

Re-Inspection

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 performed an observation only inspection prior to the experience of a re- inspection.

Key Elements:

- Peer Coach (PC)

Staff Member Preparation:

- Review the Principles of data collection.
- Review the Principles of Observation of Care.
- Reviewed areas and process for Kitchen / food services, internal and external environmental review and emergency and disaster preparedness

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 Preparation

The purpose of this task is to gather and analyze various sources of information regarding the AFH's history and current issues.

Staff Member Preparation:

- Review the Adult Family Home (AFH) Licensing Re-Inspection Process.

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Gathered and reviewed licensing file and tracking system information for past issues / concerns identified in previous inspections and complaints, number of licensed beds, specialty status and exemptions. |
| <input type="checkbox"/> | Contacted previous licensor if available within our division, case manager, ombudsman and complaint investigator to determine possible issues and concerns. Inspection dates were kept confidential. |
| <input type="checkbox"/> | Identified potential problems and issues. |
| <input type="checkbox"/> | Familiarized with the layout of the home by reviewing the building inspector report or the room list and floor plan from the licensing file. |
| <input type="checkbox"/> | Gathered appropriate materials and forms for the process. |
| <input type="checkbox"/> | Used appropriate form to document information gathered for pre-inspection. |
| <input type="checkbox"/> | Did not remove licensing files from the Regional Office. |

NOTES

2. Entrance

Staff Member Preparation:

- Review the procedures for entrance when only residents are in the home.
- Review the procedures for instances where the licenser or complaint investigator is denied entrance to the home.

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Inspection was unannounced. |
| <input type="checkbox"/> | Introduced self and provided business card and/or state identification card to caregiver or licensee. |
| <input type="checkbox"/> | Reviewed in a clear and concise manner the purpose and expectations of the visit and explained the re-inspection process. (If person who answers the door was not the licensee suggested they notify the licensee of the re-inspection). |
| <input type="checkbox"/> | Contacted the Field Manager for assistance when appropriate. |
| <input type="checkbox"/> | Obtained information about special features of the home such as pets, multiple levels of the home and who else resides in the home. |
| <input type="checkbox"/> | Requested a place to work. Built a working rapport with the licensee / caregiver. |
| <input type="checkbox"/> | Introduced self to the residents, visitors and other staff and explained why they were there. |
| <input type="checkbox"/> | Obtained a list of the current residents and caregiver staff in the home. |
| <input type="checkbox"/> | Provided licensee/staff the list of documentation needed following the tour (forms B and C). |

NOTES

3. Tour

The purpose of the tour is to provide the licenser with an overview of the residents, the staff and the physical environment regarding care, quality of life and safety

Objectives / Critical Elements:

O DC D I NA

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Demonstrated ability to gather sufficient appropriate information: observations of resident care, interviews of residents and families, staff interactions with residents and record reviews to identify if care and services are being provided for residents. |
| <input type="checkbox"/> | Observed for required postings of the Complaint Resolution Unit Hotline, Ombudsman phone numbers, and the home's emergency evacuation plan. If not readily visible, asked for location. |
| <input type="checkbox"/> | Observed all of the residents' appearance and well-being. Identified through observations and interviews potential resident problems. Identified potentially interviewable residents. |
| <input type="checkbox"/> | Introduced self and/or requested the licensee / staff to introduce them to the residents, visitors and other staff and explained why they were there. |
| <input type="checkbox"/> | Requested licensee / staff identify residents who were newly admitted, planning to transfer or discharge in the next 30 days, recently hospitalized, receiving nurse delegation services and others who were receiving services provided by an outside agency such as home health, hospice or mental health. |
| <input type="checkbox"/> | Conducted the external and internal physical inspection in a systematic manner focusing on the cleanliness, safety and comfort of the resident. |
| <input type="checkbox"/> | Identified physical safety hazards and concerns. |
| <input type="checkbox"/> | Observed for homelike environment and safety issues in areas: infection control, laundry, pets, kitchen and food service areas. |
| <input type="checkbox"/> | Requested licensee / staff to conduct a manual check of each smoke detector, if not hard wired. If hard wired, checked one detector. |
| <input type="checkbox"/> | Performed a review and observation of the home's emergency and disaster preparedness. |
| <input type="checkbox"/> | Identified residents who expressed concerns or appeared to have unmet care and service needs. |
| <input type="checkbox"/> | Determined the reason for residents' absence if residents were absent from the home. |
| <input type="checkbox"/> | At the end of the tour, provided licensee / staff the list of documentation needed and a list of sample residents. Requested the negotiated care plans of the sample residents. |

