

DEPARTMENT OF HEALTH CARE SERVICES LICENSING & CERTIFICATION DIVISION

SURVEY ON-SITE REVIEW PROCESS

As part of our ongoing efforts to improve the site-review process, the Department of HEALTH CARE SERVICES (DHCS) is asking you to take a few minutes to complete this survey. Our goal is twofold: the first is to conduct compliance reviews in an efficient and cost-effective manner, and the second is that reviews be cooperative and mutually beneficial. Thank you for completing the survey; we value your input.

Please return the survey by mailing it to: Deputy Director, Licensing and Certification Division, Department of Health Care Services, MS 2600, PO Box 997413, Sacramento, California 95899-7413, or via email to lcdsurvey@adp.ca.gov by clicking on the on the star.

PROGRAM NAME: _____

PROGRAM LICENSE/CERTIFICATION NUMBER: _____

DATE OF SITE VISIT: _____

Please use the rating scale of 1 (poor) through 5 (excellent).

SURVEY QUESTIONS	1	2	3	4	5
1. Upon arrival, the ADP analyst identified himself/herself and clearly explained the site-review purpose and process.					
2. The ADP analyst’s conduct was professional and courteous.					
3. The ADP analyst was responsive in answering questions raised during the site review.					
4. Each deficiency was clearly described and addressed during the site review and during the exit conference.					
5. You were given the opportunity to provide clarifying information pertaining to deficiencies identified by the analyst.					
6. The site-review process was beneficial in that it helped you maintain or improve the quality of your program.					
7. The site-review process was conducted in a manner which minimized disruption to your program operations.					
8. The site-review process took approximately: _____ Hours. Time analyst arrived (<i>approximate</i>): _____ Time analyst departed (<i>approximate</i>): _____					
9. Can the Licensing and Certification Division improve the regulations or site-review process in a way which will result in maintaining or improving the quality of your program? Please explain (attach additional sheets as necessary):					
10. What could ADP do to make the site-review visit more helpful in maintaining or improving the quality of your program? Please explain (attach additional sheets as necessary):					

11. Other comments:

A large empty rectangular box with a black border, intended for providing other comments.