliance 70
Attachment 13 – Certification of Non-Involvement in Prohibited Activities in Russia or Belarus 72
Attachment 14 – E.O. 271 Statement or Certification 74
Attachment 15 – Confidentiality and Commitment to Defend 76
Attachment 16 – Offer and Acceptance Page 79
Attachment 17 – HMS Staff Resumes 81

Long-Term Care Facilities Surveys

Executive Summary

Over 15 years' experience performing healthcare facility surveys in accordance with established federal regulations.

Healthcare Management Solutions, LLC (HMS) has over 15 years' experience performing healthcare facility surveys on behalf of the Centers for Medicare and Medicaid Services (CMS) and State Survey Agencies (SAs), and we employ over 180 healthcare-focused staff nationwide. This experience includes conducting surveys of Long-Term Care (LTC) facilities by using the Long-Term Care Survey Process (LTCSP), and surveys of Non-LTC facilities by following the federal survey processes for each facility type. The federal survey services requested by the New Jersey Department of Health (NJDOH) in the Request for Proposals (RFP), Engagement # 22-100 (A) are almost identical to those offered in our existing work with SAs and CMS, making HMS the ideal choice to provide the federal survey services within this scope of work. HMS proposes survey services to NJDOH which include ***LTC*** and ***Non-LTC recertification*** with ***Life Safety Code (LSC), focused infection control (FIC), complaint***, and ***revisit surveys*** to ensure compliance with federal regulations. HMS envisions surveying any combination of the following in **Table 1** as assigned by NJDOH.

FEDERAL SURVEYS						
Survey Type	**Nursing Home**	**Hospital**	**ASC**	**ESRD**	**HHA**	**Hospice**
Additional Surveyor	X	X	X	X	X	X
Complaint (up to 5 intakes with same Facility)	X	X	X	X	X	X
Focused Infection Control (FIC)	X					
Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR)	X	X	X	X	X	X
Life Safety Code (LSC)	X		X	X		
Recertification including LSC	X		X	X		
Recertification without LSC	X		X	X	X	X
Revisit - Complaint (up to five intakes per Facility)	X	X	X	X	X	X
Revisit - Focused Infection Control (FIC)	X					
Revisit - Life Safety Code (LSC)	X		X	X		
Revisit - Recertification including LSC	X		X	X		
Revisit - Recertification without LSC	X		X	X	X	X
Recertification including Life Safety Code / Complaints (up to 5 within same Facility) / Focused Infection Control	X					
Recertification including Life Safety Code/ Focused Infection Control	X					
Recertification including Life Safety Code / Complaints (up to 5 within same Facility)	X		X	X	X	X
Complaint / Focused Infection Control	X					
Revisit - Recertification including Life Safety Code/ Complaints (up to 5 within same Facility) / Focused Infection Control	X					
Revisit - Recertification including Life Safety Code / Focused Infection Control	X					
Revisit - Recertification including Life Safety Code/ Complaints (up to 5 within same Facility)	X		X	X	X	X

Revisit - Complaint / Focused Infection Control	X					
Recertification without Life Safety Code / Complaints (up to 5 same Facility)	X		X	X	X	X
Revisit - Recertification without LSC/ Complaints (up to 5 same Facility)	X		X	X	X	X

Table 1: HMS proposes conducting any of the surveys listed in Table 1. ***Please note State-licensed Acute and LTC relicensing surveys are not included in this response.**

HMS has performed over 7,300 healthcare facility surveys with this number growing weekly. This experience includes conducting initial certification and recertification surveys, revisit surveys, complaint investigations, LSC surveys, COVID FIC surveys, and emergency preparedness surveys in both LTC and Non-LTC facilities. All HMS surveyors meet the CMS training and certification requirements for each facility type in which they conduct surveys, and many have additional certifications that exceed the mandatory requirements.

1. Personnel

We have a qualified and talented pool of over 70 available surveyors who support LTC and Non-LTC surveys, which we will draw from to conduct surveys in New Jersey (NJ). HMS only uses surveyors who are trained on the LTCSP and Non-LTC survey processes established by the federal government. HMS LTC surveyors must have successfully completed the Surveyor Minimum Qualifications Test (SMQT) to be hired as an HMS LTC surveyor. All surveyors (LTC and Non-LTC) have the required trainings and certifications to conduct surveys in the facilities to which they are assigned. All HMS ESRD surveyors are experienced with the ESRD Core Survey Process.

In addition to the surveyors who conduct the onsite surveys in facilities, we have a team of experienced management and administrative staff from our HMS Survey Division who support each assigned survey from start to finish.

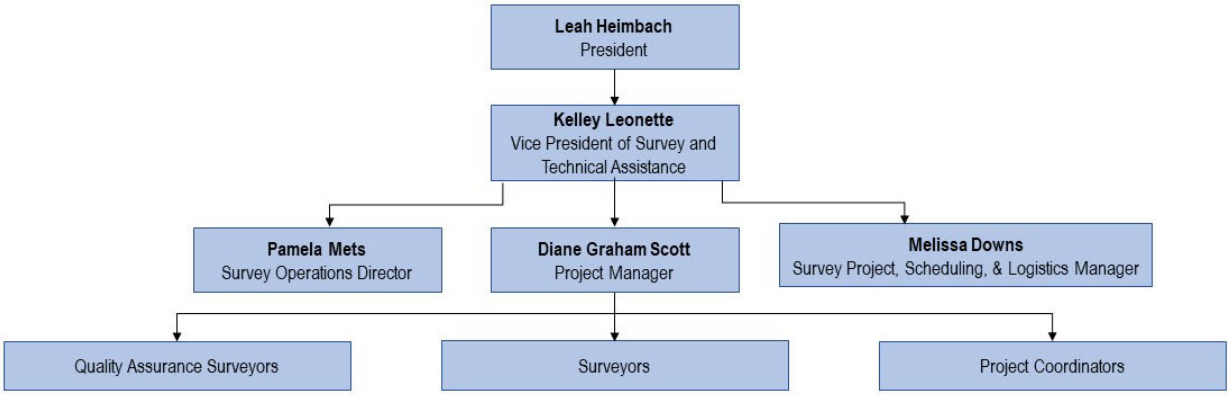


Figure 1: HMS' Survey Division Organizational Structure

Kelley Leonette, HMS' Vice President of Survey and Technical Assistance, will ensure that the NJDOH technical direction is followed precisely, and that HMS' services meet and exceed expectations. Ms. Leonette is a former CMS Contracting Officer's Representative for the Survey and Certification Division at CMS' Central Office and is a seasoned Project Management Professional (PMP) with over 11 years' experience managing survey projects.

Diane Scott, Project Manager, will manage day-to-day project operations including budget execution. Ms. Scott is an experienced PMP with over 11 years of successful management expertise in healthcare and state and federal government contracts.

Pamela Mets, MSN, RN, will oversee the survey schedule and surveyor performance. Ms. Mets has over 30 years' experience as a surveyor with significant clinical experience, including providing direct care as a staff nurse and Director of Nursing in LTC.

Melissa Downs, PMP, will oversee and coordinate scheduling logistics activities for the project. Ms. Downs has over 12 years' experience in healthcare and government contract management.

A full list of proposed staff and their resumes are in Attachment 13. ***The list of HMS Staff and their corresponding resumes are considered Confidential/Proprietary Information.***

2. Experience of Firm

Table 2 is a complete listing of HMS' related current and former customers relative to the services requested in this RFP.

State (Contract Status)	Customer/Agency	Description of Services/Supplies
Alabama (completed)	Alabama Department of Public Health	Conducted LTC and ICF/IID facility surveys.
Alaska (completed)	Alaska Department of Health and Social Services	Conducted LTC and Non-LTC facility surveys including LSC.
California (completed)	California Department of Public Health	Conducted LTC facility surveys.
Colorado (completed)	Colorado Department of Public Health and Environment	Conducted Rural Health Clinic and Critical Access Hospital (CAH) facility surveys.
Georgia (active)	Georgia Department of Community Health Surveys	Conducts LTC facility surveys and provided technical assistance through management and IT consulting.
Hawaii 2020 (active)	Hawaii Department of Health, Office of Health Care Assurance	Conducts LTC and Non-LTC facility surveys including LSC.

State (Contract Status)	Customer/Agency	Description of Services/Supplies
Hawaii 2019 (completed)	Hawaii Department of Health, Office of Health Care Assurance	Conducted ESRD facility surveys.
Idaho 2020 (active)	Idaho Department of Health & Welfare Surveys	Augments ID survey teams and conducts LTC and ICF/IID facility surveys.
Idaho 2016–2019 (completed)	Idaho Department of Health & Welfare Surveys	Conducted LTC and ICF/IID facility surveys.
Iowa (active)	Iowa Department of Inspection & Appeals	Conducts LTC facility surveys.
Kansas 2020 (active)	Kansas Department of Health and Environment	Conducts Non-LTC surveys.
Kansas 2018 (completed)	Kansas Department of Aging and Disability Services	Conducted LTC surveys.
Minnesota (active)	Minnesota Department of Health	Conducts LTC facility surveys.
Mississippi (completed)	Mississippi State Department of Health	Conducted LTC facility surveys.
Missouri (completed)	Missouri Veterans Commission	Clinical Compliance Contract. Conducted mock CMS LTC` surveys of Missouri Veterans homes and provided reports of findings and observations.
Nebraska (completed)	Nebraska Department of Health and Human Services	Conducted CAH surveys.
Nevada 2020 (active)	Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Conducts LTC and Non-LTC facility surveys.
Nevada 2017 (completed)	Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance	Conducted LTC and Non-LTC facility surveys.
New Mexico 2021 (active)	New Mexico Department of Health	Conducts LTC and Non-LTC facility surveys.
New Mexico 2019 (completed)	New Mexico Department of Health	Conducted LTC and Non-LTC facility surveys.
South Carolina 2021 (active)	South Carolina Department of Health and Environmental Control SC (DHEC)	Conducts LTC and Non-LTC facility surveys.
South Carolina 2019 (completed)	South Carolina Department of Health and Environmental Control SC (DHEC)	Conducted surveys of LTC facilities.
Tennessee (completed)	Tennessee Office of Health Care Facilities	Conducted LTC facility surveys.
Virginia (active)	Virginia Department of Health	Emergency COVID procurement conducting LTC and Non-LTC surveys.
Washington (active)	Washington State Department of Health	Augments WA surveyor teams with 2-4 surveyors and conducts LTC surveys and training; provides technical assistance to observe and provide recommendations on survey process and training improvements.
Federal Survey	**Customer/Agency**	**Description of Services**

State (Contract Status)	Customer/Agency	Description of Services/Supplies
Contracts		
CMS (active)	CMS Central Office	**National Contractor to Assist CMS with Oversight of State Performance (OSP2) 2019–2024.** Five-year contract assisting CMS in oversight of survey and certification activities which includes, but is not limited to, conducting surveys across the United States, U.S. Territories, and Indian Health Service facilities. HMS conducts LTC and Non-LTC facility surveys, including Focused IC surveys, and provides technical assistance to SAs which includes specialized training opportunities such COVID Infection Control and Prevention.
CMS (completed)	CMS Central Office	**National Contractor to Assist CMS with Oversight of State Performance (OSP) 2014–2019** Five-year contract assisting CMS in oversight of survey and certification activities which included, but was not limited to, conducting surveys across the United States, U.S. Territories, and Indian Health Service facilities. Conducted LTC and Non-LTC facility surveys. Provided Technical Assistance to SAs which included specialized training opportunities such Infection Control and Prevention. Assisted with development of LTCSP Surveyor Orientation Manual which included training on Infection Prevention and Control.
CMS (completed)	CMS Central Office	**Survey of End-Stage Renal Disease Facilities (ESRD).** Conducted initial, recertification, follow-up, and complaint surveys of ESRD facilities in accordance with federal requirements and guidelines. Once an independent contract, these surveys were combined into the OSP contract above.
CMS (completed)	CMS Central Office	**Enhancing Quality Assessment and Performance Improvement (QAPI)** Programs in Transplant Programs and Hospitals. Supported CMS in evaluating QAPI Programs.
CMS (completed)	CMS Central Office	**Surveying Organ Transplant Programs (SOTP).** Conducted re-approval and follow-up surveys of Organ Transplant hospitals.
CMS (completed)	CMS Central Office	**Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).** Conducted ICF/IID surveys, trainings, and technical assistance.
CMS (completed)	CMS Central Office	**Health Survey Efficiency and Effectiveness Support (HSEES).** Assisted with the CMS Survey Efficiency and Effectiveness (SEE) initiative with focused fieldwork developing and testing proposed changes to the survey processes.

Table 2: HMS' Related Current and Former Customers

3. Ability of Firm to Complete the Scope of Work Based on Its Technical Quote

HMS has extensive experience performing healthcare facility inspections (i.e., surveys) on behalf of CMS and SAs using the federal survey process. We have qualified and experienced LTC and Non-LTC surveyors on staff, many of whom are licensed registered nurses (RNs). All surveyors have extensive knowledge and understanding of federal regulations and current standards of professional practice and have completed the CMS required trainings.

All surveys will be conducted in accordance with the CMS State Operations Manual (SOM) to determine if the LTC facilities are in compliance with the requirements at 42 CFR 483 Subpart B. HMS surveyors are trained in the federal LTCSP. By following the survey process and conducting interviews, observations, record reviews, and policy reviews, HMS surveyors will be able to identify deficient practices. If sufficient practices are not in place, then an evaluation of Substandard Quality of Care (SQC) will be discussed with the assigned Quality Assurance (QA) Analyst for possible citation.

Our support to CMS and SAs includes scheduling surveys, assigning surveyors and surveyor teams, collecting and analyzing data in preparation for surveys, arranging travel logistics in accordance with Federal Travel Regulations or as defined in the contract, executing surveys, and collecting and submitting required documentation.

Project Management

To complete this work, HMS selected a high performing and experienced management team to coordinate the survey activities. This well-seasoned management team will ensure all activities required in this RFP are completed economically, timely, and with high quality.

Our proposed Project Manager (PM), Diane Scott, will lead this effort and serve as NJDOH's primary point of contact. Ms. Scott has over seven years of experience working with SAs and will ensure survey timelines are well communicated and adhered to, and deliverables are submitted on time and within budget. She has direct access to the surveyor staff and to HMS' corporate resources (i.e., Information Technology, Human Resources, Contracts, and Finance) which will facilitate compliance, quality control, and timely completion of assigned deliverables for this contract. Ms. Scott reports directly to Kelley Leonette, the VP President of Survey and Technical Assistance, who provides executive-level oversight of all survey and certification projects.

HMS' strategy to execute the requirements outlined in the SOW also includes:

- Communicating regularly with NJDOH on HMS LTC surveyor resource availability and survey timelines to remain transparent and open on HMS' survey capacity for each month.
- Ensuring all agreed-upon surveys are completed within the contract's period of performance.
- Customizing and applying innovative survey solutions (i.e., planning, processes, and tools) to facilitate efficient, effective, quality surveys.

- Committing HMS to be the best value for NJDOH (i.e., highest quality services and deliverables at a competitive cost).
- Applying lessons learned from our current contracts and prior contracts to enhance services provided on this contract.

Kick-Off

Within one week of contract award (or at the earliest convenience of NJDOH), the PM will coordinate an introductory conference call with NJDOH personnel to discuss contract expectations and next steps for project and survey execution. The PM will be available to NJDOH for formal and informal communications throughout the term of the contract. Prior to the call, an agenda will be submitted to NJDOH for review. Topics of discussion will include but not be limited to items such as:

- Overall Project.
- Introductions and confirmation of primary points of contact.
- Adjustments to project plans and timelines captured in this proposal to better suit NJDOH.
- Preferences for transmittal of sensitive documentation from HMS to NJDOH and/or facilities.
- Immediate Jeopardy (IJ) procedures.
- Other NJDOH preferences outside of standard survey procedures that HMS should know.
- Confirmation of deliverables required and timelines.
- Survey schedule.

HMS Survey Process

Protecting vulnerable populations is the foundation of HMS' mission. Supporting SA goals to ensure residents and patients receive the high quality of care they deserve in accordance with federal regulations is of the utmost importance to us. We have carefully screened and selected our highly qualified and experienced surveyors to conduct the facility surveys project requirements. **Figure 2** provides an overview of HMS' survey process flow.

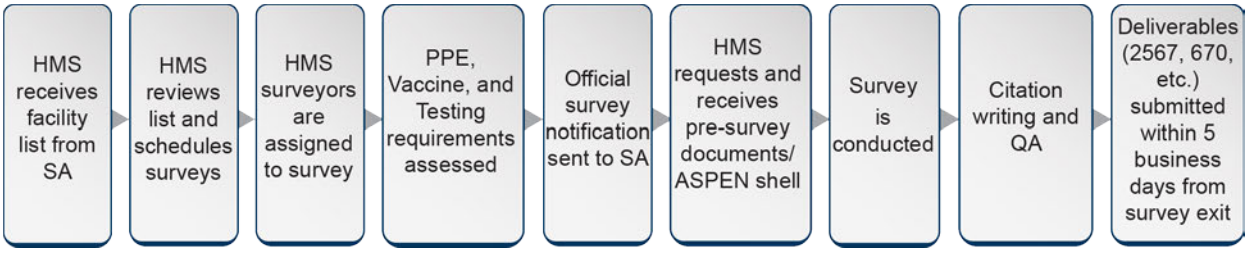


Figure 2: HMS' Survey Process Has Been Refined Through 15 Years of Conducting Surveys and Incorporating Lessons Learned.

Survey Management Tools

The PM has access to a cadre of survey tools and processes that will be used and customized to address any specific needs of NJDOH, as summarized in **Table 3**. These management tools are services built within the cost of our surveys and are a part of the core delivery model that enables HMS to deliver quality deliverables on time and within budget.

Coordination Center (CC)	Survey Management Application (SMA)	PHI/PII Collection Site
Core team of qualified staff who coordinate the logistics for each survey, which include but are not limited to: • Coordinating travel at the lowest fares and in accordance with **Federal Travel Regulations**. • Receiving, processing, and securely storing survey documentation. • Processing surveyor expenses. • Providing travel-related troubleshooting for surveyors while they are in the field.	Customized web-based application designed to manage aspects and critical details of surveys. Through the SMA, HMS: • Tracks the status of surveyor certifications. • Assigns surveyors based on qualifications, availability, and proximity to survey sites. • Screens surveyors for COVID symptoms. • Assigns quality assurance staff. • Collects citations/tags. • Notifies management of citation severity. • Securely collects survey forms that contain protected health information (PHI)/personally identifiable information (PII). • Creates custom reports that detail survey activity (e.g., surveys completed, surveys by type, surveys scheduled).	• Internal electronic repositories securely house survey records containing PHI and PII. • Internal site helps collect and securely maintain documentation in an easy-to-access electronic format, which includes use of two-factor authentication.

Table 3: HMS' Management Tools and Solutions Are Customized to Meet the Requirements for Each of Our Customers.

Survey Scheduling

To optimize timeliness, establish priorities, and maximize the efficient use of contract funding, HMS will coordinate the survey schedule with NJDOH. HMS will request a prioritized list of facilities from NJDOH as soon as it is available, so that we can begin assessing our resource availability and planning surveys as soon as possible. We will ensure that confidentiality of the unannounced surveys is maintained as all management team members are sensitive to this requirement. Information regarding survey details will not be shared outside of conducting management functions.

HMS will request that the list not contain any facilities that NJDOH intends to survey to eliminate the risk of duplicative scheduling. HMS will respond to NJDOH with our surveyor/survey availability; we will schedule surveys as resource availability allows and will notify NJDOH of upcoming surveys. HMS will schedule the surveys within

the project's period of performance, keeping in mind that NJDOH may request schedule changes.

HMS will enter the list of facilities within our SMA tool (as discussed in **Table 3**). Surveys will be scheduled for the appropriate number of days in accordance with survey protocols. Depending on facility bed size and in accordance with LTCSP procedure guide for LTC surveys, surveyors with the required certifications and qualifications will then be assigned. All surveyors selected for a survey assignment will sign a Conflict of Interest form prior to accepting the assignment.

a. Provide Surveyor Minimum Qualification Test (SMQT) certified staff

HMS LTC surveyors must have successfully completed the SMQT to be hired as an HMS LTC surveyor. Proof of successful SMQT completion is retained in company records. All HMS LTC surveyors have an active CMS Surveyor number. CMS Surveyor numbers are requested and provided by CMS Baltimore upon hire. We also have certified Fire Safety Inspector LSC surveyors on staff. HMS will provide these surveyor resources to NJDOH to conduct up to 100 surveys using the processes defined by federal regulations.

In addition, all HMS ESRD surveyors are experienced with the ESRD Core Survey Process.

b. Provide any necessary Personal Protective Equipment (PPE)

HMS follows the Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals and for healthcare settings. We provide all surveyors with new PPE for each survey. The PPE is inclusive of our survey delivery cost. HMS surveyors must use PPE while onsite in a facility and when traveling as appropriate. The PPE provided includes gowns, gloves, eye/face protection (e.g., goggles, face shield), and masks. All HMS surveyors have completed training provided by an HMS Certified Infection Preventionist on the proper donning and doffing of PPE and discarding of PPE. If a facility requires more stringent PPE than the CDC, HMS surveyors will follow the facility guidelines for PPE use.

c. Enter findings into Automated Survey Processing Environment (ASPEN)

HMS surveyors and QA staff utilize ASE-Q to complete and populate the ASPEN survey shell. The completed shell will be sent as part of the final survey deliverables and will be submitted by the fifth business day after survey exit.

d. Submit CMS Infection Control Tool and CMS-2567 within 5 business days

HMS will generate a report of the findings (CMS-2567) for each survey. Findings will be documented following the CMS Principles of Documentation (PoD) and in a manner that supports compliance and scope-and-severity decisions. Our surveyors will write accurate and defensible citations based on the regulatory requirements. Deficiencies will include the required observations, interviews, and record reviews.

After citations have passed HMS' quality review process, and no later than five business days from the exit date of each survey, the assigned QA Analyst will submit the findings to NJDOH. Depending on survey type, this may include the completed ASPEN survey shell, a copy of the exported 2567, IC Pathway tool, 670s, etc.

e. Participate in meetings or conference calls

HMS routinely participates in meetings or conference calls with state customers to discuss contract activities. When NJDOH requests a meeting or conference call, HMS will be available to participate in scheduled calls. In addition, contact information will be provided to NJDOH for immediate needs and ad hoc communications.

f. Notify NJ as soon as possible of any suspected Immediate Jeopardy (IJ)

If a potential IJ is identified, HMS surveyor(s) will notify the designated NJDOH point of contact on the day the issue is identified. The team will complete the IJ template and share it with NJDOH. Simultaneously, HMS will schedule a call with NJDOH to discuss the potential IJ and review the applicable findings. Only after NJDOH has confirmed the IJ exists, will HMS notify the facility of the IJ and provide them with the approved IJ template.

g. Provide requested documentation and/or testimony as needed

Supporting our state partners through the entire survey life cycle is of utmost importance to our HMS team. This means our support does not end once an onsite survey is completed and the survey findings are submitted. HMS continues to be available by phone or email should any questions arise regarding surveys performed or citations submitted.

HMS has experience participating in providing documentation and/or testimony regarding enforcement actions and is prepared to participate should the need arise. If there is a request, HMS will follow the NJDOH direction and provide a comprehensive response. The surveyor that conducted the survey where the documentation and/or testimony is being requested will be prepared to provide

information regarding observations, interviews, record reviews, and an explanation of the deficient practice(s) found. Additionally, any required staff, the Survey Operations Director, and the applicable surveyor can participate in these processes via teleconference to provide input and defense of the findings. In a rare instance where documentation/testimony support is requested and the surveyor is no longer employed with HMS, HMS will notify NJDOH and propose an alternate solution.

h. Release to DOH all information, working papers, and reports

Required survey documentation, working papers, and reports will be sent to the designated contact(s) at NJDOH. Additional supporting documentation collected from the facility will be scanned into electronic format and submitted to NJDOH via a secure email system compliant with HIPAA regulations.

i. Adhere to all Federal and State requirements

All surveys performed are in accordance with the CMS SOM, PoD, Survey Specific Interpretive Guidance, and required software and/or forms.

j. Comply with CMS Quality Safety and Oversight (QSO) memoranda

HMS surveyors are required to adhere to QSO Memorandum Letters as guidance for their assigned surveys. QSO Memorandum Letters are distributed to HMS surveyors routinely and are issued by CMS to ensure existing and emerging processes and protocols are followed.

4. Pricing

HMS offers a firm fixed price per survey type; however, we have not bid state licensing surveys or licensure surveys. Please see the following two pages for HMS' completed pricing sheets. The proposed prices are inclusive of all tasks and costs including travel.

Long Term Care Facilities Surveys Engagement #22-100 (A)

Vendor Name: Healthcare Management Solutions, LLC

Quote Opening Date: May 19, 2022

Instructions:

- The cost for each deliverable shall be complete and include all expenses, including travel, per diem and out-of-pocket expenses as well as administrative and/or overhead expenses.

- Bidders should only enter information in yellow cells on this sheet. If a bidder is unable to provide a deliverable the corresponding field must be marked as "no bid". Blank fields shall be considered "no bid"

State

Price Line	Survey Type	Assisted Living Residence	Assisted Living Programs	Certified Personal Care Homes	Dementia Care Homes	Medical Day Care Programs (Adult & Pediatric)	Hospitals
	Individual						
1	Additional Surveyor	No Bid	No Bid	No Bid	No Bid	No Bid	No Bid
2	Complaint (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	No Bid
3	Focused Infection Control (FIC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
4	Informal Dispute Resolution (IDR)	No Bid	No Bid	No Bid	No Bid	No Bid	No Bid
5	Relicense including Life Safety Code (LSC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
6	Relicense without Life Safety Code (LSC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
7	Revisit - Complaint (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	No Bid
8	Revisit - Focused Infection Control (FIC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
9	Revisit - Relicense including LSC	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
10	Revisit - Relicense without LSC	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
11	Life Safety Code (LSC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
12	Revisit - Life Safety Code (LSC)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
	Bundled						
13	Relicense including Life Safety Code / Complaints (up to 5 intakes per facility) / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
14	Relicense including Life Safety Code / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
15	Relicense including Life Safety Code / Complaints (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
16	Complaint / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
17	Revisit - Relicense including Life Safety Code / Complaints (up to 5 intakes per Facility) / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
18	Revisit - Relicense including Life Safety Code / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
19	Revisit - Relicense including Life Safety Code / Complaints (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
20	Revisit - Complaint / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
21	Relicense without Life Safety Code / Complaints (up to 5 intakes per Facility) / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
22	Relicense without Life Safety Code / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
23	Relicense without Life Safety Code / Complaints (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
24	Revisit - Relicense without Life Safety CodeC / Complaints (up to 5 intakes per Facility) / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
25	Revisit - Relicense without Life Safety Code / Focused Infection Control	No Bid	No Bid	No Bid	No Bid	No Bid	N/A
26	Revisit - Relicense without Life Safety Code / Complaints (up to 5 intakes per Facility)	No Bid	No Bid	No Bid	No Bid	No Bid	N/A

Long Term Care Facilities Surveys Engagement #22-100 (A)

Vendor Name: Healthcare Management Solutions, LLC

Quote Opening Date: May 19, 2022

Instructions:

- The cost for each deliverable shall be complete and include all expenses, including travel, per diem and out-of-pocket expenses as well as administrative and/or overhead expenses.

- Bidders should only enter information in yellow cells on this sheet. If a bidder is unable to provide a deliverable the corresponding field must be marked as "no bid". Blank fields shall be considered "no bid"

Federal

Price Line	Survey Type	Nursing Home	Hospitals	Ambulatory Surgery Center	End-Stage Renal Dialysis Facilities	Home Health Agencies	Hospice Facilites and Branches
	Individual						
1	Additional Surveyor	$9,503	$9,081	$8,265	$8,265	$8,265	$8,265
2	Complaint (up to 5 intakes with same Facility)	$9,995	$9,081	$8,449	$7,447	$7,271	$7,271
3	Focused Infection Control (FIC)	$7,331	N/A	N/A	N/A	N/A	N/A
4	Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR)	$3,612	$3,612	$3,612	$3,612	$3,612	$3,612
5	Life Safety Code (LSC)	$5,252	N/A	$6,313	$5,252	N/A	N/A
6	Recertification including LSC	$41,291	N/A	$19,955	$21,166	N/A	N/A
7	Recertification without LSC	$36,039	N/A	$13,642	$15,914	$15,730	$8,449
8	Revisit - Complaint (up to five intakes per Facility)	$16,618	$16,282	$8,817	$8,817	$8,817	$8,449
9	Revisit - Focused Infection Control (FIC)	$16,618	N/A	N/A	N/A	N/A	N/A
10	Revisit - Life Safety Code (LSC)	$5,252	N/A	$6,313	$5,252	N/A	N/A
11	Revisit - Recertification including LSC	$13,885	N/A	$13,584	$12,523	N/A	N/A
12	Revisit - Recertification without LSC	$8,633	N/A	$7,271	$7,271	$6,479	$6,093
	Bundled						
13	Recertification including Life Safety Code / Complaints (up to 5 within same Facility) / Focused Infection Control	$51,426	N/A	N/A	N/A	N/A	N/A
14	Recertification including Life Safety Code/ Focused Infection Control	$40,923	N/A	N/A	N/A	N/A	N/A
15	Recertification including Life Safety Code / Complaints (up to 5 within same Facility)	$51,426	N/A	$22,411	23,806	No Bid	No Bid
16	Complaint / Focused Infection Control	$16,282	N/A	N/A	N/A	N/A	N/A
17	Revisit - Recertification including Life Safety Code/ Complaints (up to 5 witin same Facility) / Focused Infection Control	$33,972	N/A	N/A	N/A	N/A	N/A
18	Revisit - Recertification including Life Safety Code / Focused Infection Control	$32,548	N/A	N/A	N/A	N/A	N/A
19	Revisit - Recertification including Life Safety Code/ Complaints (up to 5 within same Facility)	$32,916	N/A	$19,955	$13,517	No Bid	No Bid
20	Revisit - Complaint / Focused Infection Control	$28,720	N/A	N/A	N/A	N/A	N/A
21	Recertification without Life Safety Code / Complaints (up to 5 same Facility)	$36,039	N/A	$16,098	$18,553	$15,446	$8,633
22	Revisit - Recertification without LSC/ Complaints (up to 5 same Facility)	$16,618	N/A	$13,642	$8,265	$7,095	$7,095

For determining team size for LTC surveys, HMS would utilize the LTCSP procedure guide to determine team size based off the facility census and complaint number associated with the facility (if any). HMS' assumed team sizes are shown in **Table 4** below.

Survey Type	Nursing Home	Hospital	ASC	ESRD	Hospice	HHA
Additional Surveyor	1 Surveyor / 4 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days
Complaint (up to 5 intakes with same Facility)	1 Surveyor / 4 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 2 Days	1 Surveyor / 2 Days	1 Surveyor / 2 Days
Focused Infection Control (FIC)	1 Surveyor / 2 Days	---	---	---	---	---
Life Safety Code (LSC)	1 Surveyor / 1 Day	---	1 Surveyor / 2 Days	1 Surveyor / 1 Day	---	---
Recertification including LSC	4 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	2 Surveyors / 2 Days and LSC 1 Surveyor / 2 Days	2 Surveyors / 3 Days and LSC 1 Surveyor / 1 Day	---	---
Recertification without LSC	4 Surveyors / 4 Days	---	2 Surveyors / 2 Days	2 Surveyors / 3 Days	1 Surveyor / 3 Days	2 Surveyors / 3 Days
Revisit - Complaint (up to five intakes per Facility)	2 Surveyors / 3 Days	2 Surveyors / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days	1 Surveyor / 3 Days
Revisit - Focused Infection Control (FIC)	2 Surveyors / 3 Days	---	---	---	---	---
Revisit - Life Safety Code (LSC)	1 Surveyor / 1 Day	---	1 Surveyor / 2 Days	1 Surveyor / 1 Day	---	---
Revisit - Recertification including LSC	1 Surveyor / 3 Days and LSC 1 Surveyor / 1 Day	---	1 Surveyor / 2 Days and LSC 1 Surveyor / 2 Days	1 Surveyor / 2 Days and LSC 1 Surveyor / 1 Day	---	---
Revisit - Recertification without LSC	1 Surveyor / 3 Days	---	1 Surveyor / 2 Days	1 Surveyor / 2 Days	1 Surveyor / 1 Day	1 Surveyor / 1 Day
Recertification including Life Safety Code / Complaints (up to 5 within same Facility) / Focused Infection Control	5 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	---	---	---	---
Recertification including Life Safety Code/ Focused Infection Control	4 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	---	---	---	---
Recertification including Life Safety Code / Complaints (up to 5 within same Facility)	5 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	2 Surveyors / 3 Days and LSC 1 Surveyor / 2 Days	2 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	---
Complaint / Focused Infection Control	2 Surveyors / 3 Days	---	---	---	---	---
Revisit - Recertification including Life Safety Code/ Complaints (up to	3 Surveyors / 4 Days and LSC 1	---	---	---	---	---

Survey Type	Nursing Home	Hospital	ASC	ESRD	Hospice	HHA
5 within same Facility) / Focused Infection Control	Surveyor / 1 Day					
Revisit - Recertification including Life Safety Code / Focused Infection Control	3 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	---	---	---	---
Revisit - Recertification including Life Safety Code/ Complaints (up to 5 within same Facility)	3 Surveyors / 4 Days and LSC 1 Surveyor / 1 Day	---	2 Surveyors / 2 Days and LSC 1 Surveyor / 2 Days	1 Surveyor / 3 Days and LSC 1 Surveyor / 1 Day	---	---
Revisit - Complaint / Focused Infection Control	3 Surveyors / 4 Days	---	---	---	---	---
Recertification without Life Safety Code / Complaints (up to 5 same Facility)	4 Surveyors / 4 Days	---	2 Surveyors / 3 Days	2 Surveyors / 4 Days	1 Surveyor / 3 Days	2 Surveyors / 3 Days
Revisit - Recertification without LSC/ Complaints (up to 5 same Facility)	2 Surveyors / 3 Days	---	2 Surveyors / 2 Days	1 Surveyor / 3 Days	1 Surveyor / 2 Days	1 Surveyor / 2 Days

Table 4: HMS Assumed Team Size.

Attachment 1 – State of New Jersey Standard Terms and Conditions

Please see the following 20 pages for HMS' signed State of New Jersey Standard Terms and Conditions Form.

State of New Jersey Standard Terms and Conditions

(Revised December 13, 2021)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

1.0 STANDARD TERMS AND CONDITIONS APPLICABLE TO THE CONTRACT

The following terms and conditions shall apply to all contracts or purchase agreements made with the State of New Jersey. The State's terms and conditions shall prevail over any conflicts set forth in a Contractor's Quote or Proposal.

2.0 STATE LAW REQUIRING MANDATORY COMPLIANCE BY ALL CONTRACTORS

The statutes, laws, regulations or codes cited herein are available for review at the New Jersey State Library, 185 West State Street, Trenton, New Jersey 08625.

2.1 BUSINESS REGISTRATION

Pursuant to N.J.S.A. 52:32-44, the State is prohibited from entering into a contract with an entity unless the Contractor and each subcontractor named in the proposal have a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services. A subcontractor named in a bid or other proposal shall provide a copy of its business registration to the Contractor who shall provide it to the State.

The contractor shall maintain and submit to the State a list of subcontractors and their addresses that may be updated from time to time with the prior written consent of the Director during the course of contract performance. The contractor shall submit to the State a complete and accurate list of all subcontractors used and their addresses before final payment is made under the contract.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration, or that provides false business registration information, shall be liable for a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration copy not properly provided under a contract with a contracting agency.

The contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall, during the term of the contract, collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the Use Tax due pursuant to the "Sales and Use Tax Act, P.L. 1966, c. 30 (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG can be filed online at http://www.state.nj.us/treasury/revenue/busregcert.shtml.

2.2 OWNERSHIP DISCLOSURE

Pursuant to N.J.S.A. 52:25-24.2, in the event the Contractor is a corporation, partnership or limited liability company, the Contractor must complete an Ownership Disclosure Form.

A current completed Ownership Disclosure Form must be received prior to or accompany the submitted Quote. A Contractor's failure to submit the completed and signed form prior to or with its Quote will result in the Contractor being ineligible for a Contract award, unless the Division has on file a signed and accurate Ownership Disclosure Form dated and received no more than six (6) months prior to the Quote submission deadline for this procurement. If any ownership change has occurred within the last six (6) months, a new Ownership Disclosure Form must be completed, signed and submitted with the Quote.

In the alternative, a Contractor with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest. N.J.S.A. 52:25-24.2.

2.3 DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Pursuant to N.J.S.A. 52:32-58, the Contractor must utilize this Disclosure of Investment Activities in Iran form to certify that neither the Contractor, nor one (1) of its parents, subsidiaries, and/or affiliates (as defined in N.J.S.A. 52:32-56(e)(3)), is listed on the Department of the Treasury's List of Persons or Entities Engaging in Prohibited Investment Activities in Iran and that neither the Contractor, nor one (1) of its parents, subsidiaries, and/or affiliates, is involved in any of the investment activities set forth in N.J.S.A. 52:32-56(f). If the Contractor is unable to so certify, the Contractor shall provide a detailed and precise description of such activities as directed on the form. A Contractor's failure to submit the completed and signed form will preclude the award of a Contract to said Contractor.

2.4 ANTI-DISCRIMINATION

All parties to any contract with the State agree not to discriminate in employment and agree to abide by all anti-discrimination laws including those contained within N.J.S.A. 10:2-1 through N.J.S.A. 10:2-4, N.J.S.A. 10:5-1 et seq. and N.J.S.A. 10:5-31 through 10:5-38, and all rules and regulations issued thereunder are hereby incorporated by reference. The agreement to abide by the provisions of N.J.S.A. 10:5-31 through 10:5-38 include those provisions indicated for Goods, Professional Service and General Service Contracts (Exhibit A, attached) and Constructions

Contracts (Exhibit B and Exhibit C - Executive Order 151 Requirements) as appropriate.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time.

2.5 AFFIRMATIVE ACTION

In accordance with N.J.A.C. 17:27-1.1, prior to award, the Contractor and subcontractor must submit a copy of a New Jersey Certificate of Employee Information Report, or a copy of Federal Letter of Approval verifying it is operating under a federally approved or sanctioned Affirmative Action program. Contractors or subcontractors not in possession of either a New Jersey Certificate of Employee Information Report or a Federal Letter of Approval must complete the Affirmative Action Employee Information Report (AA-302) located on the web at https://www.state.nj.us/treasury/contract_compliance/.

2.6 AMERICANS WITH DISABILITIES ACT

The contractor must comply with all provisions of the Americans with Disabilities Act (ADA), P.L 101-336, in accordance with 42 U.S.C. 12101, et seq.

2.7 MACBRIDE PRINCIPLES

The Contractor must certify pursuant to N.J.S.A. 52:34-12.2 that it either has no ongoing business activities in Northern Ireland and does not maintain a physical presence therein or that it will take lawful steps in good faith to conduct any business operations it has in Northern Ireland in accordance with the MacBride principles of nondiscrimination in employment as set forth in N.J.S.A. 52:18A-89.5 and in conformance with the United Kingdom's Fair Employment (Northern Ireland) Act of 1989, and permit independent monitoring of their compliance with those principles.

2.8 PAY TO PLAY PROHIBITIONS

Pursuant to N.J.S.A. 19:44A-20.13 et seq. (P.L. 2005, c. 51), The State shall not enter into a Contract to procure services or any material, supplies or equipment, or to acquire, sell, or lease any land or building from any Business Entity, where the value of the transaction exceeds $17,500, if that Business Entity has solicited or made any contribution of money, or pledge of contribution, including in-kind contributions, to a candidate committee and/or election fund of any candidate for or holder of the public office of Governor or Lieutenant Governor, to any State, county, municipal political party committee, or to any legislative leadership committee during certain specified time periods. It shall be a breach of the terms of the contract for the business entity to:

A. Make or solicit a contribution in violation of the statute;
B. Knowingly conceal or misrepresent a contribution given or received;
C. Make or solicit contributions through intermediaries for the purpose of concealing or misrepresenting the source of the contribution;
D. Make or solicit any contribution on the condition or with the agreement that it will be contributed to a campaign committee or any candidate of holder of the public office of Governor or Lieutenant Governor, or to any State or county party committee;
E. Engage or employ a lobbyist or consultant with the intent or understanding that such lobbyist or consultant would make or solicit any contribution, which if made or solicited by the business entity itself, would subject that entity to the restrictions of the Legislation;
F. Fund contributions made by third parties, including consultants, attorneys, family members, and employees;
G. Engage in any exchange of contributions to circumvent the intent of the Legislation; or
H. Directly or indirectly through or by any other person or means, do any act which would subject that entity to the restrictions of the Legislation.

Prior to awarding any Contract or agreement to any Business Entity, the Business Entity proposed as the intended Contractor of the Contract shall submit the Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions form, certifying that no contributions prohibited by either Chapter 51 or Executive Order No. 117 have been made by the Business Entity and reporting all qualifying contributions made by the Business Entity or any person or entity whose contributions are attributable to the Business Entity. The required form and instructions, available for review on the Division's website at http://www.state.nj.us/treasury/purchase/forms/eo134/Chapter51.pdf, shall be provided to the intended Contractor for completion and submission to the Division with the Notice of Intent to Award. Upon receipt of a Notice of Intent to Award a Contract, the intended Contractor shall submit to the Division, in care of the Division Procurement Specialist, the Certification and Disclosure(s) within five (5) business days of the State's request. The Certification and Disclosure(s) may be executed electronically by typing the name of the authorized signatory in the "Signature" block as an alternative to downloading, physically signing the form, scanning the form, and uploading the form. Failure to submit the required forms will preclude award of a Contract under this Bid Solicitation, as well as future Contract opportunities; and

Further, the Contractor is required, on a continuing basis, to report any contributions it makes during the term of the Contract, and any extension(s) thereof, at the time any such contribution is made. The required form and instructions, available for review on the Division's website at http://www.state.nj.us/treasury/purchase/forms/eo134/Chapter51.pdf, shall be provided to the intended Contractor with the Notice of Intent to Award.

2.9 POLITICAL CONTRIBUTION DISCLOSURE

The contractor is advised of its responsibility to file an annual disclosure statement on political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to N.J.S.A. 19:44A-20.27 (P.L. 2005, c. 271, §3 as amended) if in a calendar year the contractor

receives one (1) or more contracts valued at $50,000.00 or more. It is the contractor's responsibility to determine if filing is necessary. Failure to file can result in the imposition of penalties by ELEC. Additional information about this requirement is available from ELEC by calling 1(888)313-3532 or on the internet at http://www.elec.state.nj.us/.

2.10 STANDARDS PROHIBITING CONFLICTS OF INTEREST

The following prohibitions on contractor activities shall apply to all contracts or purchase agreements made with the State of New Jersey, pursuant to Executive Order No. 189 (1988).

A. No vendor shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b. and e., in the Departmentof the Treasury or any other agency with which such vendor transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i., of any such officer or employee, or partnership, firm or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g;

B. The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any State vendor shall be reported in writing forthwith by the vendor to the New Jersey Office of the Attorney General and the Executive Commission on Ethical Standards, now known as the State Ethics Commission;

C. No vendor may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such vendor to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he/she is employed or associated or in which he/she has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, now known as the State Ethics Commission, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest;

D. No vendor shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his/her official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee;

E. No vendor shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his/her official position to secure unwarranted privileges or advantages for the vendor or any other person; and

F. The provisions cited above in paragraphs 2.8A through 2.8E shall not be construed to prohibit a State officer or employee or Special State officer or employee from receiving gifts from or contracting with vendors under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards, now known as the State Ethics Commission may promulgate under paragraph 3c of Executive Order No. 189.

2.11 NEW JERSEY BUSINESS ETHICS GUIDE CERTIFICATION

The Treasurer has established a business ethics guide to be followed by a Contractor in dealings with the State. The guide can be found at: https://www.nj.gov/treasury/purchase/pdf/BusinessEthicsGuide.pdf.

2.12 NOTICE TO ALL CONTRACTORS SET-OFF FOR STATE TAX NOTICE

Pursuant to N.J.S.A. 54:49-19, effective January 1, 1996, and notwithstanding any provision of the law to the contrary, whenever any taxpayer, partnership or S corporation under contract to provide goods or services or construction projects to the State of New Jersey or its agencies or instrumentalities, including the legislative and judicial branches of State government, is entitled to payment for those goods or services at the same time a taxpayer, partner or shareholder of that entity is indebted for any State tax, the Director of the Division of Taxation shall seek to set off that taxpayer's or shareholder's share of the payment due the taxpayer, partnership, or S corporation. The amount set off shall not allow for the deduction of any expenses or other deductions which might be attributable to the taxpayer, partner or shareholder subject to set-off under this act.

The Director of the Division of Taxation shall give notice to the set-off to the taxpayer and provide an opportunity for a hearing within 30 days of such notice under the procedures for protests established under R.S. 54:49-18. No requests for conference, protest, or subsequent appeal to the Tax Court from any protest under this section shall stay the collection of the indebtedness. Interest that may be payable by the State, pursuant to P.L. 1987, c.184 (c.52:32-32 et seq.), to the taxpayer shall be stayed.

2.13 COMPLIANCE - LAWS

The contractor must comply with all local, State and Federal laws, rules and regulations applicable to this contract and to the goods delivered and/or services performed hereunder.

2.14 COMPLIANCE - STATE LAWS

It is agreed and understood that any contracts and/or orders placed as a result of [this proposal] shall be governed and construed and the rights and obligations of the parties hereto shall be determined in accordance with the laws of the State of New Jersey.

2.15 WARRANTY OF NO SOLICITATION ON COMMISSION OR CONTINGENT FEE BASIS

The contractor warrants that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage or contingent fee.

2.16 DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS

The Contractor should submit the Disclosure of Investigations and Other Actions Form which provides a detailed description of any investigation, litigation, including administrative complaints or other administrative proceedings, involving any public sector clients during the past five (5) years, including the nature and status of the investigation, and, for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and, if applicable, disposition. If a Contractor does not submit the form with the Quote, the Contractor must comply within seven (7) business days of the State's request or the State may deem the Quote non-responsive.

3.0 STATE LAW REQUIRING MANDATORY COMPLIANCE BY CONTRACTORS UNDER CIRCUMSTANCES SET FORTH IN LAW OR BASED ON THE TYPE OF CONTRACT

3.1 COMPLIANCE - CODES

The contractor must comply with New Jersey Uniform Construction Code and the latest National Electrical Code 70®, B.O.C.A. Basic Building code, Occupational Safety and Health Administration and all applicable codes for this requirement. The contractor shall be responsible for securing and paying all necessary permits, where applicable.

