

NURSING HOME STAFF PROGRESS TOOL
Session 3 Participatory Survey

There are a total of 5 progress tools to be used for the practice surveys: 1) Observational Surveys; 2) Session1 Participatory Survey; 3) Session 2 Participatory Survey; 4) Session 3 Participatory Survey; and 5) Team Coordinator. The Team Coordinator's progress tool is to be completed prior to the Field Manager's request for the new surveyor's compliance surveys. Each progress tool is completed by the Peer Coach and the New Surveyor followed by a face to face meeting between the Field Manager, New Surveyor and Peer Coach to discuss progress and/or concerns.

STAFF'S NAME	DATE OF HIRE	COACH'S NAME	REGION / UNIT
ON-SITE VISIT DATE(S) (MM/DD/YYYY)		NURSING HOME NAME	

Expectation:

It is expected that the new staff member would have participated in the RCS Orientation and performed an "observation only" survey.

Key Elements:

- Peer Coach (PC) and new Staff Member (SM) should be assigned minimal extra survey tasks.
- The PC and SM should be assigned one Stage 1 assignment. The SM should be increasing their **Census** sample and the rest of the assignment should be given to the PC. The PC completes their portion of the sample then observes and provides coaching as needed to the SM as they complete their portion of the assignment.
- The SM should be increasing the **Admission** sample record reviews.
- **The PC should follow and be present for ALL SM activity, and review the record reviews to ensure accuracy.**
- The SM should be assigned both mandatory and triggered facility tasks to be completed during stage 2. Start with 1 -2 less complex tasks and one complex task such as environment, kitchen, abuse prohibition. The PC should follow the investigation to ensure that the SM is following the process and doing a thorough investigation. The SM should be increasing number of task reviews with each survey.
- The SM should also be assigned to follow and observe the Deputy Fire Marshal during the LSC Survey if not completed after Session 2.
- The SM should be assigned 2-3 full Stage 2 investigations, advancing to a full assignment equitable to the rest of the team members over 3-4 surveys. The PC is responsible to review the preparation of and completion of the SM's full investigations of all Stage 2 care area assignments to include compliance decisions and SOD writing.

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 offsite survey preparation is to analyze various sources of information available about the facility.

Staff Member Preparation:

- Review QIS Off-Site preparation in ASE-Q
- Review the assigned Mandatory Facility Tasks

Objectives / Critical Elements:

O DC D I NA

- Participated in discussion of concerns and issues with the team obtained from past surveys and complaints
- Participated in discussion of other information obtained from others such as the ombudsman and complaint investigator.
- Reviewed the supplies needed and assisted with gathering and transporting the supplies.

Criteria and Objectives:

O DC D I NA

- The surveyor imported the survey shell with MDS data.
- The Staff Member (SM) participated in off-site preparation and review of materials.
- The SM assisted with gathering and transport of needed supplies.

NOTES

2. Initial Tour

The purpose of the initial tour is to obtain an overall impression of the facility and the resident population being served.

Staff Member Preparation:

- Review Initial Tour in ASE-Q.

Objectives / Critical Elements:

O DC D I NA

- Participated in initial tour in assigned area with Peer Coach.
- Participated in general environmental observations of facility. Identified physical safety hazards and concerns.
- Identified licensed staff on duty and observed the nursing staff posting.
- Recorded the names of licensed staff encountered during the tour in ASE-Q for reconciliation with nursing schedule provided upon entrance.
- Introduced self to residents and family members.
- Made note of resident activities and times of meals in DR in area toured.
- Recorded initial tour notes in ASE-Q and if applicable used surveyor notes for other concerns.
- Recorded appropriate information at a level necessary to be used as evidence. Followed POD.

NOTES

3. Reconciliation, Initial Team Meeting and First Dining Observation

The purpose of this task is to observe / participate in reconciliation after initial tour has been completed. The intent of the initial team meeting is to provide a time to share preliminary concerns, observations, and information before getting started with Stage 1.

Staff Member Preparation:

- Review the timing / agenda of the initial team meeting and agenda in the QIS Checklist Step 18.
- Review the Dining Observation Worksheet in the Mandatory Facility Tasks.

