# HCBS WAIVERS REPORT OF SUPERVISION – 60 Day Supervisory Visit Report

Provider Name: _____ Date: _____

Client Name_____ County_____

Services Authorized: ☐PC ☐CO ☐SR ☐HM ☐UR ☐SN/RN ☐SN/LPN Worker: ☐Absent ☐Present
Worker Name_____

Purpose of Visit: ☐ Initial Visit ☐Complaint Investigation ☐Ongoing Supervision ☐Suspicion of substandard performance

Interview discussion with _____

☐ Pleased/ ☐ Displeased with services ☐ Pleased / ☐Displeased with Client/ worker relationship
☐ Pleased/ ☐Displeased with Worker ☐ Pleased/ ☐Displeased with respect demonstrated by worker

1. Is the client area neat and clean? ☐ Yes ☐ No ☐ NA
2. Is the bathroom clean? ☐ Yes ☐ No ☐ NA
3. Is the kitchen clean? ☐ Yes ☐ No ☐ NA
4. Does the home reflect regular cleaning? ☐ Yes ☐ No ☐ NA
5. Is the general appearance of client neat and clean? ☐ Yes ☐ No ☐ NA
6. Is the client odor free? ☐ Yes ☐ No ☐ NA
7. **SR/SN ONLY**: Does the nurse follow current orders? ☐ Yes ☐ No ☐ NA
8. Does the worker/nurse demonstrate use of infection control/universal precautions? ☐ Yes ☐ No ☐ NA
9. The client/worker/nurse relationship is: ☐ Positive/ ☐ Needs improvement
10. The client/worker/nurse rapport is: ☐ Positive/ ☐ Needs improvement
11. Does the worker/nurse report observations/changes to the caregiver and/or agency? ☐ Yes ☐ No
12. Does the worker/nurse complete documentation while in the client's home? ☐ Yes ☐ No
13. Does the worker/nurse obtain client/responsible person signature at the end of each visit? ☐ Yes ☐ No
14. Does the worker/nurse appear neat and clean? ☐ Yes ☐ No
15. Does the worker/nurse arrive as scheduled? ☐ Yes ☐ No
16. Does the worker/nurse stay the entire time scheduled? ☐ Yes ☐ No
17. Does the worker/nurse demonstrate respect for client belongings? ☐ Yes ☐ No
18. Is there evidence of worker's/nurse's respect for client rights/property? ☐ Yes ☐ No
19. Does the worker/nurse follow agency policy and procedures? ☐ Yes ☐ No
20. Does the worker/nurse demonstrate proper body mechanics? ☐ Yes ☐ No
21. If applicable, supervisor observed the worker/nurse performing the following tasks: _____
    _____
    _____
22. If applicable, supervisor provided instructions to the worker/nurse regarding the following: _____
    _____
23. **Follow Up** ☐ is ☐ is NOT needed with the ☐ worker/nurse, ☐ client, ☐ family/responsible person, ☐Case Manager
    Regarding the following: _____
    **Client comments/ observations:** _____
    _____

**SUMMARY OF VISIT: (Must answer all questions below)**

1. Services are delivered consistent with the plan of care (Provider Authorization)? ☐ Yes ☐ No
2. Client's needs are being met? ☐ Yes ☐ No
3. Reference to any complaints lodged? ☐ Yes ☐ No ☐ NA
4. Brief statement regarding changes in service needs:
   _____
   _____
5. Is there a need for more frequent supervision? ☐ Yes ☐ No

_____ _____
Supervisor Signature/ Credentials/ Date Client or Responsible Person Signature / Date

☐ Copy sent to HCBS Waiver Case Manager On:_____