**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance Page 1 of 2

F- 62652A (06/10)

**PERSONAL CARE AGENCY HOME VISIT GUIDE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Patient | | | | | | | | | | | | Agency Approval Number | | |
| Name – Agency | | | | | | | | | | | | | | |
| Name of Personal Care Worker Observed | | | | | | | | | | Date Observed | | | Agency Supervisor Present  Yes  No | |
| Name – Surveyor(s) | | | | | | | | | | | | Surveyor Number | | |
| Violation(s) Noted  Yes  No | | | | | Mileage To and From | | Date – Home Visit | | | | Start Time | | | End Time |
| List Applicable Cites | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **PROBES** *(Complete applicable areas only)* | | | | | | | | **OBSERVATIONS / COMMENTS** | | | | | | |
| **Family Situation** | | | | | | | | | | | | | | |
| 01 | Client lives:  Alone  With Spouse / Family  Other | | | | | | |  | | | | | | |
| 02 | Primary caregiver Is:  Self  Family  Agency  Other | | | | | | |  | | | | | | |
| 03 | Family is:  Supportive  Unsupportive  Capable as caregiver  Unavailable | | | | | | |  | | | | | | |
| **Behavior / Mental Status** | | | | | | | | | | | | | | |
|  | Alert  Oriented  Responsive  Non responsive  Inappropriate  Forgetful  Depressed  Anxious  Assaultive  Disruptive | | | | | | |  | | | | | | |
| **Client Rights** | | | | | | | | | | | | | | |
| 01 | Did the agency explain your rights on admission?  Yes  No | | | | | | |  | | | | | | |
| 02 | Do you know who is paying for your care?  Yes  No | | | | | | |  | | | | | | |
| 03 | Have you been involved with the planning of your care / changes as they occur?  Yes  No | | | | | | |  | | | | | | |
| 04 | Do your caregivers treat you and your property with respect and provide for your privacy? If appropriate,  Yes  No | | | | | | |  | | | | | | |
| 05 | If you had a problem or concern about your care or caregivers, what would you do? | | | | | | |  | | | | | | |
| 06 | Were you able to choose your personal care worker?  Yes  No | | | | | | |  | | | | | | |
| **PCW Services** | | | | | | | | | | | | | | |
| 01 | How often do they come? | | | | | | |  | | | | | | |
| 02 | Has staff been prompt?  Yes  No  Missed visits?  Yes  No  Changed their schedule?  Yes  No  Meeting your needs?  Yes  No | | | | | | |  | | | | | | |
| **PROBES** (Complete applicable areas only) | | | | | | | | **OBSERVATIONS / COMMENTS** | | | | | | |
| 03 | Who comes from the agency to supervise your PCW?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_ | | | | | | |  | | | | | | |
| 04 | Does \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ review your care with you?  Yes  No | | | | | | |  | | | | | | |
| 05 | Does someone: *(Use comment section.)*  Set up your medications?  Yes  No  Hand you your medications?  Yes  No  Help obtain your medications?  Yes  No  Apply creams, salves, etc.?  Yes  No  Apply dressings?  Yes  No  If so, what does \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do for you? | | | | | | |  | | | | | | |
| 08 | Do you feel the agency services have made a difference in the way you feel? *(Explain.)*  Yes  No | | | | | | |  | | | | | | |
| 09 | Are you on a special diet? *(Describe.)*  Yes  No | | | | | | |  | | | | | | |
| 11 | Do you feel comfortable and safe when staff cares for you?  Yes  No | | | | | | |  | | | | | | |
| **Summary of Surveyor’s Findings from Observations of Personal Care Worker (PCW)** | | | | | | | | | | | | | | |
| **Yes** | | **No** | **N/A** | **Cite** | | **Outcome** | | | **Comments** | | | | | |
|  | |  |  |  | | Procedure/care plan followed | | |  | | | | | |
|  | |  |  |  | | Standard precautions followed | | |  | | | | | |
|  | |  |  |  | | Client rights respected | | |  | | | | | |
|  | |  |  |  | | Assessment / observations appropriate | | |  | | | | | |
|  | |  |  |  | | Supervision appropriate | | |  | | | | | |
|  | |  |  |  | | Changes in condition identified and reported appropriately | | |  | | | | | |
|  | |  |  |  | | Other: | | |  | | | | | |
| **Surveyor Comments** | | | | | | | | | | | | | | |