

## COP-W QA Monitoring: Health and Safety Reporting and Resolution Form

County: \_\_\_\_\_ Participant: \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Care Manager \_\_\_\_\_  
Date of Interview: \_\_\_\_\_

Instructions for Reviewer: Please complete this form immediately after each interview. Check any area in which a potential concern is identified. Describe the concern objectively. If no concerns were observed, check the box labeled "No health or safety concerns noted." On the back of this form, document your contact with the county and the plan of resolution and follow-up.

**Physical Environment** (Conditions presenting potential risk within or outside residence)

**Health, Medical, or Personal Care** (e.g. lack of prompt, adequate treatment for medical condition; evidence of inadequate nutrition or hygiene that may threaten health)

**Evidence of Abuse** (Direct observation or other evidence of potential abuse, e.g. someone yelling at an individual, bruises, report of sexual abuse. Also may include evidence of mismanagement or exploitation of participant's financial resources.)

**No Health or Safety Concerns Observed**

**Other observed concerns, unmet needs, or requests for additional service that do not immediately impact health or safety.**

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## Resolution Plan of Action

### Immediate contact made with:

Name: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Date/Time of Contact: \_\_\_\_\_

### 1. Describe immediate response to reported concern, and immediate action taken, if any:

### 2. Describe county's plan of action to resolve issue (if needed):

Date Reviewer will follow-up on progress of plan of action: \_\_\_\_\_

### 3. Describe Actual Resolution to Issue: