

ADULT FAMILY HOME PROGRESS TOOL
Complaint Investigation

STAFF'S NAME	DATE OF HIRE	PEER COACH'S NAME	DISTRICT / UNIT
ON-SITE VISIT DATE(S) (MM/DD/YYYY)		ADULT FAMILY HOME NAME	

Expectation:

It is expected that the new staff member would have participated in the RCS Orientation and be performing at an independent level at the re-inspection process

Key Elements:

- Peer Coach (PC)

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. Off-Site Preparation

The purpose of the off-site preparation is to obtain as much information about the complaint before beginning to plan the investigation.

Staff Member Preparation:

- Review the Complaint Process for Community Programs.

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Reviewed the complaint and identified the priority timeframe of the complaint. |
| <input type="checkbox"/> | Reviewed and identified the issues within the complaint. |
| <input type="checkbox"/> | Determined if and what further information needed to be obtained about the resident and/or staff involved. |
| <input type="checkbox"/> | Contacted the complainant and verified the issues in the written complaint. Obtained further information regarding the complaint. |
| <input type="checkbox"/> | Developed a written plan of data gathering including information that would need to be obtained in order to make determinations about the issues within the complaint. Reviewed this with the Peer Coach and/or Field Manager. |
| <input type="checkbox"/> | Identified the practical methods of obtaining that information i.e. interviews with specific individuals, specific logs etc. Called the ombudsman to discuss other or on-going issues within the home. Contacted the complaint investigator and/or licensor for previous issues and concerns. |
| <input type="checkbox"/> | Reviewed previous complaints to identify possible trends or repeat issues within the last six months. |

NOTES

2. Introduction

Objectives / Critical Elements:

O DC D I NA

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | On-site investigation was unannounced. Provider was not notified by phone of the upcoming on-site investigation. |
| <input type="checkbox"/> | Licensee was advised only of the general purpose of the visit. |
| <input type="checkbox"/> | Confidentiality of the complainant was kept and information was kept confidential. (CRU form was not brought into the home.) |
| <input type="checkbox"/> | Requested needed facility records appropriate to the issues. |
| <input type="checkbox"/> | Identified other appropriate issues requiring investigation. |

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3. Adult Family Home Tour and Inspection

The purpose of this task is to determine the information needed, and what sequence it should be obtained in to verify and/or substantiate the alleged issues within the complaint.

Objectives / Critical Elements:

O DC D I NA

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Conducted a focused physical environmental and resident tour. Focused on the complaint while looking at the general cleanliness, safety and comfort of the residents. |
| <input type="checkbox"/> | Prioritized information gathering, obtained the most critical information first. Collected data to substantiate the licenser's / complaint investigators conclusions. |
| <input type="checkbox"/> | Identified the residents involved in the complaint. Identified from tour other residents who may have the same issues and concerns. |
| <input type="checkbox"/> | Performed appropriate observations, interviews and record reviews of resident, staff and home. Focused on the issue(s) in order to verify the allegation(s) within the complaint. |
| <input type="checkbox"/> | Performed observations and interviewed the resident(s) identified within the complaint. |
| <input type="checkbox"/> | Documented questions and answers given in all interviews. |
| <input type="checkbox"/> | Determined if the issues identified within the complaint happened or were substantiated. |
| <input type="checkbox"/> | Determined if facility practices resulted in the issues outlined in the complaint. Determined if those practices were non-compliant according to the WACs. |
| <input type="checkbox"/> | Conducted focused information gathering and/or closed record reviews for other residents at risk for the issue as appropriate depending on the type of complaint. |
| <input type="checkbox"/> | Made every effort to maintain confidentiality of the complainant throughout the investigation. |
| <input type="checkbox"/> | Recorded information at the level needed for evidence for determination to be clear as to the homes compliance or non-compliance. |

NOTES

4. Exit Preparation / Exit

The intent of the exit meeting is:

- To assist the licenser and/or the complaint investigator to gather, organize and determine where the inconsistencies are and to resolve them with further data collection.
- To assist the licenser to use the above information to determine if non-compliant facility practices exists.
- To assist the licenser in preparing for the exit meeting.
- To inform the home of the preliminary deficiencies.

Objectives / Critical Elements:

O DC D I NA

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Reviewed recorded information for completeness of data related to the complaint issue and gathered further evidence if needed. |
| <input type="checkbox"/> | Determined if the issue was verified to have or have not happened. |
| <input type="checkbox"/> | Determined the compliance of the facility practice. |
| <input type="checkbox"/> | Appropriately identified and investigated any imminent danger that was found according to principles and procedures in enforcement Management Bulletin(s) #02-019 (amended) and consulted the Peer Coach and/or Field Manager appropriately. |
| <input type="checkbox"/> | Licensors and/or complaint investigator did not leave the home if immediate correction was warranted. |
| <input type="checkbox"/> | Summarized findings clearly for licensee/provider and communicated timeframes clearly if the licensee was going to be cited. Identified the specific WAC/RCW references. |
| <input type="checkbox"/> | Notified the licensee if the complaint was unsubstantiated and that there was no indication of deficient practice. |
| <input type="checkbox"/> | Answered questions the licensee had without revealing the specifics of the complaint or complainant or other residents named within the complaint. |
| <input type="checkbox"/> | Informed licensee if further collateral contacts are needed to be made after leaving the AFH. |

NOTES

5. Report Writing

The purpose of the statement of deficiencies is to provide written verification and documentation using the prescribed methods in principles of documentation, for the public, the home and the residents and serves as a permanent record for the state enforcement and licensing agency.

Objectives / Critical Elements:

O DC D I NA

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Completed a collateral interview for each sample resident. Clearly identified the issues and concerns about the resident's care and services. |
| <input type="checkbox"/> | If the home was found to have deficient practice the SOD was written following the Principles of Documentation and was clear, concise and within the required timeframes for community programs. Editing was performed using the review tool. |
| <input type="checkbox"/> | After the SOD review was completed by the Field Manager and/or Enforcement Officer, the SOD and the appropriate cover letter were forwarded to the Field Manager for signature. |
| <input type="checkbox"/> | SOD was written using the correct WACs and RCWs |
| <input type="checkbox"/> | Inspection, deficiencies were entered into the AFH Tracking System per timelines for data entry. |
| <input type="checkbox"/> | The Complaint was entered into the Tracking System. |
| <input type="checkbox"/> | The Investigation Summary was written within the guidelines for complaint summaries. |
| <input type="checkbox"/> | The Complaint Closure Face Sheet was completed |
| <input type="checkbox"/> | Ensured that proper records of deficiencies, events, process and agreements were maintained under guidelines established for retention of records. Working papers were completed, compiled and forwarded to administrative assistant. |
| <input type="checkbox"/> | If enforcement action was taken, the licensors and/or the complaint investigator consulted with the Field Manager and the enforcement officer appropriately. |
| <input type="checkbox"/> | The complaint investigation, statement of deficiencies, complaint investigative report and the working paperwork were completed within the required time requirements. |
| <input type="checkbox"/> | Follow-up visit was scheduled on licensee's complaint investigators schedule. |
| <input type="checkbox"/> | Complainant was contacted with results of the investigation if appropriate. |

NOTES

6. 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"/> Other: | <input type="checkbox"/> Assertive |
| | <input type="checkbox"/> Tactful |

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