

Supervisory Visit Note

Date:

Start Time:

End Time:

<p>Individual Name: Individual Address:</p>	<p>Provider Name: Provider Number:</p>
<p>General Information: (check all appropriate boxes)</p> <p><input type="checkbox"/> Caregiver Present at Evaluation</p> <p><input type="checkbox"/> Individual lives alone</p> <p><input type="checkbox"/> Individual lives with parent/guardian/family member</p> <p><input type="checkbox"/> Back-up plan in place when paid provider is not available to provide care</p>	<p>Reason for Supervision: (check all appropriate boxes)</p> <p><input type="checkbox"/> 60 Day Evaluation (LPN & RN must be present)</p> <p><input type="checkbox"/> 120 Day Evaluation (LPN, RN and consumer must be present)</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Significant Change</p> <p><input type="checkbox"/> Intervention related to Problem</p> <p><input type="checkbox"/> Other:</p>
<p>Individual/family evaluation of Provider Care</p> <p><input type="checkbox"/> Individual is satisfied with care and services</p> <p><input type="checkbox"/> Individual is unable to speak/communicate</p> <p><input type="checkbox"/> Guardian/family member/POA verbalized Satisfaction</p> <p>If not satisfied, specify concerns:</p>	<p>Clinical Evaluation of Duties Performed</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Skill observation/assessment & intervention</p> <p><input type="checkbox"/> Administration of Medications</p> <p><input type="checkbox"/> Treatments</p> <p><input type="checkbox"/> Personal care provided</p> <p><input type="checkbox"/> Range of motion (active and passive)</p> <p><input type="checkbox"/> Equipment usage</p> <p><input type="checkbox"/> Reviewed Service Plan, documentation, physician orders Interdisciplinary team communication</p> <p><input type="checkbox"/> initiated Update of Physician Order (485 or Plan of Care)</p> <p>Other:</p>
<p>Teaching and Instructions Provided:</p>	<p>Supervisor Evaluation of Provider: 1= Excellent 2=Satisfactory 3=Needs Improving</p> <p>Care Skills: _____</p> <p>Adherence to Care Plan: _____</p> <p>Interaction with Client: _____</p> <p>Documentation: _____</p> <p>Adherence to Service Plan: _____</p> <p>Additional Matters:</p>
<p>Signatures of all team members present (include title):</p>	