3.2 PREVAILING WAGE ACT

The New Jersey Prevailing Wage Act, N.J.S.A. 34: 11-56.25 et seq. is hereby made part of every contract entered into on behalf of the State of New Jersey through the Division of Purchase and Property, except those contracts which are not within the contemplation of the Act. The Contractor 's signature on [the proposal] is his/her guarantee that neither he/she nor any subcontractors he/she might employ to perform the work covered by [the proposal] has been suspended or debarred by the Commissioner, Department of Labor and Workforce Development for violation of the provisions of the Prevailing Wage Act and/or the Public Works Contractor Registration Acts; the Contractor's signature on the proposal is also his/her guarantee that he/she and any subcontractors he/she might employ to perform the work covered by [the proposal] shall comply with the provisions of the Prevailing Wage and Public Works Contractor Registration Acts, where required.

3.3 PUBLIC WORKS CONTRACTOR REGISTRATION ACT

The New Jersey Public Works Contractor Registration Act requires all contractors, subcontractors and lower tier subcontractor(s) who engage in any contract for public work as defined in N.J.S.A. 34:11-56.26 be first registered with the New Jersey Department of Labor and Workforce Development pursuant to N.J.S.A. 34:11-56.51. Any questions regarding the registration process should be directed to the Division of Wage and Hour Compliance.

3.4 PUBLIC WORKS CONTRACT - ADDITIONAL AFFIRMATIVE ACTION REQUIREMENTS

N.J.S.A. 10:2-1 requires that during the performance of this contract, the contractor must agree as follows:

A. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

B. No contractor, subcontractor, nor any person on his/her behalf shall, in any manner, discriminate against or intimidate any employee engaged inthe performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

C. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of $50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

D. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

N.J.S.A. 10:5-33 and N.J.A.C. 17:27-3.5 require that during the performance of this contract, the contractor must agree as follows:

A. The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion,

or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause;

B. The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex;

C. The contractor or subcontractor where applicable, will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment, N.J.A.C. 17:27-3.7 requires all contractors and subcontractors, if any, to further agree as follows:

1. The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2;
2. The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices;
3. The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions; and
4. In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

3.5 BUILDING SERVICE

Pursuant to N.J.S.A. 34:11-56.58 et seq., in any contract for building services, as defined in N.J.S.A. 34:11-56.59, the employees of the contractor or subcontractors shall be paid prevailing wage for building services rates, as defined in N.J.S.A. 34:11.56.59. The prevailing wage shall be adjusted annually during the term of the contract.

3.6 THE WORKER AND COMMUNITY RIGHT TO KNOW ACT

The provisions of N.J.S.A. 34:5A-1 et seq. which require the labeling of all containers of hazardous substances are applicable to this contract. Therefore, all goods offered for purchase to the State must be labeled by the contractor in compliance with the provisions of the statute.

3.7 SERVICE PERFORMANCE WITHIN U.S.

Under N.J.S.A. 52:34-13.2, all contracts primarily for services awarded by the Director shall be performed within the United States, except when the Director certifies in writing a finding that a required service cannot be provided by a contractor or subcontractor within the United States and the certification is approved by the State Treasurer.

A shift to performance of services outside the United States during the term of the contract shall be deemed a breach of contract. If, during the term of the contract, the contractor or subcontractor, proceeds to shift the performance of any of the services outside the United States, the contractor shall be deemed to be in breach of its contract, which contract shall be subject to termination for cause pursuant to Section 5.7(b) (1) of the Standard Terms and Conditions, unless previously approved by the Director and the Treasurer.

3.8 BUY AMERICAN

Pursuant to N.J.S.A. 52:32-1, if manufactured items or farm products will be provided under this contract to be used in a public work, they shall be manufactured or produced in the United States, whenever available, and the contractor shall be required to so certify.

3.9 DOMESTIC MATERIALS

Pursuant to N.J.S.A. 52:33-2 et seq., if the contract is for the construction, alteration or repair of any public work, the contractor and all subcontractors shall use only domestic materials in the performance of the work unless otherwise noted in the specifications.

3.10 DIANE B. ALLEN EQUAL PAY ACT

Pursuant to N.J.S.A. 34:11-56.14 and N.J.A.C. 12:10-1.1 et seq., a contractor performing "qualifying services" or "public work" to the State or any agency or instrumentality of the State shall provide the Commissioner of Labor and Workforce Development a report regarding the compensation and hours worked by employees categorized by gender, race, ethnicity, and job category. For more information and report templates see https://nj.gov/labor/equalpay/equalpay.html.

3.11 EMPLOYEE MISCLASSIFICATION

In accordance with Governor Murphy's Executive Order #25 and the Task Force's July 2019 Report, employers are required to properly classify their employees. Workers are presumed to be employees and not independent contractors, unless the employer can demonstrate all three factors of the "ABC Test" below:

A. Such individual has been and will continue to be free from control or direction of the performance of such service, but under his or her contract of service and in fact; and
B. Such service is either outside the usual course of business for which such service is performed, or that such service is performed outside of all places of business of the enterprise for which such service is performed; and
C. Such individual is customarily engaged in an independently established trade, occupation, profession or business.

This test has been adopted by New Jersey under its Wage & Hour, Wage Payment and Unemployment Insurance Laws to determine whether a worker is properly classified. Under N.J.S.A. 34:1A-1.17-1.19, the Department of Labor and Workforce Development has the authority to investigate potential violations of these laws and issue penalties and stop work order to employers found to be in violation of the laws.

3.12 EXECUTIVE ORDER NO. 271 (MURPHY)

Pursuant to Governor Murphy's Executive Order No. 271 (EO 271) which was signed and went into effect on October 20, 2021, a covered contractor, must certify that it has a policy in place:

(1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or
(2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and
(3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments.

The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property.
These requirements shall automatically expire when EO 271 is rescinded.

4.0 INDEMNIFICATION AND INSURANCE

4.1 INDEMNIFICATION

The contractor's liability to the State and its employees in third party suits shall be as follows:

A. Indemnification for Third Party Claims - The contractor shall assume all risk of and responsibility for, and agrees to indemnify, defend, and save harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith which shall arise from or result directly or indirectly from the work and/or materials supplied under this contract, including liability of any nature or kind for or on account of the use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in the performance of this contract;
B. The contractor's indemnification and liability under subsection (A) is not limited by, but is in addition to the insurance obligations contained in Section 4.2 of these Terms and Conditions; and
C. In the event of a patent and copyright claim or suit, the contractor, at its option, may: (1) procure for the State of New Jersey the legal right to continue the use of the product; (2) replace or modify the product to provide a non-infringing product that is the functional equivalent; or (3) refund the purchase price less a reasonable allowance for use that is agreed to by both parties.

4.2 INSURANCE

The contractor shall secure and maintain in force for the term of the contract insurance as provided herein. All required insurance shall be provided by insurance companies with an A-VIII or better rating by A.M. Best & Company. All policies must be endorsed to provide 30 days' written notice of cancellation or material change to the State of New Jersey at the address shown below. If the contractor's insurer cannot provide 30 days written notice, then it will become the obligation of the contractor to provide the same. The contractor shall provide the State with current certificates of insurance for all coverages and renewals thereof. Renewal certificates shall be provided within 30 days of the expiration of the insurance. The contractor shall not begin to provide services orgoods to the State until evidence of the required insurance is provided. The certificates of insurance shall indicate the contract number or purchase order number and title of the contract in the Description of Operations box and shall list the State of New Jersey, Department of the Treasury, Division of Purchase & Property, Contract Compliance & Audit Unit, P.O. Box 236, Trenton, New Jersey 08625 in the Certificate Holder box. The certificates and any notice of cancelation shall be emailed to the State at: ccau.certificate@treas.nj.gov

The insurance to be provided by the contractor shall be as follows:

A. Occurrence Form Commercial General Liability Insurance or its equivalent: The minimum limit of liability shall be $1,000,000 per occurrence as a combined single limit for bodily injury and property damage. The above required Commercial General Liability Insurance policy or its equivalent shall name the State, its officers, and employees as "Additional Insureds" and include the blanket additional insured endorsement or its equivalent. The coverage to be provided under these policies shall be at least as broad as that provided by the standard basic Commercial General Liability Insurance occurrence coverage forms or its equivalent currently in use in the State of New

Jersey, which shall not be circumscribed by any endorsement limiting the breadth of coverage;

B. Automobile Liability Insurance which shall be written to cover any automobile used by the insured. Limits of liability for bodily injury and property damage shall not be less than $1,000,000 per occurrence as a combined single limit. The State must be named as an "Additional Insured" and a blanket additional insured endorsement or its equivalent must be provided when the services being procured involve vehicle use on the State's behalf or on State controlled property;

C. Worker's Compensation Insurance applicable to the laws of the State of New Jersey and Employers Liability Insurance with limits not less than:

1. $1,000,000 BODILY INJURY, EACH OCCURRENCE;
2. $1,000,000 DISEASE EACH EMPLOYEE; and
3. $1,000,000 DISEASE AGGREGATE LIMIT.

This $1,000,000 amount may beraised when deemed necessary by the Director;

In the case of a contract entered into pursuant to N.J.S.A. 52:32-17 et seq., (small business set asides) the minimum amount of insurance coverage in subsections A, B, and B. above may be amended for certain commodities when deemed in the best interests of the State by the Director.

5.0 TERMS GOVERNING ALL CONTRACTS

5.1 CONTRACTOR IS INDEPENDENT CONTRACTOR

The contractor's status shall be that of any independent contractor and not as an employee of the State.

5.2 RESERVED

5.3 CONTRACT TERM AND EXTENSION OPTION

If, in the opinion of the Director, it is in the best interest of the State to extend a contract, the contractor shall be so notified of the Director's Intent at least 30 days prior to the expiration date of the existing contract. The contractor shall have 15 calendar days to respond to the Director's request to extend the term and period of performance of the contract. If the contractor agrees to the extension, all terms and conditions of the original contract shall apply unless more favorable terms for the State have been negotiated.

5.4 STATE'S OPTION TO REDUCE SCOPE OF WORK

The State has the option, in its sole discretion, to reduce the scope of work for any deliverable, task or subtask called for under this contract. In such an event, the Director shall provide to the contractor advance written notice of the change in scope of work and what the Director believes should be the corresponding adjusted contract price. Within five (5) business days of receipt of such written notice, if either is applicable:

A. If the contractor does not agree with the Director's proposed adjusted contract price, the contractor shall submit to the Director any additional information that the contractor believes impacts the adjusted contract price with a request that the Director reconsider the proposed adjusted contract price. The parties shall negotiate the adjusted contract price. If the parties are unable to agree on an adjusted contract price, the Director shall make a prompt decision taking all such information into account, and shall notify the contractor of the final adjusted contract price; and

B. If the contractor has undertaken any work effort toward a deliverable, task or subtask that is being changed or eliminated such that it would not be compensated under the adjusted contract, the contractor shall be compensated for such work effort according to the applicable portions of its price schedule and the contractor shall submit to the Director an itemization of the work effort already completed by deliverable, task or subtask within the scope of work, and any additional information the Director may request. The Director shall make a prompt decision taking all such information into account, and shall notify the contractor of the compensation to be paid for such work effort.

Any changes or modifications to the terms of this Contract shall be valid only when they have been reduced to writing and signed by the Contractor and the Director.

5.5 CHANGE IN LAW

If, after award, a change in applicable law or regulation occurs which affects the Contract, the parties may amend the Contract, including pricing, in order to provide equitable relief for the party disadvantaged by the change in law. The parties shall negotiate in good faith, however if agreement is not possible after reasonable efforts, the Director shall make a prompt decision as to an equitable adjustment, taking all relevant information into account, and shall notify the Contractor of the final adjusted contract price.

5.6 SUSPENSION OF WORK

The State may, for valid reason, issue a stop order directing the contractor to suspend work under the contract for a specific time. The contractor shall be paid for goods ordered, goods delivered, or services requested and performed until the effective date of the stop order. The contractor shall resume work upon the date specified in the stop order, or upon such other date as the State Contract Manager may thereafter direct in writing. The period of suspension shall be deemed added to the contractor's approved schedule of performance. The Director shall make an equitable adjustment, if any is

required, to the contract price. The contractor shall provide whatever information that Director may require related to the equitable adjustment.

5.7 TERMINATION OF CONTRACT

A. For Convenience:
Notwithstanding any provision or language in this contract to the contrary, the Directormay terminate this contract at any time, in whole or in part, for the convenience of the State, upon no less than 30 days written notice to the contractor;

B. For Cause:
1. Where a contractor fails to perform or comply with a contract or a portion thereof, and/or fails to comply with the complaints procedure in N.J.A.C. 17:12-4.2 et seq., the Director may terminate the contract, in whole or in part, upon ten (10) days' notice to the contractor with an opportunity to respond; and
2. Where in the reasonable opinion of the Director, a contractor continues to perform a contract poorly as demonstrated by e.g., formal complaints, late delivery, poor performance of service, short-shipping, so that the Director is required to use the complaints procedure in N.J.A.C. 17:12-4.2 et seq., and there has been a failure on the part of the contractor to make progress towards ameliorating the issue(s) or problem(s) set forth in the complaint, the Director may terminate the contract, in whole or in part, upon ten (10) days' notice to the contractor with an opportunity to respond.

C. In cases of emergency the Director may shorten the time periods of notification and may dispense with an opportunity to respond; and

D. In the event of termination under this section, the contractor shall be compensated for work performed in accordance with the contract, up to the date of termination. Such compensation may be subject to adjustments.

5.8 SUBCONTRACTING

The Contractor may not subcontract other than as identified in the contractor's proposal without the prior written consent of the Director. Such consent, if granted in part, shall not relieve the contractor of any of his/her responsibilities under the contract, nor shall it create privity of contract between the State and any subcontractor. If the contractor uses a subcontractor to fulfill any of its obligations, the contractor shall be responsible for the subcontractor's: (a) performance; (b) compliance with all of the terms and conditions of the contract; and (c) compliance with the requirements of all applicable laws. Nothing contained in any of the contract documents, shall be construed as creating any contractual relationship between any subcontractor and the State.

5.9 RESERVED

5.10 MERGERS, ACQUISITIONS AND ASSIGNMENTS

If, during the term of this contract, the contractor shall merge with or be acquired by another firm, the contractor shall give notice to the Director as soon as practicable and in no event longer than 30 days after said merger or acquisition. The contractor shall provide such documents as may be requested by the Director, which may include but need not be limited to the following: corporate resolutions prepared by the awarded contractor and new entity ratifying acceptance of the original contract, terms, conditions and prices; updated information including ownership disclosure and Federal Employer Identification Number. The documents must be submitted within 30 days of the request. Failure to do so may result in termination of the contract for cause.

If, at any time during the term of the contract, the contractor's partnership, limited liability company, limited liability partnership, professional corporation, or corporation shall dissolve, the Director must be so notified. All responsible parties of the dissolved business entity must submit to the Director in writing, the names of the parties proposed to perform the contract, and the names of the parties to whom payment should be made. No payment shall be made until all parties to the dissolved business entity submit the required documents to the Director.

The contractor may not assign its responsibilities under the contract, in whole or in part, without the prior written consent of the Director.

5.11 PERFORMANCE GUARANTEE OF CONTRACTOR

The contractor hereby certifies that:

A. The equipment offered is standard new equipment, and is the manufacturer's latest model in production, with parts regularly used for the type of equipment offered; that such parts are all in production and not likely to be discontinued; and that no attachment or part has been substituted or applied contrary to manufacturer's recommendations and standard practice;

B. All equipment supplied to the State and operated by electrical current is UL listed where applicable;

C. All new machines are to be guaranteed as fully operational for the period stated in the contract from time of written acceptance by the State. The contractor shall render prompt service without charge, regardless of geographic location;

D. Sufficient quantities of parts necessary for proper service to equipment shall be maintained at distribution points and service headquarters;

E. Trained mechanics are regularly employed to make necessary repairs to equipment in the territory from which the service request might emanate within a 48-hour period or within the time accepted as industry practice;

F. During the warranty period the contractor shall replace immediately any material which is rejected for failure to meet the requirements of the contract; and

G. All services rendered to the State shall be performed in strict and full accordance with the specifications stated in the contract. The contract shall not be considered complete until final approval by the State's using agency is rendered.

5.12 DELIVERY REQUIREMENTS

A. Deliveries shall be made at such time and in such quantities as ordered in strict accordance with conditions contained in the contract;
B. The contractor shall be responsible for the delivery of material in first class condition to the State's using agency or the purchaser under this contract and in accordance with good commercial practice;
C. Items delivered must be strictly in accordance with the contract; and
D. In the event delivery of goods or services is not made within the number of days stipulated or under the schedule defined in the contract, the using agency shall be authorized to obtain the material or service from any available source, the difference in price, if any, to be paid by the contractor.

5.13 APPLICABLE LAW AND JURISDICTION

This contract and any and all litigation arising therefrom or related thereto shall be governed by the applicable laws, regulations and rules of evidence of the State of New Jersey without reference to conflict of laws principles and shall be filed in the appropriate Division of the New Jersey Superior Court.

5.14 CONTRACT AMENDMENT

Except as provided herein, the contract may only be amended by written agreement of the State and the contractor.

5.15 MAINTENANCE OF RECORDS

Pursuant to N.J.A.C. 17:44-2.2, the contractor shall maintain all documentation related to products, transactions or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

5.16 ASSIGNMENT OF ANTITRUST CLAIM(S)

The contractor recognizes that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the ultimate purchaser. Therefore, and as consideration for executing this contract, the contractor, acting herein by and through its duly authorized agent, hereby conveys, sells, assigns, and transfers to the State of New Jersey, for itself and on behalfof its political subdivisions and public agencies, all right, title and interest to all claims and causes of action it may now or hereafter acquire under the antitrust laws of the United States or the State of New Jersey, relating to the particular goods and services purchased or acquired by the State of New Jersey or any of its political subdivisions or public agencies pursuant to this contract.

In connection with this assignment, the following are the express obligations of the contractor:

A. It shall take no action that will in any way diminish the value of the rights conveyed or assigned hereunder;
B. It shall advise the Attorney General of New Jersey:
    1. In advance of its intention to commence any action on its own behalf regarding any such claim or cause(s) of action; and
    2. Immediately upon becoming aware of the fact that an action has been commenced on its behalf by some other person(s) of the pendency of such action.
C. It shall notify the defendants in any antitrust suit of the within assignment at the earliest practicable opportunity after the contractor has initiated an action on its own behalf or becomes aware that such an action has been filed on its behalf by another person. A copy of such notice shall be sent to the Attorney General of New Jersey; and
D. It is understood and agreed that in the event any payment under any such claim or cause of action is made to the contractor, it shall promptly pay over to the State of New Jersey the allotted share thereof, if any, assigned to the State hereunder.

5.17 NEWS RELEASES

The Contractor is not permitted to issue news releases pertaining to any aspect of the services being provided under this Contract without the prior written consent of the Director.

5.18 ADVERTISING

The Contractor shall not use the State's name, logos, images, or any data or results arising from this Contract as a part of any commercial advertising without first obtaining the prior written consent of the Director.

5.19 ORGAN DONATION

As required by N.J.S.A. 52:32-33.1, the State encourages the contractor to disseminate information relative to organ donation and to notify its employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees should be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. 1320b-8 to serve in this State.

5.20 LICENSES AND PERMITS

The Contractor shall obtain and maintain in full force and effect all required licenses, permits, and authorizations necessary to perform this Contract. Notwithstanding the requirements of the Bid Solicitation, the Contractor shall supply the State Contract Manager with evidence of all such licenses, permits and authorizations. This evidence shall be submitted subsequent to this Contract award. All costs associated with any such licenses, permits, and authorizations must be considered by the Contractor in its Quote.

5.21 CLAIMS AND REMEDIES

A. All claims asserted against the State by the Contractor shall be subject to the New Jersey Tort Claims Act, N.J.S.A. 59:1-1, et seq., and/or the New Jersey Contractual Liability Act, N.J.S.A. 59:13-1, et seq.

B. Nothing in this Contract shall be construed to be a waiver by the State of any warranty, expressed or implied, of any remedy at law or equity, except as specifically and expressly stated in a writing executed by the Director.

C. In the event that the Contractor fails to comply with any material Contract requirements, the Director may take steps to terminate this Contract in accordance with the SSTC, authorize the delivery of Contract items by any available means, with the difference between the price paid and the defaulting Contractor's price either being deducted from any monies due the defaulting Contractor or being an obligation owed the State by the defaulting Contractor, as provided for in the State administrative code, or take any other action or seek any other remedies available at law or in equity.

5.22 ACCESSIBILITY COMPLIANCE

The Contractor acknowledges that the State may be required to comply with the accessibility standards of Section 508 of the Rehabilitation Act, 29 U.S.C. §794. The Contractor agrees that any information that it provides to the State in the form of a Voluntary Product Accessibility Template (VPAT) about the accessibility of the Software is accurate to a commercially reasonable standard and the Contractor agrees to provide the State with technical information available to support such VPAT documentation in the event that the State relied on any of Contractor's VPAT information to comply with the accessibility standards of Section 508 of the Rehabilitation Act, 29 U.S.C. §794. In addition, Contractor shall defend any claims against the State that the Software does not meet the accessibility standards set forth in the VPAT provided by Provider in order to comply with the accessibility standards of Section 508 of the Rehabilitation Act, 29 U.S.C. §794 and will indemnify the State with regard to any claim made against the State with regard to any judgment or settlement resulting from those claims to the extent the Provider's Software provided under this Contract was not accessible in the same manner as or to the degree set forth in the Contractor's statements or information about accessibility as set forth in the then-current version of an applicable VPAT.

5.23 CONFIDENTIALITY

A. The obligations of the State under this provision are subject to the New Jersey Open Public Records Act ("OPRA"), N.J.S.A. 47:1A-1 et seq., the New Jersey common law right to know, and any other lawful document request or subpoena;

B. By virtue of this Contract, the parties may have access to information that is confidential to one another. The parties agree to disclose to each other only information that is required for the performance of their obligations under this Contract. Contractor's Confidential Information, to the extent not expressly prohibited by law, shall consist of all information clearly identified as confidential at the time of disclosure Vendor Intellectual Property ("Contractor Confidential Information"). Notwithstanding the previous sentence, the terms and pricing of this Contract are subject to disclosure under OPRA, the common law right to know, and any other lawful document request or subpoena;

C. The State's Confidential Information shall consist of all information or data contained in documents supplied by the State, any information or data gathered by the Contractor in fulfillment of the Contract and any analysis thereof (whether in fulfillment of the Contract or not);

D. A party's Confidential Information shall not include information that: (a) is or becomes a part of the public domain through no act or omission of the other party, except that if the information is personally identifying to a person or entity regardless of whether it has become part of the public domain through other means, the other party must maintain full efforts under the Contract to keep it confidential; (b) was in the other party's lawful possession prior to the disclosure and had not been obtained by the other party either directly or indirectly from the disclosing party; (c) is lawfully disclosed to the other party by a third party without restriction on the disclosure; or (d) is independently developed by the other party;

E. The State agrees to hold Contractor's Confidential Information in confidence, using at least the same degree of care used to protect its own Confidential Information;

F. In the event that the State receives a request for Contractor Confidential Information related to this Contract pursuant to a court order, subpoena, or other operation of law, the State agrees, if permitted by law, to provide Contractor with as much notice, in writing, as is reasonably practicable and the State's intended response to such order of law. Contractor shall take any action it deems appropriate to protect its documents and/or information;

G. In addition, in the event Contractor receives a request for State Confidential Information pursuant to a court order, subpoena, or other operation of law, Contractor shall, if permitted by law, provide the State with as much notice, in writing, as is reasonably practicable and Contractor's intended response to such order of law. The State shall take any action it deems appropriate to protect its documents and/or information; and

H. Notwithstanding the requirements of nondisclosure described in this Section, either party may release the other party's Confidential Information:

   (i) if directed to do so by a court or arbitrator of competent jurisdiction; or

   (ii) pursuant to a lawfully issued subpoena or other lawful document request:

      (a) in the case of the State, if the State determines the documents or information are subject to disclosure and Contractor does not exercise its rights as described in Section 5.23(F), or if Contractor is unsuccessful in defending its rights as described in Section 5.23(F); or

      (b) in the case of Contractor, if Contractor determines the documents or information are subject to disclosure and the State does not exercise its rights described in Section 5.23(G), or if the State is unsuccessful in defending its rights as described in Section 5.23(G).

6.0 TERMS RELATING TO PRICE AND PAYMENT

6.1 PRICE FLUCTUATION DURING CONTRACT

Unless otherwise agreed to in writing by the State, all prices quoted shall be firm through issuance of contract or purchase order and shall not be subject to increase during the period of the contract. In the event of a manufacturer's or contractor's price decrease during the contract period, the State shall receive the full benefit of such price reduction on any undelivered purchase order and on any subsequent order placed during the contract period. The Director must be notified, in writing, of any price reduction within five (5) days of the effective date. Failure to report price reductions may result in cancellation of contract for cause, pursuant to provision 5.7(b)1.

In an exceptional situation the State may consider a price adjustment. Requests for price adjustments must include justification and documentation.

6.2 TAX CHARGES

The State of New Jersey is exempt from State sales or use taxes and Federal excise taxes. Therefore, price quotations must not include such taxes. The State's Federal Excise Tax Exemption number is 22-75-0050K.

6.3 PAYMENT TO VENDORS

A. The using agency(ies) is (are) authorized to order and the contractor is authorized to ship only those items covered by the contract resulting from the RFP. If a review of orders placed by the using agency(ies) reveals that goods and/or services other than that covered by the contract have been ordered and delivered, such delivery shall be a violation of the terms of the contract and may be considered by the Director as a basis to terminate the contract and/or not award the contractor a subsequent contract. The Director may take such steps as are necessary to have the items returned by the agency, regardless of the time between the date of delivery and discovery of the violation. In such event, the contractor shall reimburse the State the full purchase price;

B. The contractor must submit invoices to the using agency with supporting documentation evidencing that work or goods for which payment is sought has been satisfactorily completed or delivered. For commodity contracts, the invoice, together with the Bill of Lading, and/or other documentation to confirm shipment and receipt of contracted goods must be received by the using agency prior to payment. For contracts featuring services, invoices must reference the tasks or subtasks detailed in the Scope of Work and must be in strict accordance with the firm, fixed prices submitted for each task or subtask. When applicable, invoices should reference the appropriate task or subtask or price line number from the contractor's proposal. All invoices must be approved by the State Contract Manager or using agency before payment will be authorized;

C. In all time and materials contracts, the State Contract Manager or designee shall monitor and approve the hours of work and the work accomplished by contractor and shall document both the work and the approval. Payment shall not be made without such documentation. A form of timekeeping record that should be adapted as appropriate for the Scope of Work being performed can be found at www.nj.gov/treasury/purchase/forms/Vendor_Timesheet.xls; and

D. The contractor shall provide, on a monthly and cumulative basis, a breakdown in accordance with the budget submitted, of all monies paid to any small business, minority or woman-owned subcontractor(s). This breakdown shall be sent to the Office of Diversity and Inclusion.

E. The Contractor shall have sole responsibility for all payments due any Subcontractor

6.4 OPTIONAL PAYMENT METHOD: P-CARD

The State offers contractors the opportunity to be paid through the MasterCard procurement card (p-card). A contractor's acceptance and a State agency's use of the p-card are optional. P-card transactions do not require the submission of a contractor invoice; purchasing transactions using the p-card will usually result in payment to a contractor in three (3) days. A contractor should take note that there will be a transaction-processing fee for each p-card transaction. To participate, a contractor must be capable of accepting the MasterCard. Additional information can be obtained from banks or merchant service companies.

6.5 NEW JERSEY PROMPT PAYMENT ACT

The New Jersey Prompt Payment Act, N.J.S.A. 52:32-32 et seq., requires state agencies to pay for goods and services within 60 days of the agency's receipt of a properly executed State Payment Voucher or within 60 days of receipt and acceptance of goods and services, whichever is later. Properly executed performance security, when required, must be received by the State prior to processing any payments for goods and services accepted by state agencies. Interest will be paid on delinquent accounts at a rate established by the State Treasurer. Interest shall not be paid until it exceeds $5.00 per properly executed invoice. Cash discounts and other payment terms included as part of the original agreement are not affected by the Prompt Payment Act.

6.6 AVAILABILITY OF FUNDS

The State's obligation to make payment under this contract is contingent upon the availability of appropriated funds and receipt of revenues from which payment for contract purposes can be made. No legal liability on the part of the State for payment of any money shall arise unless and until funds are appropriated each fiscal year to the using agency by the State Legislature and made available through receipt of revenue.

7.0 TERMS RELATING TO ALL CONTRACTS FUNDED, IN WHOLE OR IN PART, BY FEDERAL FUNDS

The provisions set forth in this Section of the Standard Terms and Conditions apply to all contracts funded, in whole or in part, by Federal funds as required by 2 CFR 200.317.

7.1 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS.

Pursuant to 2 CFR 200.321, the State must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Accordingly, if subawards are to be made the Contractor shall:

(1) Include qualified small and minority businesses and women's business enterprises on solicitation lists;
(2) Assure that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
(3) Divide total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
(4) Establish delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and,
(5) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

7.2 DOMESTIC PREFERENCE FOR PROCUREMENTS

Pursuant to 2 CFR 200.322, where appropriate, the State has a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). If subawards are to be made the Contractor shall include a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). For purposes of this section:

(1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
(2) "Manufactured products" means items and construction materials composed in whole or in part of nonferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

7.3 PROCUREMENT OF RECOVERED MATERIALS

Where applicable, in the performance of contract, pursuant to 2 CFR 200.323, the contractor must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $ 10,000 or the value of the quantity acquired during the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

To the extent that the scope of work or specifications in the contract requires the contractor to provide recovered materials the scope of work or specifications are modified to require that as follows.

i. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired—
    1. Competitively within a timeframe providing for compliance with the contract performance schedule;
    2. Meeting contract performance requirements; or
    3. At a reasonable price.
ii. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, https://www.epa.gov/smm/comprehensive- procurement-guideline-cpg-program.
iii. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act."

7.4 EQUAL EMPLOYMENT OPPORTUNITY

Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equalopportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor." See, 2 CFR Part 200, Appendix II, para. C.

During the performance of this contract, the contractor agrees as follows:

(1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous

places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

(2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.

(3) The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.

(4) The contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(5) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(6) The contractor will furnish all information and reports required by Executive Order 11246of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts inaccordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department ofJustice for appropriate legal proceedings.

7.5 DAVIS-BACON ACT, 40 U.S.C. 3141-3148, AS AMENDED

When required by Federal program legislation, all prime construction contracts in excess of $ 2,000 shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141- 3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. The contractor shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable. Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.

Additionally, contractors are required to pay wages not less than once a week.

7.6 COPELAND ANTI-KICK-BACK ACT

Where applicable, the Contractor must comply with Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States").

a. Contractor. The Contractor shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into the OGS centralized contract.
b. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clause above and such other clauses as FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.
c. Breach. A breach of the clauses above may be grounds for termination of the OGS centralized contract, and for debarment as a Contractor and subcontractor as provided in 29 C.F.R. § 5.12.

7.7 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT, 40 U.S.C. 3701-3708

Where applicable, all contracts awarded by the non-Federal entity in excess of $ 100,000 that involve the employment of mechanics or laborers must comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).

(1) Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
(2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of $27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.
(3) Withholding for unpaid wages and liquidated damages. The unauthorized user shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.
(4) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

7.8 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

7.9 CLEAN AIR ACT, 42 U.S.C. 7401-7671Q, AND THE FEDERAL WATER POLLUTION CONTROL ACT, 33 U.S.C. 1251-1387, AS AMENDED

Where applicable, Contract and subgrants of amounts inexcess of $150,000, must comply with the following:

Clean Air Act

7.9.1.1 The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
7.9.1.2 The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
7.9.1.3 The contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance provided by FEMA.

Federal Water Pollution Control Act

1. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.

2. The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding $150,000 financed in whole or in part with Federal assistance provided by FEMA.

7.10 DEBARMENT AND SUSPENSION (EXECUTIVE ORDERS 12549 AND 12689)

(1) This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the contractor is required to verify that none of the contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

(2) The contractor must comply with 2 C.F.R. pt. 180, subpart C and2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

(3) This certification is a material representation of fact relied upon by the State or authorized user. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the State or authorized user, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

(4) The bidder or proposer agrees to comply with the requirements of2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

7.11 BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. 1352

Contractors that apply or bid for an award exceeding $100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

7.12 PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT

(a) Recipients and subrecipients are prohibited from obligating or expending loan or grant funds to:
  (1) Procure or obtain;
  (2) Extend or renew a contract to procure or obtain; or
  (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in *Public Law 115–232*, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
    (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
    (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

EXHIBIT A - GOODS, GENERAL SERVICE AND PROFESSIONAL SERVICES CONTRACTS

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127)
N.J.A.C. 17:27 et seq.

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval;
- Certificate of Employee Information Report; or
- Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase an Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase an Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1 et seq.

EXHIBIT B - CONSTRUCTION CONTRACTS

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127)
N.J.S.A. 10:5-39 et seq. (P.L. 1983, c. 197)
N.J.A.C. 17:27-1.1 et seq.

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, up grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

N.J.S.A. 10:5-39 et seq. requires contractors, subcontractors, and permitted assignees performing construction, alteration, or repair of any building or public work in excess of $250,000 toguarantee equal employment opportunity to veterans.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer, pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

When hiring or scheduling workers in each construction trade, the contractor or subcontractor agrees to make good faith efforts to employ minority and women workers in each construction trade consistent with the targeted employment goal prescribed by N.J.A.C. 17:27-7.2; provided, however, that the Dept. of LWD, Construction EEO Monitoring Program may, in its discretion, exempt a contractor or subcontractor from compliance with the good faith procedures prescribed by the following provisions, A, B and C, as long as the Dept. of LWD, Construction EEO Monitoring Program is satisfied that the contractor or subcontractor is employing workers provided by a union which provides evidence, in accordance with standards prescribed by the Dept. of LWD, Construction EEO Monitoring Program, that its percentage of active "card carrying" members who are minority and women workers is equal to or greater than the targeted employment goal established in accordance with N.J.A.C. 17:27-7.2. The contractor or subcontractor agrees that a good faith effort shall include compliance with the following procedures:

(A) If the contractor or subcontractor has a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor shall, within three business days of the contract award, seek assurances from the union that it will cooperate with the contractor or subcontractor as it fulfills its affirmative action obligations under this contract and in accordance with the rules promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et. seq., as supplemented and amended from time to time and the Americans with Disabilities Act. If the contractor or subcontractor is unable to obtain said assurances from the construction trade union at least five business days prior to the commencement of construction work, the contractor or subcontractor agrees to afford equal employment opportunities minority and women workers directly, consistent with this chapter. If the contractor's or subcontractor's prior experience with a construction trade union, regardless of whether the union has provided said assurances, indicates a significant possibility that the trade union will not refer sufficient minority and women workers consistent with affording equal employment opportunities as specified in this chapter, the contractor or subcontractor agrees to be prepared to provide such opportunities to minority and women workers directly, consistent with this chapter, by complying with the hiring or scheduling procedures prescribed under (B) below; and the contractor or subcontractor further agrees to take said action immediately if it determines that the union is not referring minority and women workers consistent with the equal employment opportunity goals set forth in this chapter.

(B) If good faith efforts to meet targeted employment goals have not or cannot be met for each construction trade by adhering to the procedures of (A) above, or if the contractor does not have a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor agrees to take the following actions:
  (1) To notify the public agency compliance officer, the Dept. of LWD, Construction EEO Monitoring Program, and minority and women referral organizations listed by the Division pursuant to N.J.A.C. 17:27-5.3, of its workforce needs, and request referral of minority and women workers;

(2) To notify any minority and women workers who have been listed with it as awaiting available vacancies;
(3) Prior to commencement of work, to request that the local construction trade union refer minority and women workers to fill job openings, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade;
(4) To leave standing requests for additional referral to minority and women workers with the local construction trade union, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade, the State Training and Employment Service and other approved referral sources in the area;
(5) If it is necessary to lay off some of the workers in a given trade on the construction site, layoffs shall be conducted in compliance with the equal employment opportunity and non- discrimination standards set forth in this regulation, as well as with applicable Federal and State court decisions;
(6) To adhere to the following procedure when minority and women workers apply or are referred to the contractor or subcontractor:
    (i) The contactor or subcontractor shall interview the referred minority or women worker.
    (ii) If said individuals have never previously received any document or certification signifying a level of qualification lower than that required in order to perform the work of the construction trade, the contractor or subcontractor shall in good faith determine the qualifications of such individuals. The contractor or subcontractor shall hire or schedule those individuals who satisfy appropriate qualification standards in conformity with the equal employment opportunity and non-discrimination principles set forth in this chapter. However, a contractor or subcontractor shall determine that the individual at least possesses the requisite skills, and experience recognized by a union, apprentice program or a referral agency, provided the referral agency is acceptable to the Dept. of LWD, Construction EEO Monitoring Program. If necessary, the contractor or subcontractor shall hire or schedule minority and women workers who qualify as trainees pursuant to these rules. All of the requirements, however, are limited by the provisions of (C) below.
    (iii) The name of any interested women or minority individual shall be maintained on a waiting list, and shall be considered for employment as described in (i) above, whenever vacancies occur. At the request of the Dept. of LWD, Construction EEO Monitoring Program, the contractor or subcontractor shall provide evidence of its good faith efforts to employ women and minorities from the list to fill vacancies.
    (iv) If, for any reason, said contractor or subcontractor determines that a minority individual or a woman is not qualified or if the individual qualifies as an advanced trainee or apprentice, the contractor or subcontractor shall inform the individual in writing of the reasons for the determination, maintain a copy of the determination in its files, and send a copy to the public agency compliance officer and to the Dept. of LWD, Construction EEO Monitoring Program.
(7) To keep a complete and accurate record of all requests made for the referral of workers in any trade covered by the contract, on forms made available by the Dept. of LWD, Construction EEO Monitoring Program and submitted promptly to the Dept. of LWD, Construction EEO Monitoring Program upon request.

(C) The contractor or subcontractor agrees that nothing contained in (B) above shall preclude the contractor or subcontractor from complying with the union hiring hall or apprenticeship policies in any applicable collective bargaining agreement or union hiring hall arrangement, and, where required by custom or agreement, it shall send journeymen and trainees to the union for referral, or to the apprenticeship program for admission, pursuant to such agreement or arrangement. However, where the practices of a union or apprenticeship program will result in the exclusion of minorities and women or the failure to refer minorities and women consistent with the targeted county employment goal, the contractor or subcontractor shall consider for employment persons referred pursuant to (B) above without regard to such agreement or arrangement; provided further, however, that the contractor or subcontractor shall not be required to employ women and minority advanced trainees and trainees in numbers which result in the employment of advanced trainees and trainees as a percentage of the total workforce for the construction trade, which percentage significantly exceeds the apprentice to journey worker ratio specified in the applicable collective bargaining agreement, or in the absence of a collective bargaining agreement, exceeds the ratio established by practice in the area for said construction trade. Also, the contractor or subcontractor agrees that, in implementing the procedures of (B) above, it shall, where applicable, employ minority and women workers residing within the geographical jurisdiction of the union.

After notification of award, but prior to signing a construction contract, the contractor shall submit to the public agency compliance officer and the Dept. of LWD, Construction EEO Monitoring Program an initial project workforce report (Form AA-201) electronically provided to the public agency by the Dept. of LWD, Construction EEO Monitoring Program, through its website, for distribution to and completion by the contractor, in accordance with N.J.A.C. 17:27-7.

The contractor also agrees to submit a copy of the Monthly Project Workforce Report once a month thereafter for the duration of this contract to the Dept. of LWD, Construction EEO Monitoring Program and to the public agency compliance officer.

The contractor agrees to cooperate with the public agency in the payment of budgeted funds, as is necessary, for on the job and/or off the job programs for outreach and training of minorities and women.

(D) The contractor and its subcontractors shall furnish such reports or other documents to the Dept. of LWD, Construction EEO Monitoring Program as may be requested by the Dept. of LWD, Construction EEO Monitoring Program from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Dept. of LWD, Construction EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

EXHIBIT C - EXECUTIVE ORDER NO. 151 REQUIREMENTS

It is the policy of the Division of Purchase and Property that its contracts should create a workforce that reflects the diversity of the State of New Jersey. Therefore, contractors engaged by the Division of Purchase and Property to perform under a construction contract shall put forth a good faith effort to engage in recruitment and employment practices that further the goal of fostering equal opportunities to minorities and women.

The contractor must demonstrate to the Division of Purchase and Property's satisfaction that a good faith effort was made to ensure that minorities and women have been afforded equal opportunity to gain employment under the Division of Purchase and Property's contract with the contractor. Payment may be withheld from a contractor's contract for failure to comply with these provisions.

Evidence of a "good faith effort" includes, but is not limited to:

1. The Contractor shall recruit prospective employees through the State Job bank website, managed by the Department of Labor and Workforce Development, available online at https://newjersey.usnlx.com/;
2. The Contractor shall keep specific records of its efforts, including records of all individuals interviewed and hired, including the specific numbers of minorities and women;
3. The Contractor shall actively solicit and shall provide the Division of Purchase and Property with proof of solicitations for employment, including but not limited to advertisements in general circulation media, professional service publications and electronic media; and
4. The Contractor shall provide evidence of efforts described at 2 above to the Division of Purchase and Property no less frequently than once every 12 months.
5. The Contractor shall comply with the requirements set forth at N.J.A.C. 17:27.

This language is in addition to and does not replace good faith efforts requirements for construction contracts required by N.J.A.C. 17:27-3.6, 3.7 and 3.8, also known as Exhibit B.

State of New Jersey Standard Terms and Conditions
(Revised December 13, 2021)

I HEREBY ACCEPT THE TERMS AND CONDITIONS OF THIS CONTRACT

Signature

05/19/2022
Date

Leah Heimbach, President
Print Name and Title

Healthcare Management Solutions of WV, LLC
Print Name of Contractor

Attachment 2 – Waivered Contracts Supplement to the State of New Jersey Standard Terms and Conditions

Please see the following 11 pages for HMS' signed Waivered Contracts Supplement to the State of New Jersey Standard Terms and Conditions Form.

WAIVERED CONTRACTS SUPPLEMENT TO THE STATE OF NEW JERSEY STANDARD TERMS AND CONDITIONS

(Revised January 11, 2022)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

This Supplement to the State of New Jersey Standard Terms and Conditions ("Supplement") shall apply to all contracts or purchase agreements made with the State of New Jersey ("State") under N.J.S.A. 52:34-9 or -10 ("Waivered Contracts"). The terms in this Supplement are in addition to, or modify the State of New Jersey Standard Terms and Conditions (SSTCs) as applicable and noted below.

I. ADDITIONS TO THE STANDARD TERMS AND CONDITIONS FOR ALL WAIVERED CONTRACTS

A. ORDER OF PRECEDENCE

The "Contract" shall consist of the following documents: (1) this Supplement; (2) the State of New Jersey Standard Terms and Conditions; (3) the agency's scope of work; and, (4) the Contractor's proposal including any attachments or documents incorporated by reference. In the event of a conflict in the terms and conditions among the documents comprising this Contract, the order of precedence, for purposes of interpretation thereof, listed from highest ranking to lowest ranking as noted above.

B. NO ARBITRATION

Notwithstanding anything to the contrary in Contractor's Standard Form Agreement ("SFA") or Scope of Work ("SOW"), the State does not agree to binding arbitration.

C. NO AUTO-RENEWAL

Notwithstanding anything to the contrary in Contractor's SFA or SOW, the State does not agree to auto-renewal of any services, standard software maintenance, technical support or service fees.

II. ADDITIONS TO THE STANDARD TERMS AND CONDITIONS FOR WAIVERED CONTRACTS, AS APPLICABLE

A. STATE'S RIGHT TO INSPECT CONTRACTOR'S FACILITIES

The State reserves the right to inspect the contractor's establishment before making an award, for the purposes of ascertaining whether the contractor has the necessary facilities for performing the Contract. The State may also consult with clients of the contractor to assist the State in making a contract award that is most advantageous to the State.

B. STATE'S RIGHT TO REQUEST FURTHER INFORMATION

The Director reserves the right to request all information which may assist him or her in making a contract award, including factors necessary to evaluate the contractor's financial capabilities to perform the Contract. Further, the Director reserves the right to request a contractor to explain, in detail, how the proposal price was determined.

C. DELIVERY TIME AND COSTS

Unless otherwise noted elsewhere in the scope of work, all delivery times are 30 calendar days after receipt of order (ARO) and prices for items in proposals shall be submitted Freight On Board (F.O.B.) Destination (30 calendar days ARO/F.O.B.). The contractor shall assume all costs, liability and responsibility for the delivery of merchandise in good condition to the State's Using Agency or designated purchaser. Thirty calendar days ARO/F.O.B. does not cover "spotting" but does include delivery on the receiving platform of the Using Agency at any destination in the State of New Jersey unless otherwise specified. No additional charges will be allowed for any additional transportation costs resulting from partial shipments made at the contractor's convenience when a single shipment is ordered. The weights and measures of the State's Using Agency receiving the shipment shall govern.

D. COLLECT ON DELIVERY (C.O.D) TERMS

C.O.D. terms will not be accepted.

E. CASH DISCOUNTS

The contractor is encouraged to offer cash discounts based on expedited payment by the State. The State will make efforts to take advantage of discounts. Should the contractor choose to offer cash discounts the following shall apply:

1. Discount periods shall be calculated starting from the next business day after the Using Agency has accepted the goods or services, received a properly signed and executed invoice and, when required, a properly executed performance security, whichever is latest; and
2. The date on the check issued by the State in payment of that invoice shall be deemed the date of the State's response to that invoice.

F. PERFORMANCE SECURITY

If performance security is required, such security must be submitted with the bid in the amount listed in the scope of work. N.J.A.C. 17:12-2.5. Acceptable forms of performance security are as follows:

1. A properly executed individual or annual performance bond issued by an insurance or security company authorized to do business in the State of New Jersey,

2. A certified or cashier's check drawn to the order of "Treasurer, State of New Jersey," or
3. An irrevocable letter of credit issued by a federally insured financial institution and naming "Treasurer, State of New Jersey," as beneficiary.

The Performance Security must be submitted to the State within 30 days of the effective date of the Contract award and cover the period of the Contract and any extensions thereof. Failure to submit performance security may result in cancellation of the Contract for cause and nonpayment for work performed.

Although the performance bond is required for the full term of the Contract, the Director recognizes that the industry practice of sureties is to issue a one (1) year performance bond for goods and services contracts. Thus, the contractor is permitted to submit a one (1) year performance bond for the amount required under the Contract and, on each succeeding anniversary date of the Contract, provide a continuation or renewal certificate to evidence that the bond is in effect for the next year of the Contract. This procedure will remain in place for each year of the Contract thereafter until the termination of the Contract. Failure to provide such proof on the anniversary date of the Contract shall result in suspension of the Contract, and possibly, termination of the Contract.

