

NURSING HOME STAFF PROGRESS TOOL
Team Coordinator 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 this tool will be used only after the staff person has achieved independent practice in Session 1, 2, and 3 Progress Tools.
- Staff Member (SM) must be Team Coordinator (TC) at least twice prior to QIS Compliance Surveys of Record.

Key Elements:

- Peer Coach should be assigned minimal extra survey tasks and protocols, but should be assigned full load of resident assignments in Stages 1 and 2.
- SM should be assigned as Team Coordinator and the Peer Coach will assist as needed.

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

Objectives / Critical Elements:

- O DC D I NA
- Performed all off-site prep activities and facilitation of team meeting, notified Ombuds and Fire Marshall.
- Gathered appropriate forms and copies of materials for the team, the entrance conference, the facility administrator and other tasks within the survey process.
- Prepared the Off-site Survey Preparation Worksheet.
- Facilitated team discussion regarding issues and concerns and team task assignments.

Criteria and Objectives:

- O DC D I NA
- As the TC, the SM imported the survey shell with MDS data.
- As the TC, the SM completed the Review Materials screen.
- As the TC, the SM printed or had available upon entry to the facility the Entrance Document forms (New Admission Information form and the Entrance Conference worksheets (facility and team copy)).
- As the TC, the SM made all Mandatory Facility task assignments.
- As the TC, the SM synched Offsite Prep Info and Assignments. The team members then synched Offsite Prep Info and Assignments.

NOTES

2. On-site Preparation

Objectives / Critical Elements:

O DC D I NA

- Introduced team members and requested a work room for the team.
- Performed Entrance Conference with appropriate forms and materials.
- Requested the appropriately needed facility information during the Entrance Conference.
- Explained the survey process and answered any questions the Administrator had regarding the process.
- Provided the Administrator the appropriate materials and copies of materials.
- If the survey commenced at times outside of normal business hours, ascertained who was in charge and requested that they notify the Administrator.
- Called the field office to notify that the team had entered.

Criteria and Objectives:

O DC D I NA

- Upon entering the facility, the SM as TC requested the alphabetical resident list with room numbers/units, noting who is out of the facility, be provided to the team immediately.
- Upon entering the facility, the SM as TC provided the New Admission Information form and requested the completed form be provided to the team immediately.
- If the SM assisted with Reconciliation, the SM and team member correctly reconciled the Stage 1 sample using the alphabetical resident list and New Admission Information form.
- The SM as TC made Stage 1 assignments in an equitable manner (number and location) and synched the Stage 1 Samples and Workload from the primary laptop. Each team member synched the Stage 1 Samples and Workload to the secondary laptop.
- The SM as TC provided the facility with the Admission Sample report for the Facility.

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3. Team Meetings

Criteria and Objectives:

O DC D I NA

- The SM as TC held the required team meetings (daily and more often as necessary) to discuss each surveyor's progress towards completing resident and facility task assignments, and any observed situations of concern including IJ and/or SQC.
- The SM as TC participated in team discussions and shared all concerns during team meetings including immediate jeopardy, the possibility of substandard quality of care (SQC) and any concern that had a high likelihood of rising to the level of harm.
- During the initial team meeting, the SM as TC discussed information gathered during the Initial Tour and Entrance Conference.
- During the initial team meeting, the SM as TC ensured the team compared staff availability to the schedule provided by the facility and clarified any discrepancies.
- During the initial team meeting, the SM as TC made dining observation assignments to cover all dining areas, hall trays and resident room trays.
- During the initial team meeting, the SM as TC determined assignments for admission sample residents who are in the facility but not in the census sample.
- During the Stage 1 team meetings, the SM as TC planned for and reported on completion of or the possibility of completing a family interview.
- The SM and team reported the need to make Stage 1 sample changes, as needed. The SM as TC made Stage 1 sample changes on the primary laptop and re-synched the sample with the affected secondary laptop(s). Only the affected surveyor(s) resynchronized the sample to the secondary laptop.

- During Stage 2 team meetings, the SM as TC led the discussion with the team and determined whether there were any potential quality concerns that require the need to conduct Part 2 of QA&A.
- During Stage 2 team meetings, the surveyor reported the need to substitute residents or supplement the Stage 2 sample, as needed, and the SM as TC correctly identified substitute or supplement residents and followed the procedural steps correctly to substitute the resident. See Checklist Step 39.
- When concerns arose outside of the Stage 2 assignments, the SM initiated the applicable care area rather than an F-tag to investigate and document compliance decisions.
- The surveyor consulted with the SM as TC the need to reassign Stage 2 workload, as needed, and the reassignments were made.

