

Cover Page

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Gender:  Male  Female

Admission ID#: CHR - \_\_\_\_\_

Phone#: \_\_\_\_\_

Visit Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Visit Type: \_\_\_\_\_

RN Name: \_\_\_\_\_

RN CODE #: CHR - \_\_\_\_\_

**EISEP/OFA/DSS In Home Supervision**

Employee Information/Competencies/Notes/Signatures

1. Please Complete:
  - a. Employee Name \_\_\_\_\_
  - b. Employee ID# \_\_\_\_\_
  - c. Employee title:  PCA  HHA
  - d. Patient initials \_\_\_\_\_
  - e. General competencies:

	Satisfactory, Observed	Satisfactory, Verbal	Unsatisfactory, Observed	Unsatisfactory, Verbal
Wearing ID badge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing mask and appropriate PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctual, clocks in and out and is appropriately dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to communicate with patient and comprehend the plan of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good rapport with patient/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates competence and good judgement in carrying out assignments and following the POC. Able to recognize, and report incidents and accidents, unusual or emergency events to the appropriate person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable in use of DME, including wheelchair transfers and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminds patient to take medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands their role in reporting changes in patient needs, conditions, and emergencies, and understands role in reporting suspected patient abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides oral hygiene/Denture care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing: Bed/Tub/Shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming: Shampoo/Shave/Nail Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting or incontinence care - bedpan/urinal/incontinence brief/commode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable about skin care and measures to prevent and reduce impaired skin integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains safe environment and safety practices. Demonstrates good transfer technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practices universal precautions and infection control measures including hand hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare/serve meals and simple diet in accordance with the Plan of care and patient's preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains clean kitchen/bedroom/bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runs errands for patients and escorts to doctors appointments as necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains strict patient confidentiality, HIPAA, demonstrates understanding of False Claims Act and Corporate Compliance policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Encourages and engages patient in diversional activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hoyer lift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring intake/urine output	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of infant/children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist with active range of motion (AROM) - coaching, reading, counting and supporting joints as requested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist with obtaining and recording the client's weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping the client walk - ambulation/walker/cane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making an unoccupied/occupied bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peri care with catheter/emptying or cleaning catheter bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, see comment below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. HHA only (skip if aide is a PCA):

	Satisfactory, Observed	Satisfactory, Verbal	Unsatisfactory, Observed	Unsatisfactory, Verbal
Temperature O/R/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiration/Pulse/BP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribed exercises/PROM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist with dressing change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist with ostomy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complex modified diets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxygen management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, see comment below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g. Please explain if "Other" was selected in the grids above or if there are any specific competencies to note: \_\_\_\_\_

\_\_\_\_\_

h. If "Unsatisfactory" was selected for any competencies, comment below:

\_\_\_\_\_

\_\_\_\_\_

i. The plan of care is current, clear, and appropriate for the patient Yes No

m. Need for remediation or follow up Yes No

n.  Aide instructed on following POC and documenting care provided.

o.  Aide educated on EVV

p. Aide comments \_\_\_\_\_

q. Patient/family comments \_\_\_\_\_

r. Additional information \_\_\_\_\_

\_\_\_\_\_

s. Nurse signature X \_\_\_\_\_

t. Aide signature X \_\_\_\_\_

u. Patient Signature:  
X \_\_\_\_\_

**OR**

Patient is unable to sign. Authorized agent signing on the patient's behalf:

Reason that patient is unable to sign:

\_\_\_\_\_

Authorized agent signature:

X \_\_\_\_\_

Print name:

\_\_\_\_\_

Relationship to patient:

\_\_\_\_\_