

SUPERVISORY REPORT

Patient Name _____ MR# _____ Date _____

Aide/LPN/staff present: Yes NoStaff 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)