

# 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<br>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)