For performance bonds based on a percentage of the total estimated Contract price. On each anniversary of the effective date of the Contract, the amount of the required performance bond, unless otherwise noted, is calculated by applying the established RFQ performance bond percentage to the outstanding balance of the estimated amount of the Contract price to be paid to the contractor.

In the event that the Contract price is increased by a Contract Amendment, the contractor may be required to provide, within 30 calendar days of the effective date of the Contract Amendment, performance bond coverage for the increase in Contract price. The required increase in the performance bond amount is calculated by applying the established bond percentage set forth above to the increase in Contract price. Failure to provide such proof to the Director of this required coverage may result in the suspension of payment to the contractor until such time the contractor complies with this requirement.

G. RETAINAGE

If retainage is required on the Contract as stated in the scope of work, the state and/or agency will retain the stated percentage or retainage from each invoice. Payment of retainage will be authorized after satisfactory completion and submission of all services, deliverables or work products by the contractor and acceptance by the agency of all services, deliverables or work products required by the Contract.

For ongoing contracts, the agency will retain the stated percentage of each invoice submitted. At the end of the three (3) month period after payment of each invoice, the agency will review the contractor's performance and if performance has been satisfactory, the agency will release the retainage for the preceding three (3) month period. Following the expiration of the Contract, retained fees will be released to the contractor after certification by the agency's project manager, if any, that all services have been satisfactorily performed.

H. AUDIT NOTICE AND DISPUTE RESOLUTION

To the extent the contractor's proposal or Standard Form Agreement permits the contractor to conduct periodic audits of the State's usage of the Contractor Intellectual Property provided thereunder, such provision is amended to include the following audit notice and dispute resolution process:

1. AUDIT NOTICE – Notwithstanding anything to the contrary in the contractor's proposal or Standard Form Agreement, in the event that the contractor seeks to exercise a right in its proposal or Standard Form Agreement to audit the State's use of Contractor Intellectual Property, the contractor shall deliver simultaneous written notice, no less than thirty days in advance of the audit start date (unless the contractor's notice provides a longer notice period), to the: Agency requesting the waiver contract.
2. The notice shall reference the specific audit provision(s) in the contractor's proposal or Standard Form Agreement being exercised and include copies of same, specify the means by which the contractor will conduct the audit, and shall require the audit to be conducted in accordance with generally accepted standards in the field of such audits.
3. AUDIT DISPUTE RESOLUTION -- If the State, in good faith, provides the contractor with written notice of an alleged error in the amount of underpaid fees due the contractor as a result of an audit (the "dispute"), then the parties will endeavor to resolve the dispute in accordance with this paragraph. Each party will appoint a Vice President, Assistant Director, or the equivalent (hereinafter referred to as "Representative") to discuss the dispute and no formal proceedings for the judicial resolution of such dispute, except for the seeking of equitable relief or those required to avoid non-compliance with the New Jersey Contractual Liability Act, N.J.S.A. 59:13-1 et seq., may begin until either such Representative concludes, after a good faith effort to resolve the dispute, that resolution through continued discussion is unlikely. In addition, the parties shall refrain from exercising any termination right related to the dispute being considered under this paragraph and shall continue to perform their respective obligations under the Contract while they endeavor to resolve the dispute under this paragraph.
4. STATE NOT LIABLE FOR AUDIT COSTS -- Notwithstanding anything to the contrary in the contractor's proposal or Standard Form Agreement, the State will not reimburse the contractor for any costs related to an audit.
5. NO AUDIT RIGHT CREATED -- In the event that the contractor's proposal or Standard Form Agreement does not permit audits of the State's usage of Contractor Intellectual Property, Section 5.19 of this Supplement shall not be interpreted to provide such an audit right.

III. ADDITIONS TO THE STANDARD TERMS AND CONDITIONS FOR PROFESSIONAL SERVICES CONTRACTS

A. INSURANCE FOR PROFESSIONAL SERVICES CONTRACTS

Section 4.2 Insurance of the SSTC is supplemented with the following:

Professional Liability Insurance

The Contractor shall carry Errors and Omissions, Professional Liability Insurance, and/or Professional Liability Malpractice Insurance sufficient to protect the Contractor from any liability arising out the professional obligations performed pursuant to the requirements of this Contract. The insurance shall be in the amount of not less than $1,000,000 and in such policy forms as shall be approved by the State. If the Contractor has claims-made coverage and subsequently changes carriers during the term of this Contract, it shall obtain from its new Errors and Omissions, Professional Liability Insurance, and/or Professional Malpractice Insurance carrier an endorsement for retroactive coverage.

B. LIMITATION OF LIABILITY FOR PROFESSIONAL SERVICES CONTRACTS

Section 4.0 Indemnification and Insurance of the SSTC is supplemented with the following:

4.3 LIMITATION OF LIABILITY

The Contractor's liability to the State for actual, direct damages resulting from the Contractor's performance or non-performance of, or in any manner related to this Contract, for any and all claims, shall be limited in the aggregate to 200% of the total value of this Contract. This limitation of liability shall not apply to the following:

A. The Contractor's obligation to indemnify the State of New Jersey and its employees from and against any claim, demand, loss, damage, or expense relating to bodily injury or the death of any person or damage to real property or tangible personal property, incurred from the work or materials supplied by the Contractor under this Contract caused by negligence or willful misconduct of the Contractor;
B. The Contractor's breach of its obligations of confidentiality; and
C. The Contractor's liability with respect to copyright indemnification.

The Contractor's indemnification obligation is not limited by but is in addition to the insurance obligations.

The Contractor shall not be liable for special, consequential, or incidental damages.

IV. ADDITIONS TO THE STANDARD TERMS AND CONDITIONS FOR ALL INFORMATION TECHNOLOGY CONTRACTS

A. DEFINITIONS

The following definitions shall apply to information technology contracts:

1. The term "Acceptance" means the written confirmation by an Agency that the contractor has completed a Deliverable according to the specified requirements.
2. As defined by N.J.S.A. 56:8-161, the term "Breach of Security" means unauthorized access to electronic files, media, or data containing Personal Data that compromises the security, confidentiality, or integrity of Personal Data when access to the Personal Data has not been secured by encryption or by any other method or technology that renders the Personal Data unreadable or unusable. Good faith acquisition of Personal Data by an employee or agent of the Provider for a legitimate business purpose is not a Breach of Security, provided that the Personal Data is not used for a purposes unrelated to the business or subject to further unauthorized disclosure.
3. The term "Contractor Intellectual Property" means any intellectual property that is owned by the contractor and contained in or necessary for the use of the Deliverables or which the contractor makes available for the State to use as part of the work under the Contract. Contractor Intellectual Property includes COTS or Customized Software owned by the contractor, the contractor's technical documentation, and derivative works and compilations of any Contractor Intellectual Property.
4. The term Commercial Off the Shelf Software ("COTS") means Software provided by the contractor that is intended for general use.
5. The term "Custom Software" means Software and Work Product that is developed by the contractor at the request of the Agency to meet the specific requirements of the Agency and is intended for its use.
6. The term "Customized Software" means COTS that is adapted by the contractor to meet specific requirements of the Agency that differ from the standard requirements of the base product.
7. The term "Deliverable" means the goods, products, Services and Work Product that the contractor is required to deliver to the State under the Contract;
8. The term "End User" means the user of the Provider's solution.
9. The terms "goods" and "products" shall be deemed to include, without limitation, Software and Hardware.
10. The term "Hardware" shall be deemed to include computer equipment and any Software provided with the Hardware that is necessary for the Hardware to operate.
11. The term "Information Technology Contract" shall mean, notwithstanding any definition in New Jersey Statutes, a Contract for one or more of the following: Hardware, Software, Services, telecommunication goods and services, and all related goods.
12. The term "Mobile Device" means any device used by Provider that can move or transmit data, including but not limited to laptops, hard drives, and flash drives.
13. The term "Non-Public Data" means data, other than Personal Data, that is not subject to distribution to the public as public information. Non-Public Data is data that is identified by the State as non-public information or otherwise deemed to be sensitive and confidential by

the State because it contains information that is exempt by statute, ordinance or administrative rule from access by the general public as public information.

14. The term "Personal Data" means:
    a. "Personal Information" as defined in N.J.S.A. 56:8-161, means an individual's first name or first initial and last name linked with any one or more of the following data elements: (1) Social Security number, (2) driver's license number or State identification card number or (3) account number or credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account. Dissociated data that, if linked would constitute Personal Information is Personal Information if the means to link the dissociated were accessed in connection with access to the dissociated data. Personal Information shall not include publicly available information that is lawfully made available to the general public from federal, state or local government records, or widely distributed media.
    b. data, either alone or in combination with other data, that includes information relating to an individual that identifies the person or entity by name, identifying number, mark or description that can be readily associated with a particular individual and which is not a public record, including but not limited to, Personally Identifiable Information (PII); government-issued identification numbers (e.g., Social Security, driver's license, passport); Protected Health Information (PHI) as that term is defined in the regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. No. 104-191 (1996) and found in 45 CFR Parts 160 to 164 and defined below; and Education Records, as that term is defined in the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.
15. The term "Personally Identifiable Information" or "PII," as defined by the U.S. Department of Commerce, National Institute of Standards and Technology, means any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information,
16. The term "Protected Health Information" or "PHI," has the same meaning as the term is defined in the regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. No. 104-191 (1996) and found in 45 CFR Parts 160 to 164 means Individually Identifiable Health Information (as defined below) transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. PHI excludes education records covered by the Family Educational Rights and Privacy Act (FERPA), as amended, 20 U.S.C. 1232g, records described at 20 U.S.C. 1232g(a)(4)(B)(iv) and employment records held by a covered entity in its role as employer. The term "Individually Identifiable Health Information" has the same meaning as the term is defined in the regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996, P.L. No. 104-191 (1996) and found in 45 CFR Parts 160 to 164 and means information that is a subset of Protected Health Information, including demographic information collected from an individual, and (1) is created or received by a health care provider, health plan, employer or health care clearinghouse; and (2) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) that identifies the individual; or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
17. The term "Recovery Time Objective" or "RTO," means the maximum tolerable length of time that the Provider's solution may be unavailable after a failure or disaster occurs.
18. The term "Security Incident" means the potential access by non-authorized person(s) to Personal Data or Non-Public Data that the Provider believes could reasonably result in the use, disclosure, or access or theft of State's unencrypted Personal Data or Non-Public Data within the possession or control of the Provider. A Security Incident may or may not turn into a Breach of Security.
19. The term "Service Level Agreement" or "SLA," means the document that is part of the Provider's SFA that typically includes (1) the technical service level performance promises, (i.e. metrics for performance and intervals for measure), (2) description of service quality, (3) identification of roles and responsibilities, (4) security responsibilities and notice requirements, (5) how disputes are discovered and addressed, and (6) any remedies for performance failures.
20. The terms "Services" shall be deemed to include, without limitation (i) Information Technology ("IT") professional services; (ii) Software and Hardware-related services, including without limitation, installation, configuration, and training and (iii) Software and Hardware maintenance and support and/or Software and Hardware technical support services.
21. The term "Software" means, without limitation, computer programs, source codes, routines, or subroutines supplied by the contractor, including operating software, programming aids, application programs, application programming interfaces and software products, and includes COTS, Customized Software and Custom Software, unless the context indicates otherwise.
22. The term "State Data" means all data and metadata created or in any way originating with the State, and all data that is the output of computer processing of or other electronic manipulation of any data that was created by or in any way originated with the State, whether such data or output is stored on the State's hardware, the Provider's hardware or exists in any system owned, maintained or otherwise controlled by the State or by the Provider. State Data includes Personal Data and Non-Public Data.
23. The term "State Intellectual Property" means any intellectual property that is owned by the State. State Intellectual Property includes any derivative works and compilations of any State Intellectual Property.
24. The term "Third Party Intellectual Property" means any intellectual property owned by parties other than the State or the contractor and contained in or necessary for the use of the Deliverables. Third Party Intellectual Property includes COTS owned by Third Parties, and derivative works and compilations of any Third Party Intellectual Property.
25. The term "Work Product" means every invention, modification, discovery, design, development, customization, configuration, improvement, process, Software program, work of authorship, documentation, formula, datum, technique, know how, secret, or intellectual property right whatsoever or any interest therein (whether patentable or not patentable or registerable under copyright or similar statutes or subject to analogous protection) that is specifically made, conceived, discovered, or reduced to practice by the

contractor or the contractor's subcontractors or a third party engaged by the contractor or its subcontractor pursuant to the Contract. Notwithstanding anything to the contrary in the preceding sentence, Work Product does not include State Intellectual Property, Contractor Intellectual Property or Third Party Intellectual Property.

B. INDEMNIFICATION FOR STANDARD TECHNOLOGY CONTRACTS

Section 4.1 Indemnification of the SSTC is deleted in its entirety and replaced with the following:

4.1 INDEMNIFICATION

The Contractor's liability to the State and its employees in third party suits shall be as follows:

A. The Contractor shall assume all risk of and responsibility for, and agrees to indemnify, defend, and save harmless the State and its officers, agents, servants and employees, from and against any and all third party claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith:
   1. For or on account of the loss of life, property or injury or damage to the person, body or property of any person or persons whatsoever, which shall arise from or result directly or indirectly from the work and/or products supplied under this Contract or the order; and
   2. For or on account of the use of any patent, copyright, trademark, trade secret or other proprietary right of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance ("Intellectual Property Rights") furnished or used in the performance of this Contract; and
   3. The Contractor's indemnification and liability under subsection (A) is not limited by, but is in addition to the insurance obligations.

B. In the event of a claim or suit involving third-party Intellectual Property Rights, the Contractor, at its option, may:
   1. procure for the State the legal right to continue the use of the product;
   2. replace or modify the product to provide a non-infringing product that is the functional equivalent; or
   3. in the event that the Contractor cannot do (1) or (2) refund the purchase price less a reasonable allowance for use that is agreed to by both parties.

C. The State will:
   1. promptly notify Contractor in writing of the claim or suit;
   2. give Contractor shall have control of the defense and settlement of any claim that is subject to Section 4.1(a); provided; however, that the State must approve any settlement of the alleged claim, which approval shall not be unreasonably withheld. The State may observe the proceedings relating to the alleged claim and confer with the Contractor at its expense.

D. Notwithstanding the foregoing, Contractor has no obligation or liability for any claim or suit concerning third-party Intellectual Property Rights arising from:
   1. the State's unauthorized combination, operation, or use of a product supplied under this Contract with any product, device, or Software not supplied by Contractor;
   2. the State's unauthorized alteration or modification of any product supplied under this Contract;
   3. the Contractor's compliance with the State's designs, specifications, requests, or instructions, provided that if the State provides Contractor with such designs, specifications, requests, or instructions, Contractor reviews same and advises that such designs, specifications, requests or instructions present potential issues of patent or copyright infringement and the State nonetheless directs the Contractor to proceed with one (1) or more designs, specifications, requests or instructions that present potential issues of patent or copyright infringement; or
   4. the State's failure to promptly implement a required update or modification to the product provided by Contractor after the Contractor has given written notice to the State of a need for such an update or modification.

E. Contractor will be relieved of its responsibilities under Subsection 4.1(a)(i) and (ii) for any claims made by an unaffiliated third party that arise solely from the actions or omissions of the State, its officers, employees or agents.

F. Subject to the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the appropriation and availability of funds, the State will be responsible for any cost or damage arising out of actions or inactions of the State, its employees or agents under Subsection 4.1(a)(i) and (ii) which results in an unaffiliated third party claim. This is Contractor's exclusive remedy for these claims;

G. This section states the entire obligation of Contractor and its suppliers, and the exclusive remedy of the State, in respect of any infringement or alleged infringement of any Intellectual Property Rights. This indemnity obligation and remedy are given to the State solely for its benefit and in lieu of, and Contractor disclaims, all warranties, conditions and other terms of non-infringement or title with respect to any product; and

H. Furthermore, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of the State of New Jersey or any Authorized Purchaser, nor purport to act as legal representative of the State of New Jersey or any Authorized Purchaser, without having provided notice to the Director of the Division of Law in the Department of Law and Public Safety and to the Director of the Division of Purchase and Property. The State of New Jersey may, at its election and expense, assume its own defense and settlement; and

I. The State of New Jersey will not indemnify, defend, pay or reimburse for claims or take similar actions on behalf of the Contractor.

C. INSURANCE FOR STANDARD TECHNOLOGY CONTRACTS

Section 4.2 Insurance of the SSTC is supplemented with the following:

Professional Liability Insurance

The Contractor shall carry Errors and Omissions, Professional Liability Insurance, and/or Professional Liability Malpractice Insurance sufficient to protect the Contractor from any liability arising out the professional obligations performed pursuant to the requirements of this Contract. The insurance shall be in the amount of not less than $1,000,000 and in such policy forms as shall be approved by the State. If the Contractor has claims-made coverage and subsequently changes carriers during the term of this Contract, it shall obtain from its new Errors and Omissions, Professional Liability Insurance, and/or Professional Malpractice Insurance carrier an endorsement for retroactive coverage.

D. LIMITATION OF LIABILITY FOR STANDARD TECHNOLOGY CONTRACTS

Section 4.0 Indemnification and Insurance of the SSTC is supplemented with the following:

4.3 LIMITATION OF LIABILITY

The Contractor's liability to the State for actual, direct damages resulting from the Contractor's performance or non-performance of, or in any manner related to this Contract, for any and all claims, shall be limited in the aggregate to 200% of the total value of this Contract. This limitation of liability shall not apply to the following:

A. The Contractor's obligation to indemnify the State of New Jersey and its employees from and against any claim, demand, loss, damage, or expense relating to bodily injury or the death of any person or damage to real property or tangible personal property, incurred from the work or materials supplied by the Contractor under this Contract caused by negligence or willful misconduct of the Contractor;

B. The Contractor's breach of its obligations of confidentiality; and

C. The Contractor's liability with respect to copyright indemnification.

The Contractor's indemnification obligation is not limited by but is in addition to the insurance obligations.

The Contractor shall not be liable for special, consequential, or incidental damages.

E. PERFORMANCE GUARANTEE OF THE CONTRACTOR

Section 5.11 Performance Guarantee of the Contractor of the SSTC is supplemented with the following:

1. COTS and Customized Software
   a. Unless the Contractor Standard Form Agreement provides greater coverage as determined by the State, in its sole discretion, the contractor warrants that COTS and Customized Software products licensed to the State shall operate in all material respects as described in the Solicitation and/or contractor technical documentation for ninety (90) days after Acceptance. The State shall notify the contractor of any COTS or Customized Software product deficiency within ninety (90) days after Acceptance. For a Contract requiring the delivery of COTS or Customized Software and Custom Software, a notice within one hundred eighty (180) days that describes a deficiency in functional terms without specifying whether the deficiency is with COTS, Customized Software or Custom Software shall be deemed a notice that triggers the warranty provisions in both Section 5.11(a) and 5.11(b) of this Supplement.
   b. Except for the portion of the contractor's COTS or Customized Software product that intentionally contains one or more of the following for the purpose of anti-virus protection, the contractor warrants that, at the time of delivery and installation of the COTS or Customized Software provided pursuant to the Contract, its product shall be free of what are commonly defined as viruses, backdoors, worms, spyware, malware and other malicious code that will hamper performance of the COTS or Customized Software, collect unlawful personally identifiable information on users, or prevent the COTS or Customized Software from performing as required under the Contract.
   c. In the event of any breach of this warranty, the contractor shall correct the product errors that caused the breach of warranty, or if the contractor cannot substantially correct such breach in a commercially reasonable manner, the State may end its usage and recover the fees paid to the contractor for the license and any unused, prepaid, technical support fees paid. Under no circumstances does this warranty provision limit the contractor's obligation in the event of a breach of confidentiality.
   d. The contractor does not warrant that COTS or Customized Software is error-free or that it will operate uninterrupted.
2. Custom Software
   a. Unless the Contractor Standard Form Agreement provides greater coverage, as determined by the State, in its sole discretion, the contractor warrants that Custom Software Deliverables shall operate in all material respects as described in the applicable specification documentation for one hundred and eighty (180) days after Acceptance. The State shall notify the contractor of any Custom Software deficiency within one hundred and eighty (180) days after Acceptance of the Custom Software Deliverable (the "Notice Period"). Where the contractor is providing multiple Custom Software Deliverables over the term of the Contract, the Notice Period shall begin to run after the Acceptance of the final Custom Software Deliverable under the Contract. At that time, the State may assert defect claims relating to any and all of the Custom Software Deliverables provided under the Contract; however, the State may also assert claims earlier, in its discretion, without waiving the Notice Period.
   b. For a Contract requiring the delivery of COTS or Customized Software and Custom Software, a notice within one hundred eighty (180) days that describes a deficiency in functional terms without specifying whether the deficiency is with COTS, Customized

Software or Custom Software shall be deemed a notice that triggers the warranty provisions in both Section 5.11(a) and 5.11(b) of this Supplement.

c. The contractor warrants that, at the time of Acceptance of the Custom Software Deliverable provided pursuant to the Contract, its product shall be free of what are commonly defined as viruses, backdoors, worms, spyware, malware and other malicious code that will hamper performance of the Custom Software, collect unlawful personally identifiable information on users, or prevent the Custom Software from performing as required under the Contract. Under no circumstances does this warranty provision limit the contractor's obligation in the event of a breach of confidentiality.

d. In the event of any breach of this warranty, the contractor shall correct the Custom Software errors that caused the breach of warranty, or if the contractor cannot substantially correct such breach in a commercially reasonable manner, the State may recover a portion of the fees paid to the contractor for the Custom Software with the uncorrected defect or in the event that the Custom Software is still deemed, by the State in its sole discretion, to be usable by the State even with the uncorrected defect, the State may recover a portion of the fees paid to the contractor for the Custom Software (up to the total amount of such charges for such Custom Software) to reflect any reduction in the value of the Custom Software Deliverable as a result of the uncorrected defect. Under no circumstances does this warranty provision limit the contractor's obligations in the event of a breach of confidentiality.

e. The contractor does not warrant that Custom Software is error-free or that it will operate uninterrupted.

3. IT Services

a. Unless the Contractor Standard Form Agreement provides greater coverage, as determined by the State, in its sole discretion, the contractor warrants that all Services will be provided in a professional manner consistent with industry standards. The State shall notify the contractor of any Services warranty deficiencies within ninety (90) days from performance of the deficient Services.

b. In the event of any breach of this warranty, the contractor shall re-perform the deficient Services, or if the contractor cannot substantially correct a breach in a commercially reasonable manner, the State may end the relevant Services and recover the fees paid to the contractor for the deficient Services.

4. Hardware

a. Unless the Contractor Standard Form Agreement provides greater coverage, as determined by the State, in its sole discretion, the contractor warrants that the equipment offered is standard new equipment, and is the manufacturer's latest model in production, with parts regularly used for the type of equipment offered; that such parts are all in production and not likely to be discontinued; and that no attachment or part has been substituted or applied contrary to manufacturer's recommendations and standard practice.

b. The contractor warrants that all equipment supplied to the State and operated by electrical current is UL listed where applicable.

c. The contractor warrants that all new machines are to be guaranteed as fully operational for one (1) year from time of Acceptance by the State. For the avoidance of doubt, Acceptance with respect to Hardware in this subsection (d) shall occur no later than sixty (60) days after delivery, as evidenced by a signed delivery receipt. The contractor shall render prompt service without charge, regardless of geographic location.

d. The contractor warrants that sufficient quantities of parts necessary for proper service to equipment shall be maintained at distribution points and service headquarters.

e. The contractor warrants that trained mechanics are regularly employed to make necessary repairs to equipment in the territory from which the service request might emanate within a 48-hour period or within the time accepted as industry practice.

f. The contractor warrants that all Software included with the Hardware shall perform substantially in accordance with specifications, for one (1) year from the time of Acceptance. The contractor warrants that Software media will be free from material defects in materials and workmanship for a period of one (1) year from the date of Acceptance.

g. In the event of any breach of this warranty, the contractor shall promptly repair, replace or refund the purchase price of product rejected for failure to conform with the contractor's product specifications.

5. THE WARRANTIES SET FORTH HEREIN ARE EXCLUSIVE AND IN LIEU OF ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, AND THE CONTRACTOR EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE.

V. ADDITIONS TO THE STANDARD TERMS AND CONDITIONS FOR ALL INFORMATION TECHNOLOGY CONTRACTS WHICH INCLUDE SOFTWARE AS A SERVICE (SAAS)/CLOUD SOLUTION

A. ADDITIONAL TERMS FOR A CONTRACTOR'S DATA PROTECTION OBLIGATIONS

1. Data Ownership: The State will own all right, title and interest in its State Data that is related to the services provided by this contract. The Provider shall not use or access State user accounts or State Data, except (i) in the course of data center operations, (ii) in response to service or technical issues, (iii) as required by the express terms of this contract, or (iv) at the State's written request.

   Provider shall not collect, access, or use State Data except as strictly necessary to provide its solution to the State. No information regarding the State's use of the solution may be disclosed, provided, rented or sold to any third party for any reason unless required by law or regulation or by an order of a court of competent jurisdiction. This obligation shall survive and extend beyond the term of this contract.

2. Data Protection: Protection of personal privacy and data shall be an integral part of the business activities of the Provider to ensure that there is no inappropriate or unauthorized use of State Data at any time. To this end, the Provider shall safeguard the confidentiality, integrity, and availability of State Data and comply with the following conditions:

a. The Provider shall implement and maintain appropriate administrative, technical and organizational security measures to safeguard against unauthorized access, disclosure or theft of Personal Data and Non-Public Data. Such security measures shall be in accordance with recognized good industry practice and not less stringent than the measures the Provider applies to its own Personal Data and Non-Public Data of similar kind.
b. All Personal Data shall be encrypted at rest and in transit with controlled access. Provider is responsible for encryption of the Personal Data. The level of protection and encryption for all Personal Data shall be identified and made a part of this contract.
c. Provider shall encrypt all Non-Public Data at rest and in transit. The level of protection and encryption for all Non-Public Data shall be identified and made a part of this contract.
d. Personal Data shall not be stored on Mobile Devices. Where Mobile Devices are required for Provider to accomplish the work, the Provider shall ensure the Mobile Device is hard drive encrypted consistent with validated cryptography standards as referenced in FIPS 140-2, Security Requirements for Cryptographic Modules for all Personal Data.
e. At no time shall any data or processes, which either belongs to or are intended for the use of State or its officers, agents, or employees, be copied, disclosed, or retained by the Provider or any party related to the Provider for subsequent use in any capacity that does not include the State.

3. Data Location: Provider shall provide its services to State and its End Users solely from data centers in the U.S. Storage of State Data at rest shall be located solely in data centers in the U.S. Provider shall not allow its personnel or contractors to store State Data on Mobile Devices, including personal computers, except for devices that are used and kept within the physical structure of its U.S. data centers. Provider shall permit its personnel and contractors to access State Data remotely only as required to provide technical support or upon prior notice and approval. The Provider may provide technical user support on a seven-day by 24-hour basis, unless otherwise prohibited in this contract.

4. Security Incident and Breach of Security Responsibilities.
   a. Security Incident Reporting Requirements: Once Provider reasonably determines that a Security Incident occurred, the Provider shall report a Security Incident to the appropriate State identified contact within 24 hours by the agreed upon method as defined in the contract. Provider will provide the State regular updates and all available relevant information including a description of the incident and those measures taken by Provider in response to the Security Incident.
   b. Breach of Security Reporting Requirements: If the Provider confirms or reasonably believes that there has been a Breach of Security, the Provider shall (1) immediately notify the appropriate State identified contact by the agreed upon method within 24 hours, unless a shorter time is required by applicable law, (2) take commercially reasonable measures to address and investigate the Breach of Security in a timely manner and (3) cooperate with the State as reasonably requested by the State and/or law enforcement to investigate and resolve the Breach of Security. Provider will provide the State regular updates and all available information to assist the State with notification to law enforcement and third parties as required by applicable law, including a description of the Breach of Security and those measures taken by Provider in response to the Breach of Security.
   c. Incident Response: When commercially reasonable to do so, Provider may communicate with outside parties regarding a Security Incident, which may include contacting law enforcement, fielding media inquiries (subject to preapproval by the State if Provider specifically identifies the State or State Data), and seeking external expertise as mutually agreed at the time, defined by law, or contained in the SLA. Discussing Security Incidents with the State should be handled on an urgent as needed basis, as part of Provider communication and mitigation processes as mutually agreed at the time, defined by law, or contained in the SLA.
   d. Following a Security Incident or Breach of Security, Provider shall promptly implement necessary remedial measures, if necessary, and document responsive actions taken related to the Security Incident or Breach of Security, including any post-incident review of events and actions taken to make changes in business practices in providing the services, if necessary.

5. Termination and Suspension of Service:
   a. In the event of termination of the contract, the Provider shall implement an orderly return of State Data in a mutually agreeable format and the subsequent secure disposal of State Data remaining in Provider's possession.
   b. Suspension of services: During any period of suspension, the Provider shall not take any action to intentionally erase any State Data.
   c. Unless otherwise stipulated, in the event of termination of any services, SLA, or this contract in its entirety, the Provider shall not take any action to intentionally erase any State Data for a period of:
      1) 10 business days after the effective date of termination, if the termination is in accordance with the expiration of the defined contract term;
      2) 30 business days after the effective date of termination, if the termination is for convenience; or
      3) 60 business days after the effective date of termination, if the termination is for cause.

      After such period, the Provider shall have no obligation to maintain or provide any State Data and shall thereafter, unless legally prohibited, delete all State Data in its systems or otherwise in its possession or under its control in accordance with subsection (e) below.

   d. Post-Termination Assistance: The State shall be entitled to any post-termination assistance with respect to the services unless a unique data retrieval arrangement has been established as part of the contract.

   e. Secure Data Disposal: When requested by the State, the provider shall destroy all requested data in all of its forms, including but not limited to: disk, CD/DVD, backup tape, and paper. Data shall be permanently deleted and shall not be

recoverable, according to National Institute of Standards and Technology (NIST) approved methods and certificates of destruction shall be provided to the State.

6. Background Checks: The Provider shall conduct criminal background checks and not utilize any staff, including sub-contractors, to fulfill the obligations of the contract who has been convicted of any crime of dishonesty, including but not limited to criminal fraud, or otherwise convicted of any felony or any misdemeanor offense for which incarceration for up to 1 year is an authorized penalty. The Provider shall promote and maintain an awareness of the importance of securing the State's Data among the Provider's employees and agents.

7. Access to security logs and other reports: The Provider shall provide logs and reports to the State in a format as specified in the contract and agreed to by both the Provider and the State. Reports shall include latency statistics, user access, user access IP address, user access history and security logs for all State Data related to this contract, including but not limited to data, file management, transactions, or tools used to provide, manage, secure, or analyze the State's Data. The Provider shall maintain the reports and logs for the contract term and for two (2) years after the conclusion of the term, and shall provide them to the State in the course of a State audit or upon written request from the State.

8. Service Level Audit: The Provider shall allow the State to audit conformance to the contract terms. The State may perform this audit or contract with a third party at its discretion, at the State's expense.

9. Data Center Audit: The Provider shall have an independent third party audit of its data center(s) performed at least annually at their own expense, and provide the audit report to the State upon request.

10. Change Control and Advance Notice: The Provider shall give advance notice to the State of any upgrades (e.g. major upgrades, minor upgrades, system changes) that may impact service availability and performance. Said notice shall be provided at least thirty days in advance of the upgrade, unless otherwise agreed in the SLA.

11. Security: The Provider shall disclose its non-proprietary security processes and technical limitations to the State by completing the State's Security Controls Checklist or equivalent system security document, available upon request from the Office of Information Technology, as updated from time to time, such that adequate protection and flexibility can be attained between the State and the Provider.

12. Non-disclosure and Separation of Duties: The Provider shall enforce separation of job duties, require commercially reasonable non-disclosure agreements, and limit staff knowledge of State Data to that which is absolutely needed to perform job duties.

13. Import and Export of Data: The State shall have the ability to import or export data in piecemeal or in entirety at its discretion without interference from the Provider. This includes the ability for the State to import or export data to/from other Providers.

14. Responsibilities and Uptime Guarantee: The Provider shall be responsible for the acquisition and operation of all hardware, software, and network support related to the services being provided. The technical and professional activities required for establishing, managing, and maintaining the environment are the responsibilities of the Provider. The system shall be available 24 hours per day, 365 days per year (with agreed-upon maintenance downtime), and Provider shall provide service to the State as defined in the Service Level Agreement.

15. Right to Remove Individuals: The State shall have the right at any time to require that the Provider remove from interaction with the State any Provider representative who the State believes is detrimental to its working relationship with the Provider. The State will provide the Provider with notice of its determination, and the reasons it requests the removal. If the State signifies that a potential security violation exists with respect to the request, the Provider shall immediately remove such individual. The Provider shall not assign the person to any aspect of the contract or future work orders without the State's consent.

    Business Continuity and Disaster Recovery: The Provider shall provide a business continuity and disaster recovery plan upon request and ensure that the State's Recovery Time Objective (RTO) is met. The RTO shall be defined in the SLA.

B. INDEMNIFICATION FOR SAAS

Section 4.1 Indemnification of the SSTC is deleted in its entirety and replaced with the following;

4.1 INDEMNIFICATION

A. CONTRACTOR RESPONSIBILITIES - The Contractor's liability to the State and its employees in third party suits shall be as follows:
   1. The Contractor shall indemnify, defend, and save harmless the State and its officers, agents, servants and employees, from and against any and all third party claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith:
      i. For or on account of the loss of life, tangible property (not including lost or damaged data) or injury or damage to the person, body or property (not including lost or damaged data) of any person or persons whatsoever, which shall arise from or result directly or indirectly from the work and/or products supplied under this Contract; and

ii. For or on account of the use of any patent, copyright, trademark, trade secret or other proprietary right of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance ("Intellectual Property Rights") furnished or used in the performance of the contract; and

iii. For or on account of a Breach of Security resulting from Contractor's breach of its obligation to encrypt Personal Data or otherwise prevent its release or misuse; and

iv. The Contractor's indemnification and liability under Section 4.1(A)(1) is not limited by, but is in addition to the insurance obligations contained in Section 4.2 of the State Standard Terms and Conditions.

2. In the event of a claim or suit involving third-party Intellectual Property Rights, the Contractor, at its option, may: (1) procure for the State the legal right to continue the use of the product; (2) replace or modify the product to provide a non-infringing product that is the functional equivalent; or (3) refund the purchase price less a reasonable allowance for use that is agreed to by both parties. The State will: (1) promptly notify Contractor in writing of the claim or suit; (2) Contractor shall have control of the defense and settlement of any claim that is subject to Section 4.1(A)(1); provided, however, that the State must approve any settlement of the alleged claim, which approval shall not be unreasonably withheld. The State may observe the proceedings relating to the alleged claim and confer with the Contractor at its expense. Furthermore, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of the State of New Jersey, nor purport to act as legal representative of the State of New Jersey, without having provided notice to the Director of the Division of Law in the Department of Law and Public Safety and to the Director of DPP. The State of New Jersey may, at its election and expense, assume its own defense and settlement.
3. Notwithstanding the foregoing, Contractor has no obligation or liability for any claim or suit concerning third-party Intellectual Property Rights arising from: (1) the State's unauthorized combination, operation, or use of a product supplied under this contract with any product, device, or software not supplied by Contractor; (2) the State's unauthorized alteration or modification of any product supplied under this contract; (3) the Contractor's compliance with the State's designs, specifications, requests, or instructions, provided that if the State provides Contractor with such designs, specifications, requests, or instructions, Contractor shall review same and advise if such designs, specifications, requests or instructions present potential issues of patent or copyright infringement and the State nonetheless directs the Contractor to proceed with one or more designs, specifications, requests or instructions that present potential issues of patent or copyright infringement; or (4) the State's failure to promptly implement a required update, use a new version of the product, or to make a change or modification to the product if requested in writing by Contractor.
4. Contractor will be relieved of its responsibilities under Subsection 4.1(A)(1)(i), (ii), and (iii) for any claims made by an unaffiliated third party that arise solely from the actions or omissions of the State, its officers, employees or agents.
5. This section states the entire obligation of Contractor and the exclusive remedy of the State, in respect of any infringement or alleged infringement of any Intellectual Property Rights. This indemnity obligation and remedy are given to the State solely for its benefit and in lieu of, and Contractor disclaims, all warranties, conditions and other terms of non-infringement or title with respect to any product.
6. The provisions of this indemnification clause shall in no way limit the Contractor's obligations assumed in the Contract, nor shall they be construed to relieve the Contractor from any liability, nor preclude the State from taking any other actions available to it under any other provisions of the contract or otherwise at law or equity.
7. The Contractor agrees that any approval by the State of the work performed and/or reports, plans or specifications provided by the Contractor shall not operate to limit the obligations of the Contractor assumed in the Contract.
8. The State of New Jersey will not indemnify, defend or hold harmless the Contractor. The State will not pay or reimburse for claims absent compliance with Section 4.1(B) below and a determination by the State to pay the claim or a final order of a court of competent jurisdiction.

B. STATE RESPONSIBILITIES - Subject to the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the appropriation and availability of funds, the State will be responsible for any cost or damage arising out of actions or inactions of the State, its employees or agents under Section 4.1(A)(1)(i), (ii), and (iii) which results in an unaffiliated third party claim. This is Contractor's exclusive remedy for these claims.

B. INSURANCE FOR SAAS

Section 4.2 Insurance of the SSTC is supplemented with the following:

1. Professional Liability Insurance

   The Contractor shall carry Errors and Omissions, Professional Liability Insurance, and/or Professional Liability Malpractice Insurance sufficient to protect the Contractor from any liability arising out the professional obligations performed pursuant to the requirements of this Contract. The insurance shall be in the amount of not less than $1,000,000 and in such policy forms as shall be approved by the State. If the Contractor has claims-made coverage and subsequently changes carriers during the term of this Contract, it shall obtain from its new Errors and Omissions, Professional Liability Insurance, and/or Professional Malpractice Insurance carrier an endorsement for retroactive coverage.

2. Cyber Breach Insurance

   The Contractor shall carry Cyber Breach Insurance in sufficient to protect the Contractor from any liability arising out of its performance pursuant to the requirements of this Contract. The insurance shall be in an amount of not less than $2,000,000 in such policy forms as shall be approved by the State. The insurance shall at a minimum cover the following: Data loss, ransomware and similar breaches to computers, servers and software; Protection against third-party claims; cost of notifying affected parties; cost of providing credit

monitoring to affected parties; forensics; cost of public relations consultants; regulatory compliance costs; costs to pursue indemnity rights; costs to Data Breach and Credit Monitoring Services analyze the insured's legal response obligations; costs of defending lawsuits; judgments and settlements; regulatory response costs; costs of responding to regulatory investigations; and costs of settling regulatory claims.

C. LIMITATION OF LIABILITY FOR SAAS

Section 4.0 Indemnification and Insurance of the SSTC is supplemented with the following:

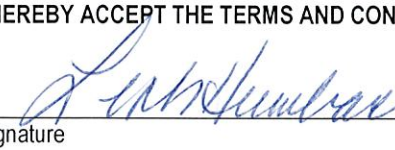
4.3 LIMITATION OF LIABILITY

A. The Contractor's liability for actual, direct damages resulting from the Contractor's performance or non-performance of, or in any manner related to, the Contract for any and all third party claims, shall be limited in the aggregate to 200% of the fees paid by the State during the previous twelve months to Contractor for the products or services giving rise to such damages. Notwithstanding the preceding sentence, in no event shall the limit of liability be less than $1,000,000. This limitation of liability shall not apply to the following:
   i. The Contractor's indemnification obligations as described in Section 4.1; and
   ii. The Contractor's breach of its obligations of confidentiality described in this Bid Solicitation.

A. Notwithstanding the foregoing exclusions, where a Breach of Security is a direct result of Contractor's breach of its contractual obligation to encrypt Personal Data pursuant to this Bid Solicitation or otherwise prevent its release as reasonably determined by the State, the Contractor shall bear the costs associated with (1) the investigation and resolution of the Breach of Security; (2) notifications to individuals, regulators, or others required by federal and state laws or as otherwise agreed to; (3) a credit monitoring service required by state or federal law or as otherwise agreed to; (4) a website or a toll-free number and call center for affected individuals required by federal and state laws — all not to exceed the average per record, per person cost calculated for data breaches in the United States in the most recent Cost of Data Breach Study: Global Analysis published by the Ponemon Institute for the public sector at the time of the Breach of Security; and (5) completing all corrective actions as reasonably determined by Contractor based on root cause of the Breach of Security.

B. The Contractor shall not be liable for punitive, special, indirect, incidental, or consequential damages.

I HEREBY ACCEPT THE TERMS AND CONDITIONS OF THIS CONTRACT



Signature

5/19/2022

Date

Leah Heimbach, President

Print Name and Title

Healthcare Management Solutions of WV, LLC

Print Name of Contractor

Attachments 3 through 16 are internal documents that are not public records pursuant to N.J.S.A. 47:1a-1.1 as they constitutes intra-agency advisory, consultative, or deliberative material.

Attachment 16 – Offer and Acceptance Page

Please see the following page for HMS' completed Offer and Acceptance Page.

OFFER AND ACCEPTANCE PAGE

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE: **Engagement # 22-100 (A), Long Term Care Facilities Surveys**

TO THE STATE OF NEW JERSEY:

Name of Bidder/Contractor	**Healthcare Management Solution of WV, LLC**
Address	**1000 Technology Drive, Suite 1310**
City, State, Zip Code	**Fairmont, WV 26554**
Phone Number	**304-368-0288**
Fax Number	**304-368-0389**
Email Address	**contracts@hcmsllc.com**
FEIN	[redacted]
Print Name & Title of Authorized Representative	**Leah Heimbach, President**
Signature Authorized Representative	Leah Heimbach

By submitting a Quote the Bidder certifies and confirms that:

1. It has read, understands, and agrees to all terms, conditions, and specifications set forth in the Bid Solicitation and the State of New Jersey Standard Terms and Conditions and agrees to furnish the goods, products, and/or services in compliance with those terms;
2. It has complied, and will continue to comply, with all applicable laws and regulations governing the provision of State goods and services, including the New Jersey Conflicts of Interest Law, N.J.S.A. 52:13D-12 to 28;
3. The price(s) and amount of its Quote have been arrived at independently and without consultation, communication or agreement with any other Contractor/Bidder or any other party;
4. Neither the price(s) nor the amount of its Quote, and neither the approximate price(s) nor approximate amount of this Quote, have been disclosed to any other firm or person who is a Bidder or potential Bidder, and they will not be disclosed before the Quote submission;
5. No attempt has been made or will be made to induce any firm or person to refrain from bidding on this Contract, or to submit a Quote higher than this Quote, or to submit any intentionally high or noncompetitive Quote or other form of complementary Quote;
6. The Quote is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Quote;
7. The Bidder, its affiliates, subsidiaries, officers, directors, and employees are not, to Bidder's knowledge, currently under investigation by any governmental agency for alleged conspiracy or collusion with respect to bidding on any Contract and have not in the last five (5) years been convicted or found liable for any act prohibited by state or federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any Contract;
8. The Bidder's failure to meet any of the terms and conditions of the Contract shall constitute a breach and may result in suspension or debarment from further State bidding; and
9. A defaulting Contractor may also be liable, at the option of the State, for the difference between the Blanket P.O. price and the price bid by an alternate Vendor {Bidder} of the goods or services in addition to other remedies available.

ACCEPTANCE OF OFFER *(For State Use Only)*

The Offer above is hereby accepted and now constitutes a Contract with the State of New Jersey. The Contractor is now bound to sell the goods, products, or services in accordance with the terms of the Bid Solicitation and the State of New Jersey Standard Terms and Conditions. The Contractor shall not commence any work or provide any good, product, or service under this Contract until the Vendor Contractor complies with all requirements set forth in the Bid Solicitation and receives written notice to proceed.

Contract/Master Blanket Purchase Order Number

Award Date _____ Effective Date _____

State of New Jersey Authorized Signature

Print Name and Title

Attachment 17 – HMS Staff Resumes

The following appendices contain information such as HMS employee names, education and certifications, employment history, etc. ***This is personally identifiable information (PII) and is considered by HMS to be confidential and proprietary. As such, the information contained within should be used for evaluation purposes only and should not be released or shared publicly.***

Table 6 below includes a list of potential surveyors, their CMS Surveyor number, and provider types they are qualified/trained to survey.

