

SUPERVISORY REPORT

Patient Name _____ MR# _____ Date _____

Aide/LPN/staff present: Yes No

Staff supervised Name _____ Medicare Medicaid Other

Discipline Involved (Supervisory visit for:) LPN HHA PTA Other (Specify): _____

Verbal approval for Supervisory Visit obtained from:

Patient Other: _____

KEY: _____ Name/Relationship

MR= Meets Requirements – Fully meets high standards expected. Performance is *completely satisfactory*.

NI = Needs Improvement – Some additional work/emphasis or experience is needed; is capable of improving performance.

U = Unsatisfactory - Falls short of expected requirements, standards, or objectives. Significant improvement needed.

N/A= Not Applicable

Comment: If expectations are *not met* or *are exceeded* please specify: _____

| Field Staff SUPERVISORY CRITERIA | | MR | NI | U | N/A | Observed Yes/No |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|-----|--------------------|
| 1. | Reports to assignments on visit schedule, and on time. Vital signs and all procedures taken | | | | | |
| 2. | Report any need of Medication/Emergency Form Updates | | | | | |
| 3. | Documents Care/Observations accurately. Use of Blood Sugar/Blood Pressure Log if applicable | | | | | |
| 4. | Reports changes in condition/needs appropriately. Use of Team Communication Form, participate in Case Conferences. | | | | | |
| 5. | Maintains client confidentiality, following all HIPAA guidelines. Staff are following community cultural diversity, non discrimination care. | | | | | |
| 6. | Maintains clean/safe client environment. Staff was prepared with appropriate supplies and equipment as needed | | | | | |
| 7. | Adheres to Agency Policies and Procedures. Use Physician/Agency Communications when needed. | | | | | |
| 8. | Exhibits good grooming habits and appropriate attire, use ID badge, correct dress code. Maintain Ethic manners. | | | | | |
| 9. | Maintains positive and helpful attitude towards client, patient able to participate in the care planning process and in his/her care | | | | | |

OBSERVED DURING VISIT

| | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 10. | Demonstrates proper hand washing technique and follows Agency's hand hygiene guidelines. | | | | | |
| 11. | Follows Standard/Universal Precautions, use of PPE. Demonstrate adherence to Bag Techniques, Gloves changes. | | | | | |
| 12. | Demonstrates proper body mechanics. | | | | | |
| 13. | Follows safety measures/goals. | | | | | |
| 14. | Performs assigned duties/procedures in a safe and adequate manner. | | | | | |

Comments/Recommendations (Include instructions given/training demonstrated) Patient's feedback:

Home health aide, and other staff supervision must ensure that staff furnish care in a safe and effective manner, including, but not limited to, the following elements:

- (i) Following the patient's plan of care for completion of tasks assigned to a home health aide by the registered nurse or other appropriate skilled professional;
- (ii) Maintaining an open communication process with the patient, representative (if any), caregivers, and family;
- (iii) Demonstrating competency with assigned tasks;
- (iv) Complying with infection prevention and control policies and procedures;
- (v) Reporting changes in the patient's condition including skin changes; and
- (vi) Honoring patient rights.

Patient has a continued need for services Meets Homebound Criteria Satisfied with Services

Supervisor Signature/Title

Employee Signature (when applicable)