



Joint Committee on Fair Practices and State Personnel Oversight

Office of Health Care Quality - Update on Progress of Nursing Home Inspections

October 29, 2025

Meena Seshamani, MD, PhD, Secretary
Meg Sullivan, MD, MPH, Deputy Secretary, Public Health Services
Tia Witherspoon-Udocox, MBA, OHCQ Executive Director

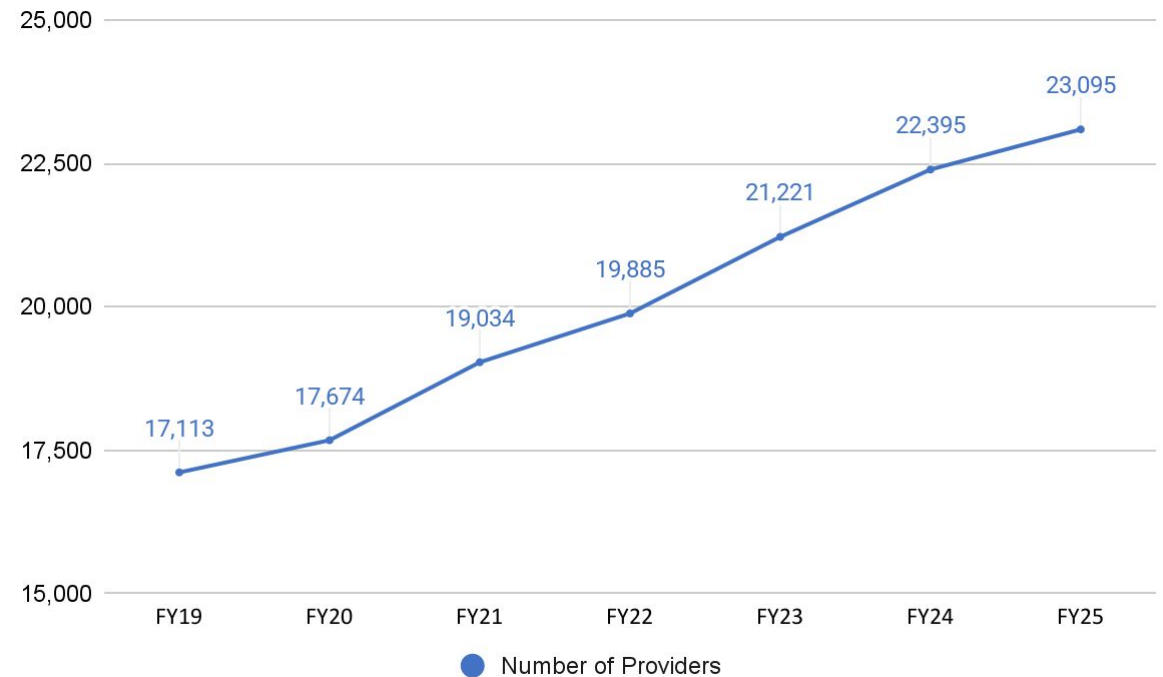


OHCQ Core Functions

- OHCQ is the agency within the MDH that determines compliance with State licensure and/or federal certification requirements in 47 types of providers and programs
- **State Licensure:** Issues licenses, **authorizing** the applicant to operate a certain type of **business** in the State
- **Federal Certification:** Recommends certifications to the Centers for Medicare & Medicaid Services (CMS), which allow a **facility** to participate in and **seek reimbursement** from the Medicare and Medicaid programs for services provided to beneficiaries

OHCQ Oversight of Providers in FY25

- As of July 1, 2025, OHCQ oversaw 23,095 providers in 47 industries
- OHCQ experienced an overall 21% growth rate in the total number of licensed providers over the past 5 years
 - 3% increase in the number of providers overseen by OHCQ, from FY 24 to FY 25



Current Staffing of Surveyors by Program

Long Term Care (Nursing Homes):

- **61** Health Facilities Surveyor Nurses (inclusive of 12 positions added by end of FY25)

Assisted Living/Adult Medical Day Care:

- **31** nurse surveyors
- **1** Administrative Officer Surveyor
- **1** Environmental Health Surveyor

Developmental Disabilities:

- **25** nurse surveyors
- **27** Administrative Officer Surveyors

Prior 3-Year Staffing of Surveyors by Program

Staffing Levels at the beginning of each Fiscal Year (FY)

Long Term Care (Nursing Homes):

- FY23 - 41 Health Facilities Surveyor Nurses
- FY24 - 44 Health Facilities Surveyor Nurses
- FY25 - 49 Health Facilities Surveyor Nurses (start of the fiscal year)

Assisted Living/Adult Medical Day Care:

- FY23 - 29 Health Facilities Surveyor Nurses / 1 EHS
- FY24 - 30 Health Facilities Surveyor Nurses / 1 EHS / 2 Admin Officer Surveyor
- FY25 - 31 Health Facilities Surveyor Nurses / 1 EHS / 2 Admin Officer Surveyor