HMS Personnel	CMS Surveyor Number	Provider Types
Abasciano, Deborah	[redacted]	HHA, Hospice, Hospital, LTC
Aldridge, Robin	[redacted]	LTC
Ansa, Abimbola	[redacted]	ASC, Hospital, LTC
Ashmore, Stephanie	[redacted]	LTC
Bailey, Tammy	[redacted]	ASC, Hospital, LTC
Ball, Barbara	[redacted]	LTC
Bates, Nicole	[redacted]	ESRD
Blake, Carmen	[redacted]	ASC, HHA, Hospice, Hospital, LTC
Borell, Vince	[redacted]	LSC, LTC
Boston, Samantha	[redacted]	LTC
Bowman, June	[redacted]	ESRD, LSC
Branton, Kristal	[redacted]	ESRD, LTC
Burlingham, Lydia	[redacted]	LTC
Caffrey, Barbara	[redacted]	ASC, ESRD, HHA, Hospice, Hospital
Campbell, Deborah	[redacted]	LTC
Carter, Caroline (Susie)	[redacted]	LTC
Christian, Patricia (Patsy)	[redacted]	Hospital
Clay, Jeff	[redacted]	Hospital, LTC
Close, Linda	[redacted]	Hospice, Hospital, LTC
Crawford, Sunday	[redacted]	ASC, ESRD, Hospital, LSC, LTC
Cronin, Jacqueline	[redacted]	Hospice, LTC
Davis, Katheryn	[redacted]	LTC
Demaree, Donna	[redacted]	LTC
DeShong, Kimberly	[redacted]	Hospital, LTC
Devereaux, Suzy	[redacted]	ESRD, Hospice, Hospital, LTC
Doro, Michelle	[redacted]	ASC, ESRD, Hospital
Dunn, Sharon	[redacted]	LSC, LTC
Edmonds, Lonnie	[redacted]	LTC
English, Marole	[redacted]	ESRD, HHA, Hospice
Finnell, Susan	[redacted]	LTC
Fremin, Wendy	[redacted]	ASC, HHA, Hospital
Gosselin, Kimberly	[redacted]	ASC, ESRD, Hospital

Griffin, Lori	[redacted]	Hospital, LTC
Griffith, Theresa	[redacted]	ESRD, Hospital, LTC
Harper, Robin	[redacted]	LTC
Hattle, Sherry	[redacted]	LTC
Hetherington, Suzanne	[redacted]	LTC
Hoak, Marcia	[redacted]	ASC, ESRD, Hospital, LTC
Jackson, Adrienne	[redacted]	LTC
Johnson, Deneen	[redacted]	LSC
Kehne, Deana	[redacted]	ASC, ESRD, LTC
Kirkland, Donna	[redacted]	LTC
Kubisiak, Janet	[redacted]	ASC, Hospital, LTC
Lacey, Roxie	[redacted]	LTC
Lowe, Catharine	[redacted]	ESRD, HHA, Hospice, Hospital, LTC
Lowman, Lesley	[redacted]	LTC
Lubin, Nancy	[redacted]	ASC, HHA, Hospice, Hospital
Markley, Victoria	[redacted]	LTC
Mau, Tracy	[redacted]	ASC, ESRD, Hospital, LTC
McCants, Jennifer	[redacted]	ASC, ESRD, Hospice, Hospital, LTC
Mercer, Patricia	[redacted]	ESRD, Hospice, Hospital, ICF/IID, LTC
Metcalf, Alicia	[redacted]	LTC
Mitchell, Michelle	[redacted]	LTC
Monhollen, Ann	[redacted]	ESRD, Hospice, Hospital, LTC
Moorhead Lopez, Rachel	[redacted]	ASC, ESRD, HHA, Hospice, Hospital, LTC
Morris, Marsha	[redacted]	LTC
Oliver, John	[redacted]	LSC
Paulsen-Aguirre, Kristen	[redacted]	ESRD, LTC
Peters, Julie	[redacted]	ASC, Hospital
Pollock, Trudy	[redacted]	HHA, Hospice
Poole, Patricia	[redacted]	ASC, ESRD, Hospital
Sanderson, Nina	[redacted]	ESRD, LTC
Schultz, Ronda	[redacted]	ASC, ESRD, Hospice, Hospital, LTC
Shull, Andrea	[redacted]	LTC
Smith, Aubrey	[redacted]	LSC
Springer, Debora	[redacted]	ASC, ESRD, HHA, Hospital
Stewart, James	[redacted]	LTC
Stringfield, Cynthia	[redacted]	Hospital, LTC
Tuiskula, Robin	[redacted]	HHA, Hospice, LTC, RHC
Walters, Charles	[redacted]	LTC
Wassel, Mary	[redacted]	ESRD, LTC
Weatherly, Monica	[redacted]	LTC
Wolfe, Geralda	[redacted]	ESRD, LTC
Woods-Stephens, Lisa	[redacted]	LTC
Youngman, Amy	[redacted]	HHA, Hospital, LTC

Table 4: List of HMS LTC Surveyors (Confidential and Proprietary)

KELLEY T. LEONETTE, MPP, PMP
VICE PRESIDENT OF SURVEY AND TECHNICAL ASSISTANCE

Relevant Professional Experience

Healthcare Management Solutions, LLC **02/2015-Present**

Survey Division Director/Project Manager (09/2015-Present)

- Serves as the Project Manager for the Oversight of State Performance (OSP) contract, overseeing all operational and technical components of the project.
- Reports directly to the HMS President and the HMS Leadership Team on all project-related activities and identifies strategic approaches for execution.
- Interacts with the Centers for Medicare and Medicaid Services (CMS) Contracting Officer's Representative and other relevant stakeholders to ensure all communication and resource needs are continuously evaluated and met.
- Identifies and communicates key information between tasks to ensure that strategic plans are implemented to achieve CMS operational and budgetary goals.
- Provides oversight, guidance, and accountability for project effectiveness, quality, and leadership to project management team.
- Tracks completion of objectives and project deliverables and costs.
- Reviews and approves all formal deliverables including but not limited to State Excerpt Reports, Technical Assistance Quarterly Reports, and Monthly Reports.
- Establishes/maintains excellent communication with customer, project staff, and personnel.
- Anticipates and resolves (as appropriate) any risks or other issues.
- Analyzes assigned contracts to evaluate performance of the company and staff in meeting objectives or to determine areas of potential cost reduction or program improvement.
- Provides oversight and accountability for project success to project management teams.
- Tracks project deliverables based on schedule; controls costs based on baseline budget.
- Serves as the liaison between HMS, the customer, and project staff.
- Led the OSP team in the creation of a Strategic Plan. Proactively sought CMS stakeholder buy-in that resulted in a joint CMS-/HMS-approved strategic plan for operation of contract activity and a plan for judicious spending of government funding.
- Optimizes all opportunities to support CMS in their organizational goals.
- Directed a pilot study of ventilator-dependent residents in NHs and coordinated operations with CMS and the Centers for Disease Control and Prevention. Analyzed contract resources and created next steps and timelines for project success. Coordinated project resources, and supervised plan to complete 20 pilot surveys and a final report.
- Maintains documentation related to project planning, implementation, and issue resolution.
- Develops and executes project work plans. Prepares project reports as required.

- Actively participates as member of the leadership team in building a strong HMS foundation.
- Oversaw the development of the Surveyor Orientation Resource Manual. Participated in the coordination, development, and distribution of training materials.
- Anticipated and communicated any risks related to Technical Assistance to Central Office RO managers and members of the G-5.

Task Manager, OSP Task 2 - Quarterly Trend Report (02/2015-09/2015)

- Coordinated quarterly data collection of nationwide survey outcomes and identified trends.
- Maintained quarterly report for State Performance Measures/Survey & Certification Priorities.
- Defined, planned, managed, and implemented tasks based on contract requirements.
- Anticipated and communicated any risks or other issues timely to the Project Manager.

Project Director, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Contract (02/2015-09/2015)

- Oversaw federal contract surveys for ICF/IID. Assured project deliverables were accurate and on budget.
- Completed monthly, quarterly, and annual contract operations and financial analysis. Wrote and revised HMS policies based on results. Shared possible contract operational improvements.

Project Manager IV, Revenue Cycle Mgmt., Financial Reporting/Analysis, Cleveland Clinic **06/2012-06/2014**

- Defined, planned, and implemented projects focused toward improving the Revenue Cycle across the Cleveland Clinic Health System. Balanced the effective/efficient use of resources.
- Worked with team members to achieve operational objectives.
- Met financial objectives by forecasting requirements, scheduling expenditures, analyzing variances, and initiating corrective actions.
- Developed multimedia trainings for a continuous education program.
- Managed daily activities of project participants and stakeholders.

Health Insurance Specialist/Program Manager/Contracting Officer's Technical Representative (COTR), Division of Survey & Certification, CMS **07/2006-06/2012**

Policy and Education

- Evaluated CMS policy based on changes in national healthcare policies and implemented policy changes when necessary. Responsible for public education related to policy changes.
- Developed and interpreted policy and regulations that affected Medicare/Medicaid providers.
- Lead writer for 300+ federal policies and survey procedures.

- Collaborated with Accreditation Organizations to ensure accurate translation of CMS requirements and determinations of compliance.
- Verified CMS surveyors operated within their legal authority when completing onsite audits of ICF/IIDs, Psychiatric Residential Treatment Facilities (PRTFs) and Psychiatric Hospitals.

Data Analysis

- Built and monitored case files for over 500 Medicare certified psychiatric hospitals.
- Entered case file information into database and tracked the status of onsite survey activities.
- Integrated electronic information from a variety of databases and sources to prepare reports for management, including the Centers Administrator and Office and Center Leadership.

Training

- Responsible for the design and implementation of a national surveyor development program.
- Facilitated design sessions with managers, program leads, and subject matter experts.
- Coordinated development/distribution of training materials. Identified key learning metrics.

Contract Management

- Monitored two multi-million-dollar survey contracts.
- Developed Statements of Work.
- Certified COTR.
- Assured project deliverables were completed accurately on time and within budget.
- Completed quarterly and annual contract analysis. Utilized results to write and revise CMS Survey and Certification policies and procedures and improve contract operations.

Instructor, The Ridge School of Anne Arundel County ~ Crownsville, MD, Certified Psychiatric Residential Treatment Facility (PRTF) 08/2005-08/2006

- Teacher for high school-aged children diagnosed with serious social-emotional disorders and/or conduct disorders. Students were detained and treated by the State of Maryland. Organization is operated by Adventist Health Care and is a mental health facility and Level 5 school.
- Developed weekly classroom lesson plans; tailored classroom activities to the needs and Individual Evaluation Plans of each student.
- Tracked behaviors and provided input for student treatment plans; implemented Individualized Behavior Plans.

Professional Recognition

- Recipient of 10 CCF Caregiver Awards for Performance and Teamwork
- 2012 Q2- CCF Excellence Award- Provider Based Billing Team
- 2013 CCF Annual Review received the highest rating possible of Exceptional Performance

- 2008 Office of Center Director Award - Developing a national database for certified psychiatric hospitals.
- 2008 Administrators Special Citation - Performance that far exceeded the normal standards in moving CMS toward the achievement of its goals and objectives.
- 2009 Office of Center Director Award - Developing a 12 month online training course for federal ICF/IID surveyors.
- 2011 Chief Operating Officers Achievement Award - Designing the ICF/IID onsite survey training program
- 2011 Office of Center Directors Award, Honorary Membership - Recognition of contributions and service to CMS.
- 2011 CMS Achievement Award - Overseeing the psychiatric hospital program and adapting the existing survey contract to meet the changing financial restraints of the contract.

Education and Training

- Masters, Public Policy (specialization in Human Services Policy), University of Maryland
- Bachelor of Arts, Psychology and Sociology, Tulane University
- Certified Project Management Professional (PMP)

MELISSA J. DOWNS, BA, PMP

SURVEY PROJECT, SCHEDULING, & LOGISTICS MANAGER

Relevant Professional Experience

Healthcare Management Solutions, LLC **06/2008-Present**

Survey Project, Scheduling, & Logistics Manager (09/2017-Present)

- Serves as the Scheduling and Logistics Manager for OSP contract.
- Serves as the HMS Project Manager for state survey contracts for HMS' Survey Division.
- Monitors survey requests from clients and ensures all required information has been received to schedule surveys as quickly and efficiently as possible.
- Serves as a backup to Survey Operations Director for scheduling surveys.
- Oversees the operations of Project Coordinators working for OSP and State contracts.
- Interfaces with CMS personnel to obtain surveyor ASPEN profiles for all HMS surveyors.
- Requests survey shells from clients and reviews for accuracy and completeness.
- Responsible for quality assurance of the data entered in the Surveyor Management Application (SMA) and all system reporting.
- Assists with coordination of all team member efforts by maintaining and disseminating accurate and timely information.
- Ensures all survey information is entered, monitored, and continually updated with the most current and applicable information in the SMA.
- Completes monthly reporting as required.
- Evaluate tasks and deliverables to ensure completion and accuracy.
- Monitors progress of projects and provides regular updates to Survey Division Director.
- Identifies improvements in the SMA to increase the tool's efficiency for survey contract operations.
- Monitors the SMA tool. Works with HMS IT to ensure information is updated.
- Assists with creation and revision of process documents.
- Monitors contract budgets and provides guidance for scheduling surveys and travel for projects.
- Assists with review and approval of invoices, resolving issues before distribution to HMS clients.

Surveyor Management Application Manager (03/2016-Present)

- Participates in preparing and ensuring the accuracy of project procedures and other manuals.
- Schedules surveys and updates information in the SMA.
- Sets up SMA for new contracts/projects as awarded.
- Requests new surveyor profiles.
- Provides access to system for new hires and completes onboarding activities.
- Assists with project reporting.
- Participates in meetings, as requested.
- Manages feedback portal and updates the Team Foundation Server with potential updates for upcoming sprint development. Uploads resources as requested.

- Ensures all documentation is uploaded for each survey (i.e., survey shell, team leader information, and specific survey information).

Survey Coordination Center (SCC) Manager, OSP Contract (09/2015-12/2019)

- Overall supervision of the SCC staff. Implement procedures and protocols for the SCC staff.
- Develops Standard Operating Procedures.
- Manages the surveyor schedules and travel logistics. Approves incoming expense reports.
- Completes surveyor onboarding and training as necessary.
- Produces manual for web-based tool created for scheduling and tracking surveys.
- Attends meetings as directed and scheduled.
- Provides a conduit for communication between surveyors, task leads, and HMS leadership.
- Provides critical information of survey status and activities for the task leads and leadership.

Project Liaison, CMMI Patient Care Models Management and Technical Support Services (MTSS) contract (09/2015-04/2016)

- Completed monthly reports for HMS staff labor hours.
- Served as the communication link between contractors to ensure coverage on all four CLINs.
- Assisted the Project Director as needed.
- Produced monthly financial projections for HMS leadership.

Project Manager, Comprehensive ESRD Care (CEC) Initiative under the Program Support Contract (04/2013-09/2015)

- Overall management of project and support of the CEC initiative, beginning with planning through continued implementation.
- Coordinated efforts of team members to provide quality services and timely deliverables.
- Managed and provided technical and programmatic support to applicants about the application submission process.
- Supervised and effectively managed assigned staff.
- Assisted with hosting webinars to communicate programmatic information to applicants.
- Conducted completeness and eligibility checks of all submitted applications.
- Prepared correspondence for soliciting participation from a list of potential panelists and assisted CMMI staff with any communications related to recruitment of potential panelists.
- Disseminated, collected, and tracked required forms from panelists.
- Assisted with applicants using the web-based tool.
- Captured assignments of reviewers to panels, applications to panels, and applications to reviewers within the web-based tool.
- Supported development and dissemination of materials for panel orientation sessions.

- Coordinated administrative and technical logistics for review panel implementation.
- Attended review panel meetings and provided panel summaries from meetings.
- Attended regularly scheduled meetings and submitted meeting minutes.
- Submitted monthly progress reports and invoices.

Project Manager, Provision of Technical Assistance on Medicaid Policy Related to Special Populations Project, Center for Medicaid and CHIP Services (09/2012-09/2013)

- Overall management of project.
- Identified and recruited technical experts who provided guidance to assist CMS in the development of: Notices of Proposed Rule Making, Final Regulations, State Health Officials Letters, and State Informational Bulletins.
- Facilitated discussions between DEHPG staff and technical experts to discuss policy issues, deliverables, and timing of deliverables.
- Processed technical experts' requests for payment.

Project Manager, Expert Witness Acquisition Project (EWAP) through CMS and the Expert Witness Procurement Project through the Office of Medicare Hearings and Appeals (OMHA) (03/2012-09/2018)

- Overall management of project. Monitored project budget and ensured project compliance. Supervised project staff.
- Communicated with OGC attorneys/requestors to maintain smooth project operation.
- Coordinated activities to ensure all pending cases were assigned timely.
- Prepared Monthly, Quarterly, and Yearly reports according to the deliverable schedules.
- Developed improvements and revisions to the abstraction tools.

Deputy Project Manager/Quality Assurance Specialist, EWAP (09/2009-03/2012)

- Provided support to Project Manager.
- Prepared Monthly Progress summaries from monthly meetings.
- Prepared and submitted fiscal and outcome reports based on the deliverable schedule.
- Maintained and updated current pool of experts. Located/recruited potential experts.
- Communicated with OCG attorneys to facilitate appropriate expert witnesses for cases.
- Corresponded with IT department to improve abstraction tool and implemented IT revisions.

Records Coordinator, Risk Adjustment Validation and Payment Project (06/2008-09/2009)

- Coordinated quarterly data collection of nationwide survey outcomes; identified trends.
- Maintained quarterly report for State Performance Measures/Survey & Certification Priorities.
- Defined, planned, managed, and implemented tasks based on contract requirements.
- Anticipated and communicated any risks or other issues timely to the Project Manager.

Project Coordinator, Expert Witness Procurement (EWP) Project, OMHA (06/2008-09/2009)

Education and Training

- Bachelor of Arts, Business Administration, Marshall University
- Certified Project Management Professional (PMP)

DIANE GRAHAM SCOTT, BA, PMP

STATE AND SURVEY DIVISION CONTROLLER/PROJECT MANAGER

Relevant Professional Experience

Healthcare Management Solutions, LLC **02/2008–Present**

State and Survey Division Controller (09/2015-Present)

(former title Director/OSP Project Controller)

- Serves as the State and Survey Division Controller for all contracts awarded to HMS' State and Survey Division.
- Reports to and works alongside the Managing Director of Survey and Technical Assistance in the management of project tasks and activities for assigned contracts, taking the primary lead on the financial management at the project level.
- Serves as a secondary point of contact for external and internal customers in the absence of the Managing Director of Survey and Technical Assistance when assigned.
- Serves as the Project Controller for the current OSP contract valued at $29.0m and served in the same role on the first iteration of Oversight of State Performance (OSP) contract valued at over $42.9m. Both contracts have received "Exceptional" ratings for Management, Quality, Schedule, and Cost Control in the Contractor Performance Assessment Reporting System (CPARs).
- Serves as the Project Controller for all Survey and Technical Assistance contracts.
- Provides or assists with providing oversight, guidance, and accountability for project effectiveness, quality, and leadership to project management team to ensure effective, on schedule, on budget, project and client service delivery excellence.
- Actively participates as a member of leadership team in continuous evaluation of short and long-term strategic financial objectives and building a strong HMS foundation.
- Tracks project financials for various contract types against approved budgets and provides financial analysis reports to project and corporate leadership using HMS standardized tools.
- Reviews and approves all invoicing for assigned contracts, identifying errors, and participating in resolution activities with other HMS business units prior to delivery to clients.
- Oversees division's Coordination Center which is responsible for coordinating travel logistics and financial reimbursements for staff assigned to State and Survey Division projects.
- Responsible for review and approval of project level financial reimbursement requests prior to submission to HMS Finance.
- Coordinates quality assurance activities for financial and written project deliverables.
- Coordinates Business Development activities within the State and Survey Division by assisting with capture, RFP reviews, technical and business proposal coordination, and technical writing for responding to solicitation requirements.
- Manages smaller projects within the division such as overseeing the distribution of Personal and Protective Equipment (PPE) to project staff, and COVID-19 testing.

Project Director/Manager (12/2010-Present)

- Serves as a Project Director/Manager for assigned contracts to analyze and evaluate performance of the company and its staff in meeting objectives or to determine areas of potential cost reduction, program improvement, or policy change.
- Establishes and maintains excellent communications with customer on project issues and concerns. Attends meetings as directed and agreed upon.
- Assesses resource requirements for assigned projects, and coordinates staff and supplies necessary to maintain budget and schedule.
- Responsible for project compliance for all measures inherent to project specifications.
- Prepares and maintains project schedules as determined by project team. Resolves conflicts.
- Maintains documentation related to project planning, implementation, and issue resolution.
- Participates in preparing and ensuring the accuracy of project policy, procedures, and manuals.
- Ensures compilation of accurate project records.
- Tracks project costs and completion of objectives based on established timelines.
- Establishes and maintains excellent communications with customer, project staff, and other project-related personnel.
- Coordinates team member efforts by maintaining and disseminating accurate and timely information.
- For completed projects, oversaw Project Managers in the coordination of their contract assignments.
- Oversaw the management of the CMS' Center of Medicare and Medicaid Innovation Center's (CMMI) contracts supporting multiple initiatives by providing technical and administrative support during their application periods. Key tasks included application reviews for eligibility and completeness, help desk tool development and support, webinar hosting, Online Application System (OAS) testing, documentation management, and Technical Expert Review Panel recruitment and hosting.
- For Diabetes Self-Management Education (DSME) contracts, actively recruited practices and FQHCs to participate in the program, oversaw the recruitment of beneficiaries and participants into the program, tracked participation and assisted with reporting, and traveled bi-monthly to project locations to conduct and coordinate project activities such as key stakeholder workgroups, Community Health Worker (CHW) training, beneficiary graduation events, and working with other teaming partners to identify solutions for sustainability.

Proposal Manager/Technical Writer (05/2011-04/2011)

- Served as the Proposal Manager and Technical Writer for all HMS proposal efforts
- Managed and coordinated technical and cost proposal efforts with the HMS Executive Office.
- Assisted with opportunity identification, tracking, and strategic planning.

- Coordinated proposal efforts with the technical division, contracts department, contractors, subcontractors, finance department and human resources.

Deputy Project Manager/Coordinator (10/2009-12/2010)

- Served as the Deputy Project Manager for assigned projects providing direct support to the Project Director in the execution of tasks and deliverables.
- Provided support to Project Director and Executive Office.
- Participated in weekly status meetings with CMS and prepared meeting minutes.
- Coordinated and scheduled travel logistics.
- Ensured deliverables were submitted on time.
- Reviewed, edited, and formatted written reports and deliverables.
- Collected and managed provider, practice, and beneficiary data.
- Assisted with development and implementation of project web applications
- Created weekly reports for CMS of DSME participants.

Records Coordinator (11/2008-10/2009)

- Served as a Coordinator for the records portion of the Risk Adjustment Validation and Payment (RADV) project.
- Communicated and requested medical records from Medicare Advantage Organizations (MAOs).
- Provided Technical Assistance to MAOs as needed.
- Initial intake of all medical records and assigned to primary coders.
- Maintained an up-to-date correspondence log with all communication between plans (MAOs).
- Collaborated with Coders on medical record issues.
- Communicated regularly with IT department to improve Abstraction tool.
- Recorded and distributed minutes from weekly status meetings with CMS.
- Communicated directly with CMS when issues arose.

Education and Training

- BA, English/Spanish (Minor), West Virginia University, Morgantown, WV
- Certified Project Management Professional (PMP)
- Certified John Maxwell Team Speaker, Trainer and Coach
- Federal Acquisition Management (FAM) training
- Responding Competitively to RFPs, RFIs, and RFQs training

DEBORAH ABASCIANO, BSN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 11/2015-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Facility Health Care Inspector, Massachusetts Department of Public Health 02/2000-06/2015

Staff Nurse Pediatric Infectious Disease, Tufts New England Med Center 03/2001-03/2002

Director of Nurses, Bancroft Health Care Center 03/1984-02/2000

- Previous Charge Nurse, Unit Manager, Staff Development Coordinator, Nursing Supervisor.

Head Nurse Pediatric Unit, Nashoba Valley Hospital **02/1978-03/1979**

Education and Training

- Master of Science in Nutrition and Food Management, University of Central Oklahoma
  - Registered Dietitian
  - Oklahoma Licensed Dietitian
- Bachelor of Science in Food and Nutrition, Kansas State University

ROBIN ALDRIDGE, LPN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **10/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

LPN Unit Manager/Skin Integrity/MDS, Advance Health and Rehabilitation - Jeffersonville, GA **01/2019-Present**

- Oversee the day-to-day operations on the unit, wound report and fall report for PAR and QAPI meetings. Manage nurses and CNAs.

State Surveyor, State of Georgia **04/2016-01/2019**

- Surveyed nursing home for deficiencies, learned state and federal regulations, wrote tags.

LPN, Pathways Second Seasons - LaGrange, GA **06/2014-04/2016**

- Supervised techs and counselors.
- Computer charting, giving medications, transcribing doctors' orders, chart checks,
- crisis stabilization unit, admissions, and discharges.
- Learned about mental health and detoxing.
- Used nursing judgement for levels of anxiety and detoxing. Reading orders and catching errors.

LPN, Unihealth Source of Newnan - Union City, GA **04/2011-03/2014**

- LPN Case Manager, Senior Care Manager and LPN MDS Assessment Nurse.
- Gathered information to determine level of care.
- Determined what services were needed in the home; followed services while in the home to be sure they were being used correctly and still needed by the client.
- Liaison between self-owned company and the company providing the other services.
- Reviewed charts and assessments in computer to ensure state preparedness.

LPN Charge Nurse, Savanah Court of Newnan - Newnan, GA **02/2010-01/2011**

- Supervised CNAs and charting.
- Supervised the Alzheimer's and Dementia unit.

LPN Nurse, Self-employed - Hogansville, GA **01/2004-11/2008**

- Provided direct care of two patients until they passed.

LPN Charge Nurse, Troup County Jail - LaGrange, GA **02/2002-01/2004**

- Gave meds, assessed inmates that were overly intoxicated and determined treatment, did TB skin tests and read results, took blood and sent it to the laboratory, gave insulin, read blood sugar sticks.

Education and Training

- LPN, Southern Union State Community College

ABIMBOLA (BOLA) ANSA, AD, RN, BL, LL.B

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 07/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Acute Care Program Director, Oversight of the Acute Care Program, Department of Community Health/Healthcare Facility, Regulation Division - Acute Care Unit 02/2016-05/2021

- Regulatory Compliance – Hospitals and Ambulatory Surgery Centers.
- Acute Care Surveys.
- Hospital Surveys.
- Ambulatory Surgical Center Surveys.
- PRTF Surveys.

- Transplant Hospital Surveys.
- Community Mental Health Center Surveys.
- Long-Term Care SMQT CERTIFIED.

Nurse Surveyor, Department of Community Health/Healthcare Facility Regulation Division, Acute Care Unit **03/2011-02/2016**

- Regulatory Compliance – Hospitals and Ambulatory Surgery Centers.
- Acute Care Surveys.
- Hospital Surveys, (including EMTALAs).
- Ambulatory Surgical Center Surveys.
- Long-Term Care SMQT CERTIFIED.

Oncology Med-Surg RN, Emory University Hosp. Midtown Oncology Unit **01/2010-09/2010**

- Med-Surgical Oncology.
- Administration of chemotherapy.

Med-Surg RN, Eastside Medical Center Medical-Surgical Unit **10/2010-02/2011**

- Care of Med-Surgical patients.

Oncology Med-Surg RN, Delaware County Memorial Hospital **07/2007-10/2009**

- Primary Care Med-Surgical Oncology.
- Administration of chemotherapy.
- Care of hospice patients.

Oncology Med-Surg RN, Mercy Fitzgerald Hospital **08/2005-05/2007**

- Primary Care Med-Surgical Oncology.
- Administration of chemotherapy.
- Care of hospice patients.

Education and Training

- Associates Degree in Nursing, Harcum College
- Barrister-at-Law, Nigerian Law School
- Bachelor of Laws, Lagos State University

Stephanie Ashmore, MS, BS

Medical Facility Surveyor - SMQT Certified

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **08/2020-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Long-Term Care Surveyor, Utah Department of Health **08/2015-02/2020**

- Team Lead June 2019 - Feb 2020. Directly supervised 5 employees, created monthly survey schedules, and conducted new hire interviews.
- Served as the dietitian on a multidisciplinary team of long-term care facility surveyors.
- Inspected and reported on long-term care facilities throughout the state of Utah according to CMS criteria to ensure safe, quality care.

Newsletter Editor, Dietetics in Health Care Communities Dietetic DPG **2018-2020**
Annual Meeting Chair, Utah Academy of Nutrition and Dietetics **03/2017-03/2018**

- Annual Meeting Planning Committee 2012-2017

Dietitian, Utah Department of Corrections **10/2013-08/2015**

- Altered menus to meet guidelines for general populations and meet medical and religious needs.
- Provided one-on-one nutrition counseling and education for inmates as appropriate.

Intern, Early Head Start DDIVantage ***03/2012-03/2013***

- Co-taught a monthly cooking class for low-income parents to increase cooking skills.
- Developed pre- and post-surveys for parents to evaluate the benefit from attending the class.

UT Intern, WIC, Salt Lake Valley Health Department ***06/2012-09/2012***

- Updated educational bulletin board regularly and created educational handouts.
- Assisted in breastfeeding classes and worked as a WIC Nutritionist.

Education and Training

- Master of Science in Nutrition and Dietetics, College of Health, University of Utah
- Certificate in Gerontology, OH Ashland University
- Bachelor of Science in Food and Nutrition, Ashland University

TAMMY BAILEY, AD

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 08/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

RN Licensure and Certification Surveyor, Alabama Dept. of Public Health 04/2018-08/2020

- Served as a Patient Advocate.
- Followed long-term care survey process procedure guide including areas resident care, activities, social services, staff development, and nutritional services and human resources management.

- Observed staff and patients, reviewed records (EMR) and interviewed facility's staff, patients and family Investigation and identification of harmful and near miss events affecting patients in collaboration with Risk Management, Quality and Safety.
- Wrote Statement of deficiencies adhering to Principals of Documentation and issued citations.

RN II House Supervisor Geriatrics (skilled Nursing Facility), Alabama Department of Mental Health **04/2016-04/2018**

- Directed/supervised/ monitored nursing personnel in delivery of patient care. Evaluated staff and provided required feedback and or discipline.
- Assisted clinical managers and education department to provide education to address employee specific deficits.
- Ensured compliance with The Joint Commission, CMS and hospital standards.

RN Staff/charge Nurse, Grandview Medical Center **09/2015-05/2016**

- Administered blood products and cardiac intravenous medications (non-inclusive) responded to multiple life-threatening events.
- Patient Advocate.
- Assessed, planned, implemented, and evaluated plan of care based on specific patient documented in electronic medical record.
- Collaborated with healthcare staff and family members.
- Educated staff, patient, and family.
- Followed policy and procedure guidelines.

RN Staff/Pre Intra and Post Op Nurse Accomplishments: Patient Advocate, Menard Plastic Surgery Center **09/2015-05/2016**

- Documented electronic medical record.
- Assessed, planned, and implemented plan of care based on specific patient.
- Educated staff, patient, and family.
- Assisted Surgeon with procedures.
- Followed policy and procedure guidelines.

RN Staff/Cardiac Step Down Unit, Saint Dominic Hospital **04/2015-09/2015**

- Administered blood products and cardiac intravenous medications (non-inclusive) responded to multiple life-threatening events.
- Patient Advocate.
- Documented electronic medical record.
- Assessed, planned, and implemented plan of care based on specific patient.
- Educated staff, patient, and family.
- Followed policy and procedure guidelines.

RN Staff/Multiple Units Majority related to Surgery, DCH Regional Medical Center **06/2005-12/2014**

- Administered Chemotherapy and multiple blood products (non-inclusive).
- Patient Advocate.
- Documented electronic medical record.
- Assessed, planned, and implemented plan of care based on specific patient to include.

- Preadmission testing, same day surgery, Prep and Discharge, Medical Surgical, and Oncology.
- Educated staff, patient, and family.
- Followed policy and procedure guidelines.

RN Endoscopy Circulator and Pain Management, Healthsouth Surgical Center06/2003-06/2005

- Planned and assisted with construction of new endoscopy department design and policy and procedure guidelines.
- Administered Moderate Sedation for endoscopy and pain management procedures.
- Patient Advocate.
- Documented electronic medical record.
- Assessed, planned, and implemented plan of care based on specific patient including but not limited to pre-op, intra op and post operation.
- Educated staff, patient, and family.

RN Staff/Multiple United, DCH Regional Medical Center 12/2000-06/2003

- Planned and assisted with construction of new endoscopy department design and policy and procedure guidelines.
- Administered Moderate Sedation for endoscopy and pain management procedures.
- Patient Advocate.
- Documented electronic medical record.
- Assessed, planned, and implemented plan of care based on specific patient including but not limited to pre-op, intra op, post operation, emergency department, intensive care unit, radiology unit, medical surgical unit, (requiring use of critical thinking skills and good nursing judgment).
- Educated staff, patient, and family.
- Followed policy and procedure guidelines.

RN Supervisor of Long-Term Care Facility, Oak Grove Nursing Home 01/1999-12/2000

- Directed/supervised/ monitored nursing personnel in delivery of patient care. Evaluated staff and provided required feedback and or discipline.
- Ensured compliance with The Joint Commission, CMS, and hospital standards.

RN Staff/Pre Intra and Post Op Nurse, Shelby Plastic Surgery 08/1997-06/1998

- Documented electronic medical record.
- Assessed, planned and implemented plan of care based on specific patient.
- Educated staff, patient, and family.
- Assisted Surgeon with procedures.
- Followed policy and procedure guidelines.
- Updated educational bulletin board regularly and created educational handouts.

Education and Training

- Associates Degree, Nursing-RN, Shelton State Junior College

BARBARA K. BALL, RN, AD

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 08/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Care Facilities Surveyor Supervisor, Ohio Dep.t of Health 09/2015-06/2021 (Retired)

- Provided direct supervision to surveyor staff.
- Reviewed and processed survey findings to issue 2567 reports to nursing homes, residential care, and intermediate care facility providers.
- Reviewed facility self-reported incidents; conducted onsite field observation and training for employees.
- Responsible for staff payroll and employee evaluations.
- Participated in Immediate Jeopardy decisions.

Health Care Facilities Surveyor, Ohio Department of Health **06/2018-09/2015**

- Conducted annual, complaint and post survey revisit surveys of long-term care, residential care facilities, intermediate care facilities, and home health agencies based on State and Federal rules and regulations.
- Assisted with training/precepting of new employees.

Registered Nurse, Riverside Methodist Hospital/Open Heart Step Down Unit **06/2007-06/2008**

- Floor nurse. Provided care to patients of post-op open heart surgery.

Registered Nurse, Ohio Department of Corrections **01/2006-06/2007**

- Medication Administration.
- Routine sick call visits,
- Basic Life Support to those incarcerated.

Education and Training

- Associates Degree in Nursing, Hocking Technical College
- Registered Nurse, State of Ohio

NICOLE BATES, RN, BSN, CNN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Senior Medical Facility Surveyor, Healthcare Management Solutions, LLC 03/2022-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Consultant, Renal Core Consulting 01/2013-03/2022

- Provided solutions and expertise to renal care providers by assessing the facility practices. The information was used to determine the facility needs, gather resources, create a plan of action, and advise, educate, and mentor.

Health Facilities Surveyor, Arkansas Department of Health 12/2010-01/2013

- Conducted onsite ESRD, Hospital surveys and compliant investigations against health care providers to evaluate the performance and effectiveness of healthcare.

- Prepared reports of deficient practices for the Centers for Medicare and Medicaid Services (CMS) using STAR.
- End State Renal Disease Basic Technical Training 8/3/2012.
- Surveyor Technical Assistant for Renal Disease (STAR) training 10/12/2012.

Pediatric Dialysis Traveler Nurse, Arkansas Children's Hospital **09/2010-12/2010**

- Dialysis treatment initiation, termination, and assessment according to policy.
- Peritoneal Dialysis and Continuous veno-venous hemodialysis (CVVHD) training.

Facility Administrator, US Renal Care **08/2006-08/2010**

- Applied qualitative and quantitative methods to analyse and evaluate operations.
- Tested clinical measures to evaluate outcomes.
- Conducted comprehensive studies of problems affecting the organization.
- Educated staff, family members, and patients.
- Received multiple awards and recognition for improving patients' outcomes.

Dialysis Staff Nurse, DaVita Dialysis **01/2004-07/2006**

- Monitored, reviewed, evaluated, and assessed the work performed by teammates.
- Supervised staff and monitored patients.
- Performed specialized nursing procedures in the care of end-stage renal disease patients.

Director of Nursing, Quapaw Quarter Nursing Center **05/2003-01/2004**

- In the absence of the Administrator, assumed administrative authority, responsibility and accountability for all functions, activities, and aspects of the facility.
- Monitored Level of Care Reports, Dietary Consultant Reports, and Pharmacy Consultant Reports and implemented appropriate actions.

Assistant Director of Nursing, Jefferson Healthcare **05/2000-05/2003**

- Planned, developed, organized, implemented, evaluated, and assisted with directing nursing services in accordance with rules, regulations, and guidelines that govern long-term care facilities.
- Supervised nurses' aides and nurses, staffing/acuity/documentation, chart reviews/audits, emergency response team, admit/discharge, and medication administration.

Education and Training

- Bachelor of Science, Nursing, University of Arkansas at Little Rock, Little Rock, AR
- Associates Degree, LPN to RN transition, Southwest Arkansas College, Pine Bluff, AR
- Certificate, Practical Nursing, Southeast Arkansas College, Pine Bluff, AR

CARMEN BLAKE, BSN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2017-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Coordinator, Hospice Services **03/2015-04/2017**

- Supervised and provided home care to terminally ill patients in a 16-county rural area.

Health Facilities Surveyor, State of Nebraska **03/2014-03/2015**

- Ensured LTC facilities complied with federal and state regulations.

Health Facilities Surveyor, State of Kansas **03/2006-03/2014**

- Surveyed all types of licensed and/or certified health care to assure compliance with state and federal regulations. Assignments included initial licensure surveys,

resurveyed, revisits and complaint investigations in hospitals, critical access hospitals, rural health clinics, ambulatory surgery centers, home health, hospice, etc.

Care Services Coordinator, Mutual of Omaha Insurance **03/2001-03/2002**

Education and Training

- Bachelor of Science in Nursing, University of Nebraska Medical Center, Omaha, NE, 1989

VINCENT BORELL, MS, BSW

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **11/2018-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Administrator, Premier Health Care Management **01/2018-05/2018**

- Oversaw five departments; disciplined, hired, and trained staff; and monitored expenses.
- Complied with state and federal regulations and implemented policies and procedures.

Administrator, Heartland of Portsmouth, **06/2017-11/2017**

- Developed and maintained budget. Monitored expenses and revenues to enhance revenues and reduce expenses.
- Managed department heads; hired, disciplined, and trained staff.

- Complied with federal and state requirements.
- Developed and maintained policies and procedures.

AIT, St. Margaret Hall, **01/2017-03/2017**

- Performed duties as an intern including writing policies and procedures, marketing and admissions, regulatory compliance, human resources, and food service management.

Health Facilities State Surveyor, Ohio Department of Health **07/1991-11/2016**

- Presented findings at exit conferences.
- Determined state and federal regulatory compliance on annual, complaint, follow-up surveys for health and life safety code and ICF/IID surveys.
- Testified at enforcement hearings related to state and federal regulations.
- Accepted plans of correction, wrote deficiencies, and presented at bureau and provider conferences.

Intake Specialist II, Transamerica **05/2007-11/2008**

- Evaluated and processed Nursing Home, Home Health Care, and Assisted Living insurance claims.
- Interviewed clients, their representatives, and staff of facilities where the client received care.
- Learned to read and comprehend contracts and provisions, as well as various State licensure regulations, in a fast-paced environment with competing priorities/deadlines.

Medical Social Worker, Golden Acres Hospice **12/2005-05/2007**

- Responsible for providing medical social services as part of a multi-disciplinary home care team.
- Developed, organized, and implemented programs, services, policies, and procedures relating to the Social Services functions.
- Provided education about the hospice philosophy and regulations to facility staff.

Education and Training

- Master of Science, Health Administration/Planning, University of Cincinnati, 1990
- Bachelor of Social Work, University of Cincinnati, 1982

SAMANTHA WHITE-BOSTON, BS

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 07/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facility Evaluator II, The Agency for Healthcare Administration 2016-07/2021

- Served as team leader and software expert during the survey process.
- Surveyed and conducted onsite inspections of healthcare facilities in accordance with Federal and State regulations.
- Prepared and submitted written reports and citations.
- Reviewed patient medical records and staff personnel records.
- Ongoing training in regulations and survey processes

Youth Rehabilitation Specialist, The Vashti Center **2014-2016**

- Facilitated therapeutic groups and recreational activities for at-risk youth.
- Completed daily observation notes on consumers.
- Psychosocial assessments and progress note writing.
- Medication administration.

Activity Program Coordinator, Southwestern State Hospital **2011-2014**

- Facilitated therapeutic groups and engaged individuals to promote patients' quality of life and involvement in the community, through technology, arts, music, recreation, and goal setting.
- Tracked/Completed daily data entry of activity therapy contact hours, through attendance rosters.
- Psychosocial assessments and progress note writing.
- Reviewed and edited patients' assessments on activity therapy caseload
- Compilation of quarterly and year-end reports.

Florida Department of Health **2005-2011**

Training and Single Audit Coordinator (2010-2011)
Staff Assistant (2005-2010)

- Prepared and presented trainings on fiscal accountability and requirements for internal and external clients.
- Developed and maintained several internet, intranet, and SharePoint sites.
- Responsible for budget, state purchasing, and inventory control.
- Developed web-based training opportunities and analysis of training data.
- Created training curriculum for and provided technical assistance to state contract managers.
- Website Administrator.
- Lead Staff Assistant.
- Assisted in launching/marketing of the first men's health program in the state of Florida at the state level.
- Developed and implemented public awareness activities directly related to men's health.
- Presented men's health data and made presentations through community outreach efforts, such as health fairs, at Florida's Capitol and other venues.
- Worked with outside vendors and clients regarding outreach effort, community collaborations, and competitive bids.
- Staff Assistant duties such as: payroll, budget, travel, bookkeeping, transcription, correspondence, data management, scheduling.

Education and Training

- B.S., Rehabilitation Studies with a concentration in Gerontology (In Progress), Thomas University
- B.S., Psychology, SUNY New Paltz

JUNE BOWMAN, RN-AD

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 03/2018-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facility Nurse Surveyor, Office of Health Care Quality, State of MD 09/2007-11/2015

- Certified as a Federal Facility Surveyor in ESRD.
- Participated in the drafting of the current Federal CORE Regulations.
- Attended regulation updates through retirement.
- Participated in the updating of the current ESRD COMAR for the Office of Health Care Quality.
- Senior ESRD surveyor, preceptor for incoming surveyors.

- Advised staff on survey deficiency statements.
- Participated in Federal Audits concerning Home Dialysis in nursing homes.

Community Health Nurse II, Caroline County Health Dept, State of MD **1997-2007**

- Served Caroline County's pregnant and postpartum mothers in within Federal Poverty Guidelines with assistance in education concerning pregnancy questions, breastfeeding, infant care as well as linkage of families to additional resources to serve individual needs including medical care, food assistance, mental health, and addiction referrals.

Dialysis Nurse, Easton Memorial Hospital **1995-2007**

- Floor Nurse for the Renal Treatment Center of Easton.
- Daily patient care including assessments and completion of treatments.
- Administered medications.
- Participated in staffing to improve quality of care for patients and communication between staff.

Education and Training

- Graduate from Eastern Shore Hospital Center School of Practical Nursing
- Licensed for 12 years as an LPN for the State of Maryland as a Psychiatric Nurse
- 1992 Graduate from Wor-Wic Community College
- Currently licensed as an RN-AD in the State of Maryland

KRISTAL BRANTON, BS

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

QA Analyst, Healthcare Management Solutions, LLC **11/2016-Present**

- Reviews, formats, and edits CMS Statements of Deficiencies (CMS 2567s) prepared by surveyors under the Oversight of State Performance contract.
- Proficient with CMS data applications (ASPEN data reporting and retrieval systems) to facilitate exchange of survey documentation in a format for input into existing CMS systems; ensures that data entered into the ASPEN system for purposes of reporting survey findings are checked for appropriate formatting, accuracy, grammar, and spelling.
- Ensures that all documents related to HMS End-Stage Renal Disease (ESRD) surveys and sent to CMS are correctly formatted, and have been reviewed for accuracy, grammar, and spelling prior to sending to CMS, the Regional Offices (RO), or any agency outside of HMS.
- Assesses citation patterns for individual surveyors to assist with monitoring surveyor performance and surveyor inter-rater reliability.
- Collects and analyses Quality Assurance Performance Improvement data related to the survey process and/or surveyor performance and identifies indicators for tracking related to areas in need of improvement. Meets with ESRD staff to discuss alternatives for change; assists with implementation of change or new methodologies to improve the survey process or surveyor performance; monitors the change; and analyzes and reports results.
- Assists in providing additional training to maintain and improve proficiency of the survey staff, including all CMS approved updates. Uses CMS-approved educational materials to train surveyors hired outside the timeframe of any scheduled CMS-sponsored training and retrains original team members who fail to maintain demonstrated competency in basic surveyor proficiency as required by CMS. Assists in evaluation of surveyor performance.
- Ensures that CMS 2567s prepared by surveyors are submitted in a timely manner to CMS within five business days of exit interview; notifies CMS when necessary and/or appropriate for extensions. Coordinates with survey team leader as necessary for review and/or completion of all documentation prior to submission to the PO and RO within the specified timeframes. Maintains open communications with surveyors as needed for clarification of survey findings. Attends pre- and post-survey conference calls.
- Solicits and analyzes surveyor feedback for CMS training programs; provides a written summary to be included in the monthly reports to CMS. Assists CMS with analysis of survey findings to determine where surveyor training should be refocused, program clarifications are required, or provider re-education is necessary.

- Participates in 2567 and Plan of Correction reviews to identify trends/gaps in information. Documents these findings and designs case examples to be used in trainings by CMS.
- Performs onsite surveys.

Health Facility Evaluator Supervisor,
Florida Agency for Health Care Administration **05/2009-12/2015**

- Coordinated and scheduled annual, biennial, licensure, complaint, and revisit inspections for nursing homes, assisted living facilities, home health agencies, and hospitals in Miami Dade County to ensure program compliance with state/federal licensure and certification requirements.
- Conducted Quality Assurance reviews to ensure each survey was investigated up to state protocol, devised the agency-wide protocol for Directed Plans of Correction.
- Created the agency-wide Adult Day Care Center survey process, supervised surveyors on the survey process as well as complex issues and human resources issues.
- Prepared applicable state and federal reports within a timely manner; conducted licensure, complaint, and revisit surveys of nursing homes, assisted living facilities, adult day care centers, and adult family care homes.
- Met and conducted meeting and training sessions with both public and private entities on regulatory changes and federal guidance on patient care areas.

Medical Records Coordinator/Outpatient Coordinator,
The Renfrew Center **09/2008-05/2009**

- Managed the Outpatient Office while ensuring administrative support services were provided to the company.
- Maintained and audited patient charts for accuracy with company state and federal regulation.
- Maintained patient relations.
- Managed Outpatient Program by completing data entry functions while collecting patient's payments for services.
- Formulated and distributed Outpatient Census.
- Prepared new admissions to receive the appropriate services.

Education and Training

- Bachelor of Science, Healthcare Management, Florida A&M University

LYDIA C. BURLINGHAM, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **03/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Independent Contractor/Surveyor, Long Term Care Institute **04/2011-Present**

- Nation-wide travel to conduct regulatory surveys in US Veterans Administration Community Living Centers.
- Assures regulatory compliance.

President, Lydia Burlingham, RN Consulting **07/2005-Present**

- Assists facilities with various NYS Department of Health issues, Hotline calls, Survey, SoDs, PoCs, IDRs, MDS 3.0s, etc.

- Orients and mentors new management staff.
- Conducts and analyzes Quality Assurance audits.
- Develops facility-specific policies and procedures.

Corporate Director of Quality Improvement/Multi-Facility LTC Organization, Central HealthCare 04/2003-07/2005

- Directed Corporate-wide Quality Improvement Management.
- Filled in as Acting Director of Nursing at various RHCFs.
- Recruited Administrators, DONs, Department Heads, etc.
- Reviewed and revised facilities' policy and procedures.

Hospital Nurse Service Consultant, New York State Dept. of Health 06/2000-04/2003

- Completed Federal Certification Training.
- Conducted surveys in skilled nursing facilities.
- Investigated Hotline complaints.
- Functioned as Surveyor Facilitator and Team Member.

