

## SUPERVISORY VISITS OF HOME HEALTH CARE STAFF (Onsite Visit)

<b>I. CLIENT INFORMATION</b>		
Name of Client (Last, First, Middle)	Agency Provides <input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled Care	Clinical Record No.
Name of Staff Member Being Supervised (Last, First, Middle)	Discipline	Staff Person In Home During Supervisory Visit <input type="radio"/> Yes <input type="radio"/> No
Signature of Clinician Supervisor Doing Supervisory Visit		Date of Supervisory Visit
<b>(Please detach short copy (Part 1) and attach in client's clinical record.)</b>		

<b>II. STAFF INFORMATION</b>					
(Please place Part 2 of this form in employee personnel file.)					
ITEM	STAFF MEMBER				COMMENTS
	EXCEEDS REQUIREMENTS	MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS	NOT OBSERVED	
1. Reports for work assignments as scheduled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Identifies self by name and title to the client, wears name badge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Demonstrates courteous behavior toward the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Demonstrates cooperative behavior with the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Demonstrates positive and helpful attitude toward the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Demonstrates competent skills and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Demonstrates adequate communication skills, with patient/family/caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Follows client care plan, and completes assigned tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Home health care services are provided safely and effectively and documented appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Informs nurse supervisor of client needs and condition as appropriate, in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Adheres to home health care agency policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Demonstrates adherence to agency's infection prevention and control policies & procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Utilizes proper body mechanics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. Complies with home health care agency dress code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Care plan/services meet patient needs		<input type="checkbox"/> Care plan revised   Date revised _____			
Signature of Staff Member Being Supervised					Date of Signature
Signature of Director of Nursing/Therapy					Date of Signature