Prior 3-Year Staffing of Surveyors by Program

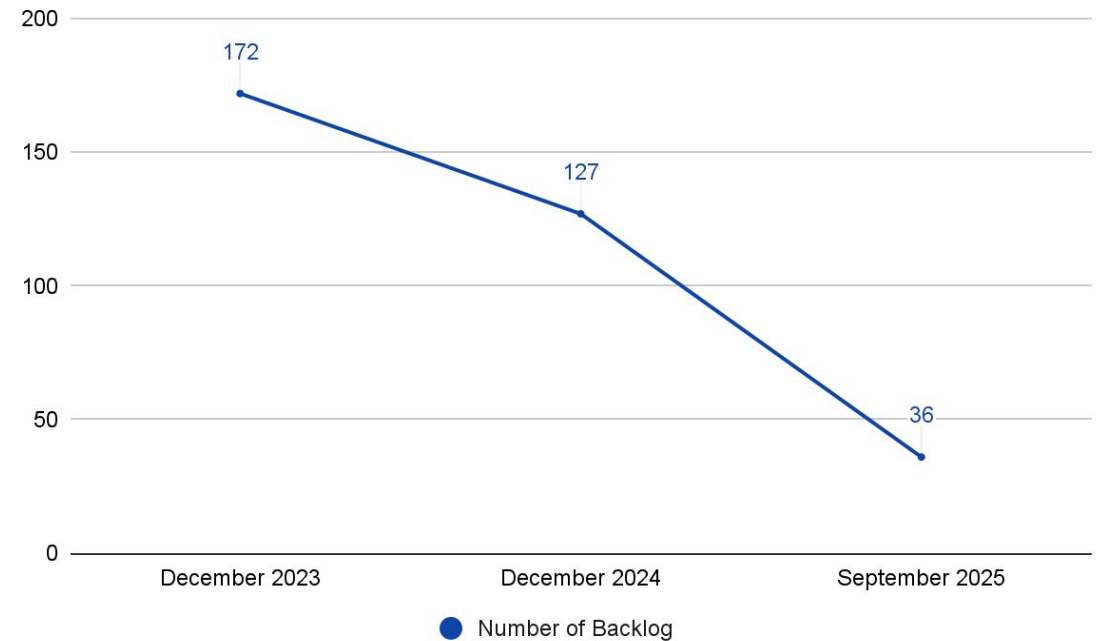
Developmental Disabilities:

- FY23 - 21 Health Facilities Surveyor Nurses
- FY24 - 23 Health Facilities Surveyor Nurses
- FY 25- 25 Health Facilities Surveyor Nurses

- FY23 - 25 Administrative Officer Surveyors
- FY 24 - 26 Administrative Officer Surveyors
- FY25 - 27 Administrative Officer Surveyors

Nursing Home Annual Inspection Backlog

- Addressing the nursing home inspection backlog of Annual Full Surveys is a top priority
- **Historical Backlog:**
 - **172** Annual Full Surveys backlog in December 2023
 - **127** Annual Full Surveys backlog in December 2024
- **Trending in the right direction:**
 - 26 Annual Full Surveys backlogged as of October 2025
 - **Progress: 83%** reduction in backlog since December 2023



As of October 15, 2025 the backlog is now 26.

OHCQ FY 26 Action Plan: From Backlog to Compliance

- **How did we address the backlog?**

Four-part strategy for success:

- Secured staffing for merit-based surveyors
- Secured staffing for contracted surveyors
- Training
- Improved efficiencies

How did OHCQ address the backlog?

Secured staffing for contracted Certified nurse surveyors

- Contract surveyors gave OHCQ the flexibility to train and transition merit staff to full independence.

Secured staffing for merit-based certified nurse surveyors

- Since July 1, 2023, OHCQ has hired **33** new LTC surveyors
 - 5 new Health Facilities Nurse Surveyor positions filled in FY 24
 - 13 new merit positions allocated to the LTC unit in FY 25 and filled
 - Contractual PIN Conversions
 - In FY 24, Board of Public Works approved MDH to convert 10 OHCQ contractual positions to merit
 - RN Salaries
 - State salaries for nurses increased two grades, which has positively impacted recruitment

Sustaining Compliance

- **Enhanced Training and Efficiencies**
 - OHCQ has developed and implemented targeted training programs aimed at improving surveyor efficiencies.
 - Decreased surveyor training time from 12 months to 7 months
 - Focus on efficiencies in survey completion while maintaining quality and compliance standards.

Sustaining Compliance (con't)

Examples of Efficiencies:

- **Enhanced technology for field-based employees:** Equipped all field staff with smartphones to enhance communication, streamline navigation, increase survey efficiency, and securely capture photographic evidence during inspections.
 - **LTC Data Enhancements:** OHCQ leverages data from CMS alongside internal data analytics tools (Tableau) to monitor survey backlogs and enhance operational efficiency. These tools provide critical insights into survey progress, workload distribution, and performance metrics, ensuring compliance with federal and state regulations while improving service delivery.
 - **Streamlined survey scheduling:** Implemented geographic-based scheduling to assign surveys near surveyors' home locations or cluster multiple surveys within the same area. This approach minimizes travel time, reduces mileage costs, and increases the number of surveys completed efficiently.

Estimated Time to “Catch Up”

- **OHCQ estimate:**
 - OHCQ has been working toward full compliance with annual full surveys by December 2025
 - Completion rate may be impacted:
 - Federal shutdown
 - Merit Position Surveyors (vacancies, retirements, resignations)
 - Contractor Surveyors (lapse in funding)
 - Increase in high-priority or Immediate Jeopardy (IJ) complaint investigations

Quality Assurance for Surveying

- **Data-Driven Oversight:** Leverage Tableau dashboards and CMS SPIRIT data to monitor timeliness, backlog trends, and quality metrics.
- **Stakeholder Feedback:** Incorporated feedback from providers and internal review panels to refine survey protocols and improve clarity of regulatory expectations.
- **Survey Consistency Audits:** Conduct quarterly audits of completed surveys to identify variation in citation patterns and promote uniform enforcement of COMAR and federal standards.
- **Targeted Training & Mentorship:** Provide ongoing competency-based training and mentoring for new and existing surveyors to maintain survey quality.
- **Continuous Process Improvement:** Applied “SMART Goal” methodologies to streamline survey processes, reduce errors, and improve turnaround time for reports and revisits.

Challenges Moving Forward

- **Workforce Retention and Recruitment:** Sustaining adequate numbers of qualified nurse surveyors and administrative staff amid statewide and national competition
- **Managing Provider Growth:** Keeping pace with the steady increase in licensed providers across 47 industries, resulting in greater survey volume and complexity.
- **Balancing State and Federal Mandates:** Navigating timelines, and federal CMS expectations.
- **Technology Modernization:** Expanding digital tools (e.g., Tableau, Salesforce, mobile platforms) while ensuring data security and compatibility with CMS.
- **Provider Compliance and Readiness:** Addressing variability with provider types such as the small and rural providers.

