



Company Name

HOME HEALTH AIDE / PERSONAL CARE STAFF SUPERVISORY VISIT

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Staff's Name: _____ Date: _____ Time: _____

Patient: _____ ID#: _____

KEY:

- MR = Meets Requirements** Fully meets high standards expected. Performance is completely satisfactory.
- NI = Needs Improvement** Some additional work/emphasis or seasoning/experience is needed; is capable of improving performance.
- U = Unsatisfactory** Falls short of expected requirements, standards, or objectives. Significant improvement needed.
- NO = Not observed**

	MR	NI	U	NO	Comments
Reports to assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates handwashing per policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates appropriate observation of universal precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows written Plan of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documents care correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identifies client's needs or changes in condition and reports them appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adheres to agency Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintains client confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits good self grooming habits and appropriate dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates knowledge and application of principles of good nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintains clean / safe client environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates positive attitude towards client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interacts appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

On-site training offered, if any: _____

Return new demonstration: _____

Signature of Staff: _____ Date: _____

Signature of Supervising Employee: _____ Date: _____