Objectives / Critical Elements:

O DC D I NA

- Observed part of the reconciliation, and Stage 1 team assignments.
- Participated in the initial dining observation with Peer Coach.
- Identified areas of concern from initial tour and dining observation.
- Shared appropriate information obtained during initial tour and dining observation with team members

Criteria and Objectives:

O DC D I NA

- The SM participated in reconciliation and correctly reconciled the Stage 1 sample using the alphabetical resident list and New Admission Information form, following the directions in the QIS tool.
- The SM conducted the initial tour on the same unit as the PC and focused on staff-resident interactions, staff availability, resident activities, and characteristics of the population.
- The SM conducted the tour with the PC and identified pertinent concerns in the environment.
- The SM conducted an initial brief tour of the kitchen with the PC and recorded the findings in the Kitchen task CE pathway under the Mandatory Facility Tasks menu in ASE-Q. (New staff refers to CMS-20055 form).

NOTES

4. Stage 1: Share Peer Coach Assignment

Example: If Peer Coach (PC) assignment is 10, the PC will have 6 and new staff member will have 4 on the first practice survey after Session1 classroom training.) The SM should be advancing to a full Stage 1 assignment.

Please note in the “notes section” below, which Stage 1 survey elements were performed. Each Element should be completed at least twice prior to noting independent practice of new staff member.

Census and Admission Sample Resident Review and Stage 1 Team Meetings

The purpose of Stage 1 survey is to conduct preliminary investigations of the quality of life and quality of care of Stage 1 sampled residents using prescribed protocols and a structured set of questions.

Staff Member Preparation:

- Review ASE-Q Stage 1 Survey questions.
- Review the protocols for census resident interview, resident observation, staff interview, record review and family interview in the student manual.
- Review ASE-Q Stage 1 Survey questions and protocols for admission record review.
- Review Task 3 Step 20, Step 21 and Step 22 in the QIS Checklist.

Objectives / Critical Elements:

Sample 4 to 5 residents Peer Coach to observe Staff Member.

O DC D I NA

- Established good rapport with staff and residents. Asked screening questions prior to resident interviews.
- Performed observations **every 30 to 60 minutes** on sample residents and appropriately documented observations in relevant findings with dates and times.
- Performed appropriate resident interviews. Asked all questions as written and in sequence. Asked probing questions as needed and documented relevant findings in ASE-Q.
- Conducted Staff Interview for sampled residents with PC present.
- Conducted census record review with PC reviewing to ensure accuracy.
- During the first participatory survey:**
- Conducted three admission record reviews. The Staff Member and Peer Coach will compare findings.
- During the second participatory survey:**
- Conducted a family member interview with Peer Coach present.
- Asked screening questions and documented relevant findings for all negative responses.
- All questions asked and answered with relevant findings and recorded appropriately for staff and resident interviews
- Performed census and admission record reviews as assigned.

Criteria and Objectives:

Admission Record Review

O DC D I NA

- The SM responded to all questions applicable to the resident.
- The SM appropriately documented relevant findings for admission record review responses with negative implications.
- The SM correctly identified the resident's length of stay and discharge.
- The SM used the correct weights in the weight history.
- The PC and the SM agreed on all responses entered into ASE-Q.

Criteria and Objectives:

Census Record Review

O DC D I NA

- The SM responded to all questions applicable to the resident.
- The SM appropriately documented relevant findings for census record review responses with negative implications.
- The SM correctly identified the medication used in the last thirty (30) days.
- The SM used the correct weights in the weight history.
- The PC and the SM agreed on all responses entered into ASE-Q.

Criteria and Objectives:

Family Interview

O DC D I NA

- The SM screened the family member / representative to establish the ability of the family member to provide information about services provided to the resident.
- The SM conducted the family interview in a setting to maintain resident privacy or asked the family member to conduct the interview in a private setting but the family member declined.
- The SM asked the family interview questions in the order written without omitting any questions and asked the questions as written. If there was a need for clarification, the surveyor provided a clear explanation of the intent of the question and then repeated the question as written.
- The SM entered family interview responses directly into the ASE-Q.
- The SM probed or followed up on family responses when there was a concern and additional relevant information was reasonably expected.
- The SM appropriately documented relevant findings for family interview responses with negative implications.
- The PC and the SM agreed on all responses entered into ASE-Q.