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4. Task 5

Criteria and Objectives:

O DC D I NA

- Notified FM of transition.
- The SM as TC reviewed all merged Stage 1 data in ASE-Q to confirm that the work was completed before processing the QCLIs.
- The SM as TC led a discussion of all care areas with QCLIs that exceeded thresholds.
- 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 and team made note of care areas related to the applicable regulatory groups that may need sample supplementation in Stage 2 to determine the possibility of SQC.
- The SM and team 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 and team identified and corrected any Stage 1 data entry errors.
- The SM as TC reprocessed the QCLI results, reviewed QCLI results for resident(s) and care area(s) with corrected Stage 1 responses, and re-synched the Stage 1 & QCLI Data. **The surveyors re-synched.**
- The SM led and discussed care areas and residents selected for Stage 2 in-depth investigation to identify which residents were sampled for each care area, and to determine whether additional residents/areas of concern should be surveyor initiated. (QIS checklist Step 32)
- The SM added room numbers and units for those missing. (QIS checklist Step 32)
- The SM as TC ensured the team initiated all care areas or residents identified during Stage 1 team meetings.
- The SM as TC included in the Stage 2 Sample any situation identified as IJ.
- The SM and team included in the Stage 2 Sample any situation(s) identified as having a high likelihood of rising to the level of harm.
- The team made Stage 1 data changes only for entries identified as a data entry error.
- The SM as TC initiated, as applicable, at least one resident for each of the following care areas: Dialysis, Ventilator, Preadmission Screening and Resident Review (PASRR) and Certified Medicare Hospice/End of Life Services.
- The SM as TC made Stage 2 assignments in an equitable manner (number and location) and synchronized the Stage 2 sample and task assignments from the primary laptop. The team synchronized the Stage 2 Sample and Assignments to each secondary laptop.

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5. Analysis and Decision Making

Criteria and Objectives:

O DC D I NA

- The SM reviewed merged Stage 2 data in ASE-Q confirming completion of the work and corrected any items in verification screen.
- The SM and team contributed to the discussion of each F-tag and provided supporting documentation, as applicable, displayed on the Potential Citation screen.
- The SM as TC led the discussion and contributed to the team's compliance decision on each F-tag listed on the Potential Citation screen.
- The SM as TC marked on the Potential Citation screen all applicable residents for inclusion in the citation (no residents were inappropriately excluded).
- The SM as TC led the discussion and 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.
- The SM as TC led the discussion and contributed to the team's decision regarding SQC (This decision is the culmination of team discussions and sample supplementation throughout the survey).
- The SM as TC reviewed the accuracy of the printed Potential Citation report and Stage 2 sample resident list comparing to notes taken.
- The SM as TC loaded the citations into ASE and verified Citation Manager listed all cited F-tags.

NOTES

6. Other Team Coordinator Responsibilities

Objectives / Critical Elements:

O DC D I NA

- Ensured all forms from facility were completed, accurate and signed in ink without cross outs or use of correction tape / fluid.
- Ensured the Nursing Home Training Forms and information was collected and reviewed.
- Scheduled exit conference with the request of the Nursing Home to have at least two cognitively intact residents present.
- Timely notification of Ombuds of exit.
- Requested any final clarification on any issues or concerns.
- Consulted with Field Manager when appropriate.
- Performed appropriately, if an Immediate Jeopardy (IJ) was identified. Consulted own copy of Appendix Q and State Procedures on Immediate Jeopardy.
- Demonstrated an understanding and ability to analyze the presence of a possible IJ.
- Demonstrated an understanding of substandard quality of care. Assisted in its identification and demonstrated an understanding of how to proceed.

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7. Status Meeting

Staff Member Preparation:

- Review State and Federal Process for Immediate Jeopardy.
- Review Management Bulletin on Communication with Providers.

Objectives / Critical Elements:

O DC D I NA

- Participated in final status meeting with facility staff and administrator.
- Participated in Nursing Home failed practice determinations.
- Presented findings for the facility to be able to provide further information.
- Appropriately identified and investigated any immediate jeopardy that was found. Reviewed and followed Transmittal 19 and state process.
- Consulted with the Field Manager when appropriate.

NOTES

8. Exit Conference

Objectives / Critical Elements:

O DC D I NA

- Led exit conference.
- Actively communicated with the facility staff and Administrator throughout the survey process.

NOTES

9. Report Writing

Objectives / Critical Elements:

O DC D I NA

- Completed "000", initial comments tag.
- Ensured proper records of deficient practice, events, process and agreements were maintained under guidelines established for retention of records.
- If there were no deficiencies ensured the appropriate cover letter was completed, ASPEN requirements completed and copies were reviewed and signed by the Field Manager and sent to the provider.
- If there were deficiencies, coordinated team production and editing, ensuring Statement of Deficiencies (SOD) was written clearly, concisely following the Principles of Documentation. **Editing was performed using the review tool.**
- Ensured timely production of SOD as appropriate for Field Manager and Enforcement Officer Review as appropriate.
- Reviewed the repeat deficiencies for possible civil fine remedy recommendations. Completed or delegated and ensured that Licensee History Memo was completed if appropriate.
- Ensured State Licensing forms were completed appropriately. Ensured that the WAC selected for deficient practice was accurate and matched with the F-tag cited.
- Completed all federal paperwork with completed SOD and forwarded to Field Manager for review and signature.
- Completed or ensured all paperwork including finalized SOD forwarded to support staff to aid in timely data entry.
- Reviewed and identified if the plan of correction was acceptable and had been received within ten days after the provider received the SOD.

NOTES

10. 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 |