

Agency:

Surveyor:

Pre-Survey Date:

## Pre-Survey Training Outline

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Purpose: This form helps preceptors develop a survey plan for the new surveyor and then evaluate their performance while surveying.

Directions: Pre-Survey Preparation—Complete Assignments 1–3 independently. As part of Assignment 4, review what you have completed with your preceptor. Assignment 5 prompts you to independently document your plan for surveying (*Enter Name of Condition Here*) during an upcoming survey. Review your plan for this survey of (*Enter Name of Condition Here*) with your preceptor in Assignment 6.

**Table 1. Pre-Survey Training Outline**

<b>Condition for Coverage</b>	
§416.XX Condition for Coverage (CfC): <i>(enter name of condition here)</i>	
<b>Assignment 1:</b>	<b>Answer</b>
In a short paragraph, document your understanding of this requirement. Do not look at the State Operations Manual (SOM) or other reference material before answering the question  <i>Note: this is a benchmark of your current knowledge to review with your preceptor. This is not a recorded grade.</i>	

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<b>Assignment 2:</b>	<b>Answer</b>
<p>Read the CfC and related standards in the SOM. Remember to look for current (dated after the last revision of Appendix L) Survey and Certification (S&amp;C) memos. Refer to the instructions in the “Helpful Links for Surveyors” document for guidance on comparing revision dates of the Tags in the SOM to issue dates of S&amp;C memos.</p> <p>What is your understanding of this requirement now? Has your understanding changed since reading the SOM? If so, how?</p>	
<b>Assignment 3:</b>	<b>Answer</b>
<p>Describe what you think compliance with the CfC “looks like” in the facility. In other words, describe what you would find in the facility that is in compliance.</p>	

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<b>Assignment 4:</b>	<b>Preceptor Review:</b>
Review assignments 1–3 your preceptor. Clarify any questions or misunderstandings before moving on to Assignment 5.	
<b>Assignment 5:</b>	<b>Survey Plan</b>
For the <i>(enter name of condition here)</i> CfC and standards, consider what activities you will do in the field to determine compliance and document it. Reference the SOM as needed. These answers serve as your plan:  §416.XX Condition for Coverage: <i>(enter name of condition here)</i>  §416.XX(a) (Enter each standard)	<u>OBSERVATIONS (What do you want to observe and what locations?)</u>  <u>INTERVIEWS (Who would you interview and why? Formulate at least three pertinent questions.)</u>  <u>Document Review (What documents do you want to see and why?)</u>

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<b>Assignment 6:</b>	<b>Preceptor Review:</b>
Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have.	(Is the surveyor's plan adequate? What recommendations do you have?)
<b>Final Pre-Survey Prep:</b>	<b>Preceptor/New Surveyor: Comments/Plan/Other</b>
<b>Date of Survey:</b>	
<b>Survey Logistics: (Meeting place, time, etc.)</b>	
<b>Time:</b>	

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## Self-Assessment and Feedback Tool

Directions: Post-Survey—Document your actual investigation on the Surveyor’s Notes. After the survey, review your Surveyor Notes with the preceptor and compare them to your original plan. Then complete the following assignments.

**Table 2. Post-Survey Training Outline**

<b>Condition for Coverage</b>	
§416.XX Condition for Coverage: <i>(enter name of condition here)</i>	
<b>Assignment 7:</b>	<b>Answer</b>
What did you learn about surveying patient <i>(enter name of condition here)</i> while at the facility? What questions do you have for your Preceptor? Was your plan effective? What did you see as a challenge?	
<b>Assignment 8:</b>	<b>Answer</b>
Document how you would write the statement of deficiency, if applicable, according to state agency policy.	

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## Self-Assessment and Feedback Tool

<b>Assignment 9:</b>	<b>Answer</b>
Review the actual 2567 from this survey. Do you agree with the findings? Discuss any differences with your preceptor.	
<b>Assignment 10:</b>	<b>Preceptor Review:</b>
Review assignments 7—10 with your preceptor. Clarify any questions or misunderstandings.	

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## Self-Assessment and Feedback Tool

Directions: Self-Assessment—Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek and/or provide additional feedback. Finally, identify any opportunities for further learning regarding the survey of *(Enter Name of Condition Here)* within an *(Enter Provider Type)* through a jointly developed action plan. Identify a timeframe to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

CfC and/or Standard Being Surveyed (If applicable): *(Enter Name of Condition Here)*

Table 3. Self-Assessment and Feedback Tool

New Surveyor:	Preceptor:
<u>Brief Self Evaluation of Performance</u>	<u>Brief Evaluation of New Surveyor Performance</u>
<u>Self-Identified Learning Needs</u>	<u>Preceptor Evaluated Learning Needs</u>

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## Self-Assessment and Feedback Tool

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### Action Plan Development and Review

Table 4. Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
Date Started:	Date Review Complete:	Date Action Plan Complete: