

Supervisory Visit Note

Date:

Start Time:

End Time:

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