Criteria and Objectives:

Resident Interview

O DC D I NA

- The SM screened the resident to establish the resident's interview status.
- The SM and PC agreed on the resident's interview status, if it was questionable the SM closed the interview appropriately and marked the resident as not interviewable.
- The SM conducted the resident interview in a setting to maintain resident privacy or asked the resident to conduct the interview in a private setting, but the resident declined.
- The SM asked the resident interview questions in the order written without omitting any questions and asked the questions as written. If there was a need for clarification, the surveyor provided a clear explanation of the intent of the question and then repeated the question as written.
- The SM entered resident interview responses directly into the ASE-Q.
- The SM probed or followed up on resident responses when there was a concern and when additional relevant information was reasonably expected.
- The SM appropriately documented relevant findings for resident interview responses with negative implications.
- The PC and the SM agreed on all responses entered into ASE-Q.

Criteria and Objectives:

Staff Interview

O DC D I NA

- The SM conducted the staff interview in a setting to preserve resident confidentiality.
- The SM asked the staff interview questions in the order written without omitting any questions and asked the questions, including parenthetical statements, in a manner that maintained the intent of the questions. If there was a need for clarification, the SM provided a clear explanation of the intent of the question and then repeated the question as written.
- The SM requested documentation verification related to a diagnosis of neurogenic bladder.
- The SM requested documentation verification related to a resident consuming a nutritional supplement.
- The SM probed or followed up on staff responses when there was a concern and additional relevant information was reasonably expected.
- The SM appropriately documented relevant findings for staff interview responses with negative implications.
- The SM entered staff interview responses directly into the ASE-Q.
- The PC and the SM agreed on all responses entered into ASE-Q.

Criteria and Objectives:

Resident Observations

O DC D I NA

- The SM conducted multiple observations of the resident throughout Stage I.
- The SM entered resident observation responses into the ASE-Q.
- The SM appropriately documented relevant findings for observation responses with negative implications.
- The PC and the SM agreed on all responses entered into ASE-Q.

NOTES

5. Team Meetings**Criteria and Objectives:**

O DC D I NA

- The SM participated in team discussions and shared all concerns during team meetings including immediate jeopardy, the likelihood of rising to the level of harm, and the possibility of substandard quality of care.
- During the initial team meeting, the SM discussed information gathered during the Initial Tour, the brief tour of the Kitchen and Entrance Conference.
- During the initial team meeting, the SM discussed staff availability and compared staff availability to the schedule provided by the facility.
- During the initial and Stage 1 team meetings, the SM planned for and reported on completion of or the possibility of completing a family interview.
- The SM reported the need to make Stage 1 sample changes, as needed. The team coordinator made Stage 1 sample changes on the primary laptop and re-exported the sample to the SM as indicated.

NOTES

Facility Tasks**Objectives / Critical Elements:**

O DC D I NA

- Performed the Kitchen food preparation and sanitation review.
- Performed a tray line observation.
- Performed a test tray review.
- Performed the general environmental rounds including laundry, beauty shop, ice machines, outside areas including smoking area, waste disposal, and chemical storage and oxygen storage.
- Performed review of the call light system.
- Interviewed residents, staff and others appropriate to environmental and kitchen issues.
- Reviewed Physical Environment for Dementia Unit including locked and key padded doors, outdoor area, if appropriate.

Medication Observation (Nursing Staff)**Objectives / Critical Elements:**

O DC D I NA

- Participated in medication pass for 5 to 10 medications and reconciled review of physician orders.
- Participated in the team discussion of medication error rates.
- Identified unsafe medication practices correctly.
- Determined the medications error rate for the Nursing Home correctly.
- Performed review of glucometer use and/or infection control issues when identified by observations or interview as concern regarding resident medication administration and diabetic care.

List all facility tasks completed:

O DC D I NA

NOTES

State and Other Tasks

O DC D I NA

- Performed Personnel Record review including TB testing, NAC Certification and criminal background check.
- Performed review of Veterinary Certificates and pet review.
- Performed review of Emergency Preparedness and water supply, Medicare Demand billing and Trust Fund/Surety Bond reviews.

