

Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IID) Survey and Revisit Skill Building Tool

The Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Survey and Revisit Skill Building Tool (SBT) is used to document the progress of regulatory staff as they develop their survey skills and assess their understanding of Standard Operating Procedure (SOP) chapter guidance.

This feedback tool helps to identify strengths and areas for development for key components of a survey, according to SOP Chapter 16 ICF/IID. Each section of this tool references the procedures outlined in the SOP refer to the details of each survey procedure when evaluating each area. SOP guidance must be utilized to give accurate feedback on the surveyor's performance and set goals for continued growth. There are three surveys checklists provided in this SBT form. Utilize additional SBT forms to document each visit until the supervisor deems new staff to be independent in their role. When this form is used for a revisit, enter the visit information and complete tasks included in the Revisit procedure of the SOP.

New Staff

Complete at least one observational visit before attempting the below survey procedures. Following each survey visit, meet with your mentor and supervisor. Use the notes area to discuss feedback and set goals for skill development on subsequent visits. Sign and date each visit. Once SBT form(s) are completed staff will upload the signed SBT form(s) to the Learning Center (LC).

Mentor

Review the individualized training plan. Allow new staff to complete an observational visit prior to participating in survey activities. As the new staff participates in additional visits, increase the number of tasks they perform to achieve independence. Enter the skill level (e.g., Met (M), Partially Met (PM), or Not Met (NM)) for tasks performed during the visit. For any area marked as PM or NM, provide feedback. For tasks not observed or assessed during the visit, mark them Not Applicable (NA). Sign and date each visit.

Supervisor

Develop an individualized training plan for the new staff, to include post-visit progress discussions. Arrange at least one observational visit for new staff prior to the new staff participating in a survey. Meet with new staff and mentor after visits to provide feedback for any skill level marked as less than "Met" and set goals for skill development on subsequent visits.

Determine when the new staff is prepared to conduct surveys independently and request the Training Unit (TU) to conduct the required Quality Assurance (QA) visit or request additional coaching. The supervisor will coordinate with the TU to schedule biennial QA visits for regulatory staff.

Training Unit

When the TU receives a request from the supervisor, they will conduct a QA visit and provide feedback on the SBT per the SOP Chapter 19. This includes initial, biennial, and coaching if a need is identified by the supervisor. Completed SBTs will be provided to the staff and supervisor for record retention.

Each section of the SBT references the sections of SOP Chapter 16. Refer to the details of each section when evaluating each procedure area. SOP guidance must be utilized to give accurate feedback on the surveyor's performance and set goals for continued growth.



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STAFF'S NAME	DATE OF HIRE / TRANSFER	SUPERVISOR'S NAME	REGION / UNIT
Mentor / Trainer:			
Visit Type:	<input type="checkbox"/> Survey <input type="checkbox"/> Revisit	<input type="checkbox"/> Survey <input type="checkbox"/> Revisit	<input type="checkbox"/> Survey <input type="checkbox"/> Revisit
Team Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Unit Visit Type:	<input type="checkbox"/> QA In-field <input type="checkbox"/> Coaching	<input type="checkbox"/> QA In-field <input type="checkbox"/> Coaching	<input type="checkbox"/> QA In-field <input type="checkbox"/> Coaching

Skill Level	Description
M	Basic understanding of SOP Chapter 16. Has the ability to perform tasks / skills consistently and accurately with minimal coaching.
PM	Fundamental knowledge and understanding of tasks / skills. Requires limited coaching and supervision to complete skills / tasks.
NM	Limited knowledge and understanding of tasks / skills. Requires maximum coaching and supervision to complete skills / tasks.
NA	Tasks / skills not assigned / observed.

Survey Procedures	VISIT 1 DATE				VISIT 2 DATE				VISIT 3 DATE			
	M	PM	NM	NA	M	PM	NM	NA	M	PM	NM	NA
1. Entrance Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sample Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review of Systems to Prevent Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Focused Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Required Interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medication Administration Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Visit All Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Record Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Survey Consensus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Exit Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The mentor and TU staff will document specific feedback for the areas marked PM, NM, or NA in the notes section. The supervisor and TU will set goals in the goals section of the checklist for each survey, moving the new surveyor towards a basic understanding of SOP Chapter 16. The supervisor may seek assistance from the TU in areas identified as requiring additional coaching.

NOTES (VISIT 1 DATE)

Blank area for notes for Visit 1.

GOALS (VISIT 1 DATE)

Blank area for goals for Visit 1.

NOTES (VISIT 2 DATE)

Blank area for notes for Visit 2.

GOALS (VISIT 2 DATE)

Blank area for goals for Visit 2.

NOTES (VISIT 3 DATE)

Blank area for notes for Visit 3.

GOALS (VISIT 3 DATE)

Blank area for goals for Visit 3.

Visit 1	LOCATION AND LICENSE / CERTIFICATION NUMBER	DATE OF VISIT
STAFF'S SIGNATURE	DATE	STAFF'S PRINTED NAME
MENTOR'S SIGNATURE	DATE	MENTOR'S PRINTED NAME
SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PRINTED NAME
TRAINER'S SIGNATURE	DATE	TRAINER'S PRINTED NAME

Visit 2	LOCATION AND LICENSE / CERTIFICATION NUMBER	DATE OF VISIT
STAFF'S SIGNATURE	DATE	STAFF'S PRINTED NAME
MENTOR'S SIGNATURE	DATE	MENTOR'S PRINTED NAME
SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PRINTED NAME
TRAINER'S SIGNATURE	DATE	TRAINER'S PRINTED NAME
Visit 3	LOCATION AND LICENSE / CERTIFICATION NUMBER	DATE OF VISIT
STAFF'S SIGNATURE	DATE	STAFF'S PRINTED NAME
MENTOR'S SIGNATURE	DATE	MENTOR'S PRINTED NAME
SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PRINTED NAME
TRAINER'S SIGNATURE	DATE	TRAINER'S PRINTED NAME
Upon completion of each SBT form the staff will upload this signed document to their LC account for record retention (resource guide).		DATE
Supervisor Attestation: This staff is able to complete skills independently (only complete this section when training is complete and ready for QA visit.		
SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PRINTED NAME