Director of Nursing/160 Bed Subacute Skilled Nursing Facility, The Hurlbut 11/1998-06/2000

- Overall supervision of nursing department, including staffing and scheduling.
- Led nursing staff through NYSDOH Surveys with excellent results.
- Established Restorative Nursing Program.
- Improved Quality of Life through restraint reduction and sensitivity training.

Director of Nursing/60-Bed SNF, Newark Manor Nursing Home 04/1994-11/1998

- Four Deficiency-Free NYS Department of Health Surveys.
- Restructured nursing department for increased efficiency.
- Developed budget for nursing department.
- Significantly increased Facility Case Mix Index.

Nurse Manager/48 Bed SNF, Penfield Place Nursing Home 03/1993-04/1994 and 05/1991-05/1992

- Responsible for supervision of direct resident care, care planning, and clinical assessment and documentation, physician rounds, and medication ordering.
- MDSs, PRIs, staff development.
- Served as Acting Director of Nursing for several months in 1993.

Staff Nurse/24 Bed Med/Surg Unit, Strong Memorial Hospital 05/1992-03/1993

- Responsible for direct patient care.
- Medication administration, IV therapy, blood transfusions, chemotherapy, etc.
- Patient Teaching, Discharge Planning, Respiratory Therapy.
- Member of Emergency Response Team.

Education and Training

- Associates in Science, Nursing, Monroe Community College

BARBARA CAFFREY, BS

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **10/2016-Present**

- Conducts surveys consisting of Critical Access Hospitals (CAH).
- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to submission.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facility Nurse Surveyor II, Office of Health Facility Licensure and Certification (OHFLAC) **11/2012-08/2016**

- Certification, Recertification, and Complaint/EMTALA Surveys, including as team leader, at hospitals, ESRDs, home health agencies, hospice agencies, rural health clinics, critical access hospitals, outpatient x-ray facilities, outpatient physical therapy facilities, and birthing centers.
- Preceptor for orientees.

Staff Nurse III, William R. Sharpe Jr. Hospital **12/2009-11/2012**

- Assessments, documentation, and supervision of adult in-patient psychiatric patients, conducting therapy groups, and supervision of LPNs and Health Service Workers.

Staff Nurse Obstetrics Unit, Stonewall Jackson Memorial Hospital **11/1996-11/2009**

- Assessments, interventions, and documentation of antepartum, intrapartum postpartum, surgical, and neonatal patients.

Education and Training

- ADN Nursing Program, Fairmont State University
- Bachelor of Science, Elementary Education (N-6); State University College at New Paltz

DEBORAH CAMPBELL, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **02/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Acute Dialysis Nurse, Decatur Morgan General - Decatur, AL **09/2020-02/2022**

- Acute Dialysis Registered Nurse (RN) responsible for providing acute hemodialysis therapy.
- Independently performed critical tasks in assessing, initiating, monitoring and terminating treatment in an acute hospital setting.

RN Case Manager Hospice, Kindred Hospice - Cullman, AL **04/2020-09/2020**

- RN case manager for end-of-life patients and families.

RN Surveyor, ADPH - Montgomery, AL **05/2018-02/2020**

- Surveyor for long-term care Facilities for the State of Alabama under the guidelines of CMS regulations to assure the facility was in compliance with regulations of patients care.

Travel RN, Supplemental Health Care - Huntsville, AL **06/2017-05/2018**

- Home Health Nurse for company in need of staff RN for Home Health visits.

RN, Athens Limestone Hospital - Athens, AL **01/2007-06/2017**

- Labor & Delivery/Newborn Nursery. Monitored, recorded, and reported symptoms or changes in patients' conditions during all phases of labor ,delivery postpartum care, and newborn care .
- Maintained accurate, detailed reports and records.
- Consulted and coordinated with healthcare team members to assess, plan, implement, or evaluate patient care plans.

RN Case Manager, Athens Limestone Home Care - Athens, AL **03/2013-03/2017**

- Provided Nursing Care to home-bound patients.

RN case manager, Midsouth Home Health - Athens, AL **06/2005-03/2013**

- Home visits to home-bound patients at different levels of acuity.
- Established plan of care under the order of MD and coordination of interdisciplinary services as appropriate.
- Supervised LPN and HHA.

Limestone Health Facility, Limestone Health Facility - Athens, AL **06/2002-06/2005**

- Started as RN supervisor then moved to Staff Development coordinator position.

Education and Training

- Associate, Nursing, Troy State University
- SMQT Certified

SUSIE CARTER, BS, MS

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 09/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Dietitian/Compliance Coordinator, Town Hall Estates Health Care Facility 10/2014-Present

- Reviews facility systems for compliance with state, federal and local laws.
- Developments and/or updates policies and procedures for better compliance.
- Conducts nutritional assessments for new admissions.
- Conducts in-service training.
- Participates as an active member for the fall prevention program.
- Conducts abuse/neglect investigations.

Program Manager, Texas Department of Aging and Disability Services – Long-Term Care Regulatory **09/2012-06/2014**

- Supervised a team of surveyors (nurses, social workers, generalists, dietitians/nutritionist) and administrative assistants in conducting certification surveys, licensure inspections, and investigations in long-term care facilities (nursing homes, assisted living facilities, adult day cares, and hospitals) to determine compliance with State and Federal laws, regulations, and rules.
- Participated as an active member of the Enforcement Committee, Regional Management Team, and the Quality Assurance Team.
- Assisted in interpreting and applying State and Federal regulations in long-term care facilities for surveyors, facility staff, and the public
- Ensured timeframes/data entry deadlines were met for all visits.
- Assisted the Assistant Regional Director in performing administrative tasks as assigned.

Dietitian Surveyor, Texas Department of Aging and Disability Services – Long-Term Care Regulatory **09/1993-09/2012**

- Assisted in developing policies/procedures necessary to carry out nutrition services in Public Health Region 5.
- Provided nutrition education and dietary counselling services to the public.
- Coordinated the development of outreach, education, and training materials for WIC participants, regional staff, and the public. Performed a major role in providing outreach to potential WIC participants.

Acting WIC Director, City of San Marcos, WIC Program **06/1988-09/1988**

- Directly supervised 10 employees. Scheduled all WIC activities and staff assignments on a daily basis.
- Prepared monthly, quarterly, and annual reports concerning WIC participants, food voucher issuance, and fiscal matters.
- Performed functions as timesheets, hiring firing, employee evaluations, and approving leave requests. Assisted staff with problems and complaints. Counsel and discipline staff.
- Analysed training needs of staff and developed in-service training programs.
- Monitored staff activities to ensure compliance with State, Federal, and Local operating procedures. Also interpreted regulations/policies for staff and clients.
- Developed new methods and procedures for improving services and more efficient utilization of staff and facilities.
- Ordered all supplies, equipment, building repairs, and obtained bids and contracts for all necessary services and space needs.

Education and Training

- Master of Science, Texas Women University
- Bachelor of Science, Texas State University

PATRICIA L. CHRISTIAN, PH.D, MSN, RN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

SSA SME, Healthcare Management Solutions, LLC **07/2016-Present**

- Works with designated HMS team to provide specific technical assistance to selected states, at the direction of CMS. Focus areas include the following:
  - Management and oversight
  - Quality assurance and Performance Improvement
  - Training
  - Timely survey execution and reporting
  - Triage and disposition of complaints
  - Maximum utilization of IT and data systems
  - Enforcement submission/cycle
- Establishes and maintains excellent communications with internal and external customers, project staff, and other related project personnel.
- Assists in coordination of team members and work and supports overall project management functions.
- Participates in preparation, and ensures accuracy of project policies, procedures, and other documentation.

Division of Health Services Regulation, Department of Health and Human Services (HHS), Raleigh, NC **08/2009-05/2016**

North Carolina State Survey Agency Director (CMS Region lV) (08/2011-05/2016)
Assistant Director for Healthcare Quality and Safety (08/2009-05/2016)

- Reported directly to the Director of the Division of Health Services Regulation.
- Oversaw regulatory functions of Acute and Home Care (included all 135 hospitals in NC, 1800 Home Care Agencies, 117 Nursing Pools, 200 Hospices, 186 End-Stage Renal Disease Centers, 213 Ambulatory Surgical Centers, 16 Abortion Clinics, 7800 labs (through CLIA), 90 Out Patient Therapies, 77 Cardiac Rehab Centers, and 90 Rural Health Clinics).
- Directly supervised managers in the following sections: Nursing Home Licensure and Certification, Non-Long-Term Care, Construction (including Jails and Detention Centers) and Radiation Protection.
- Established and maintained the division-wide Quality Improvement Program.

Nursing Administrator for Clinical Operations [Career Move to Central Office], Division of State Operated Healthcare Facilities, HHS, Raleigh, NC **06/2008-07/2009**

- Selected for new position developed by Division management that had statewide responsibility for clinical and safety issues identified via Department of Justice (CRIPA) investigations and decertification of two state hospitals.
- Primary focus of this position was to collaborate with State Facility CEOs, Directors of Nursing and Medical Directors to improve the clinical care delivered to patients in four large state psychiatric hospitals and three Alcohol and Drug Abuse Treatment Centers.

- Assumed lead in a statewide initiative to reduce seclusion and restraint based on National Association of State Mental Health Program Directors' curriculum, "Preventing Violence, Trauma and the Use of Seclusion and Restraint in Mental Health Settings."

Chief Executive Officer, Central Region Psychiatric Hospital, Butner, NC 09/2005-06/2008

- Oversaw all necessary work related to merging two hospital cultures/staff into a new 432-bed facility, staffed with a workforce of 2,000 employees.
- Served as the CEO for two State Hospitals—Dorothea Dix Hospital (307 beds) & John Umstead Hospital (286 beds)—between August 2007–June 2008 while facilitating the ultimate closure of both hospitals. This included oversight of new hospital construction with a focus on clinical operations and safety, development of a staffing plan for the 432 beds, plus 115 temporary overflow beds.
- Responsible for 80-bed free-standing substance abuse hospital and 8 bed re-education school.

John Umstead Hospital, Butner, NC 04/1985-08/2005

Chief Executive Officer (09/1993-08/2005)

- Led two separate organizations (361-bed psychiatric hospital and an 80-bed substance abuse treatment center) on one campus with a total of 1300 employees; managed a $70M budget.
- Oversaw planning, directing, coordinating and evaluating all delivered services; ensured that services met the needs of the customers; and consulted with the Directors of community mental health programs to ensure the continuity of services.
- Met with advocacy and stakeholder groups to address concerns and suggestions for improving care.
- Responsibilities also included budget preparation and management, staffing, policy development, and oversight of a large, dynamic continuous quality improvement program.

Director of Nursing (07/1989-08/1993)

- Assumed 24-hour responsibility for the delivery of nursing care for all patients.
- Oversight of 600 plus staff.
- Member of hospital Executive Committee.
- Developed innovative nursing plan that was approved by State Personnel and Budget which guaranteed increased recruitment and retention of nurses. Plan was replicated at other state hospitals including Corrections.
- Chaired statewide Directors of Nursing Workgroup that met monthly.

Assistant Director of Nursing (04/1985-06/1989)

- Designed and administered job satisfaction instrument to staff; actively participated in design and testing of patient classification instrument for statewide use in psychiatric hospitals.
- Assumed major responsibility for reliability/validity testing of the Menninger Patient Classification Instrument.
- Represented state nurses on statewide nursing classification study.
- Directly responsible for the Medical Unit, Geropsychiatry, and Child/Adolescent Units.

Nurse Surveyor Consultant, Psych Survey Contract, Survey Contractors 03/1991-10/2020

- Provided nurse consultant support to survey contractors.
- Conducted initial, annual and complaint surveys at public and private psychiatric hospitals outside NC for compliance with the special conditions of participation in the Medicare/ Medicaid program.
- Surveyed throughout the United States and Puerto Rico.
- Consulted with Division of MH/DD/SAS as needed as it related to certification issues at State hospitals and Alcohol and Substance Abuse facilities.

Adjunct Assistant Professor, UNC Chapel Hill School of Nursing, Chapel Hill, NC 12/1989-2001

- Ensured a quality learning experience for undergraduate and graduate students.
- Spoke at workshops, classes, and seminars.
- Supported and encouraged research to improve care.

Education and Training

- PhD in Higher Education/Administration, University of North Carolina at Chapel Hill
- Master of Science in Nursing, Mental Health – Psychiatric Nursing, Medical College of Georgia
- Bachelor of Science in Nursing, Medical College of Georgia
- North Carolina RN Licensure #64650—expiration date 03/31/2022
- CLEAR National Certified Investigators/Inspector—January 2013
- American Heart Association BLS for Healthcare Providers—issued July2, 2015

JEFF CLAY, BS

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2016-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Palms Medical Group, Interim Director of Nursing **05/2012-07/2017**

- Oversaw the use of the "NextGen" Electronic Health Records (HER) to meet Meaningful Use requirements.
- Instructed and trained staff in the use of "NextGen" software; maintained and supported software as necessary.
- Developed training materials.
- Participated in the development and writing of policies, procedures, and reports.
- Perform facility safety reviews, oversee and lead safety committee meetings.

- Assisted in the compilation of data for Uniform Data System (UDS) reporting, AAAHC (Accreditation Association for Ambulatory Health Care) Certification, Patient-Centered Medical Home (PCMH), and other certifications.
- Participated in quality improvement and quality assurance; led meetings as necessary.
- Provided support to Palms Medical Group and communicated with auditors on behalf of senior management during regulatory and carrier audits.
- Performed risk management duties as necessary.
- Conducted contract reviews as requested.
- Preformed compliance duties as necessary.
- Participated in the credentialing of providers and facilities.

Health Facility Evaluator II, State of Florida –
Agency for Health Care Administration **03/2011-05/2012**

- Participated in surveys of health care and residential facilities to determine compliance with state licensure and federal regulations.
- Performed survey activity in accordance with Federal CMS and Florida requirements.
- Performed follow-up visits to evaluate correction of deficiencies within mandated timeframes.
- Conducted complaint investigations and unannounced appraisal/surveillance visits to determine compliance with federal and state regulations.

Education and Training

- Bachelor of Science in Health Education – Public Health and Safety, University of Florida
- Associate of Arts in General Business 1979, Santa Fe Community College
- Certificate in HealthCare Risk Management 2015, University of South Florida
- Health Information Technology HITECH 2011, Santa Fe College

LINDA CLOSE, RN-BC

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Field Liaison, Healthcare Management Solutions, LLC **09/2015-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Interim Unity Manager, Extendicare – The Arbors At London **01/2015-02/2017**

- Oversight of staff and nursing services on the rehab unit for Medicare short-stay residents.

Interim Director of Nurses, Emeritus at The Heritage **05/2014-10/2014**

- Medical staffing agency as Interim Director of Nursing (DON) and assigned duties.

Interim Director of Care Delivery, Heartland of Clarksburg **03/2014-05/2014**

- Medical staffing agency as interim DON.

Interim Director of Nurses, Eldercare of Ripley **12/2013-02/2014**

- Oversight of nursing services, staffing, and regulatory compliance.

Assistant Director of Nurses, Putnam Health and Rehabilitation **08/2010-03/2011**

MDS Coordinator, Good Samaritan **08/2008-07/2010**

Health Facility Surveyor, OHFLAC **2006-2008**

- Surveyed LTC facilities for the State of West Virginia.

Health Facility Surveyor, Department of Health **2000-2006**

- Surveyed LTC facilities, Assisted Living Facilities, Group Homes, and Nursing Assistant Education Training Programs for the State of Texas.

Education and Training

- ANCC Board Certified Gerontological Nurse
- SMQT Certified

SUNDAY CRAWFORD, BSN, RN, CFI

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **05/2015-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Director of Nursing, Billings Clinic **09/2012-05/2015**

- Supervised and managed care provided to approximately 130 residents residing in two LTC facilities and one assisted living facility by approximately 120 staff members.

Registered Nurse, Health Care Facility Surveyor, State of Montana, Department of Public Health & Human Services **11/2006-09/2012**

- Inspected LTC facilities, dialysis units, ambulatory surgical centers, rural health clinics, critical access hospitals, and certified nursing assistant programs for compliance with federal and state regulation compliance.

Registered Nurse, Dialysis Clinic, Inc. **01/2006-08/2006**

- Conducted dialysis patient assessment, treatment initiation, treatment monitoring, treatment termination, medication administration, supervision of patient care technicians, and dialysis machine set up and quality checks.

Registered Nurse, Charge Nurse, Prison Health Services, Easterling Correctional Facility **02/2005-12/2005**

Registered Nurse, Care South Home Health Agency **11/2004-05/2005**

- Supervised medical staff delivering healthcare to patients in their homes.
- Oversaw admissions and discharges, in-home staff evaluations, daily report reviews, and coordination of care with other facilities and providers.

Intensive Care Unit Registered Nurse, Lakeview Community Hospital **06/2004-11/2004**

- Primary care provider of acute medical care.
- Supervised EKG technicians, admissions and discharges, and medication administration.

Registered Nurse – Pod Supervisor, Columbia Valley Community Health Clinic **10/2001-06/2004**

- Supervised medical assistants delivering health care to patients in a community health setting.
- Conducted patient assessment and triage, immunization and medication administration, scheduling. Served as Cardiopulmonary Resuscitation Instructor.
- Managed and coordinated care for a mostly indigent population.

Registered Nurse, Charge Nurse, Highline Convalescent Center. **06/2001-10/2001**

- Primary care provider for 35+ patients in an LTC facility.
- Conducted medication and treatment administration and physical assessment.
- Supervised multiple nurse's aides.

Licensed Practical Nurse, Southwest Colorado Home Health Agency **11/2000-05/2001**

- Primary care provider for pediatric patient in a home setting, trachea tube care, gastrostomy tube feedings and care, mediation administration, and physical therapy.

Licensed Practical Nurse, Wiley Medical Clinic **09/1996-11/2000**

- Provided direct patient care in a rural health clinic, including triage, vitals, instrument and inventory control budgeting, accounting and auditing, scheduling, EKGs, phlebotomy, medication and immunization administration.

Education and Training

- Bachelor of Science in Nursing, Chamberlain College of Nursing
- Associate Degree in Nursing, Lamar Community College
- NFPA Certified Fire Inspector – 1
- Training End-Stage Renal Disease

JACQUELIN CRONIN, BS, RN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **12/2016-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Registered Nurse Surveyor II for LTC Facilities,
Office of Health Care Quality (OHCQ) **11/2000-05/2015**

- Surveyed LTC facilities for annual and complaint surveys. Surveyed independently and with a team.
- Functioned as team leader which consisted of making staff assignments, acting as the spokesperson to the facility administration, making deficiency determination decisions with the team and independently, and coordinating the team's finished work product for review by OHCQ administration.

- Presented and defended complex clinical and ethical issues to facility administrative and medical staff, including the facility Medical Director.
- Presented and defended complex clinical and ethical issues to OHCQ's Medical Director, Deputy Director, and Chief Nurse.

Registered Nurse, American Society of Clinical Pathologists Board
Certified Medical Technologist, Drs. Cromwell and Nelson **01/1993-05/1999**

- Worked as a full-time RN at a busy Family Practice and Community Health office. Responsibilities included nursing assessment, triage, nursing treatments, and health counseling based on lab results and medications.
- Worked as a board-certified Medical Technologist performing diagnostic testing. Interpreted the results and reviewed them with the physicians and patients.

Education and Training

- Bachelor of Science: Medical Technology, Shepherd University
- Associate of Science: Nursing, Howard Community College

KATHERYN DAVIS, RN, ASN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **01/2017-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

RPN Registered Nurse, Maxim Healthcare Services **01/2015-2016**

- PRN nurse for health and wellness events, as well as PRN home health nurse, and supervisory nursing visits. PRN nurse educator duties included skills training and nursing orientation, as well as Basic Life Support and CPR instruction.
- Responsible for admission, transfer, recertification, resumption of care, and discharge assessments and Oasis assessment submission. Also responsible for care coordination and care plan development and implementation.

Clinical Supervisor/DON, Camellia Healthcare **04/2013-12/2014**

- Served as Clinical Supervisor for a private duty agency with more than 150 patients in over 25 counties. Supervised 100+ clinical staff providing high-quality patient care in the home setting.
- Oversaw case management team. Responsible for maintaining and reporting quality improvement (QI) information and maintenance of compliance issues to state and federal regulations.

Registered Nurse, State of Tennessee Department of Health **01/2011-07/2013**

- State and federal healthcare facility surveyor/inspector.
- Certified Healthcare Facility Surveyor CMS (#30067) June 2011.
- Conducted complaint case management.
- Enforced state and federal healthcare regulations.
- QI Survey Certification Jan 2012.
- Gave injections and immunizations; assisted in minor surgeries.

Occupational Health Nurse Administrator, USPS TN District **01/2006-10/2010**

- Administrative and supervisory duties for Occupational Health Office TN District.
- Served on Threat Assessment Team/USPS Health and Safety Committee/Serious Accident Review Board/and Reasonable Accommodation Committee.

Education and Training

- ASN in Nursing, Walters State Community College
- SMQT Certified

DONNA DEMAREE, BA

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **2012-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Owner, Demaree Consulting **2008-Present**

- Provides forensic consulting on LTC compliance issues.
- Conducts medical record review to determine potential liability and recoverable actions, deposition and trial preparation, and expert witness testimony.

Surveyor, Ascellon Corporation **2009-2010**

- Under contract to Veterans Administration, developed new LTC survey process for State Veterans Homes (SVH.) This process, based on the CMS model, was implemented nationwide in 2010.

- Conducted surveys for regulatory compliance in these facilities.
- Provided training and performance improvement plans to staff of SVH. Trained contract staff.
- Provided Quality Assurance (QA) review of written reports of survey findings.
- Under contract to CMS, conducted look-behind surveys on a national level to verify accuracy of State Survey Agency (SSA) findings.
- Determined compliance with Life Safety Code requirements and provided written reports of findings for CMS use.

Surveyor, Complaints Supervisor, Regional Program Manager, and State Trainer, Office of Inspector General – Commonwealth of Kentucky **1994-2008**

- Served in multiple roles for SSA.
- As Surveyor, inspected 50+ levels of care for compliance with regulatory requirements. Focus of regulatory oversight on LTC facilities. Duties included conducting surveys and investigations, completing written reports/Statements of Deficiencies, and providing consultation to assist facilities in obtaining and achieving ongoing compliance.
- As Complaints Supervisor, responsible for intake, assignment, and review of all complaints completed by professional staff.
- As Regional Program Manager, supervised 20+ professional staff engaged in surveying for regulatory compliance. Assigned and reviewed all completed work from staff for accuracy, use of protocols, and compliance with state and federal guidelines. During tenure as Manager, the Regional Office routinely met CMS standards for timeliness and performance of survey activities.
- Agency-wide responsibilities included QA activities, membership on Informal Dispute Resolution panels, and development of standardized training program for all surveyors (TASK – Training Academy for Surveyors in Kentucky).
- Routinely testified in administrative hearings, and state and federal appeals of enforcement activities.
- Cabinet-wide committee service included Strategic Planning and Language Accessibility committees.

Regulatory Coordinator, Office of Vital Records – Commonwealth of Kentucky **1989-1994**

- Supervised Field Services Branch, providing oversight of Hospitals, Local Health Departments, Coroners, and Funeral Directors to assure birth/death certificates completed and filed in accordance with regulations.
- Regulatory Coordinator for Division, drafting regulations and testifying before State Legislative committees as to their purpose, intent, and impact.

Education and Training

- BA in Political Science/Spanish, University of Kentucky
- SMQT Certified

KIMBERLY DESHONG, BA

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **09/2016-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Director of Social Services, Terrace of St. Cloud **01/2015-06/2016**

- Performed social services for 120 residents.
- Completed Minimum Data Set (MDS) 3.0 for each resident.
- Identified and care-planned social service needs of each resident.
- Coordinated grievance process in the facility. Coordinated abuse investigations as needed.
- Educated residents and families on health conditions, needs, and community services.
- Facilitated Level-of-Care process for Medicaid applications.
- Assisted with creation of advance directives.

- Performed discharge planning for short-stay residents.
- Utilized electronic medical record system for documentation and assessment.

Director of Social Services, Huntington Place **03/2014-08/2014**

- Oversaw social services for 100 residents.
- Completed MDS 3.0 for each resident.
- Managed discharge planning for short-stay residents.
- Coordinated grievance process and investigation.
- Provided education to residents and families.
- Assisted with Medicaid application and the Level-of-Care process.

Director of Social Services, Orlando Health and Rehabilitation Center **01/2013-01/2014**

- Supervised a staff of two assistant social workers.
- Oversaw social services for a building licensed for 420 residents.
- Wrote care plans and implemented them for residents.
- Maintained accurate documentation using an electronic medical record system.
- Coordinated discharge of short-stay residents and arranged for services in the community.

Health Facility Evaluator II, Agency for Health Care Administration **07/2005-01/2013**

- Utilized the QIS process to survey nursing homes on an annual basis to determine compliance with federal and state regulations.
- Maintained accurate documentation of all observations, interviews, and record reviews conducted during survey process.
- Wrote defensible citations based on applicable regulations as necessary.

District Coordinator, LTC Ombudsman Program, Department of Elder Affairs **10/2001-06/2005**

- Supervised 20 to 30 volunteers in complaint investigation and annual inspection duties.
- Provided in-service training to LTC facilities.
- Participated in appraisal visits to assisted living facilities in conjunction with the Agency for Health Care Administration.

Medicaid Waiver Specialist=Assisted Living Waiver, Senior Resource Alliance, Inc. **03/1999-04/2000**

- Managed budget of $1.7 million dollars for a four-county area with 155 participants.
- Performed semi-annual monitoring of assisted living facilities participating in the Medicaid Waiver.

LTC Social Worker, Hartland Health Care Center **03/1999-04/2000**

- Completed MDS 2.0 initials, quarterly and significant changes.
- Used RAPS and Triggers to formulate individualized care plans.
- Performed discharge planning as needed.

Case Manager, Urban Jacksonville, Inc. **08/1995**

- Conducted assessment to determine service eligibility.
- Maintained up-to-date documentation in case files. Managed information and referral line.
- Arranged for in-home services to maintain a senior at home.

Education and Training

- BA of Arts in Sociology, University of North Florida

SUZY DEVEREAUX, BSN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **10/2015-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Interim director of Nursing Services, 360 Healthcare Staffing **05/2014-01/2016**

- Administrative and nursing duties for personnel and the residents/families of LTC facilities and skilled nursing facilities (SNFs).
- Corporate management reporting, policy and procedures, MDS oversight, performance improvement (PI), and budget management.
- Staff education and compliance with CMS directives and federal and state regulations.

Director of Nursing Services, Hillcrest Nursing Home **08/2013-02/2014**

- Administrative and nursing duties for personnel and the residents/families of a 100-bed LTC/SNF facility and 10-bed assisted living facility (ALF).
- Corporate management reporting, policy and procedures, MDS oversight, PI, and budget management.
- Staff education and compliance with CMS directives and federal and state regulations.

Nursing Services Surveyor Consultant,
Nebraska Department of Health and Human Services **04/2009-06/2012**

- Surveys and complaint investigations of LTC and ALF for compliance with state and/or federal regulations.

Director of Clinical Services, The Ambassador **02/2008-12/2008**

- Administrative and nursing duties for personnel and the residents/families of a 56-bed LTC/SNF facility and 22-bed ALF.
- Corporate management reporting, policy and procedures, MDS oversight, PI, and budget management.
- Staff education and compliance with CMS directives and federal and state regulations.

Director of Nursing, Holyoke Health & Rehab; Regent Park Nursing & Rehab
& Carriage House ALR **2000-2005, 10/2005-06/2006, 06/2007-02/2008**

- Administrative and nursing duties for personnel and the residents/families of a 51-bed LTC/SNF facility and 24-bed ALF.
- Corporate management reporting, policy and procedures, MDS oversight, QA/QI, Standards of Care.
- Staff education and compliance with CMS directives and federal and state regulations.

Trauma Nurse Coordinator/Infection Control/Charge Registered Nurse
Hospital, Haxtun **01/2007-11/2007**

- Reviewed all trauma charts, prepared for state trauma survey, conducted trauma and MCI drills, coordinated with EMS and Medical Trauma Director.
- Reviewed patient charts with antibiotic usage.
- Worked in Obstetrics, Nursery, ER, MedSurg nursing; continued as PRN, OB Call, and Travel Nurse Corps until state re-evaluation in September 2007.

Education and Training

- Bachelor of Science in Nursing, Regis College
- Attended the 2013 Symposium on Advanced Wound Care Conference, Denver, Colorado, which included a wound certification course.

MICHELLE DORO, BS, AD

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **05/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Occupational Health Nurse (OHN) and Disease Prevention Coordinator (DPC), Temporary 3M Plant **08/2020-03/2021**

- Temporary 8-month assignment at a makeshift 3M plant, to coordinate healthcare needs related to occupational health and safety.
- Managed workman's compensation, for work injuries, and OSHA reportable injuries.
- Coordinated education, screening, and led the plant COVID incident command, and COVID outbreak reports.

- Assessed COVID symptoms, tracked COVID cases, educated employees, in conjunction with 3M policies and CDC guidelines.
- Assisted 3M travelers to meet international travel requirements, based on CDC and international mandates.
- Managed and coordinated COVID testing for ill employees.
- Managed employees on COVID symptom management, quarantine, or isolation requirements.
- Coordinated and vaccinated 3M employees during influenza season.

Division of Quality Assurance, State of Wisconsin Dept. of Health Service **03/2006-06/2019**

Section Chief (2017-2019)

- Statewide management of RN Consultant teleworker staff.
- Collaborated with HR on recruiting, hiring, coaching and disciplinary action.
- Maintained and managed assigned case workload.
- Ensured employees provided excellent customer service, followed policy and protocol for survey investigations, and survey findings were documented accurately, to support citations.
- Managed State Strategic goals for our Quality Assurance Process Improvement.

RN Consultant 2 (2010-2017)

- Statewide subject matter expert.
- Reached, and structured statewide training on Medicare and Medicaid regulations, investigative skills, report writing, and recognized standards of healthcare practice.
- Networked with stakeholder and government agencies (CMS, OIG).
- Conducted surveyor investigation audits to ensure findings supported cited regulations.
- Provided quarterly training and support on writing discrepancies based on internal and CMS audit review discrepancies.

RN Consultant 1 2006-2010

- Investigated Medicare and Medicaid regulations for healthcare providers (hospitals, critical access hospitals, ESRD, ambulatory surgical centers).
- Completed investigations under state and federal government rules and regulations including EMTALA and Caregiver law.
- Provided a summary of findings to providers, structured investigation factual reports, and assisting facilities with their Quality Assurance Process Improvement to assist them with compliance.

RN Clinician 2, Department of Correction **01/2001-03/2006**

2001-2003

- From 2001-2002 under contract, then hired on as a State employee in 2003, working at Redgranite Correctional Institute providing urgent and clinic nursing care to prisoners.
- Managed day clinic to provide skilled nursing care, triage assessment, lab clinic, medication management, and treatment to prison inmates on chronic health conditions (HIV, Diabetes, Hepatitis C, Hypertension).

2003-2006

- Wisconsin Resource Center, providing urgent and triage care to prisoner.

- Managed health clinics for day-to-day health concerns and structure and managed chronic condition clinic, assisting physicians to triage assessment, lab clinic, medication management, and treatment to mental health prisons.

Staff RN, Red Cross Hospital The Hague (DEN HAAG) **1999-2000**

- Assessment, intervention of medical/surgical patient care.

Peri-Operative RN, Berlin Hospital **1995-1999**

- Pre-operative and circulating RN, for general, orthopedics, vascular, OB-GYN, Ears/Nose/Throat, and plastic surgeries, ensuring education, assessment, and patient safety.

Education and Training

- BSN, University of Phoenix
- Associates Degree, Nursing, Morain Park Technical College

SHARON DUNN, BS, RD

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **02/2017-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Care Facility Surveyor, Ohio Department of Health **08/1986-02/2017**

- Conducted annual and complaint surveys for LTC facilities, Residential Care Facilities, and Intermediate Care facilities for the intellectually disabled.
- Conducted Life Safety Code surveys.
- Was proficient in the review process from 1992 through 2012.
- Conducted education to provider groups.
- Completed ongoing continuing education through the Ohio Department of Health to maintain license and registration as a Dietitian.

Clinical Dietitian, Good Samaritan Hospital **06/1985-08/1986**

- Assessed patients' nutrition statuses.
- Provided diet instruction and education to patients, the community, and to diet office employees.
- Was a member of the cardiac and the parenteral teams.
- Assisted in updating the hospital diet manual.
- Supervised six diet office employees.

Dietetic Intern, Cook County Hospital **07/1984-06/1985**

- Gained experience in all areas of dietetics including patient counseling, parenteral and enteral nutrition, and nutritional care area.
- Gained experience in the management of the food service department.

Food Service Worker and Housekeeping, Clermont Nursing Center **07/1977-12/1984**

- Worked in the dietary and housekeeping department full time during summer and holiday breaks while in high school and college.
- Duties included food preparation and clean up, interacting with the residents, and cleaning resident rooms and common areas.

Education and Training

- Bachelor of Science, Dietetics, Eastern Kentucky University
- Home Economics Degree, George College, Kentucky

LONNIE EDMONDS, MSN, RN

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Clinical Nurse Consultant/Subject Matter Expert,
Healthcare Management Solutions, LLC **09/2016-Present**

- Assists with the development of new and/or revise existing training materials related to the performance of long-term care (LTC) surveys and other surveys as requested.
- Provides technical consultation and assistance on the LTC survey process and assesses training needs and effectiveness for HMS and state surveyors.
- Teaches and provides education regarding provider-specific processes.
- Maintains and disseminates accurate and timely information.
- Supports overall project management functions.
- Works with project and task-specific staff, including other HMS team members, to identify opportunities for improvement within the states.
- Performs surveys as requested and agreed upon.
- Reinforces the requirements to use Principles of Documentation (POD) and pertinent writing guides for every CMS-2567.
- Communicates all surveyor issues to supervisors.
- Collaborates with team members and other designated personnel to make recommendations to the Project Manager and Task Manager for focused monitoring.
- Participates in State Survey Agency onsite visits, provides technical assistance to state agencies, and prepares reports documenting onsite visit activities.
- Prepares and delivers timely reports, recommendations, or alternatives that address existing and potential trouble areas of the states such as operations, management, staffing, etc.
- Participates in preparation, and ensures accuracy of project policy, procedures, and other documentation.
- Attends meetings as directed and agreed upon.
- Makes recommendations for additional training/re-training as necessary.

Senior Professional Research Assistant/Registered Nurse,
University of Colorado **07/2015-09/2016**

- Participated in the development of clinical protocols for the national implementation of existing and new skilled and LTC nursing home survey processes.
- Participated in the development, testing, and refinement of the various stages and critical element pathways used in the QIS for skilled nursing and LTC facilities.
- Assisted in developing the requirements and specifications for QIS software updates.
- Assumed a leadership role in training state and federal surveyors on project protocols.
- Analyzed the compliance of state and federal surveyors with project protocols.
- Participated in testing proposed survey protocols such as sampling and compliance investigations in LTC and skilled nursing facilities across the United States.

- Provided onsite support for state and federal survey agencies during mock surveys and surveys of record across the United States.
- Oversaw state and federal survey training programs.

Clinical Nurse Investigator/Nursing Facilities Supervisor,
Colorado Department of Public Health and Environment **10/2012-07/2015**

- Conducted unannounced annual and complaint surveys to determine regulatory compliance of health care facilities throughout the State of Colorado.
- Reviewed clinical records, conducted interviews and observations, and applied nursing knowledge, and state and federal regulations to determine regulatory compliance.
- Wrote statements of deficiencies identifying areas of noncompliance with state and federal regulations.
- Served as a member of the informal dispute resolution committee for providers disputing cited deficiencies for noncompliance with regulatory requirements.
- Supervised and led a team of six surveyors who routinely conducted recertification, complaint, and recertification revisit surveys.
- Evaluated surveyors' written statements of deficiencies to ensure accuracy of regulatory language which substantiated deficient practice.
- Conducted onsite visits to provide guidance to surveyors and facility administration.
- Evaluated provider's submitted plan of correction to ensure minimum standards were met.
- Conducted onsite and desk revisit surveys to ensure the implementation of plans of correction and substantial compliance with state and federal regulations.

Staff Development Coordinator, Sub-Acute Nurse Manager/RN,
Kindred Health Care and Rehabilitation **04/2009-10/2012**

Staff Development Coordinator:

- Supervised the training and care provided by nursing assistants, licensed vocational/ practical nurses, registered nurses, and non-clinical staff.
- Conducted new hire orientation through general, licensed, and non-licensed orientation programs.
- Assumed supervisory responsibilities in accordance with the organizational policies and applicable laws.
- Infection control nurse responsible for monitoring, tracking, and trending nosocomial and community-acquired infections throughout the facility.

Sub-Acute Nurse Manager/RN:

- Assumed 24-hour responsibility and accountability for resident care on assigned unit.
- Ensured complete and prompt reporting of incidents with follow-up as necessary to the Administrator and Director of Nursing.
- Actively participated in committee/programs as directed by Director of Nursing.
- Supervised resident care to promote the highest level of physical, mental, and psychosocial functioning possible for assigned unit.
- Actively participated in the quality assessment and assurance program.

- Led care team in a single living area of up to 40 residents and 30 staff members.

LTC Nurse Manager/Licensed Practical Nurse, Minimum Data Set (MDS) Coordinator, Licensed Practical Nurse, Elms Haven Care and Rehabilitation Center **07/2004-04/2009**

LTC Nurse Manager/Licensed Practical Nurse:

- Assumed 24-hour responsibility and accountability for resident care on assigned unit.
- Ensured complete and prompt reporting of incidents with follow-up as necessary to the Administrator and Director of Nursing.
- Actively participated in committee/programs as directed by Director of Nursing.
- Supervised resident care to promote the highest level of physical, mental, and psychosocial functioning possible for assigned unit.
- Actively participated in the quality assessment and assurance meetings.
- Ensured significant changes in a resident's condition were communicated to the physician, family, and responsible party.
- Conducted daily rounds to ensure resident care needs and environmental standards were met.
- Collaborated with interdisciplinary team members to ensure quality patient-centered care.
- Led care team in a single living area of up to 60 residents and 30 staff.

Minimum Data Set (MDS) Coordinator:

- Monitored and guided the completion of prospective payment system and Omnibus Budget Reconciliation Act assessments.
- Conducted assessments for the completion of MDS assessments.
- Completed and regularly reviewed resident care plans for appropriate goals, problems, approaches, and revisions based on resident needs.
- Scheduled and facilitated care plan conferences with families and interdisciplinary team.
- Ensured all personnel providing resident care were aware of their respective resident care plans.
- Reviewed the medication administration records, treatment records, resident flow sheets, and physician's orders for accuracy.
- Participated in annual state and federal surveys conducted by authorized agencies.

Licensed Practical Nurse:

- Administered medications per physicians' orders.
- Provided medical treatments per physicians' orders.
- Admitted and discharged residents accordingly.
- Collaborated with interdisciplinary care team to provide quality patient-centered care.
- Trained newly hired staff to sustain standards of practice, quality, and continuity of care.

Education and Training

- Master of Science in Nursing, University of Colorado
- Bachelor of Science in Nursing, University of Phoenix

MAROLE ENGLISH, BS, AD

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 02/2015-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Department of Community Health, Bureau of Health Systems, Division of Licensing and Certification 04/2004-04/2011

Department Manager 14

- Coordinated activities by scheduling work assignments, setting priorities, and directing the work of subordinate employees.
- Evaluated and verified employee performance through the review of completed work assignments and work techniques.

- Identified staff development and training needs and ensured that training was obtained.
- Maintained records, prepare reports, and composes correspondence relative to the work.
- Assigned, coordinated, and outlined the work methods of subordinate employees.
- Directed and participated in the development, interpretation, evaluation, and recommendation of policies, procedures, rules, and regulations for the effective operation of programs.
- Liaison to multiple provider types for interpretation and clarification of program requirements.

Health Facilities Surveyor

- Acted as a survey agent of the Department of Community Health Services. Surveyed health facilities to evaluate compliance with Medicare requirements.
- Conducted surveys and complaint investigations independently in assigned health facilities such as hospitals, dialysis units, and home health care agencies throughout the state according to established federal and state survey protocols.
- Functioned with high degree of independence and was responsible for adhering to strict timeframes for submission of survey reports.
- Documented findings of noncompliance according to Principles of Documentation using federally required Aspen Windows software.

Health Facilities Surveyor, Michigan Public Health Institute 08/2002-10/2003

- Acted as a survey agent of the Department of Consumer and Industry Services to survey health facilities with the responsibility of evaluating compliance with Medicare requirements.
- Conducted surveys and complaint investigations independently in assigned health facilities such as hospitals, dialysis units, and out-patient service providers throughout the state according to established federal and state survey protocols.
- Functioned with high degree of independence as a primarily home-based employee.
- Documented findings of noncompliance according to Principles of Documentation using federally required Aspen Windows software.

Nurse Clinician/Program Specialist, Hemodialysis Unit, Sparrow Hospital 01/1994-08/2002

Home Health Case Management, Olsten Health Care 01/1992-01/1994

Nursing Faculty, Lansing Community College 04/1979-01/1994

Staff Nurse in Hemodialysis, Sparrow Hospital 04/1979-01/1994

Assistant Head Nurse I.C.C.U., St. Lawrence Hospital 01/1979-04/1979

Charge Nurse I.C.C.U., Lansing General Hospital 05/1975-01/1978

Education and Training

- Bachelor of Science in Nursing, University of Michigan
- Associate Degree in Nursing, Lansing Community College

SUSAN FINNELL, RN, MPA, BSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **11/2019-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facilities Inspector, State of Nevada **09/2017-08/2019**

- Survey Skilled Nursing Facilities (SNF) applying Federal Regulations. Adult Group Care (AGC) homes applying state regulations.
- Completed Desk Reviews applying state regulations for Home Health Agencies (HHA), Hospice and Nursing Pools. Investigated complaints at SNF (Federal) and AGC (State).
- Team Lead for annual SNF and AGC surveys.

Staff Nurse, Operating Room, Kaiser Foundation Hospital **07/2017-08/2017**

- Circulating duties, direct patient care, general, ortho, GYN, plastic, ENT, CV, urology.

- Documentation using EPIC computerized medical record.

Clinical Nursing Instructor, University of Nevada 01/2015-12/2016

- Clinical instructor, entry-level Baccalaureate Nursing School. Facilitated clinical experience for nursing students beginning their first semester of nursing school.

Staff Nurse, Operating Room, Renown Medical Center 08/2013-05/2017

- Circulating duties, direct patient care, general, orthopedic, GYN, plastic, ENT, CV, urology, trauma.
- Documentation used EPIC computerized medical record.

Staff Nurse, Operating Room, Memorial Medical Center 04/2012-07/2013

- Circulating duties, direct patient care: general, orthopedic, GYN, plastic, ENT, CV, urology, trauma.

Staff Nurse, Operating Room, North Memorial Medical Center 02/2008-03/2012

- Circulating duties, direct patient care: general, orthopedic, GYN, plastic, ENT, CV, urology, trauma.
- Assisted in implementation of EPIC computerized medical record.

Staff Nurse, Operating Room, InteliStaf 03/1999-11/2007

- Circulating duties, direct patient care, general, orthopedic, GYN, plastic, ENT, CV, urology.
- Documentation using EPIC computerized medical record.

Specialty Coordinator, Operating Room, Methodist Hospital 06/1998-01/1999

- Managed staff, supplies/equipment for ENT/Plastics services.

Staff Nurse, Operating Room, Amedysis 08/1997-06/1998

- Worked exclusively at University of Minnesota in the operating room direct patient care, scrubbing and circulating OR procedures in ambulatory, general, urology and GYN services.

Peri-Operative Staff Nurse, Bonaventure Surgery Center 01/1995-07/1997

- Hands-on direct patient care in the outpatient setting (OR-scrub and circulate, PAR), consulting with manager about operational issues and accrediting standards. Prepared for AAAHC Accreditation, revised nursing policy and procedure manual. Partnered with manager in for Survey, achieving significant compliance in all areas.

Director of Surgical Services: Pre-Surg., OR, PACU, ENDO, Sterile Processing, Alexian Brothers Hospital 01/1994-12/1994

- Responsible for planning, organizing, directing and coordinating Surgical Services. Responsible for 30 FTEs (50 people) and $5 million operating budget. Identified issues for financial case management and implemented new tracking of Operating Room/ PACU Procedures performed.

Education Specialist, Operating Room, Endoscopy, &PACU, El Camino Hosp. 05/1991-12/1993

- Responsible for department education for 95 employees, conducted in-services, developed education programs based on needs assessments, identified learner objectives/activities, follow-up and evaluation of effectiveness. Completed JCAHO requirements; maintained policy/procedure books, developed staff and managers to

perform to the best of their ability. Assisted management and staff, facilitating change during organizational downsizing.

Kaiser Foundation Hospital **03/1977-05/1991**

Service Unit Manager, Medical Nursing Unit **(02/1990-05/1991)**

- Operating Room consultant as new hospital being planned and built. Administrative responsibility for 30-bed unit, including Hospice Unit. Managed "off shift" supervisors; co-authored service agreements with other support departments. Responsible for departmental CQI and Standards development. Successfully prepared for Focus Survey with JCAHO on Nursing Process.

Night Shift House Supervisor **(06/1989-02/1990)**

Department Manager, OR, PACU, Out-PT, Surgery, Sterile Processing **(03/1986-06/1989)**

Assistant Supervisor, Operating Room and PACU **(08/1983-02/1986)**

Assistant Head Nurse Medical Unit, Good Samaritan Hospital **(10/1981-08/1983)**

Instructor, Basic Operating Room Nursing, Solono Community College **(04/1982-06/1982)**

Staff Nurse II, Peri-Operative Nursing, Good Samaritan Hospital **(06/1978-10/1981)**

Staff Nurse, Medical-Surgical, Kaiser Foundation Hospital **(03/1977-10/1980)**

Education and Training

- Master of Public Administration, Health Services, University of San Francisco
- Oklahoma Licensed Dietitian
- Bachelor of Science in Food and Nutrition, Kansas State University

WENDY FREMIN, MHA, RN, BS, ASN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 01/2020-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, and immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- • Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Consultant, Veuleman Group **08/2019-01/2020**

- Provided regulatory compliance consulting for non-LTC providers (e.g., hospitals, ambulatory surgery centers (ASCs), behavioral health providers).

Medical Certification Specialist II, Dept. of Health and Hospitals **12/2006-07/2019**

- Conducted surveys of acute care hospitals, long-term acute hospitals, psychiatric hospitals, rehabilitation hospitals, critical access hospitals, rural health clinics, ASCs to determine conformity with state and federal regulations relative to licensure and certification.

