

ADULT FAMILY HOME PROGRESS TOOL
Follow-up / Monitoring 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 re-inspection visits prior to the experience of a monitoring or follow-up inspection.

Key Elements:

- Peer Coach (PC)

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 inspection in which the home was cited

Objectives / Critical Elements:

O DC D I NA

- Gathered and reviewed licensing file and tracking system information for the inspection that brought about the need for monitoring and/or a follow-up inspection. Reviewed those specific Statement(s) of Deficiencies, enforcement actions and specific WAC cited applicable to the follow-up visit.
- Gathered appropriate materials and forms for the process.
- Did not take licensing file out of office.

NOTES

2. Introduction / Entrance

Objectives / Critical Elements:

O DC D I NA

- Monitoring / follow-up Inspection was unannounced.
- Introduced self and provided business card and/or state identification card to caregiver or licensee.
- Reviewed in a clear and concise manner the purpose and expectations of the visit and explained the process. (If person who answers the door is not the licensee suggested they notify the licensee of the inspection.)
- Obtained a list of the current residents and caregiver staff in the home.
- Introduced self to the residents, visitors and other staff and explained why they were there.

NOTES

3. Focused Tour and Review

The purpose of the tour is to provide the licensor with an overview of the residents, the staff and the physical environment that resulted in citations in the previous inspection.

Objectives / Critical Elements:

O DC D I NA

- Observed the physical environment for deterioration since the previous inspection. Identified whether previous physical safety hazards and concerns are still present or if new safety hazards have developed.
- Consulted with Field Manager if deterioration of environment and/or services is noted at a harm level or imminent danger and/or if new findings / issues / concerns are identified.
- Observed for sufficient staff to provide for care and needs of residents.

Monitoring:

- Demonstrated ability to gather appropriate and sufficient information: observations of resident care, interviews of residents and families, staff interactions with residents and record reviews with the focus of identification if care and services were now being provided and to ensure that current residents residing in the home were safe.
- Demonstrated ability to document observations and data. Documented questions asked and answers given in all interviews.
- 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 new services which have changed since the last inspection.
- In the case of the enforcement actions of stop placement or conditions on the license, identified those residents and determined if they were at risk of harm.
- In stop placement and conditions on a license only, verified correction of the deficiencies on which the enforcement action was taken.

Follow-up:

- Determined the resident sample depending on the issues that were previously cited and/or identified if new concerns were present.
- Expanded sample appropriately when needed for investigation, and/or to determine the scope of deficient practice(s).
- Focused only on issues and concerns identified as unmet in the statement(s) of deficiencies. Performed observations of care and services only as needed for focused issue(s).
- Performed review of records only for identified issues.
- Verified correction of the deficiencies.

NOTES

4. Exit Preparation / Exit

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

Objectives / Critical Elements:

O DC D I NA

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Demonstrated ability to gather sufficient evidence: observations, interviews with residents and facility staff, record reviews in order to substantiate any new deficient practice and to verify correction of previous deficiencies. |
| <input type="checkbox"/> | Demonstrated ability to document findings. Communicated with the licensee / provider throughout the process. |
| <input type="checkbox"/> | Analyzed and correlated data to the appropriate WAC's and RCWs. |
| <input type="checkbox"/> | In the case of a monitoring inspection: notified the Field Manager of on-going issues and concerns. |
| <input type="checkbox"/> | Appropriately identified and investigated any imminent danger that was found according to the principles and procedures AFH enforcement Management Bulletin(s) 02-019 (amended). |
| <input type="checkbox"/> | Preliminary findings were summarized clearly and licensee questions were answered at exit meeting. |
| <input type="checkbox"/> | In the case of a follow-up inspection that continued to result in deficient practice: The plan of correction requirements and timeframes were clearly communicated. |
| <input type="checkbox"/> | Consulted with Peer Coach and/or Field Manager when new concerns or issues were identified. |

NOTES

5. Report Writing

Objectives / Critical Elements:

O DC D I NA

Follow-up Inspection:

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | If deficiencies were corrected, completed and ensured that the appropriate letter was sent to the licensee. |
| <input type="checkbox"/> | If deficiencies were not corrected, the Statement of Deficiencies (SOD) was written following the Principles of Documentation and was clear, concise and within the required timeframes. |
| <input type="checkbox"/> | SOD was edited using the review tool. SOD and the appropriate provider letter were forwarded to the Field Manager to read and sign. |
| <input type="checkbox"/> | Inspection, deficiencies, the POC and due dates were entered into the AFH Tracking System per timelines for data entry. |
| <input type="checkbox"/> | Licensing Notes were added to the licensing file about concerns or issues not included in the Statement of Deficiencies. |

Monitoring Inspection:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Findings and recommendations were summarized in a written format and forwarded to the Field Manager. |
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6. 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