Thank You

- **Meena Seshamani, MD, PhD, Secretary**
- **Meg Sullivan, MD, MPH, Deputy Secretary, Public Health Services**
- **Tia Witherspoon-Udocox, MBA, OHCQ Executive Director**



Clifton T. Perkins Hospital Center Progress Report Legislative Hearing 2025





Our Mission

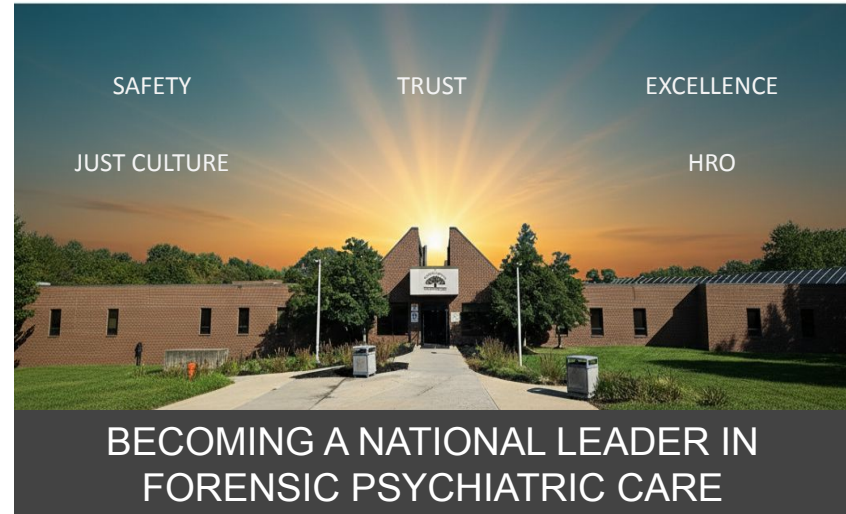


Our mission is to transform healthcare for forensic psychiatric patients by delivering safe, compassionate, and innovative care.

We are committed to excellence in clinical practice, research, and education while fostering a culture of accountability, continuous improvement, and community engagement. Through collaboration with our dedicated team and key stakeholders, we strive to rebuild trust, advance clinical leadership, and ensure every patient receives the highest standard of care.



Vision Statement





To re-establish Clifton T. Perkins as a nationally premier institution, renowned for safety, excellence in patient care, clinical training, and research for Maryland's forensic psychiatric patients.

We aim to become a high-reliability organization (HRO) fully committed to safety and minimizing harm. By fostering a Just Culture, enhancing transparency, and engaging constructively with stakeholders, we will rebuild trust, deliver patient-centered care, and expand infrastructure to meet current and future needs.





Core Values



Excellence
and Quality

Compassion
and Respect

Safety and
Accountability

Integrity
and Ethics

Innovation
and Continuous
Learning

Collaboration
and Teamwork

CTPHC CULTURE



Organization Executive Leadership

Name	Role	Start Date
Mathew Karmel, Mcom	CFO	January 2025
Aliya Jones, MD, MBA	CEO	February 2025
Rodemil Fuentes, MHA, FACHE	COO	June 2025
Evangeline Okechukwu, DNP, CRNP-PMH	Acting CNO	May 2025



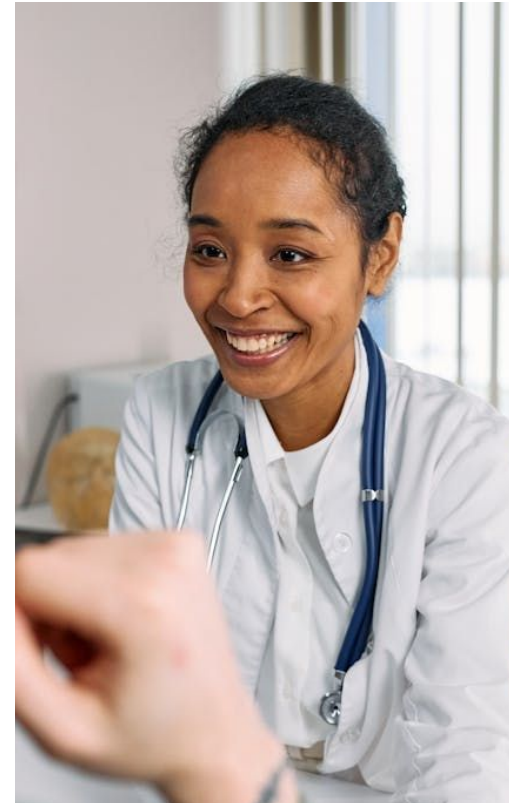
Immediate Challenges & Strengths

Key challenges

- Burnout/Staffing shortages
- Policy confusion
- Mold/Legionella/HVAC
- Poor crisis response
- Weak leadership
- Limited safety oversight
- Lack of infection control expertise
- Poor interdepartmental communication

Immediate strengths

- Dedicated staff
- Employees open to change
- Clinical and Medical Staff
- Forensic Evaluation Team





Joint Commission Re-Accreditation Earned After Remediation of Facility & Infection Control Findings



Mold Throughout Campus

- OFMD contracted Maryland Cleaning & Abatement (MCA) to **remediate mold**. CTPHC contracted Environment of Care Services (EoCS) for follow up **air quality testing** after remediation. The **ongoing remediation** will continue until the HVAC project completion.



Lack of Functional HVAC

- The **HVAC Component Replacement Capital Project** is underway with a target completion date of 08/2026.



Access to Warm Water

- **Hot water access was restored to the facility**- temporary boilers were placed as part of the HVAC replacement and a CTPHC secured plumbing contractor.