Completed the following protocols:

- Nursing Services Protocol (review and complete if appropriate).
- Infection Control Review.
- Followed up on all issues and concerns identified from kitchen, environmental reviews and personnel record reviews, as appropriate.

Criteria and Objectives:

Facility Task

O DC D I NA

- The SM used the facility task pathway and referenced the Guidance to Surveyors for the applicable F tags in Appendix PP of the SOM to conduct the investigation.
- Observations: The SM conducted all necessary resident and/or facility staff observations, as applicable, including observations over different shifts, in different settings, and repetitive observations, as applicable, to support the compliance decision.
- Interviews: The SM conducted all necessary resident and/or family and/or multiple staff interviews over different shifts to support the compliance decision.
- Record Reviews: The SM reviewed all necessary records, including the resident assessment (RAI or other documents), care plan, treatment records, and other parts of the clinical or facility records to support the compliance decision.
- The SM documented all observations, interviews, and record reviews in the investigative documentation pane applicable to the CE.
- The SM only discussed findings with the facility when the investigation was complete and the team had made a compliance decision. (Note: This is not intended to restrict a surveyor's efforts to gather information from staff during the investigation of a concern.)
- The SM answered the applicable CE(s) in ASE-Q and made compliance decisions for all listed F-tags.
- The SM selected a severity-level for each noncompliance decision using the severity definitions and Psychosocial Outcome Severity Guide in Appendix P and the Deficiency Categorization section as applicable for the selected F tag in Appendix PP.

NOTES

Criteria and Objectives:

Dining and Infection Control

O DC D I NA

- The SM used the facility task pathway and referenced the Guidance to Surveyors for the applicable F tags in Appendix PP of the SOM to conduct the investigation.
- Observations: The SM conducted all necessary resident and/or facility staff observations, as applicable, including observations over different shifts, in different settings, and repetitive observations, as applicable, to support the compliance decision.
- Interviews: The SM conducted all necessary resident and/or family and/or multiple staff interviews over different shifts to support the compliance decision.
- Record Reviews: The SM reviewed all necessary records, including the resident assessment (RAI or other documents), care plan, treatment records, and other parts of the clinical or facility records to support the compliance decision.
- The SM documented all observations, interviews, and record reviews in the investigative documentation pane applicable to the CE.
- The SM only discussed findings with the facility when the investigation was complete and the team had made a compliance decision. (Note: This is not intended to restrict a surveyor's efforts to gather information from staff during the investigation of a concern.)
- The SM answered the applicable CE(s) in ASE-Q and made compliance decisions for all listed F-tags.
- The SM selected a severity-level for each noncompliance decision using the severity definitions and Psychosocial Outcome Severity Guide in Appendix P and the Deficiency Categorization section as applicable for the selected F tag in Appendix PP.

NOTES

Criteria and Objectives:

Transition

O DC D I NA

- The SM participated in the discussion of all care areas with QCLIs that exceeded thresholds and briefly explained specific concerns for residents who met QCLI criteria.
- The SM discussed concerns that suggest possible immediate jeopardy.
- The SM discussed concerns that have a high likelihood of rising to the level of harm.
- The SM made note of care areas related to the applicable regulatory groups that may need sample supplementation in Stage 2 to determine the possibility of substandard quality of care.
- The SM reported specific concerns of random observations for non-sampled residents or for Stage 1 residents for QCLIs that did not exceed the thresholds to discuss initiation of the resident and/or care area.
- The SM identified and corrected any Stage 1 data entry errors.
- The SM discussed care areas and residents selected for Stage 2 in-depth investigation to identify which residents were sampled for each care area investigation, and to determine whether additional residents/areas of concern should be surveyor initiated.

