International Quality Homecare Corp
International Quality Homecare of WI
Omega Home Healthcare

International Quality PCA Services
Alpha Services of Wisconsin
Alpha Services of Rochester

Client Supervisory Note

064

Client: _____ **Signature** _____

Responsible Party ***(if applicable)*** _____ **Signature** _____

Caregiver: _____ **Signature** _____

Nurse: _____ **Signature** _____

Visit Date: _____ **Start Time:** _____ **End Time:** _____ **Services** ☐PCA ☐HHA ☐HMK ☐ACS ☐COM

Caregiver Present ☐ Yes ☐ No **Visit Type:** ☐ Phone ☐ In-Home/Face to Face ☐RES ☐RN/LPN ☐ Other: _____

Observed	On care Plan	Task	Observed	On care Plan	Task
☐	☐	Vitals	☐	☐	Modified diet—type:
☐	☐	Behavioral Management	☐	☐	Feeding a choking prone client
☐	☐	Transfers / Ambulation	☐	☐	Bathing / Grooming / Hygiene
☐	☐	Non-ambulatory transfers / Mobility	☐	☐	Hair care / Skin care / Oral care
☐	☐	Wound dressing and care	☐	☐	Nail care (Not including trimming)
☐	☐	Bowel and bladder control devices	☐	☐	Dressing
☐	☐	Disposal of contaminated materials	☐	☐	Catheter care- Type:
☐	☐	Handling wound dressing supplies, needles, syringes, razor blades	☐	☐	Infection Control: Handwashing, use of protective equipment: gloves, mask, gown
☐	☐	Disinfecting reusable equipment	☐	☐	Interaction / Socialization
☐	☐	Disinfecting environmental surfaces	☐	☐	Meal Preparation
☐	☐	ROM w/ orders	☐	☐	Shopping, Transportation, and Escort
☐	☐	Positioning	☐	☐	Basic housekeeping
☐	☐	Exercise program w/ orders	☐	☐	Laundry
☐	☐	Provide Medication time reminders	☐	☐	Others:

- Is there presence of client specific medical equipment? ☐ Yes ☐No If Yes, list: _____
- Is there presence of Disease? ☐ Yes ☐No Infection present? ☐ Yes ☐No
- Vulnerability Care Plan reviewed with the caregiver? ☐ Yes ☐No
- Does the caregiver follow the Client Care Plan? ☐ Yes ☐No
- Does the caregiver inform the nurse supervisor of client needs and conditions in a timely manner? ☐ Yes ☐No
- Does the caregiver document the services provided appropriately? ☐ Yes ☐No
- Services are appropriate: ☐ Yes ☐No If No, Comment _____
- Change in services needed? ☐ Yes ☐No If Yes, Comment _____
- New problem / need? ☐ Yes ☐No If yes, Comment _____

Questions to ask the Client

- Does the caregiver report for work assignments as scheduled? ☐ Yes ☐No
- Does the caregiver demonstrate competent skills and expertise? ☐ Yes ☐No
- Does the caregiver comply with the agency dress code? ☐ Yes ☐No
- Does the caregiver respect personal and professional boundaries? ☐ Yes ☐No
- Services are deemed by client or responsible party as satisfactory? ☐ Yes ☐No

If not Satisfactory, explain: _____

Notes and Summary _____