Infection Control

- Revamped **Environment of Care Committee**, environmental rounding schedule and frequency, and reviewed all Standard Procedures regarding environmental and infection control issues.



Rust Throughout Campus

- CTPHC's Plant Management team has worked to **remove the rust** throughout the campus by replacing vents, fixtures, and other items, in addition to cleaning and painting where necessary.





Fostering Safety and Accountability

CTPHC has recently established multiple processes and reporting systems for staff, patients, visitors, and contractors to learn about and report on safety concerns. These reporting structures include:

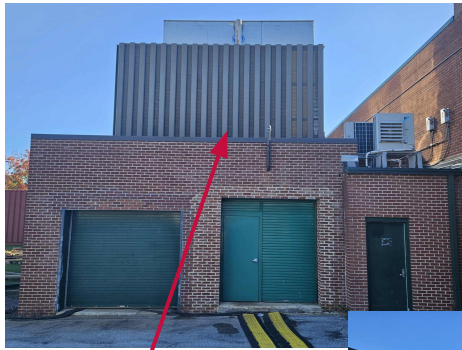
- **New Employee Orientation** - Introduces safety commitment, access to multiple reporting channels, and CEO open-door policy
- **Daily Safety Huddles** - Structured opportunity for leaders/staff to maintain situational awareness and real-time problem solve
- **Committees and Town Hall Meetings** - Forums for staff to offer suggestions and concerns directly to hospital leadership.
- **Employee Safety and Culture Surveys** - HR to conduct survey; the feedback will gauge staff perceptions about safety culture and workplace climate, which will help guide improvement initiatives.
- **Posted Contact Information** - Prominent displays for stakeholders to report concerns directly to external oversight agencies (e.g., The Joint Commission, OHCQ, MOSH).



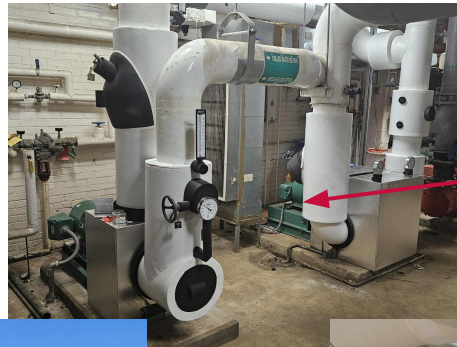


HVAC Component Replacement Project

CTPHC has a water driven HVAC System dependent on boilers and chillers. From 2024 to April 2025 the primary focus of the project was on the chillers and cooling towers.



Roof Top Cooling Tower



New Chiller Return Pumps



New Chiller Supply Pumps



Temporary Chiller



Refurbished Chiller



Boiler Removal

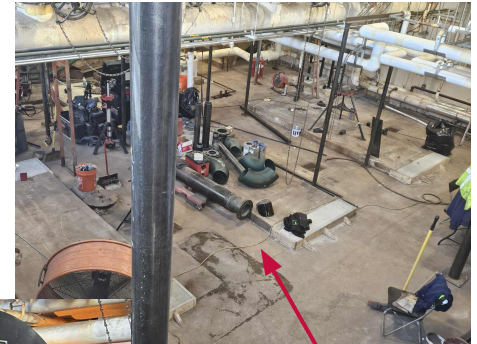
The HVAC project includes the replacement of 3 boilers. In summer of 2025 the 3 existing boilers were disconnected and removed after 2 temporary boilers were installed. This work improved hot water distribution throughout the facility.



2 Temp. Boilers



Old Boiler
Being
Removed



Boiler Room Ready for New
Equipment



1 of 3 Old Boilers



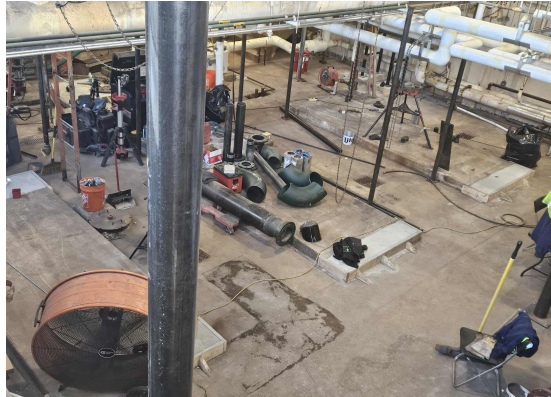
Another Boiler Removal

HVAC Project Current Phase

Fall 2025 - Equipment installed to support the removal of the old boilers and installation of the new equipment. Additional work performed included replacement of Air Handling Unit (AHU) components that use the heated and cooled water to provide a comfortable environment for patients and staff.



3 Existing Boilers



Boiler Room Cleared for New Equipment



New Boilers Put In Place for Hook Up

HVAC COMPONENT REPLACEMENT PROJECT TIMELINE

- Equipment failure following years of deferred maintenance
- MDH initiates \$21M emergency project for leased equipment to maintain continuity of operations
- MDH/DGS/DBM Development of \$23M HVAC Component Replacement Project
- Facility Operating Budget Impact
- Increased equipment failures
- Failure of two boilers

2023 - 2024

- Begin demolition and rigging for boiler replacement- wall / side of hospital
- Removed temporary backup chiller
- Install temporary 2nd backup boiler
- Begin boiler removal
- Installed recirculation pumps
- Coil replacement for remaining AHUs
- Replaced Rehabilitation chiller pump
- Begin AHU deconstruction and removal
- Improved facility hot water distribution

April 2025 - September 2024

- Complete additional AHU work
- Renovate Clinical area mechanical room
- Replace boiler room electrical components
- Replace kitchen electrical components
- Install Building Automated System controllers

April 2026 - August 2026

- Develop Emergency and HVAC Component Replacement procurements
- Tunnel and piping work
- Replace cooling tower VFD
- Overhaul Trane chiller
- Design new boiler room
- Install gym mechanical room & clinical area AHUs & 12 recirculating pumps
- Install boiler controls
- Replace coils on 15 AHUs

