Employee, Volunteer, Individual Contractor and Temporary Staff Record Review: Comprehensive
TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS

Purpose
Minnesota Department of Health (MDH) surveyors use this form to verify that the following individuals have the required professional credentials and have completed the required training, orientation and competency testing:

- Unlicensed personnel (ULP)
- Professional/licensed personnel
- Individual contractors
- Temporary staff
- Volunteers

Providers may use this document to self-audit. Statute references (with links to the Revisor’s website) occur throughout (e.g., 144A.4792, Subd. 1). Click on the link and scroll to the noted subdivision for information about the specific requirement(s). If you are working from a printed document all links can be found at:

Home Care Laws (https://www.health.state.mn.us/facilities/regulation/homecare/laws/index.html)

Minnesota statutes require the following items be documented in the record for each paid employee (including temporary staff), regularly scheduled volunteer and individual contractor:  [144A.479, Subd. 7, 144A.4795; 144A.4796]

1) Evidence of licensure/certification/registration, if required;
2) Completion of orientation and training at time of hire, annual training, infection control training, and applicable competency evaluations;
3) Current job description, including qualifications, responsibilities and identification of staff providing supervision;
4) Annual performance reviews which identify areas of improvement needed and training needs;
5) Verification of required TB screening;
6) Completed and passed background study.

Provider Information
Provider Name: _______________________________ HFID: ____________________
Date/Time of Survey: __________________________________________________________________

Employee/Volunteer/Individual Contractor/Temp Staff Information
Name: _______________________________ Identifier: ____________________
Title/Position: _______________________________ Start Date: ____________________

Surveyor
Surveyor Name: _______________________________
Record Review: All Employees, Volunteers, Individual Contractors, Temporary Staff

Credentials

☐ Current license or certification: Type ___________________________; Dated ___________________________
☐ Currently registered on MDH nursing assistant registry; Dated ___________________________

Orientation [144A.4796, Subd. 1, 2, 3, 4 and 5]

☐ Orientation to home care regulations [144A.4796, Subd. 2 (a) and (b)] (Must be completed prior to providing home care services to clients.) Dated ___________________________
☐ Overview of home care statutes
☐ Review of provider’s home care services policies and procedures
☐ Handling emergencies and using emergency services
☐ Reporting maltreatment of vulnerable adults or minors
☐ Home care bill of rights
☐ Handling of clients’ 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)

☐ Orientation to each specific client and services provided [144A.4796, Subd. 4]

☐ If serving clients not in housing with services, training in working with clients who have dementia, Alzheimer’s disease or related disorders, if applicable. [144A.4796, Subd. 5]

☐ If serving clients in housing with services, initial dementia care training in the specified topics. [144D.065 (a) (b) (c) (d)]

Annual Training [144A.4796, Subd. 6]

☐ Last annual training dates _____________________; _____________________; _____________________
☐ 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 home care services policies and procedures
☐ Hearing loss training (optional)

☐ If serving clients in housing with services, at least two hours for every 12 months of employment of dementia care training, as specified in statute. [144D.065 (a) (b) (c) (d)]

Other requirements

☐ Background study [144A.476, Subd. 2] completed on ___________________________

☐ Current job description – Dated ___________________________

☐ TB screening and training [144A.4798, Subd. 1]
☐ TB history and symptom screen completed on ___________________________
☐ Baseline screening (TST x 2, serum or CDC accepted standard) on ___________________________
☐ TB training (at hire and annually if required based on facility risk assessment) completed on ___________________________; ___________________________; ___________________________
Record Review: Unlicensed Personnel (ULP) Only

Training and competency evaluation
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.

<table>
<thead>
<tr>
<th>Training Topics: Basic and Comprehensive Licensees [144A.4795, Subd. 7 (b)]</th>
<th>Evidence of Training Completed</th>
<th>Evidence of Demonstrated Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) documentation requirements for all services provided</td>
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<tr>
<td>(2) reports of changes in the client’s condition to the supervisor designated by the home care provider</td>
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<tr>
<td>(3) basic infection control, including blood-borne pathogens</td>
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<td>(4) maintenance of a clean and safe environment</td>
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<td>(5) appropriate and safe techniques in personal hygiene and grooming, including:</td>
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<tr>
<td>(i) hair care and bathing</td>
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<tr>
<td>(ii) care of teeth, gums, and oral prosthetic devices</td>
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<td></td>
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<td>(iii) care and use of hearing aids</td>
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<td>(iv) dressing and assisting with toileting</td>
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<tr>
<td>(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls</td>
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<td>(7) standby assistance techniques and how to perform them</td>
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<tr>
<td>(8) medication, exercise, and treatment reminders</td>
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<td>(9) basic nutrition, meal preparation, food safety, and assistance with eating</td>
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<td>(10) preparation of modified diets as ordered by a licensed health professional</td>
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<td>(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</td>
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<td>(12) awareness of confidentiality and privacy</td>
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<td>(13) understanding appropriate boundaries between staff and clients and the client’s family</td>
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<td>(14) procedures to utilize in handling various emergency situations</td>
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<td>(15) awareness of commonly used health technology equipment and assistive devices</td>
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<tr>
<th>Training Topics: Comprehensive Licensees Only [144A.4795, Subd. 7 (c) and (d)]</th>
<th>Evidence of Training Completed</th>
<th>Evidence of Demonstrated Competency</th>
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<tr>
<td>(1) observation, reporting, and documenting of client status</td>
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<tr>
<td>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel</td>
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</table>
### Training Topics: Comprehensive Licensees Only [144A.4795, Subd. 7 (c) and (d)]

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<th>Evidence of Demonstrated Competency</th>
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<tr>
<td>(3) reading and recording temperature, pulse, and respirations of the client</td>
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<td>(4) recognizing physical, emotional, cognitive, and developmental needs of the client</td>
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<td>(5) safe transfer techniques and ambulation</td>
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<td>(6) range of motioning and positioning</td>
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<td>(7) administering medications or treatments as required</td>
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<tr>
<td>(d) Other RN/professionally delegated tasks (e.g., monitor vital signs, catheter or stoma care, Broda chair, mechanical lifts)</td>
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### Supervision of ULP

- ☐ ULP was supervised within 30 days of performing delegated tasks on ______________________

  [144A.4797, Subd. 3]

- ☐ 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 (including but not limited to monitoring blood glucose; administration of tube feedings; assistance with CPAP, oxygen, compression stockings; prescribed exercises; assistance with eating program), confirm that:
  - ☐ RN or other licensed health professional has instructed ULP in proper methods;
  - ☐ ULP has demonstrated competency to RN or other licensed health professional;
  - ☐ RN or other licensed health professional has appropriately delegated tasks.

  [144A.4793 Subd. 4]

### Surveyor sign off

Requirements reviewed: (Surveyor initials) ____________________________________________

The surveyor will document concerns and follow up in notes.

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Health Regulation Division
P.O. Box 3879
St. Paul, MN 55101-3879
Phone 651-201-5273 | Fax 651-215-9697
[Home Care and Assisted Living](https://www.health.state.mn.us/facilities/regulation/homecare/index.html)

To obtain this information in a different format, call 651-201-5273.