

Employee, Volunteer, Individual Contractor, and Temporary Staff Record Review

STATE EVALUATION: TEMPORARY COMPREHENSIVE LICENSED AND COMPREHENSIVE LICENSED HOME CARE PROVIDERS (144A)

Provider Information

Provider: _____ Date: _____
HFID: _____ Time: _____
Surveyor: _____

Record Review: Employee, Volunteer, Individual Contractor, Temp Staff

Name: _____ Identifier: _____
Start Date: _____ Title/Position: _____

Credentials

- Current license or certification (144A.4791, Subd. 7 (1)):
- Exp date:
- Background study (144A.476, Subd. 2) completed on:
- Current job description (144A.4791, Subd. 7 (3)) – If dated:
- Annual performance review(s) (144A.4791, Subd. 7 (4)):

Comments:

Orientation

Orientation to home care regulations; must be completed prior to providing services to clients. (144A.4796, Subd. 2)

- Overview of Home Care statutes
- Review of provider’s policies and procedures
- Handling emergencies and using emergency services
- Reporting maltreatment of vulnerable adults or minors
- Home Care bill of rights
- Handling of client complaints, reporting of complaints, where to report
- Consumer advocacy services

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- Review of types of Home Care services the employee will provide and provider's scope of license
- Hearing loss training (optional)
- Orientation to each specific client and services provided (144A.4796, Subd. 4)
- Initial Dementia training required for all direct care staff and supervisors (144A.4796, Subd. 5)

Comments:

Annual Training (144A.4796, Subd. 6)

Last annual training date(s):

At least eight hours for every 12 months of employment, in the following topics:

- Reporting maltreatment of vulnerable adults or minors
- Home care bill of rights
- Infection control techniques
- Review of provider's policies and procedures
- Hearing loss training (optional)

Comments:

TB screening and training (144A.4798, Subd. 1)

TB history and symptom screen completed on:

Baseline screening by:

- TST x2 dates:
- Serum date:
- Other date:
- TB Training (at hire and annually based on facility risk assessment). Date:
- If positive result, required appropriate action taken.

Comments:

Training: Unlicensed Personnel (ULP) Only

Training and competency in the required 22 areas (144A.4795, Subd. 7(b) (c)). Items listed below are listed as they appear in statute.

ULPs currently listed on the MDH nursing assistant registry (NAR) are assumed to be competent in these requirements. NAR expiration date:

Indicate evidence in the employee record to support training and competency in the following topics. For underlined topics, indicate evidence the ULP completed a practical skills test of the task.

Training Area (Subd. 7b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(1) documentation requirements for all services provided		
(2) reports of changes in the client's condition to the supervisor designated by the home care provider		
(3) basic infection control, including blood-borne pathogens		
(4) maintenance of a clean and safe environment		
(5) <u>appropriate and safe techniques in personal hygiene and grooming, including:</u> (i) <u>hair care and bathing</u>		
(ii) <u>care of teeth, gums, and oral prosthetic devices</u>		
(iii) <u>care and use of hearing aids</u>		
(iv) <u>dressing and assisting with toileting</u>		
(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls		

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Training Area (Subd. 7b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(7) <u>standby assistance techniques and how to perform them</u>		
(8) medication, exercise, and treatment reminders		
(9) basic nutrition, meal preparation, food safety, and assistance with eating		
(10) preparation of modified diets as ordered by a licensed health professional		
(11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family		
(12) awareness of confidentiality and privacy		
(13) understanding appropriate boundaries between staff and clients and the client's family		
(14) procedures to utilize in handling various emergency situations		
(15) awareness of commonly used health technology equipment and assistive devices		

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Training Area (Subd. 7(c)(b))	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(1) observation, reporting, and documenting of client status		
(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel		
(3) <u>reading and recording temperature, pulse, and respirations of the client</u>		
(4) recognizing physical, emotional, cognitive, and developmental needs of the client		
(5) <u>safe transfer techniques and ambulation</u>		
(6) <u>range of motioning and positioning</u>		
(7) <u>administering medications or treatments as required</u>		
(d) <u>Other RN/professionally delegated tasks (i.e., monitor vital signs, catheter or stoma care, Broda chair, mechanical lifts)</u>		

Comments:

Supervision of ULP

- ULP was supervised within 30 days of performing delegated tasks on (144A.4797, Subd. 3) date(s):
- If ULP administers medications, the ULP has been trained and has demonstrated competency to the RN on all route procedures.
- Unplanned times away.
- ULP has been trained in preparing medications and has demonstrated competency to the RN. (144A.4792, Subd. 10 (b))
- RN has specific written procedures related to administration and documentation of medications for leaves of absence.
- If ULP performs prescribed treatments or therapies, the RN has instructed and evaluated competencies in the following treatments as applicable: (144A.4793, Subd. 4)

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Trained in the following treatment(s):

- Oxygen
- Compression Stockings
- Ace Wraps
- Blood Glucose
- Modified Diets
- CPAP/BiPAP
- Orthotic Braces
- Wound Care
- Other:

Comments:

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