2024 - April 2025

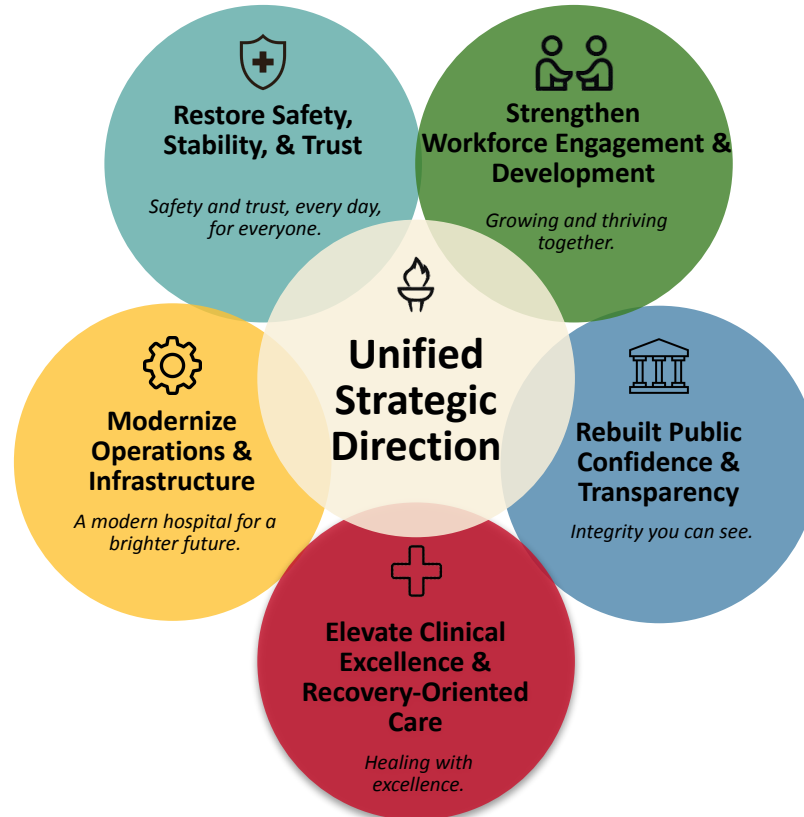
- Deconstruct and remove boilers 1 & 2
- Test And Balance (TAB) Silver & North Wings
- Complete 10 AHUs
- Repair boiler room ancillary & replace piping
- Replace steam coils on select AHUs
- Replace select electrical infrastructure
- Install water treatment systems
- Install hot and cold water control systems

October 2025 - April 2026

Scheduled Completion August 2026



Strategic Pillars: Building the Future of Clifton T. Perkins Hospital Center





Key Early Actions & Quick Wins

Action Area	Notable Actions Implemented
Environmental Safety	<ul style="list-style-type: none"> ● Mold remediation phases initiated and monitored daily, all patient residential areas abated ● Initiation of daily safety huddles
Clinical Operations	<ul style="list-style-type: none"> ● Hired/onboarded new COO ● Creation of Crisis Response Toolkit to strengthen behavioral crisis management through clarified roles, standardized training, and a culture of safety and accountability
Workforce Engagement	<ul style="list-style-type: none"> ● CEO-led leadership rounding launched ● Walkarounds conducted by senior leaders ● Department-level/Multi-disciplinary listening sessions ● Labor-management meetings convened, including relaunch of HSMT meetings ● Town Halls relaunched to support open dialogue ● Initiated partnership with MHEI to embed Just Culture principles into leadership and accountability systems
Patient & Family Engagement	<ul style="list-style-type: none"> ● Friends & Family visitation process improvement initiative launched
Communication Improvements	<ul style="list-style-type: none"> ● Weekly CEO newsletters initiated ● Monthly Clifton T Perkins Newsletter launched ● Fusion Spirit Engagement Committee established
Stakeholder engagement	<ul style="list-style-type: none"> ● Relaunch and revitalization of Citizens Advisory Board
Quality Improvement	<ul style="list-style-type: none"> ● Launched partnership with The Ready Group to assess and redesign the hospital's Quality Department to support HRO and Just Culture transformation ● Achieved Joint Commission Accreditation



New Team Members

Between January 2025 and the beginning of October 2025, Clifton T. Perkins Hospital Center has recruited and hired:

