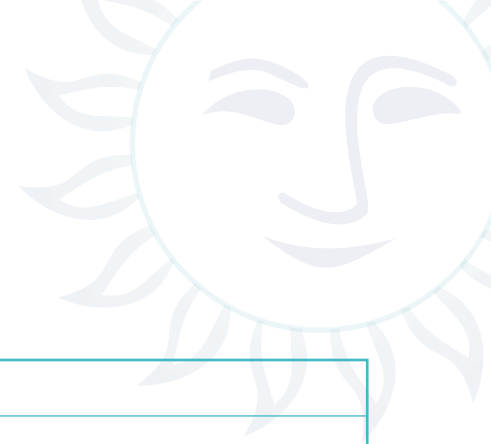




The Sun Home Health

We Believe In Excellence! - Since 1997



SUPERVISORY VISITS FOR STAFF

I. CLIENT INFORMATION	
Name of Client (Last, First, Middle)	Clinical Record No.
Name of Staff Member being Supervised (Last, First, middle)	Staff person in Home During Supervisory Visit <input type="radio"/> Yes <input type="radio"/> No
Signature of Nurse Supervisor Doing Supervisory Visit	Date of Supervisory Visit

II. STAFF INFORMATION					
ITEM	STAFF MEMBER				COMMENTS
	EXCEEDS REQUIREMENTS	MEETS REQUIREMENTS	DOES NOT MEET REQUIREMENTS	NOT OBSERVED	
1. Reports for work assignments as scheduled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Identifies self by name and title to the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Demonstrates courteous behavior toward the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Demonstrates cooperative behavior with the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Demonstrates positive and helpful attitude toward the client and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Demonstrates competent skills and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. Demonstrates adequate communication skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Follows client care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Documents provided home health care services in an appropriate manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Informs nurse supervisor of client needs and condition as appropriate, in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Adheres to home health care agency policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Utilizes proper body mechanics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. Utilizes good grooming habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. Complies with home health care agency dress code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Signature of Staff Member Being Supervised

Signature of Nurse