- Conducted special investigations in response to complaints and prepared report on findings.

Regional Director of Clinical Operations, Amedisys Home Health **2005-2006**

- Provided oversight of home care agencies in Louisiana and Mississippi.

Director of Nursing, Physician's Surgical Specialty Hospital **2001-2005**

- Responsible for the departments of nursing (e.g., surgery, PACU, inpatient unit); imaging (e.g., x-ray, CT scan, ultrasound, nuclear medicine, bone density); housekeeping; dietary; and lab.

Quality Management Coordinator, Ochsner Health Plan **1999-2001**

- Performed ambulatory record reviews and facility site visits for credentialing of physicians and investigated quality risk issues involving members.

Nursing Supervisor, Field Office Supervisor, Relief Medical Supervisor, Administrator, and Director of Professional Services; Capitol Home Health **1991-1999**

Staff Nurse PACU and One-Day Surgery, Thibodaux Hospital & Health Centers **1976-1991**

Education and Training

- M.S. Health Services Administration, University of St. Francis
- B.S. Home Economics/Social Service, Nicholls State University
- A.S. Nursing, Nicholls State University

KIMBERLY GOSSELIN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Surveyor, Ascellon Corporation **03/2021-07/2021**

- Re-certification, comparative and follow up surveys for Long Term Care and ICF/IID facilities to assess compliance with requirements and regulations guiding the quality of care of residents according to Federal and State requirements.
- Conducted complaint Investigations.
- Immediate Jeopardy Investigations - determined if Plan of Correction was acceptable.

LTC Surveyor, State of Maine **03/2019-03/2021**

- Re-certification, comparative, and follow-up surveys for Long-Term Care and ICF/IID facilities to assess compliance with requirements and regulations guiding the quality of care of residents according to Federal and State requirements.
- Complaint Investigations.
- Immediate Jeopardy Investigations - determined if Plan of Correction was acceptable.
- New surveyor training.
- Conducted follow-up visits and monitoring surveys to ascertain if facilities' Plans of Correction for deficient practice had been implemented.
- Conducted infection control surveys.
- N95 fit testing for State of Maine employees.

Certified Nursing Instructor, Genesis Healthcare Corporation **05/2019-03/2019**

- Educating Nursing Assistant students using approved State of Maine Curriculum.
- Clinical in an approved facility which included basic first aid, vital signs, proper lifting techniques, bathing, feeding and documentation. Each class was 180 hours of combined lecture and clinical time.

Director of Nursing Services, Klearview Manor **04/2017-05/2019**

- Hired direct care staff.
- Trained new nurses on EMR both remotely and onsite.
- Organized and implemented in-services.
- Workman's Compensation.
- Utilization Review Committee.
- Infection Control.
- Ensured medical needs, and the health and safety of all residents and staff.
- Disaster Relief Drills.
- Worked with OT/PT and ST to maintain resident mobility.
- Reviewed and updated policies and procedures as necessary.
- Ensured facility maintained required standards of care.
- Directed and oversaw all RNs, LPNs and CNAs.
- Worked with Workplace Health for the needs of injured staff members.

Unit Manager, Oak Grove Nursing Center **05/2016-04/2017**

- Point Click Care reports and QA reports.
- Scheduling and interdisciplinary team meetings.
- Performed wound rounds.
- Ordered supplies.
- Trained new staff on Point Click Care EMR.
- Utilization Review Team.
- Worked hand in hand with PT/OT and ST to ensure residents lived to the best of their abilities.
- Ensured that Genesis policies/procedures were being followed on a daily basis.

IHMU Nurse Educator, Correct Care Solutions, Main State Prison 04/2013-10/2015

- Supervised Nursing staff, implemented intake screening, and assessed for any immediate health care needs.
- Ensured chronic care, physicals, medications, sick call, and mental health referrals complied with DOC and CCS & ACA standards.
- Conducted monthly Quality Assurance reviews.
- Nurse Education: Weekly group meeting with offenders, with emphasis on men's health topics as it related to the corrections environment.
- Coordinated ordering of medications, stock meds and supplies needed for inmate continuation of care.
- Quarterly Review of Pharmacy medications/cost effectiveness.
- Treatment Team Member: medical representative of the group which met with inmates on a daily/weekly basis to discuss any treatment plan changes, goals met, and discuss ongoing needs of the inmates to make their transition back into the community/unit smoother.
- Worked closely with DHHS member to coordinate necessary housing, medications, mental health appointments, primary care needs as needed in discharge planning. Completed necessary transfer/release paperwork per policy.
- CPR instructor: Provided CPR training/renewal for CCS employees in Maine.
- Worked directly with psychiatrist and provider to ensure all inmates' needs were met.
- Trained new nursing staff: DOC/CCS Policies, blood draw, sick call procedure, chronic care, physicals, therapeutic diets, special needs, medication, med pass, new intake screenings, etc.
- Provided trainings as necessary according to CCS protocol.
- Assisted providers during office visits, wound care, diet issues. Medication changes, sutures, IV therapy.

Education and Training

- Focused courses in the Nursing Field, Kennebec Valley Community College
- SMQT Certified

LORI GRIFFIN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 03/2022-Present and 2018-2021

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Public Health Services Manager Facility Licensing and Investigation Section (FLIS), State of Connecticut Department of Public Health 2012-2017

- Assumed an integral role in implementation of the Federal and State survey and certification program for health care providers in the state. This required interpretation and administration of state statutes, federal regulation, regulatory mandates and enforcement processes that govern health care providers and practitioners. Actively

participated in the drafting of consent orders/agreements with licensed entities when significant non-compliance was identified.

- Responsible as the state QIS lead to ensure the expansion of the federal QIS program, which resulted in CT being the first state in the country to conduct a completely automated (a paperless and resource enhancement) survey process and provided the training to approximately 80 state surveyors and 5 CMS regional office staff. Continued as the state lead for the QIS survey process ensuring all upgrades and revisions in the automated process were communicated and implemented by the nurse consultants.
- Developed and implemented staff education.
- Prepared CLIA and FLIS budget justification documents describing the organizational location of staff and the functions in relation to the projected workload and the management of the processes.
- Established and maintained organizational relationships with other Federal, State and local groups to attain program goals.
- Responsible as the State RAI Coordinator and liaison to nursing homes to provide clinical, financial and technical guidance related to the RAI process.

Supervising Nurse Consultant Facility Licensing and Investigation Section (FLIS), State of Connecticut Department of Public Health 2003-2012

- Provided leadership and oversight to six nurse consultants who conducted nursing home licensure and certification inspections and complaint investigations. The Department licenses and certifies approximately 238 nursing homes, which in accordance with the State Operations Manual, must be certified annually and in accordance with the CT General Statutes are licensed biennially. The licensing and certification process is prescriptive, and inspections are conducted to ensure compliance with state and federal laws and regulations. The inspections include review of medical records, interviews with patients, family, facility staff, and observations of the physical plant, patient activities, and patient care to ascertain compliance with state and federal regulations.
- As a supervising nurse consultant in FLIS, provided the quality review prior to the 2567 being sent to providers as well as review and acceptance of the facility's Plan of Correction. Appointed as the state Resident Assessment Instrument (RAI) Coordinator and the Quality Indicator Survey (QIS) certified survey trainer.

Nurse Consultant Facility Licensing and Investigation Section (FLIS), State of Connecticut Department of Public Health 2001-2003

- Conducted nursing home and hospital licensure and certification inspections and complaint investigations. The inspections include review of medical records, interviews with patients, family, facility staff, and observations of the physical plant, patient activities and patient care to ascertain compliance with state and federal regulations.
- As a nurse consultant in FLIS, successfully completed the Surveyor Minimum Qualifications Test (SMQT).

Nursing Supervisor, Minimum Data Set (MDS) Coordinator, Medicare Coordinator, and Nursing Supervisor, Mediplex of Wethersfield **1983-2001**

- Mediplex of Wethersfield was a 330-bed nursing home with active sub-acute and rehabilitation facility. As Nursing Supervisor, provided oversight and supervision of all nursing staff to ensure the administration of quality care as directed in each resident's physician orders and care plan. Assessed and evaluated residents' condition as warranted with communication to the attending physicians.
- As the Nursing Supervisor, managed approximately 60 staff members, which included registered nurses, licensed practical nurses, certified nurse aides.
- As the Minimum Data Set (MDS) and Medicare Coordinator, oversaw the MDS assessment process, resident care plan conferences, and the Medicare prospective payment system (PPS), the system used by Medicare to determine rates for payment to skilled nursing facilities.

Staff Nurse, New Britain General Hospital **1975-1983**

- Served as Registered Nurse responsible for patient care on a 40-bed medical teaching unit. Duties included the administration of care to patients as identified in the physician orders and in accordance with nursing policies and procedures and standards of care, as well as the development of patient-centered care plans based on nursing assessments.
- Assessed patients and notified physicians when changes of condition occurred.
- Administered all medications that included intravenous peripheral, central line medication, total parental nutrition, and blood products.
- Responded and actively participated in any emergency situation.
- Provided direct supervision to licensed practical nurses and certified nurse aides.

Education and Training

- Registered Nurse, New Britain General Hospital School of Nursing
- Registered Nurse, Central Connecticut State University

THERESA GRIFFITH, BA

MEDICAL FACILITY SURVEYOR - SMQT CERTIFIED

Relevant Professional Experience

Senior Medical Facility Surveyor/Field Liaison/Field Supervisor, Healthcare Management Solutions, LLC **05/2016-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Director of Case Management, Bella Vita Health and Rehabilitation **02/2014-04/2016**

- Maintained compliance with managed care insurances; coordinated care, costs, and outcomes of residents with medical providers on skilled rehab unit.
- Assessed individual's strengths, challenges, prognosis, functional status, goals, and needs for specific services and resources.
- Provided timely initial and weekly reviews for multiple insurance plans.
- Participated in Utilization Review on a weekly basis.

- Negotiated contractual insurance rates for care provided by the facility.
- Provided training to other case managers as well as served as a resource.
- Resolved grievances internally and externally.
- Recognized for developing best practice with managing/organizing discharge planning paperwork.

Director of Social Services, Bella Vita Health & Rehabilitation **03/2014-12/2015**

LTC Team Leader, State of Arizona, Licensing and Long-Term Care **11/2006-02/2014**

- Reviewed and approved field trip reports and statements of deficiencies for the entire state.
- Reviewed and approved plans of correction submitted by providers.
- Prepared cases for state enforcement action. Participated in quality assurance/ process improvement activities.
- Oversaw surveys for Intermediate Care Facilities for Individuals with Intellectual Disabilities.
- Provided correspondence to other State Department and elected officials about care quality.
- Oversaw complaint intake process; spoke with complainants and public about survey process.
- Investigated allegations as needed by Department. QIS Certified 2010.

LTC Surveyor, State of AZ, Licensing and Long-Term Care **07/2005-11/2006**

Project Coordinator, Compass Health Care **12/2004-07/2005**

- Supported Pima County/City of Tucson Commission on Addiction Prevention and Treatment.
- Assisted in development and implementation of strategic plan.
- Assisted in monitoring of federal grant and budget.

QM Analyst, CODAD Behavioral Health Services **03/2004-12/2004**

- Analyzed medical records to maintain regulatory compliance for clients receiving mental health services.
- Provided technical assistance to case management staff regarding care and compliance.
- Investigated grievances/appeals and internal allegations.

LTC Ombudsman, Denver Regional Counsel of Governments **04/2002-07/2003**

- Advocated for residents and families within LTC facilities. Investigated related complaints.
- Provided information and referrals to nursing homes and personal care boarding homes.
- Worked collaboratively with other agencies, providers, and consumers.
- Provided community education regarding consumer rights and federal transfer and discharge regulations.

Criminal Investigator, Department of Regulatory Agencies/
State of Colorado **04/2001-04/2002**

- Investigated complaints filed against mental health professionals, nursing home administrators, certified nursing assistants, and Licensed Practical nurses.
- Drafted technical reports. Presented findings against respondents to appropriate board.
- Worked with multiple agencies and providers to gather information.
- Trained under National Institute of Criminal Investigators, Phoenix, Arizona, July 2001.

Program Manager, Denver Housing Authority **09/2000-04/2001**

- Interpreted and administered HUD regulations and DHA-established policies for housing programs under responsibility. Supervised the direct administration of case management staff and programs, which benefited families, seniors, and disabled residents.
- Oversaw Employment and Training Program to ensure employment and training were provided, including the Mayor's Office of Workforce Development and community employment programs.

Education and Training

- Bachelor of Arts in Social/Cultural Anthropology, University of Northern Colorado
- SMQT Certified

Robin Harper, RN

Medical Facility Surveyor – SMQT Certified

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **09/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Toward Independence **05/2021-Present**

- Provides compliance oversight in the ICF Division.
- Provides nursing care and services to individual (12) in two ICF homes.
- Provides in-service and education to ICF staff.
- Medication administration.
- Oversees service delivery to clients.
- Nursing delegation of tasks to other non-nursing individuals.

- Monitors implementation of health/medical services to the clients.
- Completes reports on all clients' health care services quarterly.
- Conducts pharmacy and drug regime reviews quarterly for all clients.
- Ensures MAR/TAR are accurate.
- Monitors all controlled medications.

HealthStream **12/2019-03/2021**

- Conducted quality assurance training for LTC customers for successful implementation and ensure the ongoing use of our Quality Management System.
- Involved in leading multidisciplinary meetings to strategize ways to enhance the current operations in the company regarding the LTC survey process and quality assurance.
- Conducted complaint and annual LTC surveys.
- Managed abaqis (Quality Assurance software product) for greater than 300 LTC providers.
- Provided training and oversight for the LTC survey teams.
- Provided ongoing national presentations to the State Heath Care Agencies, Director of Nursing Associations, Medical Director Association, and the CMS Leadership meetings.
- Worked with nine quality assurance trainers to ensure they provided adequate and consistent training to our customers.
- Trained new LTC quality assurance trainers to ensure ongoing quality training was provided to all customers.
- Provided constant Federal and State regulatory updates to all trainers to ensure the team is up to date with all regulatory developments in LTC.
- Worked closely with LTC providers to enhance their overall quality assurance to include MDS, survey readiness, programs, and policies.
- Provided recommendations to the Senior Management team to enhance the abaqis quality assurance tool to better assist providers with ongoing quality assurance.

Nurse Consultant, Centers for Medicare and Medicaid Services **03/2019-12/2020**

- Provided oversight for the Minimum Data Set RAI Manual development and changes to all Item Sets including changes with the incorporation of PDPM.
- Led the RAI Panel and RAI coordinators monthly calls.
- Worked with the Skilled Nursing and Quality Reporting Program (SNF QRP) team to enhance the program per the Medicare Post-Acute Care Transformation Act.
- Provided input into the Skilled Nursing and Quality Reporting Program reporting system including SNF QRP reports available in the QIES/IQIES system.
- Worked in coordination with the Division of Nursing Homes to ensure SNF QRP measures and Nursing Homes measures aligned per the Affordable Care Act.
- Worked on the team to finalize the requirements of the Impact Act. This included the inclusion of new quality measurements and aligning data across other provider types with the use of standardize data elements.
- Worked with the Post-Acute Care team to develop and test new quality measures. This included Skilled Nursing, Home Health, IRF, LTCH, and Hospice programs.

- Rule writing and policy development for the for all provider types in the Division of Chronic and Post-Acute Care Program.

Providigm/HealthStream Promoted to VP of Survey and Account Management **08/2013-03/2019**

- Provided regulatory updates to all abaqis trainers to ensure teams were up to date with all regulatory developments in long-term care.
- Lead for the Quality Indicator Survey Team.
- Conducted annual QIS LTC nursing home surveys.
- Provided direct supervision of 12 Quality Indicator Survey Surveyors/Trainers.
- Master Quality Indicator Surveyor/Trainer for a private contract with multiple State agencies to assist in conducting QIS surveys in their state agency.

Nurse Consultant for Centers for Medicare and Medicaid Services, Division of Nursing Homes **08/2012-08/2013**

- Analyzed Medicare and Medicaid policies, identified trends in health care utilization and participated in inspections and program evaluations.
- Lead for the Quality Indicator Survey Team

Director of Training, Nursing Home Quality/Providigm, LLC. Centennial, Colorado, **08/2007-08/2012**

- Certified as a Master Quality Indicator Survey Trainer in October 2007
- Trained state agency long term care surveyors and Regional Office surveyors to become Registered Quality Indicator Surveyors, Certified QIS trainers, and Certified Trainer Instructors.
- Provided direct supervision of 9 QIS Master Trainers at Nursing Home Quality/Providigm

Department of Health Care Surveyor, R.N., State of Ohio, Dayton, Ohio, **06/1999-08/2007**

- SMQT registered as a LTC surveyor in 1999
- Conducted numerous traditional, complaint investigation and annual surveys in intermediate care facilities for the mentally challenged and in the long term care setting.

Registered Nurse, Dr. Lori Hemmelgarn, M.D., OBGYN, Bellbrook, Ohio, **1996-1999**

Registered Nurse, Charge Nurse, Grandview Hospital, Dayton, Ohio, **1993–1996**

Licensed Practical Nurse Night Charge Nurse, Champaign County Nursing Home, Urbana, Ohio, **1991–1993**

Education and Training

- ADN RN, Sinclair Community College
- LPN, Clark State Community College

SHERRY HATTLE, ASN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **03/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Director of Nursing – Sante of North Scottsdale **05/2020-04/2021**

- Responsible for direct care coordination, internal clinical operations, and budgetary compliance
- Employee on-boarding, retention, corrective action plans, and termination processes
- Infection Control and Quality Improvement program review.
- Staff education and clinical training.

Director of Nursing – NeuroRestorative **05/2019-05/2020**

- Direct oversight for all internal operations and clinical expertise.
- Accountable for adhering to budgetary requirements, managing monthly cost projections, and fiscal responsibility related to operational costs and revenues.
- Cost projections related to the length of stay / cost of care / overall internal operations.
- Reviewed all month-end statements and invoices for budgetary compliance.
- Evaluated/assessed each patient as it related to contracted rates and levels, with each contracted carrier (insurance) and negotiated those rates based on services provided
- Directly supervised therapy team related to patient progress/functional outcomes as outlined in contract terms; managed therapy hours and departmental costs.
- Supervised all nursing/housekeeping/kitchen/maintenance/ancillary staff.
- Human resources (hiring and termination process/annual performance reviews/ corrective action plans/employee mentor program).
- Staff development and continued educational training.
- Case Management.
- Infection Control / employee health.
- Quality Improvement /Performance Improvement program development.
- Proficient with survey process for Joint Commission, Department of Health Services, CARF and Federal CMS guidelines.

Nurse Surveyor – State of Georgia **11/2017-02/2019**

- Registered QIS Surveyor for the Centers of Medicare and Medicaid Services (CMS)
- Proficient in QIS survey process.
- Extensive knowledge and expertise in both State and Federal regulation under skilled nursing license.

Assistant Director of Nursing – Signature HealthCare **05/2016-11/2017**

- Responsible for day-to-day administrative and clinical operations for 61-bed LTC facility.
- Direct oversight of all clinical staff.
- Team Lead for clinical rounds, interdisciplinary team meetings and care management discharge planning reviews.
- Successfully executed Emergency Disaster Plan with evacuation of 105 residents during hurricane.

Education and Training

- Associate of Science, Registered Nurse, University of Rio Grande
- Licensed Practical Nurse, Pick-away Ross Career and Technology Center

Suzanne Hetherington, AD, RN

Medical Facility Surveyor – SMQT Certified

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **02/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Clinical Nurse institutional, Dept. of Social and Health Services **08/2016-04/2020**

- Nursing home surveyor/investigator for the State of Washington in accordance with Federal regulations by the Centers for Medicare and Medicaid Services. Performed annual re-certification surveys as well as complaint surveys to ensure compliance.

Clinical Health Facility Surveyor III--Long-Term Care Division, Oklahoma State Department of Health **04/2015-07/2016**

- Assisted teams in performing annual re-certification surveys along with complaints and follow-up surveys to ensure compliance with Medicare and Medicaid regulations for LTC facilities.
- Works independently with little supervision to meet or exceed the Federal and State mandates. Succeeds within a team situation when required and can be flexible and change directions quickly.
- Precepted new surveyors until they were SMQT certified.

Health Services Director, Southern Plains Memory Care **09/2014-02/2015**

- Managed the nursing department of a 66-bed assisted living facility for Alzheimer's dementia and other related dementia.
- Interdisciplinary team meetings, hiring and terminations, scheduling, service plan development, and working closely with families to ensure their loved one was provided excellent care.

Clinical Health Facility Surveyor III--Long-Term Care Division, Oklahoma State Department of Health **12/2012-09/2014**

- Worked on a team of six surveyors in performing annual re-certification and re-licensure surveys, complaints and follow-up surveys for CMS in LTC facilities in Northeast Oklahoma. Duties included investigating complaints and allegations of abuse, researching clinical records, interviewing facility staff, residents and families and applying the information in detailed reports.

Volunteer Hospice Nurse, Ganga Prem Hospice **06/2012-12/2012**

- Assisted in establishing hospice care in Northern India which was underserved in providing compassionate hospice care to cancer patients. Duties included assessing patients in their home or at the clinic, assisting the Oncologist at the monthly cancer clinics, educating staff on providing care for end-stage disease process, and supporting families in acknowledgment and acceptance of the disease process.
- Shared knowledge of end-stage disease process to staff.
- Utilized critical thinking skills daily to assist patients with pain control.

RN Case Manager and Admissions Nurse, Seasons Hospice and Palliative Care **09/2010-04/2012**

- Responsible for a case load of 12-18 patients and their families which included assessment, planning, implementation and evaluation of the hospice plan of care.
- Involved in the admission process, discharges and weekly team meetings.
- Initially was the only admission nurse on staff and assisted the Marketing department in determining if a client was hospice appropriate or not. Upon departure there were three hospice admission nurses and their census had grown from 79 to 125 clients.

Director of Nursing, Lake view Manor **05/2009-02/2010**

- Managed the nursing department of a 50-bed LTC facility. Supervised and trained a staff of 40 on the functions and responsibilities of caring for the long-term residents with complex medical issues.

- Facilitated daily meetings, scheduled, hired and terminated staff as needed.
- Worked as a team to keep the facility open and profitable for Waupaca County and the taxpayers, despite initial intentions to close.

Assistant Director of Nursing and Staff Nurse, Weyauwega Health Care Center **12/2007-05/2009**

- Assisted the Director of Nursing for a 60-bed corporate owned facility. Supervised direct care nursing staff, coordinated work schedules, served as liaison between nursing staff and families of the residents, and attended daily meetings on coordination of care.

Director of Clinical Services, Preferred Hospice of Tulsa **03/2004-04/2005**

- Provided clinical oversight of 40 hospice patients and a staff of 10 direct care staff. Involved from admission to discharge including referrals, nursing care and hospice physician coordination.

Family Care Specialist, St. John Medical Center **11/2000-11/2001**

- Helped develop a new program which created an inpatient liaison between physicians, nursing, and families who were in the ICU. Helped train first-year residents in end-of-life care.

Outpatient Dialysis Nurse, St. John Medical Center **02/1995-03/1997**

- Assisted clients with end-stage renal disease receive dialysis services.

Physician Office Clinical Nurse, Tulsa Gastroenterology, Inc **09/1992-02/1995**

- Assisted a physician in the care and services of their Gastroenterology practice. Also assisted in performing in-office procedures, scheduling, education, and emergencies as they arose.

Staff Nurse, St. John Medical Center **05/1991-09/1992**

- Worked on the Medical/Surgical floor caring for Urological patients.

Education and Training

- Associates Degree, Nursing, Tulsa Community College
- SMQT Certified

Marcia Hoak, RN, MSN

Medical Facility Surveyor – SMQT Certified

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions **05/2020-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Consultant, NY State Department of Health **02/2005-12/2018**

- Survey Supervisor/Team Leader of LTC facilities for onsite evaluation (observation, interviews and chart review) to ensure delivery of service as specified in Federal Guidelines for Medicare and Medicaid beneficiaries, drafting NYS Department of Health (DOH) reports & correspondence to providers, and follow-up activities/initiatives.
- Audited facility charts and evaluated all clinical documents to verify accuracy and completeness, progress towards core measurable targets and completion of appropriate patient health with a focus on care plans and medication safety.

- Reported findings to quality departments after conducting routine audits and worked with team to devise corrective actions for deficiencies.
- Certified Center for Medicare and Medicaid Technical Trainer for computerized LTC Survey Process. Trained new staff in proper techniques, care standards, operational procedures, and safety protocols to optimize performance and safety.

DOH Representative of Public Health Response Team, NYS Health Department **01/2003-12/2017**

- Protégé in 2002-2003 Mentor/Protégé Program with concentration in administrative activities.
- Provided Registered Nurse and Public Health Duties for Local emergencies (i.e., snowstorms, vaccinations clinics, etc.)
- Served as NYS Health Department Representative in Emergency Bunker during Snowstorm and power outages.

Adjunct Professor, Niagara University **06/2009-06/2013**

- Instructor to fourth-year RN Nursing Students for Management and Administration for Healthcare.

NY State Department of Health **09/1995-03/2007**

Health Program Administrator I, **03/2006-03/2007**

- Contract Manager for Women Infant and Children's (WIC) Program that served 17 counties through onsite and offsite program evaluation (observation, interview and documents review).
- Provided technical assistance to Local Agencies, prepared Federal fiscal Year 2008 WIC budget for 13 Local Agencies, prepared correspondence/reports for Local Agencies and NYS Bureau of Nutrition, prepared and modified WIC guidelines, and participated in state-wide WIC Team meetings and special initiative workgroups.

Regional Incident Program Coordinator **11/2000-01/2005**

- Program Management of regulatory directives for Regional DOH Hospital Services Unit for mandated State Reportable Incidents by Hospital and Primary Care Centers (Community Health Centers)
- Developed and implemented unit standards to track, monitor and improve efficiency of Unit Incident Program activities and investigations
- NYS Health Department Regional Representative for State and Local Quality Improvement Patient Safety Teams.
- Technical assistance and training for Hospitals and Primary Care Centers regarding state and federal oversight of operations with an emphasis on root cause analysis of patient incidents.
- Survey Team Leader for onsite and offsite evaluation (observation, chart audits & staff interviews) of Hospitals and Primary Care Centers to ensure delivery of patient service as specified in Federal Guidelines.
- Collaborated with Central Office and federal staff for quality control of services rendered by hospital and primary care centers.

Complaint Coordinator **09/1995-11/2000**

- Program Management of complaint investigations to determine compliance with regulatory directives of Regional DOH Hospital Services Unit for Hospitals and Primary Care Centers.
- Prepared assignment of surveys, review of DOH reports and correspondence, coordination of cross-functional cases.
- Survey Team Leader for onsite and offsite evaluation (observation, chart audits, staff interviews) of Hospitals and Primary Care Centers (Community Health Center) to ensure delivery of patient service as specified in Federal Guidelines and drafting of DOH investigation summaries/reports and correspondence to providers.

Hospital Services Investigator, NY State **03/1990-09/1995**

- Performed surveys of Hospital & Primary Care Centers (Community Health Center) to evaluate (observation, chart audits and interviews) delivery of patient services as specified in Federal Guidelines for Medicare and Medicaid beneficiaries.

Medical Consultant, Arthur Anderson Consultant Company **12/1986-02/1989**

- Medical Quality Assurance Manager/ Information Systems Management.
- Provided Medical consultation to clients regarding quality assurance activities, including newly developed computerized analysis, for hospital reporting initiatives in New York, Pennsylvania, and Ohio.
- Company liaison/collaboration with Hospital Administrators and IPRO.

Registered Nurse - Head Nurse/CCU, Millard Fillmore Hospital **09/1980-01/1987**

- Supervisory & Patient Care Registered Nurse Responsibilities

Education and Training

- Master of Science, Nursing, University of Buffalo
- Bachelor of Science, Nursing, Niagara University

ADRIENNE JACKSON, BA

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **03/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Complaint Surveyor, Ascellon Corporation **2021-2022**

- SMQT Certified Compliance Specialist (Contract Surveyor for CMS)
- Team Leader

Compliance Surveyor, Georgia Department of Community Health **2018-2021**

- SMQT Certified Compliance Specialist (State Surveyor)
- Team Leader

Fraud Loss Litigation Specialist, Wells Fargo **2018**
Reservations Agent, Enterprise Holding **2016-2018**
Teller, Wells Fargo **2014-2016**
- Assist customers with financial needs.

Patient Care Assistant, Effingham Hospital **2014-2015**
- Assisted patients with daily living.

PCA, University Hospital Augusta **2014-2015**
Patient Care Assistant, Right At Home North Augusta **2010-2015**
Customer Service Representative, Sitel **2013-2014**
- Assisted customers with programming cellular phones.

Customer Service Representative, Maycs **2008-2014**
- Assisted all customers with purchases, maintaining a clean work area, supervise associates.

Education and Training
- Bachelor of Arts, Psychology, Argosy University
- SMQT Certified

DENEEN JOHNSON, BS

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility/Life Safety Code Surveyor, Healthcare Management Solutions, LLC **05/2020-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Building Inspector, City of Fort Walton Beach **01/2018-Present**

- Inspects construction projects for compliance with building/fire codes and standards.
- Manages and supports staff.
- Responds to customer demands and complaints.
- Participates in professional / public meetings.
- Liaison between the City and the public tax payers.

State of Texas **10/2006-11/2017**

Life Safety Code Program Manager (3 years)

- Prepared appraisals and handling personnel/performance problems.
- Performed Administrative and Quality Assurance Reviews, enforcements and recommended corrective actions.
- Conducted Life Safety Code licensure inspections, certification surveys, and investigations in accordance with National Fire Protection Codes and State Standards.
- Provided effective, professional testimony at formal hearings.
- Provided mentoring/training.

Life Safety Code Program Specialist II (Inspector VI) 1.5 years

- Conducted licensure inspections and complaint surveys of LTC facilities for compliance with Life Safety Code requirements and state laws, regulations, and interpretations.
- Completed inspection reports listing deficiencies.
- Trained, mentored, and supervised new surveyors while in the field.

Life Safety Code Specialist (Safety Officer II) 2 years

- Conducted fire safety surveys, licensure inspections, and complaint investigations of long-term care facilities for compliance with Life Safety Code requirements and state laws/regulations.
- Completed inspection reports listing deficiencies supporting the actions recommended.

Child Care Licensing Inspector IV (3 years)

- Conducted application, permit issuance, and annual inspections in compliance with the Licensing Policy and Procedure Handbook, the Human Resources Code, and the Texas Administrative Code.
- Conducted annual meetings with child care directors.
- Conducted non-abuse neglect investigations.

Child Protective Services Investigator II (2 years)

- Conducted investigations of reports of abuse/neglect of children.
- Conducted assessments and interviews.
- Testified in court to seek emergency protective services.

Education and Training

- BS-Psychology; University of Texas at San Antonio –Magna Cum Laude
- Fire Inspector I Certification – Current
- Florida Commercial Building Inspector –Current
- OSHA 30 Certification
- Life Safety Code (Center for Medicaid and Medicare Services)
- Life Safety Code Principles of Documentation
- ABC's of Life Safety Code for Assisted Living Facilities
- Health Facility Surveyor
- Writing and Critiquing Deficiencies of Long Term Health Care Facilities
- Locked Units in Nursing Facilities and ALFs
- Department of Aging and Disabilities, DADS, Certified Investigator Course

DEANA L. KEHNE, RN, ASN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 01/2016-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/ revisions.

Registered Nurse Consultant/Inspector, Office of Inspector General (KY) 06/2009-10/2015

- Surveyed and inspected nursing facilities for compliance with federal and state regulations including LTC facilities and dialysis facilities.

Staff Registered Nurse, Fresenius Medical Care 08/1999-06/2009

- Served as Clinic Manager.
- Administered dialysis in a clinic setting and hospitals.
- Accessed shunts and dialysis catheters.
- Monitored patients during treatments.

- Administered IV medications.
- Provided continuing patient education.
- Team leader who ensured all staff provided safe and quality care.

Staff Registered Nurse/LPN/PRN, Caritas Medical Center **04/1994-09/2000**

- Quality patient care.
- Critical care telemetry.
- Medical surgical.
- Skilled nursing.

Staff LPN, Jefferson Manor **02/1993-04/1994**

- Quality geriatric clients care.
- Medication management.

LPN/Nursing Assistant, Spaid Nursing Services **06/1992-05/1998**

- Patient assessment.
- General home health care.

Nursing Assistant, The Meadows East **10/1991-06/1992**

Education and Training

- Associate Degree Nursing, St. Catharine College, St. Catharine, Kentucky
- Licensed Practical Nurse, Kentucky Tech Vocational School, Princeton, Kentucky
- SMQT Certified

DONNA R. KIRKLAND, BSN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 11/2015-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Long-Term Care Nurse Surveyor/Public Health Nurse 1/Public Health Nurse 2, Tennessee Department of Health 2015-2022

- Completed CMS training holding surveyor number 36451.
- Prioritized complaints according to CMS guidelines. Entered complaints into the ACTS system.
- Ensured Medicare certified LTC facilities met federal regulations.
- CMS Certified.

- Worked as part of a team to survey LTC facilities in the State of Tennessee to determine compliance with federal regulations.
- Knowledge and skill in documenting findings and preparing appropriate forms for CMS during and at the completion of a survey.
- Worked the complaint hotline for CMS, determining if the complaint rose to a level warranting investigation based on federal and state regulations. Verified the evidence supported the deficiency.
- Met deadlines for submissions of immediate jeopardy as well as other deficiencies.

Public Health Nurse Consultant, Metropolitan Health Department 03/2022-082015

- Role was related to LTC surveying.
- Interviewed students, teachers, parents and staff to determine root cause of accidents which occurred during the course of the school day.
- Observed students in clinic and classroom to gather information about the student's health or behavior.
- Created safety plans for students at risk for injury or illness.
- Demonstrated proficiency in critical thinking, decision-making and judgment in providing first aid, emergency care, and acute care for students and staff.
- Provided skilled nursing services to include; blood glucose checks, insulin administration, tracheotomy suctioning, nebulizer treatments, administration of Diastat and other medications, emergency care, counseling and education.
- Worked with committees to develop, design, and revise educational materials to educate school faculty on emergency management protocols.

Staff Nurse, Kelly Assisted Living 2000-2002

- Medication pass for 100 Residents of LTC.
- Assessed residents and referred to higher level of care as required.
- Provided excellent customer care to patient families.
- Complied with facility and state policies and procedures.

Education and Training

- Master of Science, Nursing, University of Phoenix
- Bachelor of Science, Nursing, Excelsior University
- Associates in Science, Nursing, Calhoun Community College

JANET KUBISIAK, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **02/2019-Present**
04/2017-02/2018

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Risk Management Coordinator, Brandon Regional Hospital **06/2015-04/2017**

Quality Management Coordinator, Brandon Regional Hospital **2014-2015**

Registered Nursing Specialist, Agency for Healthcare Administration **2010-2014**

Registered Nursing (ER), Indian River Medical Center **2006-2010**

Registered Nursing (ER/PCU) **2006-2007**

Registered Nursing (ER), Parrish Medical Center **2005-2006**

LPN/RN (Ortho/Oncology/ER), Wuesthoff Medical Center **1999-2005**

LPN (ICU/Oncology/PCU/Ortho), Pheps County Regional Medical Center **1989-1999**

Education and Training

- Associate Degree Nursing, Excelsior College, 2003
- Bachelor of Nursing, University of Phoenix (ongoing coursework)
- SMQT Certified

ROXIE LACEY, RN, ASN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2018-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Geri Surveyor, Texas Health and Human Services Commission **11/2016-03/2018**

- Conducted surveys on Assisted Living Facilities and Skilled Nursing Facilities.
- Conducted investigations on complaint and incidents.

Nurse II, Texas Department of Criminal Justice **2006-2016**

- Coordinated intake with counties for medical offenders.
- Coordinated assignments for offenders with medical problems.
- Coordinated transportation, mortality review, and serious incident reviews.

Staff Nurse, Huntsville Memorial Hospital **1999-2006**

- Group therapy, patient education, and assisted with doctor's staffing and ordering.

Director of Nursing, Medicaid/Medicare, Twin Pines Nursing Home **1995-1998**

- Coordinated staffing, purchasing, state inspections, and staff education.

Staff Nurse, St. Anthony's Hospital **1993-1994**

Post-Partum Charge Nurse, Detar Hospital **1990-1993**

Staff Nurse, Community Medical Center **1987-1989**

- Managed infirmary for summary camp, health maintenance, inspections, and first aid

Staff Nurse (Oncology/Stroke Rehab/Med Surg), Community Med Center **1982-1989**

Education and Training

- Regents Degree Program, University State of New York
- Registered Nurse Certification
- SMQT Certified

CATHARINE E. LOWE, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor/Field Liaison,
Healthcare Management Solutions, LLC **10/2015-Present**

- Reviews and edits CMS 2567s prepared by surveyors under the Oversight of State Performance contract and state contracts for appropriate content, severity/scope, formatting, accuracy, etc.
- Coordinates with survey team leader for review and/or completion of all specified timeframes while maintaining open communication with surveyors to clarify issues.
- Facilitates exchange of 2567 reports and data between HMS and CMS through proficient use of ASPEN and ASEQ programs, secure email, and use of Survey Management Application (SMA).
- Collects and analyzes Quality Assurance Improvement data related to survey process and/or surveyor performance, identifying areas in need of improvement.
- Works with Training Manager to develop and implemented mandatory surveyor training on how to investigate and cite tags F490, F501, and F520.
- Coordinates and develops two trainings covering kitchen sanitation, dining, quality of life, and dietary review.
- Works with QA Manager and SMA Manager on SMA Guidelines project. Entered over 130 citations and region-/state-specific entries into the SMA Guidelines to assist surveyors in writing deficiencies and provide them with information specific to states and CMS regions.
- Developed and updates a Professional Standards web-based resource list for surveyors to assist with finding reputable, citable professional standards free of cost.
- Approves time and mentors staff of six individuals.
- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations for long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings (e.g., time, dates).

- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work within to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/ revisions.

Employment Integration Specialist, Tresco, Inc. **12/1994-03/2011**

- Planned community activities for assigned group of developmentally disabled clients to encourage their participation and build their independence.
- Supervised staff of 9 individuals. Managed payroll for immediate staff, attended meetings, oversaw disciplinary action, performed employee evaluations, and trainings.
- Submitted weekly billing and quarterly report; completed incident reports.
- Attended Interdisciplinary Team and Individualized Service Plan meetings and set action steps and goals for developmentally disabled clients.

Program Manager, State of New Mexico **12/2002-09/2013**

- Conducted surveys of adult care facilities (ACF) and Home Health Agencies.
- Evaluated and determined whether ACF provided skilled nursing and/or personal care assistance.
- Appraised and evaluated patient care outcome and health standards.
- Explained and clarified areas of noncompliance.
- Prepared detailed written reports of survey findings.
- Reviewed plans of corrections for deficient practice.
- Provided technical assistance to facility operators as permitted by law.
- Coordinated information among various agencies.
- Responded to inquiries regarding program activities.

Healthcare Specialist, Lincare **10/1995-12/2001**

Respiratory Therapist, Memorial Medical Center **10/1995-12/1999**

- Administered respiratory therapy care and life support to patients with deficiencies and abnormalities of cardiopulmonary system.
- Administered therapy under supervision of physician and by prescription.

Education and Training

- Bachelor of Community Health, New Mexico State University, 1996
- Associates in Applied Science (Respiratory Care), Dona Ana Branch Community College, 1995
- SMQT Certified

LESLEY LOWMAN, BSN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **05/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Surveyor, Ascellon Corporation **04/2022-05/2022**

- Under general supervision, conduct surveys in long-term care and other health care facilities (Veteran Affairs-Including Community Living Centers (CLC) and State Veteran Home (SVH) to assess compliance with requirements and regulations guiding the quality of care for residents of the facilities. Specific duties may include the following:

- Coordinate the surveillance and regulation of health care providers to ensure that care provided meets professional standards of practice and complies with applicable State and Federal regulations.
- Visiting health care facilities around the country to perform surveys and report findings to the home office.
- Being involved in activities such as investigation of complaints and incidents concerning facilities or individuals and other routine surveillance activities.
- In the event of a health emergency, being assigned to monitor resident care
- Expected to prepare clear and concise reports in accordance with the Principles of Documentation and be prepared to report or testify regarding survey findings.
- Utilizes critical thinking skills to research, collect, organize, interpret, and communicate a large volume of information from multiple sources (observation, record review, and interviews) to assess the health care provider and regulatory agency's ability to comply with State and Federal statutes and regulations.
- Effectively utilize technology (computers, tablets, internet, email, scanning, copiers, etc.) in performing assigned duties

Staff Nurse Pediatric Infectious Disease, Tufts New England Med Center 03/2001-03/2002

- Assisted with surveying Long-Term care (LTC) facilities since February 2007 for compliance of State and Federal regulations. This included walk-throughs, initial surveys, re-certification surveys, follow up surveys, compliance surveys, Infection Control (IC) focused surveys, and Minimum Data Set (MDS) focused surveys. I would compile reports of any findings and submit in appropriate format.
- Assisted with Survey Quality Assurance process June 2013 for approximately six months. Suring this time, I assisted the Long-Term care program with sending out Federal letter (2567), substantial compliance letters, reviewing Plan of Corrections (POC) and sending out approved POC letters.
- Assisted with MDS/RAI program as the RAI Coordinator for the State of Georgia since December 2013. I would implement policies, procedures, and guidelines for the program. Assist facility RAI Coordinators on various coding questions and run various reports to review for federal regulatory compliance.
- Assisted with the Outcome and Assessment Information Set (OASIS) program as the Interim Coordinator from November 2014 – November 018.
- Assisted with the Long-Term care schedule for approximately 50 surveyors from July 2017-February 2018, which included initial, re-certifications, and follow up surveys.
- Implemented education and training program for new surveyors, existing surveyors and facility RAI Coordinators. In 2012, became a Quality Improvement Strategy (QIS) trainer, and in 2017 become a Long-Term Care Surveyor Process (LTCSP) trainer.
- Assisted with the Civil Money Penalty (CMP) grant application program since April 2017.
- Assisted with RAI panel since April 20191. This panel is experienced state RAI Coordinators who answer various questions from other state RAI Coordinators on CMS' behalf.

Director of Nurses, Bancroft Health Care Center **03/1984-02/2000**

- Delivered quality patient care from admission to discharge through direct supervision of all nursing and ancillary staff.
- Treated patients using pharmacological and non-pharmacological treatment modalities to address various disorders and diseases.
- Assessed patient conditions, monitored behaviors, and updated supervising physicians with observations and concerns
- Responded to emergency situations with speed, expertise and level-headed approaches to provide optimal care, support and life-saving interventions.
- Counseled patients and caregivers, providing emotional and psychological support.
- Trained and mentored new nurses on best practices, hospital policies, and standards of care.
- Coordinated care with physicians and other clinical staff to prepare for treatment, carry out interventions, and enhance continuum of care to deliver comprehensive services.

Education and Training

- Bachelor of Science, Nursing, Brenau University

NANCY LUBIN, MS, BS

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **02/2013-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facility Evaluator Supervisor/Sr. Management Analyst Supervisor, Agency for Health Care Administration **05/2006-12/2012**

- Supervised Registered Nurse Specialists and Health Facility Evaluators that conducted State licensure and Federal certification surveys and complaints at Home Health Agencies (HHA), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), LTC/Nursing Homes, and Hospitals focus areas.
- Ensured employees' work was complete, accurate and submitted timely.
- Provided oversight of the HHA and ICF/IID focus areas.

- Provided verbal and written feedback to employees; conducted performance appraisals.
- Responded to consumers, providers and the general public on information requested. Contacted and maintained liaison with appropriate state, county, and local officials and private agencies.
- Conducted surveys at ICF/IID, Nursing Homes/Quality Indicator Surveys (QIS), and HHAs.
- Performed as Preceptor (Training Coordinator) for the Miami Office.
- Coordinated operation of Field Office activities: resource management, investigation, public relations, recruitment, inspections, emergency management system and disciplinary actions.
- Supervised staff in planning, developing, implementing, and monitoring compliance programs.

Government Operations Consultant, Gulf Coast Center **06/2005-05/2006**

- Chairperson of a statewide committee comprised to develop psychotropic medication operating procedures, interpretive guidelines, monitoring forms, and peer review standards.
- Monitored individuals diagnosed with a developmental disability located at a 300-person state operated ICF/IID facility to ensure quality of life was maintained. Assessed compliance with local, state, and federal regulations; advised and consulted with executive-level staff.
- Chairperson of a committee comprised of Qualified Developmental Disabilities Professionals (QDDP) and Assistant Facility Director at Center to develop a QDDP resource manual.
- Member of Gulf Coast Center Closure Team to facilitate a five-year plan to close the facility.

Management Review Specialist, Operations Management Consultant II, Residential Services Director, Community of Landmark **05/1999-06/2005**

- Reviewed proposed changes in federal and state laws to determine potential impact on facility operations at the Community of Landmark, a 250-person ICF/IID.
- Coordinated responses to external survey reports from concerns identified by government agencies: Agency for Health Care Administration, Miami-Dade County Health Department, Advocacy Center, and United States Department of Justice.
- Advised the Community of Landmark Executive Management Team on the level of compliance regarding implementation of corrective action plans.
- Advised and assisted the Executive Management Team regarding service delivery systems.
- Provided supervision and direction to employees in the Quality Management and Staff Development Departments. Implemented strategies to utilize both departments in an integrated approach to respond to the needs of residents and staff.

- Monitored quality of care and quality of life issues concerning individuals diagnosed with a developmental disability and assessed compliance with regulations and operating procedures; advised and consulted with executive level staff.
- Served as a member of the Community of Landmark Closure Work Group (Operations Work Group) for a plan to close the facility.
- Provided technical assistance to all departments on rules and regulations that related to active treatment, health care, and trust fund issues.
- Responsible for the coordination of Community of Landmark strategic plan measures such as Total Quality Management activities, quarterly report on performance measures, Personal Life Quality Protocol, and Status Tracking Survey.
- As the Residential Services Director (4/83-6/98), served as Director of the Quality Assurance Department and supervised the Medical Records Department, which included the maintenance and organization of both historical and active records.
- Served as Facility Director for a 120-person ICF/IID program and a 30-person facility for individuals relocated from their community group homes, each for approximately one year.
- Supervised the administration and operation of the facilities; ensured the health, safety and well-being of the individuals; oversaw development for Support Plans; and implemented programs, services, and supports to enhance the individual's quality of life.

