

SAMPLE IN-HOME SUPERVISORY VISIT

Employee Name/Title _____ Date of Visit _____

Participant Unique Identifier _____

Purpose of visit:

☐ Routine supervision ☐ Complaint investigation ☐ Suspicion of substandard performance

The worker was observed performing the following tasks:

Employee Performance:

Does the worker arrive as scheduled with personal identification or badge? ☐ Yes ☐ No

Does the worker appear neat and clean? ☐ Yes ☐ No

Does the worker treat the participant with dignity and respect? ☐ Yes ☐ No

Does the worker demonstrate appropriate behavior and attitude that reflects the values and standards of the organization? ☐ Yes ☐ No

Does the worker follow agency policy and procedures? ☐ Yes ☐ No

Participant Interaction:

What is the participant's condition? ☐ Improved ☐ Stable ☐ Declined

What is the participant's participation in the activities that took place? ☐ Active ☐ Moderate ☐ Passive

What is the participant's satisfaction with the services provided? ☐ Satisfied ☐ Neutral ☐ Dissatisfied

SUMMARY OF VISIT:

1. Were the services delivered consistent with the plan of care? ☐ Yes ☐ No

2. Describe the participant/worker relationship: ☐ positive ☐ needs improvement, explain below

3. Were any complaints lodged? ☐ Yes ☐ No *If yes, explain _____

Strengths Observed: _____

Areas for Improvement: _____

Recommendations/Actions to be taken: _____

Employee Signature

Supervisor Signature/Title

I affirm as the Registered Nurse (RN), I have reviewed and discussed the supervisory visit with the delegated supervisor. I will follow up with the employee for necessary training and education accordingly.

RN Reviewer Signature/Date (if applicable) _____

Retain in Employee File