

PERSONAL CARE AGENCY HOME VISIT GUIDE

Name – Patient		Agency Approval Number	
Name – Agency			
Name of Personal Care Worker Observed		Date Observed	Agency Supervisor Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Name – Surveyor(s)		Surveyor Number	
Violation(s) Noted <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage To and From	Date – Home Visit	Start Time
End Time			
List Applicable Cites			

PROBES <i>(Complete applicable areas only)</i>	OBSERVATIONS / COMMENTS
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Family Situation

01	Client lives: <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse / Family <input type="checkbox"/> Other	
02	Primary caregiver is: <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Agency <input type="checkbox"/> Other	
03	Family is: <input type="checkbox"/> Supportive <input type="checkbox"/> Unsupportive <input type="checkbox"/> Capable as caregiver <input type="checkbox"/> Unavailable	

Behavior / Mental Status

	<input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Responsive <input type="checkbox"/> Non responsive <input type="checkbox"/> Inappropriate <input type="checkbox"/> Forgetful <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Assaultive <input type="checkbox"/> Disruptive	
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Client Rights

01	Did the agency explain your rights on admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
02	Do you know who is paying for your care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
03	Have you been involved with the planning of your care / changes as they occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	
04	Do your caregivers treat you and your property with respect and provide for your privacy? If appropriate, <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PCW Services

01	How often do they come?	
02	Has staff been prompt? <input type="checkbox"/> Yes <input type="checkbox"/> No Missed visits? <input type="checkbox"/> Yes <input type="checkbox"/> No Changed their schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No Meeting your needs? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
05	Does someone: <i>(Use comment section.)</i> Set up your medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Hand you your medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Help obtain your medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Apply creams, salves, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Apply dressings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what does _____ do for you?	
08	Do you feel the agency services have made a difference in the way you feel? <i>(Explain.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
09	Are you on a special diet? <i>(Describe.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Do you feel comfortable and safe when staff cares for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Surveyor's Findings from Observations of Personal Care Worker (PCW)

Yes	No	N/A	Cite	Outcome	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Procedure/care plan followed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Standard precautions followed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Client rights respected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assessment / observations appropriate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Supervision appropriate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Changes in condition identified and reported appropriately	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	

Surveyor Comments