

Team Coordination

STAFF'S NAME	DATE OF HIRE	PEER COACH'S NAME	DISTRICT
ON-SITE VISIT DATE(S) (MM/DD/YYYY)		ASSISTED LIVING FACILITY NAME	

Expectation:

It is expected that the new staff member would have participated in the RCS Orientation and performed at the independent level of the initial and re-inspection process.

Key Elements:

- Peer Coach (PC) should be assigned minimal extra inspection tasks, but should be assigned a full resident review assignment.
- Peer Coach should review all staff member's recordings for elements required for evidence.

Place appropriate observed code next to each critical element. When appropriate, the Peer Coach should describe in the "notes sections" the event that led to the coding within the section and identify and add specific opportunities for growth in needed areas.

Progress Level Key:

PROGRESS LEVEL	CODE	DESCRIPTION
Observation Only	O	Observed survey; did not perform any tasks or elements.
Demonstrated with Coaching	DC	Required the availability of the PC to provide <u>directed</u> assistance and <u>identify</u> areas for improvement.
Demonstrated with Minimal Coaching	D	Required the availability of the PC to answer questions and give minimal direction.
Performed Independently	I	Performed the survey tasks and elements independently.
No applicable	NA	Element has previously been performed at the independent level or was not attempted.

1: Pre-Inspection Team Meeting and Preparation

Objectives / Critical Elements:

O DC D I NA

- Contacted the ombudsman, case managers with residents living within the ALF.
- Gathered needed materials and forms for inspection.
- Created a plan for the inspection. Assigned team tasks.

Re-Inspection only:

- Reviewed last inspection for citations, complaints and concerns.
- Reviewed the previous sample of residents.
- Facilitated the discussion of concerns and issues with the team.
- Facilitated the team's identification of issues to be used in sample selection.

NOTES

2. Introduction

Objectives / Critical Elements:

O DC D I NA

- Introduced the team members and presented administrator with business cards or state identification.
- Built a working rapport with the provider and care-giving staff.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtained a room for the team to work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discussed in a clear, concise manner the purpose of the inspection. Explained the process and requested a current resident and staff list.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided the administrator with the paperwork needed to be completed by the ALF.
Re-Inspection only:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection was not announced.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided the administrator with the paperwork needed to be completed by the ALF.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requested staff to provide a tour of the home.

NOTES

3. Team Meeting

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Facilitated the team discussion of findings and developed a plan for the inspection. |
| <input type="checkbox"/> | Facilitated the team selecting sample residents |
| <input type="checkbox"/> | Reviewed inspection tasks and assignments with team and made appropriate assignments. |

NOTES

4. Inspection Process

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Ensured that all inspection tasks, protocols and specific areas requiring review, i.e. laundry, environmental was performed. |
| <input type="checkbox"/> | Ensured team members completed observations, interviews and record reviews of sample residents. |
| <input type="checkbox"/> | Assigned medication services review and nursing services review to the appropriate team member when applicable. |
| <input type="checkbox"/> | Assigned and ensured that specific elements and tasks for policy and procedure review to team members were completed. |
| <input type="checkbox"/> | Reviewed the attestation and admission agreement, disaster policies and drills. |
| <input type="checkbox"/> | Facilitated the identification of possible issues/concerns with the sample resident care and services. |
| <input type="checkbox"/> | Facilitated in the identification and investigation of any imminent danger to residents that was identified. |
| <input type="checkbox"/> | Contacted and consulted with team members and the Field Manager appropriately. |

NOTES

5. Exit Meeting / Team Meeting

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Facilitated the discussion of findings, issues and concerns with the team. |
| <input type="checkbox"/> | Facilitated the team's determination of compliance of the facility practice including the analysis of data and correlated findings with the WACs and RCWs. |
| <input type="checkbox"/> | Facilitated the team's determining deficiencies and scope and severity. |
| <input type="checkbox"/> | Appropriately identified and investigated any imminent danger that was found according to the principles and procedures in the enforcement Management Bulletin 02-017. |

- Contacted the Field Manager during inspection as appropriate.
 - Brought concerns to the attention of the administrator at appropriate intervals during the inspection.
 - Answered all provider and/or administrator's questions as the inspection process proceeded.
 - Discussed the requirements for a Plan of Correction, including timeframes for correction along with the 60-day rule, with the provider and/or administrator. Discussed the Informal Dispute Resolution Process with the provider.
 - Communicated clearly the deficient practice with the administrator Deficient Practice was not a surprise at the exit interview.
- Initial Inspection only:**
- If inspection is complete, discussed licensing process.

NOTES

6. Report Writing

Objectives / Critical Elements:

O DC D I NA

- Ensured that proper records of deficient practice, events, process and agreements were maintained under guidelines established for retention of records.
- If there were no deficiencies, ensured that the appropriate cover letter was completed, signed by the Field Manager and sent to the provider.
- If there were deficiencies, the Statement of Deficiencies (SOD) was written clearly and in a concise manner following the Principles of Documentation for Community Programs. Editing was performed using the review tool.
- Ensured SOD was written using the correct WACs and RCWs.
- After the SOD review was completed by the Field Manager and/or Enforcement Officer, as appropriate, the SOD and the appropriate cover letter were forwarded to the Field Manager for Signature.
- Facilitated team in making recommendations of enforcement actions.
- Ensured or developed the Licensee History Memo if enforcement action is considered.
- Reviewed and identified if the plan of correction was acceptable, had the provider's signature and had been received within ten days after the provider received the statement of deficiency.
- Inspection, deficiencies were entered into the ALF Tracking System correctly Coordinated with the other team members and scheduled a Follow-up visits.
- Coordinated with the other team members and scheduled a Follow-up visits for further monitoring visit or re-inspection.

NOTES

7. Professional Manner

Check all that apply. Peer Coach may add other descriptors in the "other" box.

- | | |
|--|--|
| <input type="checkbox"/> Projects and promotes a positive image / attitude / working relationship | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Identifies areas of improvement and responds favorably to suggested actions for improvement | <input type="checkbox"/> Focuses on relevant and essential issues |
| <input type="checkbox"/> Stern | <input type="checkbox"/> Unsure / hesitant / indecisive |
| <input type="checkbox"/> Challenging | <input type="checkbox"/> Applies new concepts and techniques effectively |
| <input type="checkbox"/> Communicates effectively | <input type="checkbox"/> Strident |
| <input type="checkbox"/> Forceful / argumentative | <input type="checkbox"/> Condescending |
| <input type="checkbox"/> Tactful | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Other: | |

NOTES

- Staff Member brought the appropriate state statutes and regulations on inspection.
- Staff used the appropriate RCS approved forms.
- Goals for improvement:

PEER COACH'S SIGNATURE

DATE

STAFF MEMBER'S SIGNATURE

DATE

FIELD MANAGER'S SIGNATURE

DATE