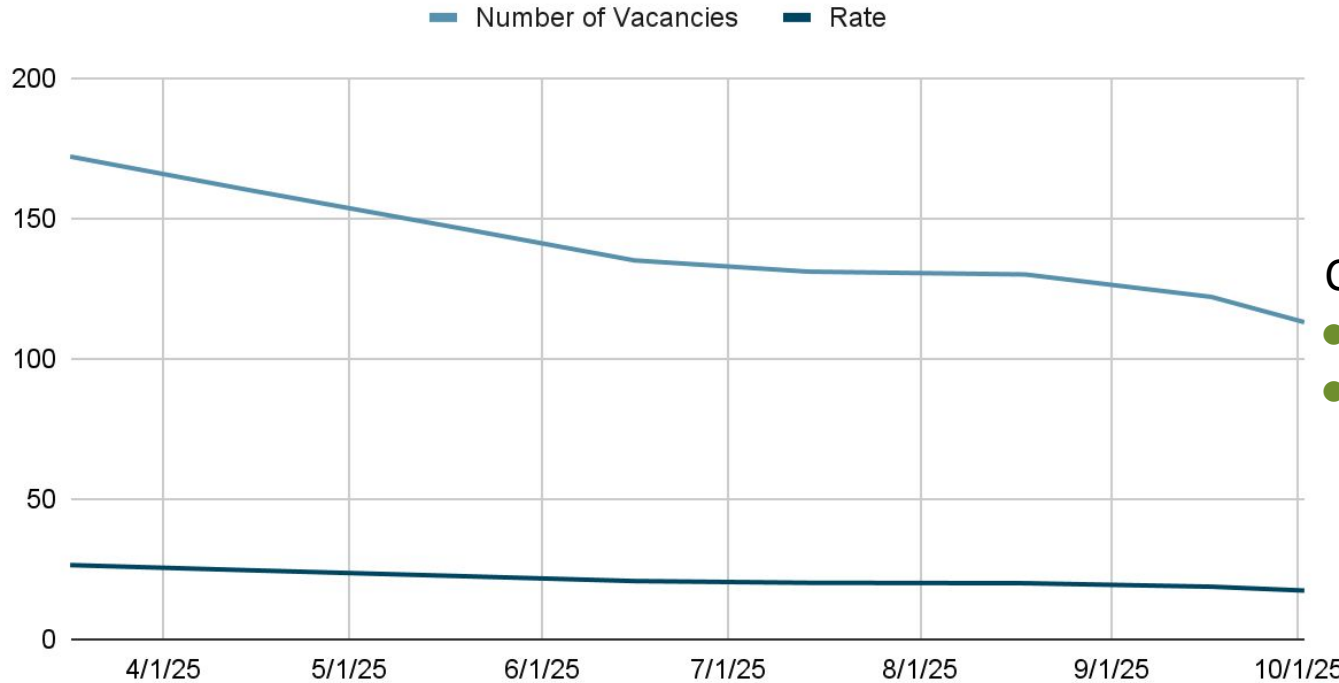
- 4 New Executive Team Members
- 48 New Operations Team Members
- 43 New Clinical Team Members

A Total of 95 Positions Filled





Staffing Trends

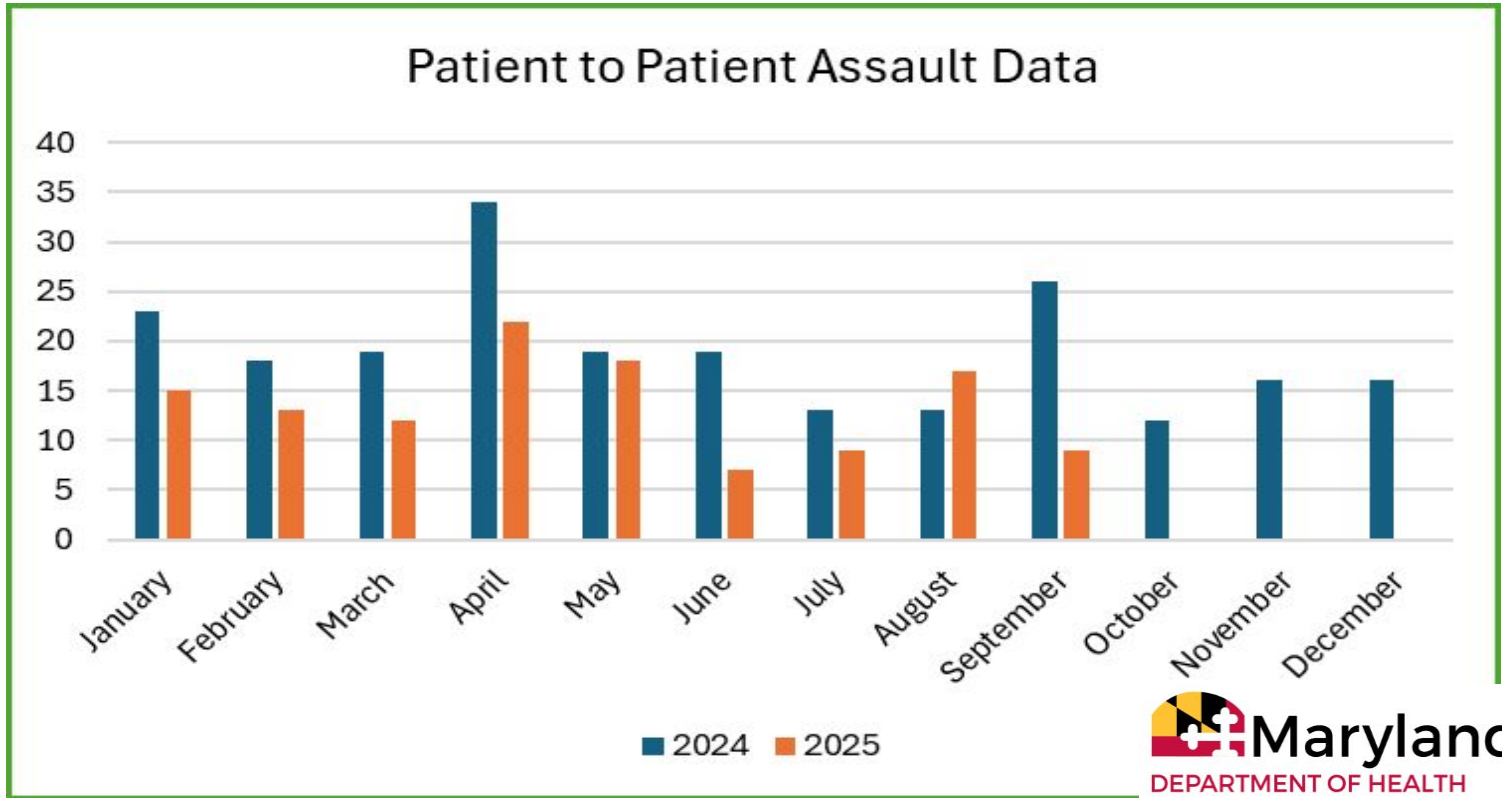


CTPHC Vacancy Rates:

