

LONG TERM CARE UNIT

PROGRAM NAME _____ ID# _____

PROGRAM OFFICER _____ DATE _____

HOMEMAKER/PERSONAL CARE AND HOUSEKEEPING

ANSWER THESE QUESTIONS BASED ON 5 CLIENT FILES YOU REVIEWED AT THE DESIGNATED CASE MANAGEMENT AGENCY. ALL QUESTIONS WILL BE ANSWERED "YES" OR "NO". THESE ANSWERS WILL BE ENTERED INTO PAS.

1. Did the supervisor visit the worker in the home of the client twice within the last 12 months?

YES _____ NO _____

2. Are there notes in the client's file recording the supervisor's findings?

YES _____ NO _____

3. Is it clear from the record that the supervisor supervised the worker during the visit (observed and documented performance; demonstrated correct performance; provided instruction where needed)?

YES _____ NO _____

4. Is there a current Referral Form in the client's record (dated within the last twelve months from the case management agency in the client's file)?

YES _____ NO _____

5. During the past year, has the client had the same homecare worker (or workers with minimum disruption)?

YES _____ NO _____

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6. During the past year when the assigned worker was absent, was a replacement worker sent or offered?

YES _____ NO _____

7. Did the client receive their authorized level of homecare services for the last two months?

YES _____ NO _____

8. Is there a copy of the Client Contribution letter or Cost Share status in the client's record?

YES _____ NO _____

9. Is there documentation of clients that are on hold?

Client	Date Case Manager notified the provider	Reason why client was placed on hold	Effective date

10. Were there any incident reports of falls within the last 6 month?
if yes how many were reported? _____

YES _____ NO _____

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11. Did the program's **new workers** complete an application form stating they never committed a felony or crime?

YES _____ NO _____

12. Does the **new worker** have two references from past employers on file, two written personal references and a copy of their NYS Certificate?

YES _____ NO _____

13. Did **new workers** have a physical exam and drug screen on file prior to hire?

YES _____ NO _____

14. Is there documentation that workers received 6 hours of in-service training within the last 12 months?

YES _____ NO _____

15. Has the **new worker** had a PPD (Mantoux) skin test for tuberculosis within the last 12 months?

YES _____ NO _____

16. Is there documentation in the **new workers** file that they were given a copy of the programs personnel policies?

YES _____ NO _____

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17. Is there a Tempcare Referral form in client file?

YES _____ NO _____

Client	Date of Temp care Referral	Status of Client