

## Cover Page

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

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

Gender:  Male  Female

Admission ID#: \_\_\_\_\_

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

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

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

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

RN CODE #: \_\_\_\_\_

## Employee Information/Competencies/Notes/Signatures

1.  Telephonic (continue to #2)

In person (continue to #2)

No supervision performed at this visit. Reason: \_\_\_\_\_

### 2. 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 escort to doctors' appointments as necessary	<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"/>
Assisting with changing a clean dressing	<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:

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

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i. Is this a live-in case?

Yes ->  The patient’s home is adequate for live-in services. It is safe, it has a functional bathroom, and kitchen, and has adequate sleeping facilities. There is a reasonable provision of privacy for the aide as well as the ability of the aide to obtain a no-duty meal period, and 8 hours of sleep daily with 5 out of the 8 hours uninterrupted.

No

j.  Medication reconciliation including, schedules and parameters documented in EMR, potential adverse effects, drug reactions, ineffective or duplicate drug therapy, and significant side effects, reviewed with patient/family.

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

l.  Aide educated on EVV

m. General comments:

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n. Aide comments

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o. Patient/family comments

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p. Additional Information

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q. Nurse signature

X \_\_\_\_\_

r. Nurse print name

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s. Aide signature

X \_\_\_\_\_

t. Patient Signature

X \_\_\_\_\_

**OR**

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

Reason that patient is unable to sign:

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Authorized agent signature:

X \_\_\_\_\_

Print name:

\_\_\_\_\_

Relationship to patient:

\_\_\_\_\_