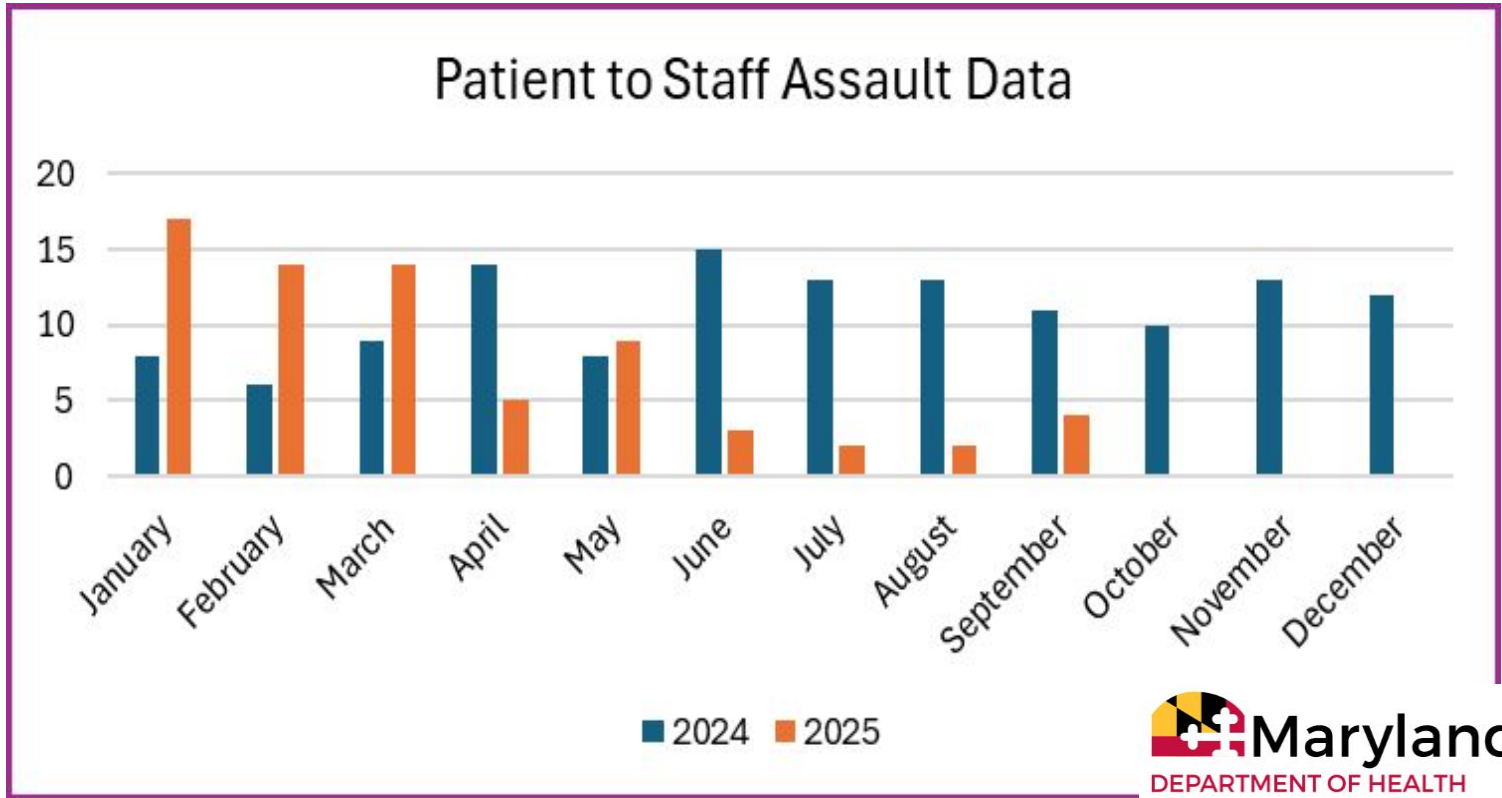
- 03/07/25 - 26.46%
- 10/02/25 - 17.38%



Harmful Events: Assault Data - Patient to Patient



Harmful Events: Assault Data - Patient to Staff





Right Relationship Behaviors

We agree to be...

- **Honest**

- ★ Speak to rather than about each other
- ★ Speak our truth without blame or judgment
- ★ Express both support and differences of opinion with the goal of achieving understanding and reaching consensus

- **Engaged**

- ★ Show up, be on time, manage distractions
- ★ Listen deeply, ask questions, provide feedback
- ★ Ask for and extend forgiveness

- **Accountable**

- ★ May not reach consensus, but leave as a team
- ★ Do what we commit to do
- ★ Support decisions after meetings



Rebuilding Public Confidence & Transparency

Weekly Emailed CEO Newsletters - The Perkins Pulse

Clifton T. Perkins Hospital Center
September 26, 2025
Perkins Pulse – Weekly CEO Newsletter

Core Value Highlight: Safety and Accountability

We prioritize a safe environment and hold ourselves accountable to rigorous standards and transparent practices.

Thank you for your continued dedication to advancing our shared vision: To reestablish Clifton T. Perkins Hospital Center as a nationally recognized leader in forensic psychiatric care.

With every challenge we face, we grow stronger—together.

September Awareness & Observances

Throughout September, we recognize several important awareness weeks and days. Please join us in acknowledging and celebrating the following:

- **Sept. 29 – World Heart Day**

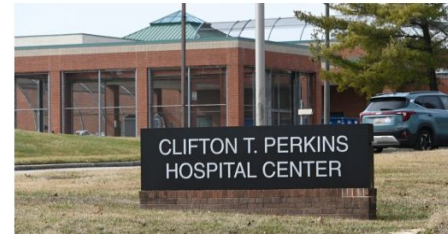
This day is an opportunity to reflect on how to best use the heart for the benefit of humanity and nature.



Monthly Printed & Emailed Hospital Newsletters - The Perkins Post

NEW CTPHC NEWSLETTER

ISSUE NO. 1 | JUNE - 2025 | VOL. 1



WE WANT TO HEAR YOUR VOICE

May 2025 marks an exciting period of growth and communication at Clifton T. Perkins Hospital Center with the introduction of our new monthly newsletter. Recognizing the importance of consistent and accessible information sharing, Leadership is pleased to launch this platform to provide staff with timely updates and essential information.

