

# 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: \_\_\_\_\_

<b>Field Staff SUPERVISORY CRITERIA</b>		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					
<b>OBSERVED DURING VISIT</b>						
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)