NOTES

4. Resident and Staff Sample

Staff Member Preparation:

- Review resident sample selection procedures.
- Review staff sample selection procedures

Objectives / Critical Elements:

O DC D I NA

- Correctly determined resident sample.
- Choose resident sample from residents with diverse care and service needs.
- Expanded sample appropriately when needed to investigate specific concerns or to identify the scope of the concern.

NOTES

5. Interviews

The purpose of interview is to focus on the resident, the licensee and/or staff and collateral contacts.

Staff Member Preparation:

- Review the principles for resident, staff and collateral interviews.
- Review the procedures for interviews.

Objectives / Critical Elements:

O DC D I NA

- Expanded sample appropriately when needed to investigate specific concerns or to identify the scope of the concern.
- Conducted a cursory review (5 minutes) of the sample residents' negotiated care plans.
- Documented any issues or concerns to be used during resident interview. Documented questions asked and answers given.
- Obtained permission from resident for the interview, conducted the interview ensuring for privacy and comfort. Interview was performed following the basics of interviewing and following the principles and procedures within the process.
- Conducted staff/licensee interviews.
- Interviewed all sample residents who could be interviewed.
- If present, interviewed collateral contacts for residents who could not be interviewed. Conducted collateral contact interviews and clearly identified any issues or concerns. If all residents interviewable, conducted at least one Collateral contact interview.
- If Collateral contacts not available during inspection, contacted a collateral contact upon return to the office.

NOTES

6. Observation of Care and Services

The purpose of the observation of care is to provide the opportunity to determine if the interventions identified in the negotiated service plan have been implemented and that the resident is receiving appropriate care and services.

Staff Member Preparation:

- Review observation principles.
- Review procedures for informal and formal observations.

Objectives / Critical Elements:

O DC D I NC

- Observed care needs of sample residents with focus on quality of care provided, resident choice, dignity, quality of life and privacy.
- Observed for sufficient staffing to provide for care and needs of residents.
- Identified if staff were knowledgeable about the residents and their needs.
- Identified if residents care needs and quality of life needs were being met.
- When needed, adjusted the inspection time and process steps in order to observe tasks associated delegated care.
- Recorded observations at a level required to be used as evidence to support a statement of deficiency and/or enforcement action.

NOTES

7. Medication Services

To provide the licenser with an overview of the medication services including the delivery documentation and storage.

Staff Member Preparation:

- Review the medication service operational principles.
- Review the statutory requirements for medication assistance / administration.

Objectives / Critical Elements:

O DC D I NC

- Observed medication storage areas for locked storage and medications in organizers or original containers.
- Observed staff during medication assistance/administration; recorded observations and identified issues appropriately.
- Identified whether the staff provided medication assistance/administration safely and appropriately.
- Reviewed medication records for: correct identification of medication needs, negotiated care plan care directives and correct documentation of training and delegation of staff.
- When needed, adjusted the inspection time and process steps in order to observe medication assistance and delegated care tasks involved with medications.

NOTES

8. Food Services

To give the licenser an overview of the home's food service operation for residents.

Staff Member Preparation:

- Review food safety regulations for proper storage and handling.

Objectives / Critical Elements:

O DC D I NC

- Observed resident dining and focused on resident's nutritional needs and preferences.
- Interviewed residents about food, dining, preferences and choice.
- Observed food storage and preparation by caregivers. Observed if residents were assisting in food preparation and determined if this activity was documented on negotiated care plan.
- Observed for infection control issues and food handling and sanitary practices.
- Interviewed staff regarding training and orientation about food services and safe food handling practices.
- Identified issues and concerns of residents.
- When needed, adjusted the inspection time and process steps in order to observe meals and food preparation.

NOTES

9. Abuse and Neglect Prevention Review

To evaluate the home's practices in prohibiting abuse, neglect, involuntary seclusion, misappropriation of property and restraints.

Staff Member Preparation:

- Review mandatory reporting regulations and regulations related to restraints.