Quality Assurance Consultant, MACtown, Inc 06/1984-05/2006 and 11/2012-02/2013

- Assessed the facility’s compliance with ICF/IID state and federal regulations and Developmental Services Core Standards for Adult Day Training Services, Supported Living, Supported Employment and Residential Habilitation (Group Homes).
- Monitored the implementation of objectives, programs and services as specified in the individual's Program Plan/Support Plan; observed individual's quality of life and daily living.
- Provided technical assistance and training on regulations that related to active treatment, resident protection, rights, facility practices, physical environment, and operating procedures.

Community Services Field Rep, Agency for Health Care Administration 08/1980-04/1983

- Conducted licensure and certification surveys, appraisals, surveillance, and consultations to Intermediate Care Facilities for Individuals with Intellectual Disabilities throughout the state.

Education and Training

- PhD coursework completed, Florida State University
- Master of Science, Intellectually Disabled, Florida State University
- Bachelor of Science, Elementary Education/Psychology

VICTORIA MARKLEY, CCS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Healthcare Management Solutions, LLC (HMS), Fairmont, WV **01/2013-Present**

Medical Facility Surveyor (09/2019-Present)

- Full-time surveyor as of May 2021. Part-time surveyor from September 2019-May 2021.
- Conducts onsite surveys including initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with federal and state regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings.
- Obtains copies of all supporting documentation and secures to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Submits CMS 2567 deficiency citations and other work to HMS by established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.
- Participated in the Missouri Veteran Home Surveys and completed review of 100% of personnel files. This effort included current license/certification; criminal background checks; Missouri Employee Disqualification list; and specific in-house education according to Missouri Veterans Commission, Homes Program Policies.

OSP Senior Project Coordinator/Operator (09/2016-05/2021)

- Participated in and provided senior-level administrative support in the day-to-day operations of the Oversight of State Performance project (OSP) and the Survey Coordination Center (SCC).
- Led in training/onboarding of new Project Coordinator/Operators (PCOs).
- Organized SCC PCOs' daily tasks and scheduled PCO shifts on a routine basis.

- Assisted with the coordination of surveyor logistics (dates, travel plans, etc.) with the HMS surveyors, management staff, and a third-party travel agency.
- Provided Tier 1 support to surveyors, including triage and escalation for Tiers 2 and 3 level issues following predefined protocols and procedure.

OSP Project Coordinator/Operator (08/2015-09/2016)
Project Coordinator, SOTP/QAPI (03/2015-08/2015)
Project Coordinator, PCM/Hendall (03/2015-08/2015)
Primary Medical Records Analyst (01/2013-12/2014)

- Responsible for coding and review of inpatient, outpatient, and physician office records utilizing ICD9 coding and HCC coding guidelines.
- Adept at utilization of TruCode and 3M encoder tools.

Radiologic Technologist (Ultrasound), Womancare, Inc. 2001-01/2013

- Responsible for radiologic patient care coordination and supervision.
- Ensured appropriate use of equipment to obtain the best density, detail, and contrast of the area being imaged.
- Ensured that radiology equipment was appropriately maintained.
- Ensured current and renewal training for personnel on use of equipment.
- Provided patient education for procedures to be performed.
- Ensured appropriate coding and billing for ultrasound services delivered.
- Verified insurance requirements are met for billing ultrasound services.
- Ensured adherence with federal guidelines in performing ultrasound, by all personnel.
- Ensured appropriate filing and maintenance of medical information and records.
- Provided referral services to other health care providers for follow-up.
- Ensured appropriate disposition of medical information/results to health care providers.
- Ensured appropriate documentation of medical information and provided quality assurance to ensure reports were appropriately completed and signed.
- Specialized in 3D and 4D ultrasound, OB/GYN, and Coding for ultrasound.

Radiologic Technologist, Fairmont General Hospital Dept of Radiology 1980-2001

Education and Training

- SMQT Certified
- United Hospital Center School of Radiologic Technology, Certificate of Radiologic Technology, August 1980
- 55 hours of undergraduate credits toward Board of Regents degree

Affiliations

- Licensed with the State of WV Medical Imaging & Radiation Therapy Board of Examiners
- Registered Technologist with American Registry of Radiologic Technologists (ARRT)
- Member of American Society of Radiologic Technologists (ASRT)
- AHIMA Certified Coding Specialist
- Member of American Health Information Management Association

TRACY R. MAU, MSW, LISW

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Senior Medical Facility Surveyor,
Healthcare Management Solutions, LLC (HMS) **08/2018-Present**

- Conducts surveys consisting of Critical Access Hospitals (CAH).
- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Lead Transplant Program Surveyor, HMS (08/2007-08/2018)

- Provided surveyor services on a per diem basis.
- Surveyed transplant programs to evaluate compliance with the Transplant Conditions of Participation for initial, re-approval, revisit, state assist, comparative (Federal Oversight) and complaint surveys.

- Reviewed Scientific Registry of Transplant Recipients/Transplant Program Quarterly Report TPQR data prior to onsite surveys.
- Periodically reviewed Plans of Correction as available prior to complaint or revisit surveys.
- Evaluated transplant programs' quality plans, policies and procedures, quality data, and performance improvement initiatives as well as adverse events, program processes, analysis, sustainability, and follow-up.
- Discussed findings and deficiencies identified throughout the survey process with transplant program staff.
- Reported identified findings and deficiencies identified in compliance with the Principles of Documentation.
- Completed documentation required post-survey for Forms CMS 2567s and 670.
- Participated in CMS, State, Regional Office, and HMS pre- or post-survey conference calls as needed.

Liver Transplant Social Workers, Medical University of South Carolina **1998-2007**

- Provided care for adult and pediatric liver transplant patients and their family members throughout the continuum of care, both inpatient and outpatient and pre- and post-transplant.
- Completed, on average, over 130 liver transplant psychosocial evaluations per year.
- Provided case management for all pre-liver transplant patients with substance abuse issues.
- Initiated changing departments to become a full transplant team member.
- Facilitated development of abdominal organ psychosocial evaluation for the Transplant Center database (Velos).
- Served as Co-lead of the Transplant Patient Support Group.
- Developed and implemented substance abuse treatment case management program.
- Served as Liver Transplant Selection Committee team member.

Clinical Social Worker, University Medical Associates **1996-1998**

- Provided coverage for outpatient adult primary care and family medicine clinics.
- Linked patients with community resources.
- Elected to provide social work coverage for the inpatient liver transplant service.

Social Worker/Case Manager/Supervisor,
Slidell Hospital/Maternal Child Health Center **1993-1996**

- Provided case management services to high-risk pregnant women in an outpatient setting.
- Services provided: linkage to community resources, supportive counseling, crisis intervention, home visitation, on call.
- Coordinated weekly interdisciplinary team staffing.
- Supervised on case management.
- Executed child protective service referrals.
- Participated in writing the rules, regulations, and guidelines for the State of Louisiana licensing for the Medicaid Targeted High Risk Pregnant Women Waiver Program.

Rehabilitation Social Workers, Slidell Memorial Hospital **1990-1993**

- Provided coverage for an inpatient physical rehabilitation unit.
- Attended rehabilitation team patient staffing.
- Services provided: completion of psychosocial evaluations, adjustment to illness counseling, linkage to community resources and discharge planning.

Education and Training

- Master of Social Worker, Tulane University
- BS, Sociology Emphasis in Social Work, University of Southern Mississippi

JENNIFER MCCANTS, MS, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **4/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Health Facility Surveyor and QA Reviewer, Ascellon **05/2018-04/2021**

- Conducted surveys in LTC facilities using the LTCSP software to assess compliance with Federal requirements and regulations to ensure optimum care and outcomes for residents of the facilities throughout the United States.
- Investigated complaints/incidents in health care facilities and determining non-compliance.

- Prepared clear and concise deficiency reports in accordance with the Principles of Documentation, Veteran's Administration, and state writing requirements.
- Performed Team Leader responsibilities to lead survey teams and coordinate work as well as participating as a team member fostering teamwork, quality performance, dependability, and professionalism.
- Completed all currently required CMS training for surveying in nursing homes including conducting Focused Infection Control surveys.
- Performed quality assurance of deficiency reports for LTCSP surveys, Veteran's Administration surveys, Focused Infection Control Surveys, and complaint surveys.
- Trained and provided guidance to the survey team on quality assurance processes and procedures, documentation of deficiencies, and new CMS initiatives and memos.
- Ensured deficiency reports were delivered to CMS and other customers on time.
- Conducted new surveyor orientation and training on survey processes, procedures, LTCSP, and complaint investigations.

Medical Facility Surveyor and QA Analyst, HMS, LLC **05/2016–05/2018**

- Conducted QIS and Traditional long term care recertification, Revisit, Complaint, Comparative, Dementia, Schizophrenia, and FOQIS surveys professionally, thoroughly, and in accordance with company needs and at short notice.
- Led the survey team, coordinating surveys, and worked cooperatively with state agencies and CMS regional offices.
- Reviewed state agency 2567 reports with written analysis, feedback, and recommendations for future training opportunities for programs/surveys including long term care, hospital, hospice, dialysis, schizophrenia, and dementia surveys.
- Mentored new employees and assisted with training opportunities as they arose including training on citing medical director, administration, and quality assurance on LTC surveys and dining.
- Provided leadership and expertise in survey process and investigation as needed.
- Conducted QA review HMS surveyor’s deficiencies for meeting Principles of Documentation, HMS writing guidelines, and State writing guidelines.
- Submitted QA reports timely to customers and in accordance with HMS standards for quality.
- Oversaw and entered sample deficiencies into repository for surveyors to use as examples when writing deficiencies.

Director of Nutrition Services, Colavria Hospitality **08/2014-05/2016**

- Oversight and director of nutritional services for three nursing homes having a total census of 325 residents.
- Developed and implemented nutrition policies and standards of care for corporation.
- Assisted and responded during state surveys to findings and deficiencies as well as developed plans of correction and informal dispute arguments.

Long-Term Care Program Manager, Montana Department of Public Health and Human Services **04/2013–04/2014**

- Subject matter expert and oversight of Medicare and Medicaid certification process including oversight of complaint triage and investigation for all nursing facilities in the state; directly responsible for the consistent application of regulation and enforcement

Deputy Division Director, Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services Division (HFEMSD) **09/2011–04/2013**

- Directed the internal affairs of three professional public health programs (LTC, assisted living, and life safety code) with Federal and State oversight of 800 health care facilities, and 80 employees.
- Guided complex regulatory survey and certification investigations and processes.
- Audited and drafted reports regarding workload, CMS performance standards, quality improvement measures and customer service.
- Managed staff workload, supervised, and evaluated performances affecting pay, tenure, status, and discipline.
- Led the Division's employee retention program resulting in the development of a comprehensive division-wide new employee orientation program.

Long Term Care Program Manager, Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division **03/2007–09/2011**

- Subject matter expert and leading the survey and certification process of 215 licensed and certified LTC facilities for the State of Colorado through state and federal CMS and regulations and enforcement.

Long Term Care Program Supervisor/Trainer, Colorado Department of Public Health and Environment, Division of Health Facilities and Emergency Medical Services Division **12/2003–03/2007**

- Oversaw compliance of 62 licensed and certified LTC facilities.
- Developed and implemented six-month field and classroom training program for new surveyors.

Education and Training

- Master's Degree, Foods and Nutrition, University of Utah
- Registered Dietitian #809377
- Bachelor's Degree, Food Service Management, Minor, Business Administration, Montana State University

PATRICIA MERCER, APRN, BSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Senior Medical Facility Surveyor,
Healthcare Management Solutions, LLC **2012-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Consultant/Health Quality Review Specialist, Dept. of Health and Human Services, CMS, Division of Survey & Certification, Region IV **1998-01/2014**

- Planned and conducted statutorily mandated federal monitoring surveys and comparative surveys at regulated health care facilities.
- Monitored and evaluated the performance of state surveyors in eight states in the southeastern region.

- Conducted cross regional surveys to evaluate state surveyor's performance in other regions.
- Wrote comparative and Federal Oversight reports.
- Functioned as Team Coordinator for surveys and State Coordinator for mandated work load.
- Participated with the project development of comparative survey process for Federal Oversight Quality Indicator Surveys (QIS).
- Analyzed data reports related to the State Agency and Regional Office performance and conducted conferences and training as needed.
- Provided necessary technical assistance, training, and mentoring in area(s) of expertise to CMSO, RO, State Agency, providers, partners and stakeholders to ensure appropriate implementation of survey program requirements: Lead responsibility for Hospice and Performance Standard 2 Review, co-lead for OPO program and QIS.

Clinical Nurse Specialist, US Department of Defense Naval Hospital, US Department of Defense Family Services Center 1992-1998

- Conducted assessments, evaluations and treatment for persons with psychiatric disorders (active duty military and family members) on an Acute In-patient Psychiatric Unit.
- Conducted individual and group therapy and crisis management.
- Supervised professional/non-professional staff with implementation of treatment programs.
- Conducted psychiatric grand rounds with the Psychiatrist.
- Conducted training and briefings on wellness for service members and their dependents.
- Coordinated services for service members and their families who had special medical and or educational needs. Made enrollment and referrals for Exceptional Family Member's Program
- Communicated with Headquarters Marine Corp to seek family deployments where the needs of the family could be met when enrolled in the Exceptional Family Member Program.

Mental Health Nurse Administrator, Neuse Center for Mental Health, Developmental Disabilities & Substance Abuse Services 1979-1992

- Conducted assessments, evaluations and treatment for individuals, families, and groups.
- Planned and directed the operation of a local branch office of Neuse Center.
- Provided clinical and administrative supervision for professional staff and direct care staff.
- Planned and developed specialized day program for Persons with Severe Persistent Mental Illness (SPMI).
- Planned and developed a group home for persons with dual diagnoses which included SPMI.

Community Mental Health Nurse/Supervisor,
NY State Dept. of Mental Hygiene **1972-1979**

- Conducted assessments, evaluations, and treatment for persons with developmental disabilities and for persons with mental illness.
- Provided education for families, medical providers, and other resources in the communities.
- Actively participated in the planning and implementation of individuals being returned to live with their families in the community after long-term institutionalization.
- Conducted individual, group, and family therapy.

Education and Training

- Master of Science, Counseling, Long Island University
- Bachelor of Science, Nursing, New York State University, Downstate Medical Center College of Nursing
- Registered Professional Nurse, School of Nursing Brooklyn State Hospital

ALICIA METCALF, MS, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 05/2022-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Senior Professional Research Assistant- CMS Subject Matter Expert, University of Colorado 2010 – 05/2022

- Supports various Long-term care survey processes for Centers for Medicare and Medicaid Services (CMS) that include the CMS central office, state agencies, and federal regional offices. Instrumental in the developing, implementing, evaluating, assessing, and training of survey processes. Ability to align and assess the processes to improve

and develop QA processes. Provide input and support to the National Help Desk for CMS.

- Integral contributor to the development and delivery of quality improvement recommendations and procedural training for CMS regional and state agencies across the country.
- Working knowledge of the long-term care regulations and applying them to the survey process and QA. Delivers key improvements to agency QA capabilities, training programs, and regulatory compliance statues.
- Evaluates new and current regulations to develop tools and memorandums for CMS central office.
- Creates and launches new surveyor tools to improve the survey process. Including but not limited to the Focused Infection Control survey and other infection control processes, training, and development during the Public Health Emergency.
- Provides facilities with consultation during mock surveys.
- Completes surveys of record.
- Audits Home and Community Based Services case managers to ensure they were in compliance with quality assurance processes for the Health Care Policy and Finance.

Health Professional IV – Long-Term Care Surveyor, Colorado Department of Public Health and Environment 2004-2010

- Conducted long-term care facility surveys to ensure alignment with resident care best practices and compliance with state and federal regulatory compliance requirements; served as survey team leader, conducting in-depth evaluation of key quality indicators and performed thorough assessment of in-place quality assurance (QA) and quality improvements (QI) programs. Reviewed nursing home QA&A programs and other regulatory requirements.
- Swiftly mastered the survey, re-visit, complaint, and deficiency correction process, earning selection to serve as team leader; provided extensive process training to staff at all levels.
- Reviewed and at times wrote directive plans of correction.
- Working knowledge of the long-term care regulations.
- Played key role on development and implementation of new employee training manual.
- Served on the Informal Dispute Resolution Committee.

Physical Therapy Assistant/Certified Massage Therapist, Simply Rehab Broomfield, Colorado/Denver Health Medical Center/Independent Massage Therapy Service 1997-2004

- Provided clients and patients with physical therapy and massage therapy. Performed or supported patient scheduling, assessment, treatment, chart management and commutations with required services. Assisted patients in meeting goals associated with balance, joint/soft tissue mobilization, gait training, transfer training, wheelchair mobility and positioning, ace wrapping and taping, Manual Muscle Testing, and Range of Motion. Supported medical supply/equipment ordering and inventory control; provided a wide range of training to medical and administrative staff.

- Spearheaded an initiative to secure donated equipment and treatment funds for patients, enabling decreased length of hospital stay and increased provider reimbursement.
- Held collateral responsibility for employee/personnel files and up-to-date training, qualifications in alignment with regulatory compliance requirements.
- Defined and implemented safety procedures and procedure training programs to reduce workers' compensation claims.
- Completed CPR teaching certification while serving as PTA within Denver Health Medical Center.
- Planned and launched an independent massage therapy business from the group up.

Education and Training

- Masters of Professional Studies – Health Care Leadership in Health Information Technology – University of Denver
- Bachelor of Science in Health Care Management – Metropolitan State College of Denver
- Associate of Applied Science in Physical Therapy Assisting – Arapahoe Community College
- Associate of Science – Community College of Denver

MICHELLE R. MITCHELL, RN, BSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **06/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Quality Assurance Reviewer/Trainer, Ascellon Corporation **12/2020-06/2021**

- Trained the survey team on quality assurance processes and procedures including documentation of deficiencies.
- Conducted internal evaluation of deficiency reports and complaint findings narratives for accuracy and consistency of results.
- Ensured deficiency reports were delivered to customers on time which included working with administrative staff to ensure timely delivery.

- Maintained contact with CMS in order to stay abreast of survey process updates, new training and quality initiatives.
- Conducted quality improvement activities such as in-service training and pre-exit survey coaching.
- Developed and conducted training for the survey team on new complaint forms, Long Term Care survey process (LTCSP) and complaint survey process.

Health Care Facility Surveyor, Ascellon Corporation 01/2020-11/2020

- Conducted onsite Focused Infection Control and recertification surveys for LTC facilities to determine compliance with Federal regulations.
- Completed deficiency reports and complaint findings narratives within the required timeframes.

Long Term Care Surveyor and Trainer (Nurse Consultant Inspector), Commonwealth of Kentucky, Office of Inspector General, Division of Health Care 09/2009-12/2019

- Served as the LTCSP trainer for the Division of Health Care.
- Developed, implemented, and evaluated the training program for division staff and the provider community.
- Provided daily technical assistance, administrative and training to division staff and nursing home providers regarding Long Term Care federal/state regulations.
- Conducted surveys for recertification of LTC facilities in the State. Served as the backup Minimum Data Set (MDS), OASIS, and Independent Informal Dispute Resolution (IIDR) as approved per the regulations, processed the KBN provider renewal information, and served as the KBN approved provider for continuing education for the Division.
- Served as the CMP Fund Grant Manager by processing and assisting applicants with writing CMS CMP fund grant proposals. Monitored the budgets, quarterly reports, site visits and all aspects of the CMS CMP grant fund contracts.
- Served as IDR Coordinator.
- Ensured that trainings were KBN-approved per the regulations, processed the KBN provider renewal information, and served as the KBN-approved provider for continuing education for the Division.
- Served as the CMP Fund Grant Manager by processing and assisting applicants with writing CMS CMP fund grant proposals. Monitored the budgets, quarterly reports, site visits and all aspects of the CMS CMP grant fund contracts.

Education and Training

- Bachelor of Science, Nursing, Kentucky State University
- SMQT Certified

ANN M. MONHOLLEN, MSN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Senior Medical Facility Surveyor, Healthcare Management Solutions, LLC 08/2015-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Director of Nursing, Tendercare of Portage 05/2014-01/2015

- Oversight and monitoring of the nursing department. On-call 24/7.
- Interviewed, hired, and terminated nursing employees as necessary.
- Reviewed nursing schedule and made adjustments as needed.
- Submitted State reportable as needed. Knowledgeable of state and federal survey guidelines.
- Led/participated in daily clinical review with interdisciplinary team.

- Provided in-service training as needed to nursing staff.
- Provided backup support when the Administrator was unavailable.
- Conducted investigations in a timely manner based on resident, family, or staff concerns.

Nurse Consultant, State of Michigan **11/2008-05/2014**

- Performed onsite standard surveys or complaint investigations of nursing homes in lower Michigan to determine compliance, initial, and ongoing eligibility of organizations to bill for Medicare and Medicaid services, and/or maintain compliance with State Licensure in accordance with Federal State Operations Manual and State Survey Manual.
- Determined the quality of health care delivered through observation, record review, interview, and evaluation of health care plans, corresponding care delivered, and patient outcome; validated complainant allegations as needed, including facility-reported incidents.
- Conducted post-citation revisits, surveillance, and monitoring visits of nursing homes to determine if identified violations were corrected. Assessed the degree of program compliance and issued citations if corrective measures were not taken or if other noncompliance existed.
- Conducted surveys as survey team member. Autonomous revisits and complaint investigations.
- Reviewed facility information to determine deficiencies and subsequent scope and severity. Wrote the 2567 that the facility received after visit.

Quality Assurance Nurse, Great Lakes Caring **01/2007-09/2007**

- Worked on new admission paperwork to input for payment through Medicare.
- Reviewed admission paperwork for accuracy; determined correct ICD-9 codes for diagnoses.

Quality Assurance Nurse, Physician's Health Plan of South Michigan **11/2004-12/2006**

- Oversight and monitoring of quality complaints as managed by the Quality Improvement Coordinator; watched for trends in practitioner and providers; communicated findings to the Quality committees for action plan recommendations.
- Planned, scheduled, and presented learning development activities for department.
- Technical support and contact person for the Behavioral Health Liaison Committee between PHPSM and Foote Managed Behavioral Health.
- Coordinator for Overcoming Depression Disease Management Program.
- HEDIS Medical Record Reviewer and Liaison to Michigan Interplan Patient Safety Council.
- Process owner for the Attention Deficit Hyperactivity Disorder (ADHD) program.

Assistant Director of Nursing, Cedar Knoll Care Center **02/2001-10/2004**

- Functioned in multiple diverse roles to gain a diversity of nursing experience.
- In-service Director: Included scheduling, conducting, and promoting all required topics of information, such as Resident's Rights. Bloodborne Pathogens, and Fire Safety.

- Infection Control Director: Included monitoring resident and employee illnesses, maintaining yearly compliance with resident and employee annual TB testing, and monitoring workplace safety within OSHA guidelines.
- Skin & Wound Nurse: Included overseeing all skin care of residents, developing treatment options when needed, writing care plans, and developing and implementing policies and procedures for wound care.
- Coordinated and facilitated monthly Quality Assurance meetings.
- Coordinated the nursing schedule, hiring, and orientation of new employees.
- Took calls for the Director of Nursing as needed.
- Conducted new Certified Nursing Assistant classes as needed. Developed the facility's CNA program from the ground up, using guidelines set forth from State of Michigan as a Train-the-Trainer.

Education and Training

- Master of Science, Nursing Education, Indiana Michigan State University
- Bachelor of Science, Nursing, Eastern Michigan University
- Applied Science Degree in Nursing, Jackson Community College

RACHEL MOORHEAD LOPEZ, MSW

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 10/2015-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Supervisor/Team Leader with HFLC/Lead Complaint Investigator for New Mexico/LTC Surveyor with HFLC, State of New Mexico Department of Health–Division of Health Improvement/Health Facility Licensing and Certification Bureau 2004-07/2015

- As the lead complaint investigator, investigated thousands of complaints of allegations of abuse, neglect, ad exploitation throughout the State of New Mexico.
- Served as Lead Team Coordinator for annual QIS Medicare/Medicaid recertification surveys.

- Interviewed patients with various medical conditions, developmental disabilities, and terminal illnesses. Also interviewed families, staff, state, local and law enforcement agencies, alleged perpetrators, and individuals in the community.
- Gathered and documented critical clinical information and detailed facts to either substantiate or unsubstantiated allegations.
- Identified standards of regulatory compliance.
- Interviewed eyewitnesses and reviewed witness statements.
- Conducted, verified, and gathered all data and facts pertaining to each case. Utilized various agencies to obtain criminal background information, clearance status, abuse registry, etc.
- Interviewed individuals such as Medical Directors, healthcare personnel, Corporate Representatives, various health care providers, patients, and families.
- Documented all information in Aspen Complaints/Incidents Tracking System and Aspen Central Office (ASEQ) national databases
- Conducted Root Cause Analysis to determine regulatory compliance.
- Trained 10+newly hired surveyors, orientating as well as guiding progress for surveys.
- Traveled the State daily/weekly, conducting annual surveys and complaint investigations.
- Placed many individuals on the NM Employee Abuse Registry that have been found guilty of incidents involving abuse, neglect, and exploitation.
- Led an investigation which resulted in a facility being sold, and the owner convicted on 11 criminal charges brought by the Chavez County DA.
- Led an investigation in which a State monitor was imposed.
- Led investigations in which Civil Monetary Penalties and sanctions were imposed for nursing facilities.
- Excellent experience in recognizing actual harm, substandard quality of care, and if immediate jeopardy has occurred.
- Applied strong leadership, initiative, experience, and knowledge; utilized resources effectively.
- Participated in small policy and procedure development workgroups.
- Participated in delegated “Writing Right” Committee meetings as an active member.
- Participated in Quality Improvement/Quality Assessment committee.
- SMQT, QIS, EMTALA, Hospital, LTC Surveyor, ICF/IID, Home Health, and Hospice certified.

Family Assistant Analyst/Caseworker, State of New Mexico - Health and Human Services Dept. Income Support Division **05/2005-06/2013**

- Distributed benefits to thousands of New Mexico citizens on Public Assistance programs: Food Stamps, Medicare/Medicaid, General Assistance, Social Security, Unemployment, etc.
- Maintained a consistent caseload of 600+ and met strict deadlines.
- Worked with diverse population including homeless, elderly, immigrants, women, and children.
- Made thousands of referrals to agencies to assist individuals in New Mexico.

- Managed, followed, and implemented policies and procedures issued by the State as well as interacted with other agencies at the federal, state, and local level.
- Worked as a Lead Family Assistant Analyst. Trained new employees.

Pediatric Nurse, Univ. of New Mexico, Level 1 Trauma Center/Children's Hospital 1997-2002

- Pediatric Intensive Care Unit and Pediatric Sub-Acute Unit.
- Cared for pediatric patients with cancer, congenital heart defects, respiratory viruses, and abuse and neglect. Worked with all patients less than 19 years old. Interacted continuously with Medical team, patients, families, and hospital staff.

Education and Training

- Master of Social Work, New Mexico State University
- Bachelors in Psychology, University of New Mexico
- Completion of Level I and II of Nursing Program, TVI-Technical Vocational Institute

MARSHA L. MORRIS, BSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **08/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/ revisions.

Pro Link Staffing, Inc., SMQT Surveyor **11/2000-07/2020**

- Conducted Infection Control surveys during COVID pandemic in Albany, New York
- Trained new surveyors on long term care and infection control survey processes

Ascellon Corporation, Surveyor/QA Reviewer/Trainer **03/2010-03/2020**

- Developed QA review program for LTC surveys.
- Provided periodic status reports on quality assurance activities.

- Trained the survey team on quality assurance processes and procedures, including documentation of deficiencies.
- Conducted quality improvement activities such as pre-service and in-service training, in field based experiential learning, individual coaching and thorough inter-observer reliability trials with individual surveyors.
- Coordinated and led the review of deficiency statements and monitor revisions to survey reports.

HCR ManorCare, Quality Regulatory Consultant **08/2008-08/2009**

- Held responsibility for multiple facilities in long term care corporation.
- Performed mock surveys to identify potential deficient areas of practice and prepared for annual recertification.
- Investigated complaints and risk areas with potential for litigation.
- Directed administrative staff in preparing corrective responses to deficient surveys.
- Conducted training seminars for facility staff.
- Conducted orientation for new administrative and facility staff as needed.

The Unit-Ter Group, Risk Management Consultant **08/2004-08/2008**

- Provided risk management activities for four risk retention groups (assisted living and skilled nursing facilities, nurses, and physicians). Assisted in developing the risk management program for nurses' group in Florida and physicians' group in New York.
- Developed a self-assessment audit for ALFs, SNFs, and Physicians to identify areas of potential claims. Reviewed self-assessment audit responses and made appropriate recommendations.
- Developed incident reporting and tracker system for assisted living and skilled nursing facilities. Investigated those incidents that had a potential to result in claim activity.
- Performed onsite visits utilizing the survey process and federal regulations to identify potential risks that could result in claims; and adhered to federal/state regulations, JHACO standards and OSHA regulations.
- Provided clinical underwriting reviews for facilities applying for professional and general liability insurance.
- Worked with facilities in developing corrective actions to avoid further injury to residents, avoid potential claims, and deficient surveys.
- Educated assisted living and skilled facilities to the changes in survey process and federal/state regulations.
- Trained new employees for risk management program.
- Performed quarterly audits of risk management charts to ensure they adhered to insurance guidelines.

Chulio Hills Health and Rehab Center, Director of Nursing **10/2003-03/2004**

- Served as Director of Nursing responsible for the day-to-day activities of a 100-bed skilled facility.

Office of Regulatory Services (DHHR), Nurse Surveyor **03/2001-10/2003**

- Performed and reviewed inspections of long-term care facilities participating under the aspects of the Medicare/Medicaid programs through record review, observations, and interviews.

Emory Occupational Health Clinic, Clinical Manager **11/1998-07/2000**

- Supervised and coordinated day-to-day operations of an occupational health clinic for city metro transit system and city public school system.

Director of Nursing Services-Lakeview manor Rehab/Healthcare **06/1996-11/1998**

- Coordinated and provided patient care in a primary, urgent care, and occupational care setting for major airlines.

Glady Health Systems, Assistant Director of Nursing **06/1992-06/1995**

- Developed facility HIV+ and Medicare unit; able to maintain 95-100% occupancy rate.
- Developed facility's Wound Care Management Program; decreased the number of facility-acquired pressure ulcers by 70% within 8-month period.

Education and Training

- Bachelor of Science Nursing, Creighton University

JOHN OLIVER, BS, CFI

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

State Survey Agency Subject Matter Expert,
Healthcare Management Solutions, LLC **03/2019-Present**

- Provides technical assistance to states at the direction of the Centers for Medicare and Medicaid Services.
- Develops and implements a plan of action that addresses issues with states, such as management and oversight, quality assurance, training, timely survey execution, triage and disposition of complaints, maximum utilization of IT and data systems, timely reporting, and enforcement submission/cycle.
- Establishes and maintains excellent communications with internal and external customers, project staff, and other related project personnel.
- Assists in coordination of team members and work.
- Supports overall project management functions.
- Prepares and delivers timely reports, recommendations, or alternatives that address existing and potential trouble areas of the state(s) such as operations, management, staffing, workflow, etc.
- Participates in preparation, and ensures accuracy of project policy, procedures and/or other documentation.

Assistant State Fire Marshal III, WV State Fire Marshal's Office **07/2000-03/2019**

- Conducted fire and life safety inspections of assigned buildings.
- Conducted fire arson and explosives investigations.
- Developed and taught fire and life safety classes.
- Reviewed architectural, sprinkler and fire alarm plans.
- Supervised Assistant Fire Marshal's in Training.
- Supervised Assistant Fire Marshal's I & II.
- Conducted blasting and flyrock investigations.
- Issued citations for fire code violations.
- Obtained search warrants.
- Served arrest warrants and made arrest for arson/explosive related crimes.

Fire Service Training Instructor,
Regional Education Service Agency (RESA) **09/2000-02/2010**

- Taught fire related classes to firefighters.

Captain, Stone Church Volunteer Fire Department **05/1997-12/2017**

- Provided fire, rescue, and EMS services.

Assistant Instructor – Bombing Crime Scene Investigations Program,
Eastern Kentucky University **05/1999-08/1999**

- Assisted with setting up program for Police and Firefighters.
- Set up range for bombing crime scene.
- Assisted students with crime scene investigations.

Education and Training

- Bachelor of Science, Fire and Safety Engineering Technology, Fire Administration

Certifications

- Certified Fire Inspector I (NFPA) Certification # CFI-02-0020
- Certified Fire Plans Examiner (NFPA) Certification # CPFE-05-0057
- Hazardous Materials Tech. (NBFSPQ) Certification # 179075
- Fire Instructor I (NBFSPQ) Certification # 196507
- Certified Fire Inspector II (NFPA) Certification # CFI-07-7027
- Certified WV Firefighter I&II
- Certified Fire Officer I&II

KRISTEN B. PAULSEN-AGUIRRE, BS, CTRS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Health Facilities Surveyor Educator,
Healthcare Management Solutions, LLC **11/2016-Present**

- Serves as a survey process Subject Matter Expert in the Long-Term Care Survey Process (LTCSP).
- Works collaboratively with the Centers for Medicare and Medicaid Services (CMS) training team as a primary content developer for the LTCSP surveyor handbook and designs surveyor tools and guidelines for implementation.
- Uses expertise and critical thinking to analyse LTCSP survey processes and documentation to identify training opportunities and trends providing feedback and recommendations to CMS to support their efforts for continual improvement.
- Served as an integral CMS partner during the roll-out of the new LTCSP as a State Agency Trainer (SAT) and resource for frequently asked questions for surveyors in the field.
- Led HMS' SAT team conducting mock and training surveys across the United States to support CMS during the roll-out of the new LTCSP.
- Designed data and feedback collection tool to inform CMS of findings while performing mock and training surveys nationwide; summarized and reported findings to CMS on scheduled and ad hoc basis.
- Designed tool to analyse information surveyors included in the LTCSP tool and identify possible training opportunities for individual surveyors.
- Develops and implements training programs for newly hired and existing surveyors of Long-Term Care (LTC), End-Stage Renal Disease, Hospitals, Hospice, Minimum Data Set, Infection Control, and Dementia Care focused surveys.
- Creates a system for identification, training, and oversight of experienced surveyors for mentorship of newly hired surveyors.

Quality Improvement Specialist, Vivage Quality Health Partners
And Pathways for Quality **2013-2016**

- Promoted to Person of Directed Care in LTC communities throughout Colorado through culture change awareness training and activities.
- Established and continued to develop the Green House Homes at Mirasol, Colorado's first Green House community, by providing initial training to all staff, ongoing education and support, and continuous oversight to ensure high quality of care and promotion of well-being among the elders and staff.
- Provided clinical and quality of life oversight to Vivage communities, demonstrating a dedication to improving quality and consistency of care, a commitment to ensuring a high quality of life for elders in LTC, and a desire to continually enrich the communities served.

- Conducted survey management during recertification surveys to positively impact regulatory outcomes, elder satisfaction, and provider competency.
- Performed mock survey evaluations of overall community performance.
- Assisted in clinical and psychosocial systems development, training, and implementation.
- Participated in special projects to assist communities with improving regulatory compliance, writing plans of correction, and informal dispute resolution requests in response to Federal LTC surveys; and aid in implementation of the plan of correction, including staff education, ongoing compliance auditing, and Quality Assurance/Performance Improvement oversight.

Health Facilities Surveyor Training Supervisor,
Colorado Department of Public Health and Environment **2010-2013**

- Educated Community Living Center staff/interdisciplinary team in providing patient-centered, relationship-based care on hospice, geropsychiatry, skilled nursing, and rehabilitative units.
- Actively monitored the provision of care, documentation, and care planning process.
- Worked with interdisciplinary teams to enhance knowledge of regulations, care planning and survey process for both the LTC Institute surveys and Joint Commission.
- Worked with treatment teams to identify ways to improve the quality of the care and problem solved on difficult veteran issues.
- Appointed to Veterans Administration (VA) clinical task force assigned to work with SVHs across the country experiencing high rates of falls among their residents.
- Principal investigator in a study involving the implementation of the IMPACT program in the Cleveland VA.

LTC Surveyor, Colorado Department of Public Health and Environment **2007-2010**

- Conducted traditional and QIS recertification surveys of LTC facilities throughout the state to determine compliance with Federal and State regulations using medical record review, interviews of staff and elders, and observations.
- Determined areas of regulatory non-compliance and wrote defensible deficiencies.
- Investigated complaint allegations regarding LTC facilities to determine compliance with Federal and State regulations.
- Reviewed facilities' plans of correction for completeness and effectiveness.
- Conducted facility revisits to ensure compliance with plans of correction/federal regulations.

Director of Therapeutic Recreation, Harmony Pointe Nursing Center **2004-2007**

- Performed analysis on qualitative data from International Studies examining community, marital, and sexual behavior and attitudes.
- Reported analysis results.

Site Manager, Daybreak Adult Day Health Care Center **2002-2004**

- Performed daily administrative duties along with provision of elder care and therapeutic recreation services.
- Supervised a team of three Registered Nurses and two Program Aides.

- Promoted the program at conferences and meetings, giving presentations to case managers, caregivers, and congregations throughout Southern Arizona.
- Hosted caregiver support groups, annual fundraisers, and community awareness activities.

Education and Training

- BS Recreation Management – Therapeutic Recreation Concentration, Gerontology Minor, Arizona State University
- Certified Therapeutic Recreation Specialist (CTRS), #51505, National Council for Therapeutic Recreation Certification
- SMQT Certified

JULIE PETERS, AS, RN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **09/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Registered Nurse Specialist Surveyor, State of Florida Agency for Healthcare Administration - Saint Petersburg, FL **05/2016-04/2021**

- Presented annual regulatory Infection Control training for the State of Florida Agency for Healthcare Administration. Received award of excellence.
- Conducted onsite surveys and engaged health care administrators and staff in dialogues to assess compliance with Federal/State regulations and standards of care, identifying opportunities for quality process improvements.

- Prepared deficiency reports based on facility noncompliance with CMS conditions of participation that succinctly link deficiencies with potential systems vulnerabilities and failures.
- Conducted follow-up visits to assess whether compliance failures have been corrected.

Director, Infection Prevention, Registered Nurse, San Ramon Regional Medical Center - San Ramon, CA **01/2014-07/2015**

- Analyzed hospital compliance with regulatory accreditation standards and policies and collaborated regularly with risk management, quality management, and operational managers/directors to continually improve regulatory compliance, patient safety, and outcomes of care.
- Provided site visits to other facilities within the region at the request of the regional Chief Nursing Officer for purposes of knowledge sharing, data analysis, facility wide program assessment, and recommendations to reduce Clostridium difficile infections.
- Trained endoscopy and sterile processing department on Carbapenem Resistant Enterobacteriaceae(CRE) and the proper cleaning and sterilization of utilized equipment.

Federal/State Licensing Surveyor, Arizona Department of Health Services - Phoenix, AZ **03/2013-12/2013**

- Conducted onsite surveys and follow-up visits of acute care health facilities to determine compliance with Federal/State regulations.
- Prepared reports that succinctly linked deficiencies with potential systems vulnerabilities and failures.

Director, Interim Infection Prevention, Registered Nurse, San Ramon Regional Medical Center - San Ramon, CA **11/2012-02/2013**

- Analyzed hospital compliance with regulatory accreditation standards and policies and collaborated regularly with risk management, quality management, and operational managers/directors to continually improve regulatory compliance, patient safety, and outcomes of care.
- Reported HAI data to NHSN.
- Led hospital Infection Control Committee Meetings.
- Provided oversight of the Occupational Health Program.

Infection Prevention Consultant, Registered Nurse, Florence Hospital Anthem & Arizona Regional Medical Center - Mesa, AZ **03/2012-09/2012**

- Developed the infection prevention and control program throughout the facility, coordinated enrollment of two hospitals under the same ownership into the CDC's National Healthcare Safety Network (NHSN).
- Provided information to hospital committees and department managers to help them formulate changes in the policies and procedures to reduce the spread of infection.
- Developed policies and procedures for the department and hospital that ensured compliance with JC;OSHA; CDC; CMS; and state/federal regulatory agencies.
- Interacted with physicians, nurses, department managers, supervisors, and other professional and nonprofessional staff members to provide resource information,

resolve infection control problems, and identify new opportunities to improve service and reduce costs.

Senior Infection Preventionist Manager, Registered Nurse, Banner Baywood Medical Center - Mesa, AZ **07/2000-07/2011**

- Collected/analyzed/ reported data on Healthcare Associated Infections to NHSN.
- Successfully reduced hospital-acquired Clostridium difficile infections by 80 percent from 2006 to 2010.
- Provided presentations to all hospital nursing /physician staff members via a program wide clinical performance improvement project in order to optimize recognition and support by executive leadership.

Education and Training

- Associates in Nursing, Mesa Community College

TRUDY POLLOCK, RN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **06/2017-Present**

- Conducts surveys consisting of Rural Health Clinics (RHC).
- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Adjunct Instructor, Kirkwood Community College **08/2015-06/2017**

- Instructor for Patient Care Academy teaching college credit courses to high school students at the Johnson Regional Center. Curriculum includes: Medical Terminology, Professionals in Health, Exploration of Health Care Careers, and Nurse Aide.
- Instructor for Medication Aide Class and Nurse Aide program.
- Administered State Competency skills exam for Nurse Aide Certification.

Nurse Consultant, State of WI Dept. for Home Health and Hospice **11/2011-07/2014**

- Completed Federal Surveyor training for Home Health and Hospice.
- Consultant to the Division of Quality Assurance focused on Home Health, Hospice and Personal Care Federal and State Regulations.
- Identified training needs, planned, designed, delivered and evaluated training and educational opportunities for health care providers and DQA surveyors.
- Developed interpretive guidelines on relevant codes.
- Provided specialized consultation; program and policy review, recommended and implemented strategies to improve the quality of health care throughout the state.
- Provided expertise related to clinical practices and standards.
- Developed and implemented Webinar training for personal care providers.
- Participated in workgroups for Personal Care Lean Government initiatives.

Staff Development Coordinator, Middleton Village SNF **06/2007-11/2011**

- New employee orientation and ongoing staff training.
- Employee Health.
- Infection Control Surveillance.
- Loss Prevention Coordination.
- Ongoing QA monitoring and participation in Performance Improvement Team.
- Competency testing and Supervision of CNA's.

Branch Manager/On-Call RN, REM Home Health **03/2005-06/2007**

- Overall responsibility for office fiscal management, productivity, Medicare/MA and compliance, Quality Assurance, ICD-9 coding, and new referral intakes.
- Taught new hire orientation and developed ongoing training modules for nurses.
- Supervised approximately 35 nursing staff providing Home Health and Personal Care Services.

RN Case Manager, Home Health United & Hospice **03/2002-03/2005**

- Focused on comprehensive patient assessment in home setting, supervisory visits, development of plan of care in collaboration with patient, family, treatment team and physician, wound assessment and treatment, IV management, hospice nursing and ongoing physician communication.
- Case Manager for Home Health and Hospice clients.

Unit Manager, Mendota Mental Health Institute **02/2001-03/2002**

- Start-up unit for civilly committed aggressive adult males.
- Responsible for staff training/development.
- Unit Milieu development.
- Coordinated patient care and transfers with administrative staff, clinical nursing, front line staff, physicians, and other units.
- Coordinated care planning team.

MA Supervisory Nurse, Dungarvin **02/1999-02/2001**

- Supervised Medicaid Personal Care Workers.

Taught Medication Administration Training and MA PCW Curriculum Program

Director, Sunrise Behavioral Healthcare **04/1997-02/1999**

- Opened Day treatment and Inpatient Gero-Psychiatric Units at St. Clare Hospital in Baraboo, WI.
- Developed all policies and procedures in compliance with state statutes and federal regulations.
- Successfully completed state certification and HCFA approval.
- Upon request of attending physician, performed psychiatric assessments and evaluations for acute care inpatients, hospital emergency services, and community providers.

RN Case Manager, Mental Health Center of Dane County **05/1993-04/1997**

- Primary case management responsibility for 10- 15 clients.
- Team approach for comprehensive follow-up of 120 adults with a primary mental health diagnosis living in the community.
- Served as preceptor for UW School of Nursing.

RN, Mendota Mental Health Institute **02/1998-05/1993**

- Staff RN on locked forensic unit.
- Created an 8-week psycho-education program based on current cognitive therapy principles with resulted in the creation of a patient/family education position within the institute.

Education and Training

- Associate Degree, Nursing, Madison Area Technical School

PATRICIA POOLE, RN, BSN

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Contract CMS Surveyor for ESRD surveys for the State of New Mexico **2018-2021**

- Surveyed ESRD facilities and trained new surveyors for the state.

Department of State Health Service **08/2006-09/2017**

- Surveyed for compliance of State Licensure and CMS Condition of Participation for Hospitals, Dialysis facility, and Ambulatory Surgical Centers. Responsibility required understanding of State and Federal Regulation, with substantial knowledge of nursing.
- Surveyed transplant programs for 4 years throughout the State of Texas.

Rusk State Hospital **05/2006-05/2006**

- Responsible for the daily operation of a psychiatric unit

East Texas Medical Center Jacksonville (also known as Nan Travis Memorial Hospital) **02/1977-02/2006**

Sr. Vice Presidents /Compliance Officer (1998-2006)

- Responsibilities included direction of the Patient Care Departments (which included nursing), Case Management (Utilization Review) and Medical Records.
- Directly responsible for Performance Improvement, Corporate Compliance and Risk Management activities.
- Developed and managed an effective Compliance and Performance Improvement program that included training.
- From 2001 until 2006, effectively developed and managed a Compliance program that fulfilled all obligations of the Corporate Integrity Agreement between the Hospital and the Federal Government. This effort required strong knowledge of Federal Standards, Conditions of Participations, Coding Regulations, and Utilization Review. Responsibilities also included coordination of all survey activities as well as development of plans of corrections.

Vice President QI, Case Management (1989-1998)

- Direct Responsibility for the development and operations of all hospital quality improvement and case management (Utilization Review activities.
- Developed and implemented a successful Quality Improvement program for the Medical Staff.
- Coordinated all surveys with the surveyor and completed the plans of correction.

Education and Training

- BSN, Stephen F. Austin State University
- ASN, Angelina College

NINA SANDERSON, BA

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor,
Healthcare Management Solutions, LLC (HMS) **10/2018-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

State of Idaho, **2012-2018**

Long-Term Care Co-Supervisor (2015-2018)

- Supervised survey staff, including hiring, training, and evaluations.
- Reviewed survey findings to ensure deficiencies reflected regulatory noncompliance and were written in PoD format.
- Initiated and maintained enforcement cases.

- Provided guidance on regulatory questions to providers and other members of the public.
- Chairperson of the State CNA abuse committee. Represented the State at hearings when CNAs appealed committee findings.
- Quality Assurance reviews of surveyor performance.
- Complaint intake and prioritization consistent with CMS requirements.

