

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

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

Provider Information	
Provider:	Date:
HFID:	Time:
Surveyor:	
Record Review: Employee, Vo	olunteer, Individual Contractor, Temp Staff
Name:	Identifier:
Start Date:	Title/Position:
Credentials	
☐ Background study (144A.476, Subd. 2) o	ompleted on:
\square Current job description (144A.4791, Sub	od. 7 (3)) – If dated:
☐ Annual performance review(s) (144A.47	'91, Subd. 7 (4)):
Comments:	
Orientation	
Orientation to home care regulations; must Subd. 1-5)	be completed prior to providing services to clients. (144A.4796
☐ Overview of Home Care statutes	
☐ Review of provider's policies and proce	dures
☐ Handling emergencies and using emerg	ency services
☐ Reporting maltreatment of vulnerable a	dults or minors
☐ Home Care bill of rights	
$\ \square$ Handing of client complaints, reporting	of complaints, where to report
☐ Consumer advocacy services	
☐ Review of types of Home Care services	the employee will provide and provider's scope of license
☐ Hearing loss training (optional)	

EMPLOYEE, VOLUNTEER, INDIVIDUAL CONTRACTOR, AND TEMPORARY STAFF RECORD REVIEW FOR BASIC PROVIDERS (STATE EVALUATION 144A) ☐ 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):

Comments:

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

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.
Coi	mments:

Training: Unlicensed Personnel (ULP) Only

Training and competency in the required 15 areas (144A.4795, Subd. 7 (b)). 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. <u>For underlined topics</u>, 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) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing		
(ii) care of teeth, gums, and oral prosthetic devices		
(iii) care and use of hearing aids		
(iv) dressing and assisting with toileting		
(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls		

EMPLOYEE, VOLUNTEER, INDIVIDUAL CONTRACTOR, AND TEMPORARY STAFF RECORD REVIEW FOR BASIC PROVIDERS (STATE EVALUATION 144A)

Training Area (Subd. 7b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(7) standby assistance techniques and how to perform them		
(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		

Comments:

Supervision of ULP

	ULP was supervised periodically while performing tasks where services are provided (144A.4797, Subd. 2) date(s):
	Supervision of ULP was done by staff of provider who has the authority, skills, and ability to provide supervision; can implement changes as needed and can train staff.
Re	esponsible Person/Manager
Do	es this employee train unlicensed personnel?
	Yes
	No
If y 1(1	ves, verify that employee has training and experience in home care services delivery. (144A.4795, Subd. 1)).
Со	mments:

Minnesota Department of Health Health Regulation Division PO Box 3879 St. Paul, MN 55101-3879 651-201-4200 health.homecare@state.mn.us www.health.state.mn.us

12/29/2022

To obtain this information in a different format, call: 651-201-4200.