NOTES

Stage 2: Investigations

Criteria and Objectives:

Care Area with a CE Pathway

- | O | DC | D | I | NA | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Observations: The SM conducted all necessary resident and/or facility staff observations, directed by the CE Pathway as applicable, including observations over different shifts, in different settings, and repetitive observations, as applicable, to support the compliance decision. |
| <input type="checkbox"/> | Interviews: The SM conducted all necessary resident and/or family and/or multiple staff interviews, directed by the CE Pathway as applicable, over different shifts to support the compliance decision. |
| <input type="checkbox"/> | Record Reviews: The SM reviewed all necessary records, including the resident assessment (RAI or other documents), care plan, treatment records, and other parts of the clinical or facility records to support the compliance decision. |
| <input type="checkbox"/> | The SM documented all observations, interviews, and record reviews in the investigative documentation pane applicable to the care area. |
| <input type="checkbox"/> | The SM only discussed findings with the facility when the investigation was complete and the team had made a compliance decision (Note: This is not intended to restrict a surveyor's efforts to gather information from staff during the investigation of a concern). |
| <input type="checkbox"/> | The SM answered the applicable CE(s) in ASE-Q and made compliance decisions for all listed F-tags. |
| <input type="checkbox"/> | The SM selected a severity-level for each noncompliance decision using the severity definitions and Psychosocial Outcome Severity Guide in Appendix P and the Deficiency Categorization section as applicable for the selected F tag in Appendix PP. |
| <input type="checkbox"/> | The SM identified any potential immediate jeopardy situation and immediately brought it to the attention of the team. |
| <input type="checkbox"/> | The PC and SM agreed on all compliance decisions for a care area's critical elements related to assessments, care plans, and care plan implementation. |
| <input type="checkbox"/> | The PC and SM agreed on all compliance decision(s) for a care area's critical element(s) related to the provision of care and services. |
| <input type="checkbox"/> | Of the CEs where both the PC and SM agreed on noncompliance, there was agreement on all "harm" and SQC severity-level determinations. |
| <input type="checkbox"/> | The SM must use severity guidance in Appendix P and Appendix PP to support the severity determination. |
| <input type="checkbox"/> | Of the CEs where both the PC and SM agreed on noncompliance, there was agreement on all severity-level determinations for other than "harm" and SQC determinations. |
| <input type="checkbox"/> | The SM investigated related structure, process or outcome care area or F-tags, as applicable. |
| <input type="checkbox"/> | The PC did not need to intervene to correct the SM's inadequate investigation. |

NOTES

Stage 2: Investigations

Criteria and Objectives:

Care Area with NO CE Pathway

- | O | DC | D | I | NA | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | If the care area had no associated CE pathway, the SM followed the Guidance to Surveyors for the applicable F tag(s) in Appendix PP of the SOM. |
| <input type="checkbox"/> | Observations: The SM conducted all necessary resident and/or facility staff observations, as applicable, including observations over different shifts, in different settings, and repetitive observations, as applicable, to support the compliance decision. |
| <input type="checkbox"/> | Interviews: The SM conducted all necessary resident and/or family and/or multiple staff interviews over different shifts to support the compliance decision. |
| <input type="checkbox"/> | Record Reviews: The SM reviewed all necessary records, including the resident assessment (RAI or other documents), care plan, treatment records, and other parts of the clinical or facility records to support the compliance decision. |
| <input type="checkbox"/> | The SM only discussed findings with the facility when the investigation was complete and the team had made a compliance decision (Note: This is not intended to restrict a surveyor's efforts to gather information from staff during the investigation of a concern). |
| <input type="checkbox"/> | The SM documented all observations, interviews, and record reviews in the investigative documentation pane applicable to the care area. |

- The SM only discussed findings with the facility when the investigation was complete and the team had made a compliance decision (Note: This is not intended to restrict a surveyor's efforts to gather information from staff during the investigation of a concern.).
- The SM answered the applicable CE(s) in ASE-Q and made compliance decisions for all listed F-tags.
- The SM selected a severity-level for each noncompliance decision using the severity definitions and Psychosocial Outcome Severity Guide in Appendix P and the Deficiency Categorization section as applicable for the selected F tag in Appendix PP.
- The SM identified any potential immediate jeopardy situation and immediately brought it to the attention of the team.
- The PC and SM agreed on all compliance decision(s) for a care area's critical element(s) related to the provision of care and services.
- Of the CEs where both the PC and SM agreed on noncompliance, there was agreement on all "harm" or SQC severity-level determinations.
- Of the CEs where both the PC and SM agreed on noncompliance, there was agreement on all "harm" or SQC severity-level determinations.
- The SM investigated related structure, process or outcome care area or F-tags, as applicable.
- The PC did not need to intervene to correct the surveyor's inadequate investigation.

