CARE SENIORS SUPERVISORY VISIT FORM

Provider Name: *CARE SENIORS* **Date of Visit** _____

Client Name _____ **County** _____

Services Authorized: ☐ PC ☐ CO ☐ SR ☐ HM ☐ UR ☐ SN/RN ☐ SN/LPN **Caregiver:** ☐ absent ☐ present-caregiver name _____

Purpose of visit: ☐ Initial visit ☐ Ongoing supervision ☐ Complaint investigation ☐ Suspicion of substandard performance

Reviewed client rights this visit. ☐Yes ☐No

Interview discussion with _____

☐ pleased / ☐ displeased with services ☐ pleased / ☐ displeased with client/caregiver relationship
☐ pleased / ☐ displeased with caregiver ☐ pleased / ☐ displeased with respect demonstrated by caregiver

1. Is the client area neat and clean? ☐Yes ☐No ☐NA
2. Is the bathroom clean? ☐Yes ☐No ☐NA
3. Is the kitchen clean? ☐Yes ☐No ☐NA
4. Does the home reflect regular cleaning? ☐Yes ☐No ☐NA
5. Is the general appearance of client neat and clean? ☐Yes ☐No ☐NA
6. Is the client odor free? ☐Yes ☐No ☐NA
7. **SR/SN ONLY**: Does the nurse follow current orders? ☐Yes ☐No ☐NA
8. Does the caregiver/nurse demonstrate use of infection control/universal precautions? ☐Yes ☐No ☐NA
9. The client/caregiver/nurse relationship is ☐ positive/☐ needs improvement.
10. The client/caregiver/nurse rapport is ☐ positive/☐ needs improvement.
11. Does the caregiver/nurse report observations/changes to the agency? ☐Yes ☐No
12. Does the caregiver/nurse complete documentation while in the client's home? ☐Yes ☐No
13. Does the caregiver/nurse obtain client/responsible person signature at the end of each month? ☐Yes ☐No
14. Does the caregiver/nurse appear neat and clean? ☐Yes ☐No
15. Does the caregiver/nurse arrive as scheduled? ☐Yes ☐No
16. Does the caregiver/nurse stay the entire time scheduled? ☐Yes ☐No
17. Does the caregiver/nurse demonstrate respect for client belongings? ☐Yes ☐No
18. Is there evidence of caregiver's/nurse's respect for client rights/property? ☐Yes ☐No
19. Does the caregiver/nurse follow agency policy and procedures? ☐Yes ☐No
20. Does the caregiver/nurse demonstrate proper body mechanics? ☐Yes ☐No ☐NA
21. If applicable, supervisor observed the caregiver/nurse performing the following tasks: _____
22. If applicable, supervisor provided instructions to the caregiver/nurse regarding the following: _____
23. **Follow up** ☐ is/☐ is not needed with the ☐ caregiver/nurse, ☐ client, ☐ family / responsible person, ☐ case manager regarding the following: _____

Client comments/observations: _____

SUMMARY OF VISIT: (Must answer all questions below)

1. Services are delivered consistent with the Client Assessment (provider authorization)? ☐Yes ☐No
2. Client's needs are being met? ☐Yes ☐No
3. Reference to any complaints lodged? ☐Yes ☐No ☐ NA
4. Brief statement regarding changes in service needs: _____
5. Is there a need for more frequent supervision? ☐Yes ☐No

_____ _____

Supervisor Signature/Credentials/Date **Client or Responsible Person Signature/Date**