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|  |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES (RCS) NURSING HOME FACILITY (NH)  **Instructions for NH Complaint Investigation (CI) Skill Building Tool** |
| **Purpose**The Skill Building Tool (SBT) is designed to help an RCS Complaint Investigator identify strengths and areas for development when implementing key components of the Standard Operating Procedures (SOP) Chapter 20, Complaint Investigations, and Chapter 17E, NH Post / Revisit Survey. The RCS Training Unit (TU) also uses the SBT to identify areas in which classroom trainingneeds to be enhanced and modified. Steps 1 - 4 are applicable to a new Complaint Investigator and provide instructions during the training process. **Complaint Investigator must be SMQT Certified before they can do complaints independently.****NH CI Skill Building Tool** - Use the SBT during all investigations when training with the Peer Coach / Preceptor (PC) and Field Manager (FM), as well as during Quality Assurance (QA) and training visits by the TU. **Step 1**The Self-Assessment (SA) must be initiated after the following is completed: all prerequisite training and one (1) on-the-job participatory investigation. To complete the SA, select one of the following choices that most closely represents your current skill level or to show a skill building criteria is either not applicable or not observed. The notes and/or goals area can be used to document or clarify proficiency areas. Prior to all subsequent investigations during the skill building process, be sure to work through the list of skill building criteria within each part of the SBT.  |
| SKILL LEVEL | SKILL LEVEL DESCRIPTION FOR PROFICIENCY | SKILL LEVEL | SKILL LEVEL DESCRIPTION FOR PROFICIENCY |
| 0 | Not applicable / Not observed | 3 | Has a basic understanding of the SOP and the ability to perform the tasks / skills consistently and accurately; requires minimal coaching; able to complete CI independently  |
| 1 | Has limited knowledge and understanding of tasks / skills; requires maximum coaching and supervision; unable to complete CI independently | 4 | Has ability to perform tasks / skills with structure; demonstrates proficiency and insight; able to coach others independently |
| 2 | Has fundamental knowledge and understanding of tasks / skills; requires limited coaching and supervision; unable to complete CI independently |  |
| ABBREVIATIONSSA Self-Assessment PC Peer Coach / Preceptor TU Training Unit FM Field Manager |
| **Step 2**After your first participatory CI, share your initial self-assessment selections and goals with your PC and FM. The PC and FM may document in the notes and/or goals section.**Step 3**After each subsequent CI, complete the SBT by selecting the skill level(s) that most closely represents your level at the time of the specific investigation. Meet with your PC and FM for their collaborative feedback regarding each skill building criteria. The PC and FM may document in the notes and/or goals section. **Step 4**The FM will share the Complaint Investigator’s SBT with the TU when the FM determines the Complaint Investigator is independent (Skill Level 3) or when seeking assistance in areas determined to require additional training. **QA visits**The TU can begin scheduling routine QA visits once a Complaint Investigator is independent (Skill Level 3) on all skill building criteria’s or the FM identified additional training needs or every two years from the completion of the initial SBT QA visit. The FM will email the Complaint Investigator’s SBT to the TU prior to any FM requests for a QA visit. SBTs completed by the TU will be emailed to the complaint investigator with a copy to the FM. Once the Complaint Investigator reviews the SBT with their FM, the SBT must be signed and returned electronically to the TU. The FM is responsible for retention of the SBT. |

| INVESTIGATOR’S NAME | DATE OF HIRE | FIELD MANAGER’S NAME | REGION |
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|  |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES (RCS) NURSING HOME FACILITY (NH) **NH Complaint Investigation (CI) Skill Building Tool** |
| PEER COACH’S / PRECEPTOR’S NAME | END OF CLASSROOM TRAINING | TRAINER’S NAME |
| OBSERVATIONAL CI: FACILITY NAME | DATE | OBSERVATIONAL CI: FACILITY NAME | DATE |
| **Example**The example below shows a Complaint Investigator has participated in three training CIs under the preceptor's/peer’s guidance. According to the legend, notice the documentation of the Complaint Investigator’s self-assessment and proficiency status for each item documented by the PC, FM, and TU. |
| **Part 1: Off-Site Preparation** |
| SKILL BUILDING CRITERIA | CI 1 DATE**11/20/XX** | CI 2 DATE**1/5/XX** | CI 3 DATE**03/28/XX** |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| Reviewed facility compliance history. |  **1** | **1** | **1** | **0** | **2** | **2** | **2** | **0** | **3** | **3** | **3** | **0** |
| Initiated investigation at day / time the issue most likely occurred. |  **1** | **1** | **1** | **0** | **3** | **3** | **3** | **0** | **3** | **3** | **3** | **0** |
| NOTESCI dated: 11/20/XXXX Did not review the facility compliance history during off-site prep. |
| GOALS FOR PROFICIENCYCI dated: 11/20/XXXX Will continue improving on time management skills for all elements of the complaint investigation, offsite prep, and onsite investigation. |
| **Part 1: Off-Site Preparation** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Reviewed the complaint and identified the priority classification of the allegation.
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| 1. Contacted, interviewed, and documented a public complainant prior to initiation of investigation. Ensured three attempts were made.