NOTES

Objectives / Critical Elements:

Analysis and Decision Making

O DC D I NA

- Demonstrated ability to determine the difference between non-compliance deficiencies and findings.
- Demonstrated ability to gather sufficient evidence: observations, interviews with residents and facility staff, record reviews to identify deficient practice.
- Demonstrated ability to analyze data and identify potential F-tags for failed practices found on survey.
- Demonstrated ability to verify and substantiate findings with further observations, interviews and record reviews.
- Correctly identified the different types of tags and regulations and demonstrated an understanding of the differences in the types of evidence needed to determine non-compliance.
- Appropriately identified and investigated any immediate jeopardy that was found.
- Participated appropriately, if an immediate jeopardy was identified according to the requirements in the State Procedures and Federal Process Requirements
- Demonstrated an understanding and ability to analyze the presence of a possible immediate jeopardy.
- Demonstrated an understanding of substandard quality of care. Assisted in it's identification and demonstrated an understanding of how to proceed.
- Consulted with the Field Manager when appropriate.
- Team and Peer Coach were consulted appropriately regarding issues or concerns on resident safety.

NOTES

Criteria and Objectives:

Analysis and Decision Making

O DC D I NA

- The SM contributed to the discussion of each F-tag and provided supporting documentation, as applicable, displayed on the Potential Citation screen.
- The SM contributed to the team's compliance decision on each F-tag listed on the Potential Citation screen.
- The SM participated in the team's severity and scope decision for each F tag cited on the Potential Citation screen according to the severity definitions and Psychosocial Outcome Severity Guide in Appendix P and the

	Deficiency Categorization section as applicable for the selected F tag in Appendix PP.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The SM contributed to the team's decision regarding SQC (This decision is the culmination of team discussions and sample supplementation throughout the survey).
NOTES	
Status Meeting	
Staff Member Preparation:	
<ul style="list-style-type: none"> • Review State and Federal Process for Immediate Jeopardy. • Review Management Bulletin on Communication with Providers. 	
Objectives / Critical Elements:	
O DC D I NA	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participated in final status meeting with facility staff and administrator.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participated in Nursing Home failed practice determinations.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Presented findings for the facility to be able to provide further information.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Appropriately identified and investigated any immediate jeopardy that was found. Reviewed and followed Transmittal 19 and state process.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Consulted with the Field Manager when appropriate.
NOTES	
Exit Conference	
Staff Member Preparation:	
<ul style="list-style-type: none"> • Review written presentation of findings. • Reviewed deficient practice presented Exit with Peer Coach. 	
Objectives / Critical Elements:	
O DC D I NA	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Performed exit conference with Peer Coach.
NOTES	
Report Writing	
Objectives / Critical Elements:	
O DC D I NA	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Performed writing citations with team review that complied with the elements of the Principles of Documentation.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Citations were written clearly and in a concise manner following the Principles of Documentation.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participated in team collaborative process in production and editing of Statement of Deficiencies.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participated in review of the survey report using the auditing tool.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participated in presentation of a substandard or harm level findings and citations to the enforcement officer.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prepared the civil fine recommendations, licensed history memo and state forms appropriately.
NOTES	

Professional Manner

- Staff Member brought State Operations Manual Transmittals (SOM) and Appendixes.
- Used appropriate forms and tools Self Evaluation of professional Manner.

Check all that apply and add other descriptors in the "other" box.

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

STUDENT TRAINING STRENGTHS

STUDENT TRAINING WEAKNESSES

Actions recommended to address identified weaknesses:

- Does not meet or demonstrate standards
- Is recommended to continue field training with focus on weaknesses
- Is recommended to repeat this training
- Is recommended not to proceed in the training program

FIELD MANAGER, PEER COACH, STAFF MEMBER MEETING / REVIEW NOTES

GOALS FOR IMPROVEMENT

PEER COACH'S SIGNATURE

DATE

STAFF MEMBER'S SIGNATURE

DATE

FIELD MANAGER'S SIGNATURE

DATE