This initiative complements CEO, Dr. Aliya Jones's ongoing weekly Perkins Pulse emails, offering an additional avenue for important information and insights.

As we embark on the development of this monthly newsletter, it is to ensure it resonates with the interests and needs of our dec community.

Your valuable feedback is integral to this process. We encourage members to take a few moments to complete a survey about

SuperStar Award – pg. 2
Upcoming Events – pg. 2
Recruitment At Perkins – pg. 3
New Hire Introductions – pg. 3
Union Notes – pg. 5

VOLUNTEER SERVICES
Clifton's Corner: A Hub of Activity and Support - pg. 2

HUMAN RESOURCES
Care, Connect, Coach, Contribute, Congratulate - pg. 3

ENVIRONMENT OF CARE
Keeping Legionella at Bay: Simple Steps for Safe Water – pg. 4

PSYCHOLOGY
CTPHC's Psychology Externship: A Unique Training Ground - pg. 4

PLANT MANAGEMENT
Enhancing Safety and Accountability: Major Upgrades Approved for CTPHC – pg. 5





Strengthening Workforce Engagement & Development

Cultivating Dependable Citizenship Campaign

- Data Tracking
- Recognition
- Culture
- Messaging





CTPHC Dependable Citizenship Month

September 14, 2025 - October 11, 2025

Schedule of events for the month:

- **Week of Sept 14**
 - Campaign Kickoff - A Sweet Treat!
 - Launch of “Dependable Team Member” slideshow
- **Week of Sept 21:**
 - “Wear Green” spirit challenge
 - Introducing the Perkins Shuffle Line Dance!
- **Week of Sept 28:**
 - “You can depend on ME” Bracelet distribution
- **Week of Oct 5:**
 - Dependable Citizenship Contest Winners Announced Friday (10/10)





Cultivating Dependable Citizenship Campaign



Fusion Spirit Engagement Committee



○ **Committee for engaging staff, promoting wellness, and strengthening morale.**

- Weekly Let's Move! Dance It Out
- Bulletin Board Notifications
- Juneteenth Celebration
- TJC Accreditation Pizza Party
- Fusion Blast Wellness Spree
- Culture Feast & Turkey Gift Basket Giveaway
- Annual Christmas Brunch/Dinner & Award Recognition Ceremony

Questions?

Human Resources Updates

Hiring Freeze and VSP Impact

- The Department of Budget and Management maintains a list of classifications that are exempt from the hiring freeze. The majority of classifications that are not exempt from the hiring freeze are administrative in nature.
- MDH exemptions are based on classification, not location. While most of our exemptions are within the 24/7 facilities, the exemptions are broader.
- Approximately **40%** of MDH's vacant PINs are subject to the freeze, while the remaining **60%**—including clinical and security roles—are exempt.
- MDH has also received blanket exemptions for certain specially funded offices and programs.
- Overall, 47 MDH Voluntary Separation Program (VSP) applicants were approved, only 6 of which were exempt positions.

MDH Vacancy Updates

As of October 15, the vacancy rate at MDH is 13.9% for HQ Administrations and Facilities.

Vacancy rates for current positions at individual facilities are included below.

- Central Region
 - Clifton T. Perkins - 17.6%
 - Spring Grove - 8%
 - RICA Baltimore - 11.5%
 - RICA Gilner - 12.5%
 - Springfield Hospital Center - 12.6%
- Eastern Shore Region
 - Holly Center - 8.2%
 - Eastern Shore Hospital Center - 13.9%
 - Deer's Head Hospital Center - 12.6%
- Western Region
 - Thomas B. Finan Center - 2%
 - Western Maryland Hospital Center - 16%
 - Potomac SETT - 7.9%

Merit Positions and Vacancy Rates - Detail

Clifton T. Perkins Merit Positions as of October 15, 2025				
	Existing PINs	New Security Attendant PINs	Total	Vacancy Rate
Filled FTE	470	49	519	
Vacant FTE	71	40	111	
Total	541	89*	630	17.6%

MDH Headquarters and Facility Merit Positions as of October 15, 2025				
	Existing PINs	New PINs	Total	Vacancy Rate
Filled FTE	6,033	346	6,383	
Vacant FTE	684	348	1,032	
Total	6,717	694**	7,411	13.9%

Existing PIN number changes from 2024 are the result of position changes in the new fiscal year.

* 6 Security Attendant pins were realigned to other facilities for their immediate needs

**5 new Pins are still pending creation, 1 new pin is under the OAG which does not show in MDH reports

Hiring Initiatives

- Ongoing **HR Committee** tasked with addressing hard to fill vacancies.
 - Focused on streamlining recruitment and outreach strategies to attract high quality candidates
 - Proactive engagement with passive talent.
- Prioritized **Job Postings** for hard to fill vacancies
 - focus on positions that are especially challenging to fill.
- Using **Social Media** to highlight employment opportunities
- Leveraging our internship programs as a strategic pipeline for attracting and developing top talent.



Outreach

- LinkedIn Job Slots used to highlight positions
- Social Media job highlights
- Outreach to high schools and colleges
- Sourcing candidates for hard to fill recruitments
- Development of Recruitment Strategies and Marketing Plans, including advertising suggestions
- Attendance at Job Fairs and Virtual Events
- Oversee Internship Programs

Job Fairs

- Onsite career fairs
 - Clifton T. Perkins Hospital Center - November 19, 2024 (Nurses), May 2, 2025 (Security Attendants) and June 26, 2025(Nurses)
 - Spring Grove Hospital Center- March 26, 2025
- Events focused on clinical positions and security positions and included onsite interviews
- MDH has also attended 46 other Job Fair from September 2024 through September 2025 and CTPHC amongst others were highlighted.



Questions?