Health Facilities Surveyor (2012-2015)

- Conducted recertification, complaint, follow-up, and initial surveys of LTC facilities, utilizing the traditional LTC survey process.
- Wrote survey findings using PoD.
- Reviewed plans of correction.
- Served on state committee to investigate statewide allegations of Certified Nursing Assistant abuse.
- Complaint intake.

Social Services Director, Life Care Center at Valley View **1998-2012**

- Developed and maintained a social services program consistent with state and federal regulatory requirements.
- Conducted psychosocial assessments, per standards of practice and CMS requirements.
- Developed, implemented, monitored, and revised resident care plans.
- Referrals to community resources for behavioral health.
- Discharge planning for a subacute rehabilitation facility.
- Interdisciplinary team member for Quality Assurance and Performance Improvement committees including compliance with Medicare and Medicaid regulations; behavior management; psychotropic medications in LTC; abuse and neglect prevention; falls and other adverse events; pressure ulcer risk; weight loss and nutritional risk; and resident and family grievances.
- Abuse and neglect investigations.
- Training for all staff on cognitive loss, related behaviors, and interventions to prevent distressful resident behaviors.

Education and Training

- Bachelor of Arts, Social Work, Boise State University

ANDREA SHULL, ARNP, CNM, NHA

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **05/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Greenwoods Healthcare Consulting, Self-Employed **2000-2021**

Sava Senior Care Consulting LLC **01/2014-04/2015**

- Began with interim work as DON and then division director of clinical services full time. Provided consultant services to 10 Michigan facilities in the metro Detroit area, Flint and Ypsilanti. Improved survey outcomes since taking this role and decreased unplanned hospital discharges.

Extendicare **06/2013-04/2014**

- Part-time consultant providing chart reviews, employee evaluations, QA, survey readiness. Locums position as needed for nursing home administrator, and interim regional nurse consultant and DON.

Healthcare Surveyor State of Michigan **04/2012-05/2013**

- Performed surveys on a state-wide basis. The purpose of these surveys was to determine initial and on-going compliance with State and Federal health care regulations by assessing quality of patient care. Monitored the health care and preparing reports of violation, which required the application of professional knowledge, experience and on-going knowledge of health care standards. Surveys were conducted for nursing homes, county medical care facilities and hospital long-term care units. SMQT certified.

Nurse Practitioner-Madigan Army Medical Center-Joint Base Lewis/McCord Washington State **05/2009-06/2011**

- Provided primary care to antepartum and postpartum patients and women's health care to gynocology patients ages 13 and up. Took histories, diagnosed, and treated medical problems within scope of practice. Performed physical exams and laboratory tests. Ordered other diagnostic tests as needed and interpret results. Prescribed medications for treatment of illnesses and prevention of potential problems. Prescribed birth control methods appropriate to patient and screen for and treat STDs. Attended continuing education as allowed and provided for with time off

Nurse Practitioner-Correctional Services **08/2008-03/2009**

- Provided primary care for 1400 inmates. Included acute care, chronic care management and emergent stabilization for transfer. Diagnosed and treated, ordered and interpreted medical diagnostic testing; referred as needed.

Nurse Practitioner Greenwoods Healthcare Consulting, PLLC **04/2007-ongoing**

- Consultant for chart reviews, survey readiness, and review of practices to identify and solve problems with patient flow and clinical staff time management. Provided services as an independent contractor in nurse practitioner role. Most recent position in this role was working for health department as interim nurse practitioner for women's health care and family planning clinics.

Director of Nursing Services-Lakeview manor Rehab/Healthcare **05/2005-05/2007**

- Supervised 60-bed facility with large rehabilitation load and approximately 80 employees. Provided employee health services, infection control, in service director, did scheduling for nursing staff, upgraded CPR status for employees, did staff evaluations and disciplines and hired new employees. Taught LPN's venipuncture and starting IV's. Taught documentation and medication review to nursing staff.

Assertive Community Treatment Nurse-Northeast Michigan Community Mental Health **02/2002-03/2005**

- Provided home care to seriously and chronically mentally clients to keep them functioning in the community and out of the hospital. Did psychiatric medication monitoring for compliance and complications. Appeared in court on behalf of clients and assisted in the legal system to help determine the most appropriate interventions.

Attended hospital rounds and made recommendations to staff psychiatrists regarding treatment options. Was on call for psychiatric emergencies at local hospital.

Charge Nurse – Jamieson Nursing Home **02/2000-02/2002**

- Facility supervisor of usual census 48-50 residents and approximately 10 employees. Provided employee health services, chart review and direct resident care. Did employee schedules, conflict resolution and disciplines.

Education and Training

- Master's candidate in Psychology, University of North Dakota-present
- Stanford's Pilot Program-Certified Nurse Midwife, San Jose State University
- Women's Health Nurse Practitioner, University of Wisconsin
- Bachelor of Science, Western Michigan University
- RN, Bronson Hospital School of Nursing

RONDA SCHULTZ, RN, MSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **09/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work within established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Surveyor, Ascellon Corporation **11/2019-09/2021**

- Federal and State surveys and investigations of allegations of LTC facility violations including abuse, neglect, misappropriation, and other regulatory violations per Federal and State policy guidelines for Federal and State contracts. Report preparation with strict regulatory guidelines and timeframes. Provided testimony as required.

HHSC Investigator VI – Long-Term Care Regulatory **05/2018-10/2019**

- Investigations of allegations of LTC facility violations including abuse, neglect, misappropriation, and other regulatory violations per Federal and State policy guidelines. Inspections of facilities to determine compliance with regulations. Worked

independently and as a member of an interdisciplinary team in defined State Regions and in other Regions as requested.
- Collected and analyzed data including interviews, observations, and records reviews.
- Prepared reports including evidentiary citations within strict timelines. Provided testimony as required.

RN School Nurse - Alternative School, Pflugerville Independent School District **01/2016-03/2018**
- Worked with at-risk student population for clinical, mental, and other health care issues. Direct care of children and adult populations. Provided rapid assessments and direct medical care in independent environment.
- Mentored nursing students in programs development and implementation. District-wide program design and development.
- District Diabetes trainer to support care of diabetic students and staff.
- Functioned as school district liaison. Policy and program analysis/development. Supported 4 programs of different at-risk students.

Medicaid Provider Integrity – Office of Inspector General **04/2015-01/2016**
- Clinical records review of submitted documentation from Medicaid Providers identified by Office of Inspector General as being suspect of fraud, waste, and abuse/treatment and billing abnormalities. Preparation of reports with supporting data analysis. Worked as member of team to address Medicaid issues, including liaison with TMHP and multiple government entities. Testimony as required.

RN Clinical Manager – Fresenius Medical Care **04/2014-04/2015**
- Clinical manager of large and growing in-center dialysis unit encompassing in-center and home modalities.
- Managed clinical and business operations, regulatory compliance and reporting, quality measurements and reporting, staffing, biomedical supervision, and customer service.
- Functioned as clinical team member as required. Significant change management due to troubled clinic history.
- Grew clinic by 90% during tenure.

Dialysis RN – DaVita Dialysis Acute Division **05/2013-04/2014**
- Dialysis RN providing direct care and education to renal patients in acute hospital settings. Hemodialysis, peritoneal dialysis, CRRT/CVVHDF, apheresis.

RN Administrator – Austin Midtown Ambulatory Surgery Center **09/2012-01/2013**
- Clinical administrator for Ambulatory Surgery Center. Coordination of construction and opening of new ASC facility. Liaison with multiple surgeons, supervised clinical and administrative staff.

Director of Quality Improvement – Medicaid, CHIP, ERISA, charity – Seton Health Plan **03/2012-08/2012**
- Director of Quality Improvement for new Managed Care Health Plan. Quality Improvement programs development, implementation, monitoring, evaluation, and reporting for State and Federal programs.

RN Manager Consulting/Contracting: leadership, management, case management, prior authorization/case management **11/2010-02/2012**

- Manager of Prior Authorizations for the Texas Medicaid Healthcare Partnership. Leadership and management of nurses, specialists, and administrative staff to support Home Health and other programs/areas for prior authorization requests per Texas Medicaid Policy. Escalated issues. Active participation in implementation of quality enhancement software.

RN Utilization Review Nurse – MillBill Program, Veteran's Administration Financial Services Center **11/2009-11/2010**

- Review of critical care medical claims for medical efficacy and program compliance for pilot program. Participated in program enhancements. Interdepartmental liaison.

RN School Nurse - Alternative School, Pflugerville Independent School District **08/2008-11/2009**

- Worked with at-risk student population for nursing and other health issues.

Instructor of Clinical Nursing (Pediatric & Adult), School of Nursing/University of Texas at Austin **01/2006-05/2008**

- Led, mentored, and taught theory and application of clinical nursing, and leadership and management programs including legal and ethical aspects of practice to undergraduate and graduate nursing students.

Clinical and Teaching Assistant, School of Nursing/University of Texas at Austin **08/2003-12/2005**

- Computer systems program development and maintenance. Clinical assistant in simulation labs. Evaluation and implementation of various clinical software and hardware packages (EHR, EMAR) to train nursing students. Assisted with implementation and operation of simulation software.

RN II / Pediatric Intermediate Care Unit & Pediatric Intensive Care Unit (PRN), Dell Central Texas Children Medical Center **05/2005-08/2008**

- Critical care RN in pediatric setting as member of the health care team within nurse educator contractual obligations. Assisted with implementation of software and hardware HIM in clinical setting including migration of records.

RN / Emergency Room (PRN), St. David's Medical Center **04/2007-12/2008**

- Critical care RN providing patient care to critically ill clients as member of the health care team. Also involved with implementation of critical care software.

Patient Care Technician II, St. David's Medical Center **2002-2003**

- Re-entered healthcare field by providing direct patient care and technical support services in the Surgical Services and Emergency Departments under supervision of physicians, registered nurses, and surgical technicians. Trained new employees.

Education and Training

- Master of Science, Nursing Systems, University of Texas at Austin
- Bachelor of Science, Psychology, University of Houston

AUBREY SMITH, BS, AS

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Business Analyst, Healthcare Management Solutions, LLC **01/2014-Present**

- Responsible for providing physical environment analysis of Regional Office and Accrediting Organization facility surveys.
- Responsible for providing a review and synopsis of Life Safety Code Waiver and FSES requests submitted by the Accrediting Organizations.
- Demonstrate comprehensive general engineering and/or architectural expertise, with in-depth knowledge of NFPA life safety code standards and requirements for various types of healthcare facilities.
- Provide comprehensive knowledge of Title XVIII of the Social Security Act and related laws, regulations and policies to ensure that survey and certification activities and accreditation organizations comply with Federal requirements related to physical environment/life safety standards.
- Proficiently analyze issues, develop and present facts, recommendations or solutions in clear, concise, and logical terms, both orally and in written form.

Owner/Sole Proprietor, Stonewall Safety & Fire Safety Consulting, LLC **06/2012-Present**

- Consultant for safety programs.
- Consult General Industry and Construction Safety.
- Construction Safety, Authorized OSHA 10 & 30 Hour Outreach Construction Training.
- Fire and Life Safety Code Consulting including reviewing plans and site inspections.
- Emergency management.
- First Aid and CPR.

Safety Officer/Emergency Management Coordinator, Stonewall Jackson Memorial Hospital **12/2011-05/2013**

- Performed Safety and Environment of Care Inspections.
- Reported unsafe conditions involving safety and fire code compliance.
- Managed Hazardous Communications and Emergency Management Plans.
- Held New Employee Orientation on Environment of Care, Fire Safety, Security, and OSHA regulations, and Hazardous Communications.

Assistant State Fire Marshal III, West Virginia State Fire Marshal **04/1997–01/2012**

- Conducted Complex Fire Safety Inspections.
- Reviewed Complex building and site plans for Fire Code Compliance.
- Performed fire investigations, search scene for physical evidence, analyzed evidence, interviewed witnesses, suspects to obtain corroborative evidence, and prepare detailed investigative reports.
- Trained Lower Level and Deputized Fire Marshals.
- Coordinated, organized, developed, and presented classes on public fire safety education.

- Served as Speaker for WV State Fire Marshal Office for Fire Safety presentation before Landlords Association of WV, WV Hospital Engineers, College Engineers, and WV State Building Code Officials.
- Assisted in Course Development for Deputized State Fire Marshal Program.
- Developed Pyrotechnic Operator Course for WV State Fire Marshal Office.

Owner/Sole Proprietor, Safe-T Training and Consulting **04/1996-04/1997**

- Provided Safety Training for General Industry.
- Created and wrote Safety Programs.

Safety Manager, Louie Glass Factory **05/1994-04/1996**

- Provided Safety Audits, Inspections, and written Safety Programs.
- Developed Safety Committee, Hearing Conservation Program, Confined Space Program, and Electrical Lock-out/Tag-out Program.

Education and Training

- Bachelor of Science, Safety Engineering Technology, Fairmont State University
- Associate of Science, Safety Engineering Technology, Fairmont State University

Certificates and Licenses

- NFPA Certified Inspector II, April 2008 (recertified 2011)
- NFPA Plans and Review Examiner I, November 2002 (Recertified) 2005, 2009, 2011
- NFPA Fire Inspector I, October 1999, (Recertified) 2004, 2007
- NPQB/NFPA 1041 Fire Instructor II, March 1991
- NFQBINFPA 472 Hazardous Material Technician, May 2001
- NFQB/NFPA 1021 Fire Officer II, July 1999
- NFQB/NFPA 1021 Fire Officer I, August 1998
- NFQB/NFPA 1001 Fire Fighter III, March 1988
- Electrician License- Apprentice
- Pyrotechnic License
- Explosives License- Class G
- OSHA 500 Authorized OSHA Instructor for Construction Industry Outreach courses
- WV Department of Education Teaching Permit - Adult Education
- Homeland Security Exercise and Evaluation Program HSEEP

Professional Activities

- WVU Fire Service Extension, Adjunct Instructor
- WV State Fire Chief's Association, Member, Board of Directors (2003- 2009)
- WV State Fire Marshal's Association-Member, Board of Directors (2002-2011)
- WV Department of Education, Regional Education Service Agency, Instructor
- Lewis County Hazardous Material Response Team, County Coordinator (2005-2012)
- Lewis-Upshur LEPC, Co-Chairman (2003 - 2005)
- Volunteer Firefighter (December 1979 – Current)
- West Virginia Office of Emergency Services- Weapons of Mass Destruction
- Regional Response Team, March 11, 2003
- Reviewed manuscript for Jones & Bartlett, Fire Inspector: Principles & Practices 2012 Edition

Professional Expert Witness

- Black vs. St. Joseph's Hospital, Expert witness services regarding electrical code compliance and requirements for electrical service after disconnection.
- Warner vs. City of Morgantown and officials, Expert witness services regarding authority and enforcement of fire code and building code in apartments and buildings.
- Hamner vs. Monongahela Power, Expert witness services regarding fire investigation of large loss fire in industrial facility.

DEBORA SPRINGER, RN, MBA/HCM, BA

MEDICAL FACILITY SURVEYOR

Relevant Professional Experience

Healthcare Management Solutions, LLC **2006-Present**

Senior Medical Facility Surveyor (10/2018-Present)

- Conducts surveys consisting of Critical Access Hospitals (CAH).
- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Project Manager – Surveyor Organ Transplant Programs (SOTP)/Enhancing Quality Assessment and Performance Improvement (EQAPI) (2006-2018)

- Maintained documentation related to project planning, implementation, and issue resolution.
- Participated in the preparation and ensures the accuracy of project policy, procedures, and/or other manuals.

- Ensured compilation of accurate project records.
- Tracked project costs and completion of objectives, based on established timelines.
- Established and maintained excellent communications with customer on project issues and concerns.
- Maintained excellent communication with project staff, outside suppliers, and other project-related personnel.
- Coordinated efforts of all team members by maintaining and disseminating accurate and timely information.
- Attended meetings as directed and agreed upon.
- Anticipated and resolved any scheduling conflicts or other issues.
- Tracked and controlled project costs staying within budget, and justified variances as necessary.
- Assessed resource requirements for assigned projects and coordinated staff and supplies necessary to maintain budget and schedule.
- Assisted the Affirmative Action Officer in identification of potential or real problem areas and facilitates in elimination of any barriers to equal employment opportunity.

Lead Transplant Surveyor (2006-2018)

- Led the survey team in conducting onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy, and Federal Oversight (comparative) surveys for compliance with Conditions of Participation (CoPs) related to organ transplant programs.
- Participated in State assist or guided surveys for compliance with CoPs related to organ transplant programs.
- Analyzed documents, such as policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to assess quality of care, implementation of policies, and compliance with Medicare CoPs.
- Analyzed the QAPI documents, policies, committee meeting minutes, monitored measures, and dashboard data for each provider for compliance with Medicare CoPs.
- Evaluated patient care environments to assess compliance with CoPs.
- Interviewed transplant staff and other medical personnel to determine knowledge of the CoPs and level of participation/compliance.
- Complied with CMS Principles of Documentation in maintaining and preparing records, reports, and correspondence related to the survey process.
- Captured appropriate information/documentation in the workbook to support findings including time, dates, and personnel confirming findings.
- Obtained copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cited CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the Principals of Documentation.
- Reviewed all written submissions/reports for accuracy, grammar and spelling prior to sending.

- Reviewed Survey Workbooks and CMS 2567 deficiency citations submitted to HMS based on established deadlines.
- Reviewed and evaluated pre-survey information and is knowledgeable about any pre-existing issues related to the Transplant Program Quarterly Report (TPQR) prior to beginning the survey.
- Maintained current knowledge of: CMS/HMS policies and procedures, Medicare CoPs for Transplant Centers, and CMS Survey & Certification letters that include program, policy or process changes/revisions.
- Adequately completed all required training, annual competency, and performance reviews.

Clinical Nurse Manager – ED, Site Manager – Tucker Community Urgent Care, Davis Memorial Hospital **1990-2006**

- Managed daily operations of emergency department and free-standing urgent care which included clinic, lab, radiology, retail pharmacy, and physician family practice with 24/7 accountability.
- Was responsible for budgeting and staffing.
- Developed and implemented policies and procedures for emergency department, urgent care, as well as Tucker Family Care to meet JCAHO standards of compliance.
- Co-chaired bioterrorism and disaster preparedness initiatives for Davis Health System.
- Member of Davis Memorial Hospital's Safety Committee.
- Davis Memorial Hospital and Tucker Community Urgent Care CORE representative.
- Served on numerous PI teams.
- Physician Satisfaction Team Chairperson.
- Service Excellence Team Steering Committee.
- Served as employee health nurse.

Police Officer, Elkins Police Department **1976-1982/1984-1990**

- WV State Police Academy graduate 56th Basic Class.
- McGruff child safety presentations.
- Traffic and crime scene investigation.
- Interrogation techniques.
- Drug enforcement.

Substance Abuse Counselor, Appalachian Mental Health Center **1982-1984**

Evaluation of abusive behaviors.

- Individual and group counseling.
- Administered personality inventories.
- Conducted DUI schools.
- Provided consultations.

Education and Training

- MBA, Health Care Management, University of Phoenix
- ADN/AS, Registered Nurse, Davis & Elkins College
- BA, Psychology, Davis & Elkins College

ROBERTA STANFORD, AS, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **03/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Consultant, Long-Term Institute **04/2014-01/2022**

- Monitored for compliance with state and federal regulations that govern long-term, short-term and rehabilitation facilities in VA facilities throughout the United States. Monitoring compliance included but was not limited to the following: observation of cares, observations of activities, observation of environment, resident and staff interviews, resident medical record review, policy and procedure review, written report of findings, mentoring new employees. During the Covid-19 restrictions for the past

nearly two years, conducted surveys for State and Federal VA nursing home surveys virtually until these nursing homes would allow onsite visits.

Nurse Consultant 1, Division of Quality Assurance **08/1991-04/2014**

- Responsible for: Conducting Medicare certification/recertification, State licensure, and complaint surveys for Long-term, Short-term, and rehabilitation facilities as well as: Home Health Care agencies, Hospice facilities, End Stage Renal Dialysis facilities, and Hospitals; providing consultation to Assisted Living facilities and Adult Family homes when nursing positions for these providers were not instituted; assisting in environmental and care level determinations in intermediate care facilities for persons with mental health diagnoses; providing input into long term care policies and procedures when needed or requested.

Nursing Supervisor, Heyde Health System **06/1986-8/1991**

- Responsible for: Supervising approximately 10 RNs, 10 LPNs, and 91 CNAs in a facility providing long-term, Short-term, Rehabilitation, Ventilator care, geriatric care, and mental health care for approximately 200 or more residents. Other responsibilities included: knowing, implementing, teaching, and monitoring employee compliance of Federal regulations and State administrative rules; assisting in implementation, management, and evaluation of a ventilator dependent unit; assisting in the development of unit policies and procedures required to maintain a safe and secure environment for residents and staff; functioning as a floor nurse on any unit when needed; notifying physicians of changes in resident conditions; transcribing physician orders; assessing residents and documenting accurate health histories; administering medications and treatments to residents; training new employees; developing and revising employee schedules for all units; evaluating employee performance; and providing employee and family counseling.

Education and Training

- Associate of Science, Nursing, District One Technical Institute
- SMQT Certified

JAMES STEWART, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **05/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Licensed Facility Surveyor Consultant - Columbia, SC **06/2020-11/2020**

- Assisted various State agencies, ensuring skilled nursing home compliance with COVID regulations, re-certifications and abuse investigations

Licensed Facility Surveyor, State of South Carolina - Columbia, SC **05/2016-05/2020**

- Assured compliance with standards of care in nursing homes.
- Performed surveys in compliance with Federal and State regulations.
- Investigated accusations of alleged abuse or neglect within LTC facilities.

- Developed investigative strategies.
- Performed inspections of individual's regulated activities for compliance with Federal and State laws.
- Monitored and reviewed information gathered from the environment and from all materials pertaining to the survey or investigation.

Licensed Facility Surveyor, State of Florida - Tampa, FL **08/2008-04/2016**

- Assured compliance with standards of care in nursing homes, assisted living, rural health clinics and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
- Performed surveys in compliance with Federal and State regulations
- Investigated accusations of alleged abuse or neglect within LTC facilities
- Developed investigative strategies.
- Performed inspections of individual's regulated activities for compliance with Federal and State laws.
- Monitored and reviewed information gathered from the environment and from all materials pertaining to the survey or investigation.

Licensed Facility Surveyor, State of New Mexico - Albuquerque, NM **08/2004-02/2007**

- Assured compliance with standards of care in nursing homes, assisted living and ICF/IID facilities.
- Performed surveys in compliance with Federal and State regulations.
- Investigated accusations of alleged abuse or neglect within LTC facilities.
- Developed investigative strategies.
- Performed inspections of individual's regulated activities for compliance with Federal and State laws.
- Monitored and reviewed information gathered from the environment and from all materials pertaining to the survey or investigation.

Education and Training

- Bachelor Degree in Counseling

CYNTHIA STRINGFIELD, RN, MSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 05/2021-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Nurse Consultant/Inspector, Office of Inspector General, Frankfort, KY 09/2012-07/2018

- Inspection of health care facilities (LTC, HHA, Hospital)
- Investigation of health care facility complaints (LTC, HHA, Hospital)
- CMS certification for LTC (2013), Acute Care Hospital (2017), and EMTALA (2018)

Nurse Supervisor and Nursing Education Coordinator 08/2005-02/2011

- Inspection of health care facilities (LTC, HHA, Hospital)
- Investigation of health care facility complaints (LTC, HHA, Hospital)
- CMS certification for LTC (2013), Acute Care Hospital (2017), and EMTALA (2018)

Part-time Nursing Instructor, Bellamine University **08/2005-08/2007**

- N 206 Nurse Client Interaction – Didactic Instructor (Fall 2006)
- N 450 Nursing Leadership – Clinical Instructor (Spring 2006)
- N 206 Nurse Client Interaction – Clinical Instructor (Fall 2005)

Family Nurse Practitioner, University of Louisville Healthcare First Care 06/2004-06/2005 and 03/2003-05/2004

- Triaged, assessed, and ordered treatment for patients in First Care, U of L.
- Physically assessed and ordered treatment for assigned patients during routine daily rounds with collaborative physician – Hazelwood Intermediate Care Facility.
- Collaborated with staff physicians, physician assistants, and nurse practitioners regarding assessments, test results, diagnosis, and treatment plan for all patients.

Nursing Care of Adult And Pediatric Patients in Acute Care Hospital, Home Health, and Out-Patient Clinics Prior to Graduate School in 2000 **1976-2000**

Education and Training

- Master of Science in Nursing, Family Nurse Practitioner Certificate, Spalding University
- Certified as a Family Nurse Practitioner, American Academy of Nurse Practitioners
- Bachelor of Science in Nursing, University of Louisville
- SMQT Certified

ROBIN TUISKULA, RN-BC

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **07/2015-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Healthcare Facility Inspector/Investigator,
Massachusetts Dept. of Public Health **1999-2015**

Registered Nurse, C-Sub-acute Unit Manager, Beverly Healthcare Heritage **1998-1999**

Education and Training

- Associate Degree Nursing, Worchester City Hospital School of Nursing
- SMQT Certified

CHARLES WALTERS, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 09/2018-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Performs interviews with residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS according to established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Human Service Surveyor, Commonwealth of Kentucky,
Cabinet for Health and Family Services/Office of Inspector General 12/2015-06/2018

- Conducted onsite surveys independently, as part of a team, or as a team leader for assigned discipline and survey types to ensure compliance was maintained at state and federal levels per regulations.
- Performed enforcement and/or consultative duties involving health and social care services.
- Reviewed matters pertaining to minimum data sets.

- Identified and assessed linkage of environment conditions and hazards to adverse health conditions, sanitation, soiled and hazardous waste, hazardous material handling, and infection control.

Family Support Specialist, Commonwealth of Kentucky, Cabinet for Health and Family Services/Dept. for Community Based Services 11/2013-11/2015

- Determined program eligibility in accordance with a variety of regulations.
- Utilized computer record-keeping system.
- Scanned private personal documents and electronically filed them.
- Accessed state and federal databases to help determine eligibility information.
- Conducted face-to-face interviews with applicants from diverse socioeconomic backgrounds and temperaments for public assistance to gather information pertinent to their application.
- Interpreted policies and procedures applicable to the various programs.
- Determined and authorized SNAP, family Medicaid, and LTC Medicaid eligibility for public assistance in accordance with federal and state regulations and timeframes.
- Monitored client records for all benefit and other program requirements.
- Detected fraud cases and made appropriate referrals to supervisors.

Corrections Officer, Commonwealth of Kentucky, Dept. of Corrections 08/2012-10/2013

- Supervised the housing of medium-security convicted felony offenders.
- Ensured the safety of the public, fellow coworkers, and other inmates.
- Carried out specific posted orders on a daily basis.
- Responded to emergency situations.
- Conducted random searches of inmates' living areas and persons.
- Investigated suspicious activity, gathered evidence and completed proper chain of custody for internal adjustment and/or external law enforcement.
- Completed any extraordinary occurrence reports that occurred during the shift.
- Tracked officers while transporting inmates from the institution to medical appointments, court appearances, and institutional transfers; updated this information in Kentucky Offender Management System.

Assistant Home Manager, Bluegrass Oakwood 05/2009-07/2012

- Provided services to adults diagnosed with intellectual disabilities and developmental disabilities, ensuring the safety, welfare, and the preservation of resident rights.
- Completed and reviewed staffing schedules in advance to provide accurate coverage daily for their assigned home.
- Performed routine tasks providing direct supervision of Residential Associates and Senior Residential Associates to ensure programmatic and administrative activities were conducted. Enforced time and attendance policies.
- Evaluated staff annually based on their performance/attendance.
- Trained residential staff on issues that pertained to clients, home, policies and procedures.
- Coordinated, supervised, and assisted with activities for the clients.

- Ensured the home had adequate supplies as needed to carry out treatment plans and maintain a safe, clean living environment.
- Demonstrated the ability to correctly compile reports, create work schedules, and enter data into assessments.
- Investigated and completed incident reports of client accidental injury, client unknown injury, peer-to-peer aggression, and allegations of abuse.

Education and Training

- Bachelor of Science in Psychology, University of the Cumberlands
- SMQT Certified

MARY J. WASSEL, MS, BSN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Quality Review Manager, Healthcare Management Solutions, LLC (HMS) 04/2016-Present

- Integral part of the project management team providing direct oversight and coordination of the Quality Assurance Specialists.
- Develops, implements, monitors, and continuously improves processes to ensure 1) high quality reviews of 2567's and Plans of Correction utilizing Principles of Documentation (PoD) and 2) accuracy in citing deficiencies by regulation and severity.
- Provides expertise to ensure case examples are appropriately developed and delivered to the Centers for Medicare and Medicaid Services (CMS).
- Collaborates with the HMS training staff to continually assess and make recommendations for training, re-training, and continued improvement of HMS surveyor performance.
- Participates in project management activities such as meetings, reporting, and communications.
- Performs onsite surveys.

Dept. of Health and Human Services, Division of Survey and Certification 04/2001-03/2016

Health Quality Review Specialist (04/2001-03/2016)

- Surveyed Medicare/Medicaid Long-Term Care (LTC) facilities. Assessed the quality of health care provided to Medicare/Medicaid recipients who reside in LTC facilities in Region V.
- Served as team leader, coordinating efforts of other specialists in complex surveys.
- As a team leader, coordinated, assembled, and reviewed completed survey reports prior to submission to supervisor.
- Conducted onsite inspections of health care delivery provided to beneficiaries.
- Identified opportunities for improving State Agency (SA) performance and effectiveness.
- Analyzed statistical and historical data, reports, and provider surveys to assess SA quality of care and to recommend improvements.
- Continued all previously assigned duties as a Nurse Consultant.

Nurse Consultant (04/2001-08/2002)

- Assessed and evaluated SAs, providers and suppliers of services, to assure compliance with health standards and procedures required by Medicare regulations. Assessed provider care.
- Served as team consultant in nursing care concepts and practices to providers, SA personnel, managed care organizations, medical contractors, suppliers, and professional organizations.
- Conducted Medicare/Medicaid surveys either as an individual, team coordinator, or member of team of other health professional disciplines within the Regional Office.

- Monitored State enforcement of health and safety standards for healthcare facilities providing quality care. Developed, conducted, and participated in training courses, research, and workshops aimed at various health professions within the Region.
- Served as a resource person to states and providers conducting a special study or research.

Indiana State Department of Health **09/1983-04/2001**

Training Director (05/1998-04/2001)

- Trained new LTC surveyors and provided continuing training courses/workshops to maintain performance capability of professional staff working in Medicare/Medicaid facilities in the State of Indiana.
- Provided direct training to new LTC surveyors.
- Organized and presented quarterly training programs to improve LTC surveyors' knowledge of quality care and changes in Medicare/Medicaid Regulations and Surveyor Protocols.
- Responsible for the Indiana's Nurse Aide Training Program. Participated in the revision of the *105-Hours Nurse Aide Training Course Manual and Requirements*.
- Chairperson for the Policy and Procedure Committee.
- Provided Joint Provider and Surveyor training courses.
- Presented the Health Care Finance Administration Initiatives to the Administrator's training course.

Quality Review Specialist (05/1995-05/1998)

- Reviewed and analyzed technical material (CMS-2567 reports); applied the PoD and coordinated document revisions with appropriate supervisor and surveyors.
- Provided quarterly training to enhance the surveyors' knowledge and understanding of the PoD.
- Attended a monthly meeting with other quality review specialists in the State of Indiana to review and obtain a level of consistency within CMS-2567 reports.

State Surveyor (09/1983-09/1986 and 09/1993-04/2001)

- Assessed and evaluated providers and suppliers of services to assure compliance with health standards and procedures as required by Federal LTC Regulations.
- Assessed quality of care rendered by providers and suppliers.
- Conducted surveys either as an individual, team coordinator, or healthcare team member.
- Conducted continuing evaluation and assessments of providers' performance and effectiveness utilizing federal survey data, CMS data, and personnel site visits.
- Served as a resource person to providers in the State of Indiana, which needed services under a special study or research program.

Education and Training

- Master of Science and Administration, University of Notre Dame
- Bachelor of Science, Nursing, Indiana State University

MONICA WEATHERLY, MS, BS

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **04/2022-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Clinical Nutrition Director Forefront Healthcare **12/2021-Present**

- Clinical nutrition director over two hospitals, two nursing facilities, and one assisted living facility.
- Outpatient counseling for hospital patients.
- Completed additional audits for high-risk residents, kitchen sanitation and overall clinical nutrition goal progression.

LTC Surveyor - Dietitian, CertiSurv **11/2019-04/2022**

- Completed contracted surveys across the country for recertification surveys/complaints for LTC facilities.
- Completed infection control surveys for LTC facilities and assisted living facilities.

Compliance Inspector- Dietitian, Colorado Department of Public Health and Environment **2/19/19-07/30/21**

- Traveled to LTC facilities throughout the state of Colorado. Completed annual/ complaint surveys within the facilities ensuring federal and state compliance.
- IDR (Informal Dispute Resolution) committee member 6/2019-8/2020.
- Designated TC (Team Coordinator) for most surveys – 8/2020.
- 10/1/19-8/2020: TC Trainer. Trained surveyors on how to be an efficient/effective TC.
- 2/2020-8/2020: (FRI) facility reported incident trainer. Trained surveyors on how to complete a thorough investigation.
- 8/2020-11/2020: Assisted living regulation for survey and complaint investigations.
- 8/2020: Started supervisor certificate training with CDPHE. Education on complaint intake process.

abaqis Trainer/ Surveyor for LTC facilities, Providigm **01/2017-02/2019**

- Completed contracted surveys across the country for recertification surveys/complaints for long term care facilities.
- Traveled across the country training providers on abaqis (survey readiness, QAPI plans, facility assessment, etc.)
- Providigm was acquired by Healthstream 2019.

Compliance Inspector-Dietitian, Colorado Department of Public Health and Environment **12/2013-12/2016**

- SMQT completion.
- Traveled to LTC facilities throughout the state of Colorado. Completed annual/ complaint surveys within the facilities ensuring federal and state compliance.
- Presented training to CHCA on F371- kitchen sanitation.
- Presented training to Colorado surveyors on F325- Nutrition
- Designated TC every 4th survey with exception.

Clinical Dietitian, PACE **04/2013-11/2013**

- Completed assessments for all PACE clients.
- Taught one-on-one and group education sessions/ trainings.
- Home and nursing home visits helping to ensure adequate nutritional status.
- Supervised one employee (Diet Tech).

Clinical Dietitian, Life Care Center **07/2012-04/2013**

- Assessed new admissions, annuals and quarterlies.
- Monthly dining review and sanitation inspections.
- Attended and participated in meetings for care conferences and residents at risk.
- Supervised one employee (Dietitian Assistant).

Clinical Dietitian, Kindred Transitional Care **01/2011-10/2012**

- Computerized charting with point-click care.

- Assessed new admissions, annuals, and quarterlies.
- Monthly dining review and sanitation inspections.
- Attended and participated in meetings for care conferences and weight loss/skin.
- Served as Director of Nutritional Services for 4 weeks. This position involved ordering, staffing and management of nutritional services.

Clinical Dietitian, Memorial Hospital **09/2007-12/2010**

- Computerized charting with Meditech.
- Completed meal rounds, chart audits and test tray evaluations.
- Provided in-services to nursing staff and nutritional services staff.
- Floors covered: SICU, Ortho, GI surgical and all floors as needed.

Consultant Dietitian , Dynamic Dietetics Inc **09/2009-12/2010**

- Completed assessments and charting for two dialysis clinics.
- Home health visits as needed.
- Completed assessments for a home infusion pharmacy company.
- Elementary school speaking engagements.
- Senior care center speaking engagements.

Consultant Dietitian, Moyer Nutrition Services LLC **06/2010-12/2010**

- Part time nursing home coverage as needed.
- Assessed and charted as needed.

Consultant Dietitian, RD Network, Inc **09/2007-04/2010**

- Weekend hospital coverage as needed.
- Completed assessments and referrals.

Consultant Dietitian, Crandall Corporate Dietitians **07/2007-09/2007**

- Traveled to various LTC facilities throughout the Chattanooga, TN area.
- Supervised CDMs with clinical assessments and dietary compliance.
- Kitchen sanitation inspections and departmental in-services.

Consultant Dietitian, Comprehensive Nutritional Services **06/2004-06/2007**

- Traveled to various LTC facilities, assisted living facilities and hospitals throughout East Tennessee.
- Assessed and charted on patients as needed.
- Monthly kitchen sanitation inspections and test tray evaluations.

Education and Training

- Bachelor of Science, Dietetics, Missouri State University
- Master of Science, Clinical Nutrition, Rosalind Franklin University of Medicine and Science

GERI WOLFE, MS, BSN, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC 08/2017-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Registered Nurse Specialist, Agency for Health Care Administration 2007-2015

- Surveyed LTC facilities, dialysis centers, home health agencies, and hospice facilities.
- Determined facilities' compliance to federal and state regulations to include reviewing infection control and wound care practices, risk management and quality improvement; conducting medication review and observation; observing facility dining procedures; and interviewing facility staff and residents.
- Investigated complaints made by a wide variety of complainants.
- Summarized survey findings.

- Provided depositions for legal cases when needed.

Director of Education, Westwood Health Care **2006**

- Managed staff development and education programs for a 60-bed LTC facility.
- Trained staff on specialized care needed for incoming patients.
- Conducted risk management activities to include internal chart auditing.
- Performed staff nursing duties as needed.

Director of Education, Shoal Creek Rehabilitation Center **2003-2005**

- Planned and implemented staff education program for 120 employees.
- Ensured employee health programs were administered according to federal and state regulations and that staff met continuing educations requirements.
- Provided training on new health care products and preventive practices.
- Performed staff nursing duties as needed.

Education and Training

- Master of Science, Community Health Education, University of New Mexico
- Bachelor of Science, Nursing, Tulsa University

LISA WOODS-STEPHENS RN, AD

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Medical Facility Surveyor, Healthcare Management Solutions, LLC **12/2021-Present**

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with the Centers for Medicare and Medicaid Services (CMS) Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

RN Hospice Case Manager River City Hospice - San Antonio, TX **04/2021-12/2021**

- Hospice RN Case Manager (See Case Manager Duties below)
- Hospice QA RN - chart reviews of daily visits, admission documentation, death reviews, physician order processing, care plan reviews.
- Utilized SMQT knowledge to ensure compliance with local, state and federal laws, ensuring accuracy and thoroughness of field staff documentation.

- Assisted Director of Nursing with training staff to use Homecare Homebase (HCHB) EMR (PointCare). (WellSky utilized prior to HCHB.)

Hospice Case Manager, San Antonio, TX **01/2016-10/2021**

- Utilized strong assessment skills to determine criteria for admission and necessary patient care.
- Recorded patients' medical history vital statistics and test results in electronic medical records (Consolo, PointCare/Homecare Homebase and Suncoast EHR).
- High-quality and compassionate treatment to indigent and low-income patient populations.
- Provided palliative care in outpatient settings ranging from SNF, ALF, Care Homes and personal homes.
- Provided assessment to develop and implement care plans.
- Provided wound care and necessary health education training for patients and families.
- Provided behavioral/emotional support and supervision for those patients with dementia and Alzheimer's Disease.
- Responsible for primary care, medication, and DME management for designated case load.
- Accurately documented all elements of nursing assessment, treatments, medication administration.
- Coordinated with IDT to develop care plans for patients and provide consistent care.
- Maintained patient charts and confidential files.
- New admission criteria and eligibility determination according to CMS guidelines.
- Death Pronouncements and documentation.
- On call triage for after-hours care and on-call RN.
- Precepted and assisted with training new orientees.
- Supervisory visits to LVNs and CNAs.

Hospice RN Case Manger (See Case Manager Nurses In Touch (Abode Healthcare Corporation) - San Antonio, TX **07/2019-03/2021**

- Alternate Clinical Supervisor - day-to-day delivery of nursing services and assisted the Assistant Patient Care Director and Patient Care Director with compliance of agency policies, procedures, mission, values, and goals.
- Provided resource and oversight to weekend and after-hours nursing and hospice aide care while sharing clinical leader on-call duties. Participated in orientation program of new nurses.
- Provided clinical supervision of nursing personnel. Served as preceptor to new nursing personnel or delegates responsibility as needed. Provided appropriate documentation of in-field clinical supervision on the date of supervision.

Nurse State Surveyor Dept. of Health and Human Services - San Antonio, TX 09/2018-07/2019

- State Surveyor for Long Term Care and Assisted Living Facilities - protected health and safety of residents in the state by inspecting long term care or residential care facilities, assisted living facilities, and Day Habilitation and Health Services to ensure compliance

with state and federal regulations regarding quality of health care and investigating quality and safety concerns.

- Investigated complaints and conducted follow-up visits.

Hospice RN Case Manager Interim Home Health & Hospice/ Compass Hospice/ Crossroads Hospice - San Antonio, TX 11/2016-07/2018

- Hospice RN Case Manager- (See Case Manager Duties below). EMR

RN Case Manger San Antonio State Supported Living Center - San Antonio, TX06/2013-11/2016

- Provided case management services including advocating for intellectually disabled patients to identify and facilitate options and integration of services for meeting their health needs, with the goal of decreasing fragmentation and duplication of care and enhancing quality with effective outcomes in a cost-effective manner.
- Coordination with team members of the interdisciplinary team to integrate, coordinate, and monitor the patient goals, wants and needs.
- Attended, responded, and facilitated meetings regarding acute and chronic health care concerns.
- Communicated with primary care physician, legal guardian, and other team members to obtain consultation as needed.
- Conducted quarterly, annual, admission, and discharge assessments.

PRN Charge Nurse Country Care Manor - La Vernia, TX 09/2013-09/2016

- Administrated medications, pain management, wound care, respiratory management, post-surgical stabilization.
- Provided healthcare education to patients and their family members specific to their recovery needs.
- Responded to emergencies based upon nursing standards.
- Performed total patient Care.

RN Charge Nurse Regency Manor - Floresville, TX 09/2012-02/2013

- Successfully managed resident health care needs, and maintained ongoing positive rapport with physicians, residents and their families.

RN Charge Nurse Floresville Nursing and Rehabilitation (Advanced Living Technologies) - Floresville, TX 01/2012-07/2012

- Coordinated care under the direction of physicians. Managed, supervised, and assisted nursing staff or day-to-day operations of patient care.

LVN, Christus Home Care - San Antonio, TX 12/2010-12/2011

- Skilled nursing for pediatric patients with ventilator and oxygen dependence, respiratory treatments for acute/chronic respiratory failure and asthma management.
- Enteral and nasogastric feedings.
- Nursing assessment, and documentation and implementation of physician orders.
- Medication management via GTube, oral, rectal, and nebulizer treatments.

Education and Training

- Associate Degree, Nursing, St. Philip's College
- Diploma in LVN, St. Philip's College

- Associate Degree, Physical & Natural Science, San Antonio College
- SMQT Certified

AMY YOUNGMAN, BA, RN

MEDICAL FACILITY SURVEYOR – SMQT CERTIFIED

Relevant Professional Experience

Senior Medical Facility Surveyor, Healthcare Management Solutions, LLC 12/2019-Present

- Conducts onsite surveys consisting of initial, re-visit, re-certification, complaint, immediate jeopardy for compliance with regulations related to long-term care (LTC) facilities.
- Reviews and evaluates pre-survey information.
- Conducts onsite surveys of LTC facilities as directed by the State Operations Manual.
- Observes living environments to assess facility operations and compliance with regulations.
- Interviews residents, families, staff, and other healthcare providers to determine facility compliance with regulations.
- Conducts record reviews of policies, procedures, meeting minutes, clinical standards, protocols, patient records, employee records, committee reports, etc. to access quality of care, implementation of policies, and compliance with federal regulations.
- Participates in and/or conducts all onsite activities.
- Complies with CMS Principles of Documentation (PoD) in maintaining and preparing records, reports, and correspondence related to the survey process.
- Obtains appropriate information/documentation to support findings including time and dates.
- Obtains copies of all supporting documentation and secures/scans to HMS for validating CMS 2567 reports and storage for future reference.
- Cites CMS 2567 deficiencies under appropriate regulations, uses correct identifiers and sample sizes, and composes written deficiencies and findings based on the PoD.
- Reviews all written submissions/reports for accuracy, grammar, and spelling prior to sending to HMS.
- Submits CMS 2567 deficiency citations and other work to HMS based on established deadlines.
- Remains current with CMS and HMS policies and procedures, and Medicare regulations for LTC facilities.
- CMS Survey & Certification letters, including program, policy, and process changes/revisions.

Medical Surveyor, Providigm Group 05/2008-08/2018

- Conducted LTC Surveys for State of California and State of West Virginia Survey Agencies on a short-term contract basis.
- Prepared and provided Statements of Deficiencies and other documentation to employer.
- Reviewed and provided feedback to employer regarding state-issued deficiencies for quality control.

Medical Facility Surveyor, Healthcare Management Solutions, LLC 04/2016-03/2018

- Conducted LTC, Hospital, Home Health, Dementia, and Infection Control Pilot Comparative, Focused, and Recertification Surveys for Federal Regional Offices and various State Survey Agencies.
- Trained State Survey Agencies on the new LTC Survey Process.
- Prepared and provided Statements of Deficiencies, Complaint Reports, and other documentation to employer.
- Reviewed and provided feedback regarding state-issued deficiencies for quality control.

Director of Nursing,
Christopher House Rehabilitation and Care Community 03/2014-03/2016

- Oversaw entire operation of the nursing department in a 72-bed skilled nursing facility.
- Planned and implemented strategies for operational management.
- Coordinated and oversaw facility QAPI Program.
- Coordinated and oversaw all hiring, performance improvement management, training, and scheduling of nursing staff.
- Managed survey preparation, survey, and preparation of survey Plan of Correction.
- Oversaw facility clinical education.
- Management of nursing department budget.
- Management of facility Risk Management Program.
- Maintained daily interactions with providers, residents, and family members.
- Established and maintained standards of practice in the Nursing Department.

Nursing Home Administrator, Pikes Peak Care and Rehabilitation Center 06/2013-01/2014
Director of Nursing, Pikes Peak Care and Rehabilitation 09/2012-06/2013
Area Director, Bethesda Lutheran Communities 09/2011-08/2012
Nurse Manager, Bethesda Lutheran Communities 01/2011-08/2011
Health Compliance Surveyor IV,
Colorado Department of Public Health and Environment 03/2003-01/2011
Clinical Nurse III, Kid Street at the YMCA 1998-2003
Counselor, Pediatric Unity, National Jewish Center 1993-1997
Certified Nursing Assistant, Elms Haven Care Center 1989-1991

Education and Training

- Master of Business Administration, University of Colorado (In progress)
- Nursing Doctorate, University of Colorado
- Bachelor of Arts, Major – Psychology, Minor – Biology, University of Colorado
- Registered Nurse, State of Colorado