

# **LIFE CARE INSTRUCTIONS FOR SUPERVISORY VISIT FORM (LC-211)**

## **PURPOSE**

This form is designed as a tool for evaluation of the services provided and the individual providing homemaker, personal care, unskilled respite, skilled respite, companion, and/or skilled nursing.

## **DISTRIBUTION**

The original Supervisory Visit Form (LC-211) is placed in the clinical record and a photocopy is sent to the Waiver case manager within ten (10) calendar days after the 60 day supervisory review. If a nurse/worker is present and supervised during the supervisory visit, a photocopy of the Supervisory Visit Form (LC-211) will be placed in the individual nurse's/worker's personnel file.

## **GENERAL INSTRUCTIONS**

1. Enter the name of the Life Care office.
2. Enter the date of the visit.
3. Enter client's last name, first name, and middle initial.
4. Enter the client's county of residence.
5. Put a check in the box next to the services authorized.
6. Put a check in the box if the nurse/worker is absent or present. If the nurse/worker is present, enter the name of the nurse/worker.
7. Put a check by the box which represents the purpose of the visit.
8. Check the appropriate box beside Yes or No to answer if client rights were reviewed with client this visit. Client rights must be reviewed on an annual basis, including the client's rights concerning abuse, neglect and/or exploitation.
9. Enter the name of the individual interviewed during the supervisory visit.
10. Place a check in the box (pleased or displeased) with services, nurse/worker, client/nurse/worker relationship, and respect demonstrated by nurse/worker.
11. For questions 1 through 20: check the appropriate boxes by Yes, No, or NA to answer the questions.
12. Document any tasks the supervisor observed the nurse/worker performing in #21.
13. Document any instructions the supervisor provided to the nurse/worker during the supervisory visit.
14. Place a check in the appropriate box if follow up is or is not needed, who follow up is needed with, and document what the follow up is regarding.
15. Client comments/observations: Document comments in this section (including but not limited to: client's mental/emotional/physical status and observations regarding client's physical surroundings and environment). Any "No" answer in questions 1 through 20 must be addressed in this section.

16. Summary of visit: The five (5) questions in this section must be answered. Place a check in the appropriate box to answer the questions.
17. Supervisor or supervising person sign with signature, title, and date.
18. Client or responsible person sign and date.
19. For all Waiver clients: check this box to indicate that this Supervisory Visit Form has been completed and a copy sent to the Waiver Case Manager.
20. For all Waiver clients: record the date a copy of this Supervisory Visit Form was sent to the Waiver Case Manager.