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| 1. Developed an investigation plan, including record reviews, interviews, and observations.
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| 1. Reviewed facility compliance history.
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| 1. Coordinated with APS / Law Enforcement and/or made any referral(s) when needed.
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| **Part 2: Facility Entrance** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Provided the facility with investigator name(s), function, general purpose of visit, and business card(s). Ensured Administrator was notified.
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| 1. Introduced self as an RCS investigator investigating a complaint and checking on the health and safety without being descriptive as to the content of the intake.
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| 1. Established courteous, objective, neutral tone that encouraged and facilitated communication throughout investigation.
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| **Part 3: On-site Activities and Investigation(s)** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Protected the confidentiality of vulnerable adults identified, public complainants, and records.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Initiated investigation at day / time the issue most likely occurred.
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| 1. Determined a sample based on those who are most likely to have a similar conditions / needs / problems described in the allegation.
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| 1. Interviewed each alleged victim(s) and/or representative(s)
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Provided the Vulnerable Adult Statement of Rights form to all alleged victim(s) or representative(s) per requirements of RCS 74.34.
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| 1. Conducted general and focused observations appropriate to investigation.
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| 1. Conducted all interviews focused on the allegation(s).
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Reviewed records focused on the allegation(s).
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| 1. Analyzed data to determine if there was failed practice.
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| 1. Able to identify Immediate Jeopardy Triggers and work through IJ process to complete IJ template in consultation with FM and compliance unit.
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| 1. Contacted FM when needed.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Documented required and pertinent information to determine if there was failed practice.
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| **Part 4: Status and Exit** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Explained preliminary findings and identified deficiencies to the Administrator or designee.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Allowed time for the Administrator or designee to ask questions and present additional information while in facility.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Informed the entity of the process and the next steps.
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| 1. Explained the timeliness of the SOD report being sent to entity and when plan of correction must be returned.
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| 1. Ensured the Administrator or designee had investigators and FMs contact information.
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| **Part 5: Off-Site and Final Determination** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Interviewed “independent sources of relevant information” when needed.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Reviewed elements of the regulation before making final determination.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Discussed and consulted with FM final determination and enforcement recommendations.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Called Administrator or designee to summarize the final investigative finding(s).
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Statement of Deficiencies (SOD) written with guidance from Principles of Documentation.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Investigative Summary Report (ISR) process followed and working papers documentation supported by what was written in the ISR.
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| 1. Entered all required data into required data gathering software system(s).
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| 1. Notified Complaint Resolution Unit when additional referrals were determined.
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| 1. Contacted the public complainant to summarize the investigative finding(s) and noted date and time in working papers.
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| **Part 6: Revisit** |
| SKILL BUILDING CRITERIA | CI 1 DATE | CI 2 DATE | CI 3 DATE |
| SA | PC | FM | TU | SA | PC | FM | TU | SA | PC | FM | TU |
| 1. Consulted with FM to determine type of revisit.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Planned the date for the revisit between 10 and 15 days after the date on the Plan of Correction unless approved by manager.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Considered current deficient practice issues, scope and severity and enforcement remedies as a result of the inspection.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Completed the requirements for documentation per type of visit.
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| 1. Completed the revisit regardless of IDR request.
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Reviewed information from the time period between the last date on the POC and the date of the revisit only.
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| 1. When onsite, focused the sample selection on residents most likely to be atrisk resulting from deficient practice cited in original report.
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| 1. Consulted with FM regarding concerns and next steps.
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| **CI 1** | LOCATION | DATE OF CI |
| INVESTIGATOR’S SIGNATURE DATE | INVESTIGATOR’S PRINTED NAME |
| PEER COACH’S / PRECEPTOR’S SIGNATURE DATE | PEER COACH’S / PRECEPTOR’S PRINTED NAME |
| FIELD MANAGER’S SIGNATURE DATE  | FIELD MANAGER’S PRINTED NAME  |
| TRAINING UNIT STAFF’S SIGNATURE DATE | TRAINING UNIT STAFF’S PRINTED NAME |
| **CI 2** | LOCATION | DATE OF CI |
| INVESTIGATOR’S SIGNATURE DATE | INVESTIGATOR’S PRINTED NAME |
| PEER COACH’S / PRECEPTOR’S SIGNATURE DATE | PEER COACH’S / PRECEPTOR’S PRINTED NAME |
| FIELD MANAGER’S SIGNATURE DATE  | FIELD MANAGER’S PRINTED NAME  |
| TRAINING UNIT STAFF’S SIGNATURE DATE | TRAINING UNIT STAFF’S PRINTED NAME |
| **CI 3** | LOCATION | DATE OF CI |
| INVESTIGATOR’S SIGNATURE DATE | INVESTIGATOR’S PRINTED NAME |
| PEER COACH’S / PRECEPTOR’S SIGNATURE DATE | PEER COACH’S / PRECEPTOR’S PRINTED NAME |
| FIELD MANAGER’S SIGNATURE DATE  | FIELD MANAGER’S PRINTED NAME  |
| TRAINING UNIT STAFF’S SIGNATURE DATE | TRAINING UNIT STAFF’S PRINTED NAME |