Objectives / Critical Elements:

O	DC	D	I	NA	
<input type="checkbox"/>	Observations and interviews were focused on resident protection, safety and quality of life.				
<input type="checkbox"/>	Observed and identified any symptoms of abuse or neglect and investigated the issues thoroughly.				
<input type="checkbox"/>	Observed resident-to-resident interactions.				
<input type="checkbox"/>	Observed and interviewed residents regarding the use of restraints.				
<input type="checkbox"/>	Interviewed residents and staff regarding concerns with open-ended questions.				
<input type="checkbox"/>	Observed for and conducted interviews of staff and residents regarding abuse, neglect, involuntary seclusion, misappropriation of property, the use of restraints and mandatory reporting requirements.				
<input type="checkbox"/>	Recorded concerns and data thoroughly, appropriately and clearly.				
<input type="checkbox"/>	Reviewed incident / accident logs if led there by identified concerns.				

NOTES

10. Resident and Staff Record Review

To determine if the assessment and plan reflect the sample residents' care and service needs and to validate or clarify observations and interview data. To determine whether staff have the required credentials and are appropriately trained to care for residents.

Staff Member Preparation:

- Review procedure for evaluation of the resident records.
- Review procedure for expanding the resident sample.
- Review procedure for closed record review.
- Review staff record review operational principles and procedures.
- Review staff caregiver training requirements.

Objectives / Critical Elements:

O	DC	D	I	NA	
<input type="checkbox"/>	Reviewed the appropriate current resident sample and closed resident records if appropriate. Closed records were only reviewed if issues were identified that involved a resident no longer residing in the home.				
<input type="checkbox"/>	Review was resident-centered focusing on resident safety, provision of care and services and quality of life.				
<input type="checkbox"/>	Validated or clarified data obtained in record review with observations and interviews.				
<input type="checkbox"/>	Identified if the assessment and negotiated care plan reflected the residents' care and service needs.				
<input type="checkbox"/>	Identified and reviewed an expanded resident and/or staff sample when appropriate.				
<input type="checkbox"/>	Reviewed the appropriate number of caregiver / licensee or resident manager records.				
<input type="checkbox"/>	Reviewed the staff training and personnel records. Determined if any required items were missing.				
<input type="checkbox"/>	Reviewed all staff files for complete and current background checks				
<input type="checkbox"/>	Clarified what and why staff records were missing and documented findings appropriately on required form.				

NOTES

11. Exit Preparation / Exit

To assist the licensor to gather, organize and prepare information to present at the exit.

Staff Member Preparation:

- Review management bulletins on exit preparation and communication with providers.

Objectives / Critical Elements:

O DC D I NA

- Demonstrated ability to gather sufficient evidence: observations, interviews with residents and facility staff and record reviews in order to identify deficient practice.
- Analyzed data and correlated to the appropriate WAC's and RCWs.
- Preliminary findings were summarized clearly and licensee questions were answered at exit meeting.
- Rapport was built and communication occurred throughout the inspection process.
- Plan of correction requirements and timeframes were clearly communicated. Informed of informed dispute resolution process and rights.
- Appropriately identified and investigated any imminent danger that was found according to principles and procedures in enforcement management bulletin 02-019 (amended) and consulted the Field Manager appropriately.

NOTES

12. Report Writing

Staff Member Preparation:

- Review Principles of Documentation for Community Programs
- Review Management Bulletin 02-019 (amended) for requirements of a Plan of Correction.

Objectives / Critical Elements:

O DC D I NA

- Completed a collateral interview for each sample resident. Clearly identified the issues and concerns about the residents' care and services.
- Statement of Deficiencies was written following the Principles of Documentation and was clear, concise and within the required timeframes for community programs. SOD was edited using the review tool.
- SOD was written using the correct WACs and RCWs
- 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.
- Inspection, deficiencies, the POC and due dates were entered into the AFH Tracking System per timelines for data entry.
- Ensured the inspection information was given to Administrative staff to complete the standardized cover letter. Ensured the appropriate cover letter was sent to the Licensee and if recommending enforcement action Licensee History Memo was completed.
- The Plan of Correction was received within the required time frames and was reviewed for content and licensee's signature.

NOTES

13. 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