

## INDIVIDUAL OBSERVATION WORKSHEET

Name of Facility		Date
Location/Start	Location/Start	
Time/Start	Time/Finish	
Surveyor	Client Codes	

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION
	TASK 2
<ol style="list-style-type: none"> <li>What is your system/method to:               <ol style="list-style-type: none"> <li>Detect abuse, neglect, mistreatment?</li> <li>Ensure prompt detection, reporting, investigation, resolution of complaints, mistreatment and injuries of unknown origin?</li> </ol> </li> <li>What structure does the facility have in place to prevent abuse?</li> <li>What are unusual incidents?</li> <li>Are all instances of abuse reported?               <ol style="list-style-type: none"> <li>Who decides what is reported?</li> </ol> </li> <li>What method is in place for handling abuse, neglect and unusual incidents?</li> <li>Under what circumstances are staff (either inside or outside the facility) required to submit reports?</li> <li>To whom are the reports submitted?</li> <li>What is the hierarchy for reporting information?</li> </ol>	

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION
<p>9. Who receives copies of the reports?</p> <p>10. Where are the reports maintained? A. For how long?</p> <p>11. How is the information gathered and analyzed? A. What are the criteria? B. How often compiled?</p> <p>12. What occurs based on the data collected?</p> <p>13. Who reviews the data? How often?</p> <p>14. What steps are taken as a result of the data reviewed?</p> <p>15. Do any committees review the data? A. What do they do with the data?</p>	

According to the Paperwork Reduction Act of 1995,no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0062. The time required to complete this information collection is estimated to average 3 hours per response,including the time to review instructions, searching existing data resources,gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS,Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.