

NURSING HOME TRAINING
Skills Assessment Survey

The Field Manager completes this form and sends to training unit when the New Surveyor is ready to be assessed.

<p>1. Has he/she been the team coordinator with his/her team and with the help of the Peer Coach (required)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What survey(s) was that on? Date?</p>			
<p>2. What are the most number of care areas he/she has been assigned in Stage 2?</p> <p>Has he/she been able to complete the investigations independently? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>3. How many residents has he/she had assigned to him/her in Stage 1 and care areas in Stage 2 on the last survey(s)?</p> <p>Was it the equivalent of what the other team members had? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>4. Has he/she been able to determine failed practice independently? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Has he/she written a Statement of Deficiencies (SOD)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>6. If yes, what citations on the survey(s)?</p>			
STAFF'S NAME	DATE	SUPERVISOR'S NAME	DATE
REGION / UNIT			