

**NYS Department of Health
Observation Home Visit (HV) Surveyor Worksheet
(Created: June 2017)**

Agency: _____ **HV Date:** ___/___/_____

Employee/Title: _____ **Surveyor:** _____

Patient: _____

The purpose of the home visit is to assess the agency's compliance with regulations pertaining to patient rights, accepted professional standards of practice, supervision of care, assessment of patients, plan of care, clinical records; observe care provided; and interview patient.

Observations	Yes	No	N/A	Comments
Employee wearing ID badge?				
Greeted/Identified client?				
Communicated purpose of visit?				
Follows agency's bag technique/infection control policies?				
Gathered supplies/equipment?				
Care provided consistent with care plan/orders?				
Procedure(s) followed per agency policy(ies)?				
Universal Precautions/protective equipment utilized effectively?				
During declared flu season was employee wearing mask if not vaccinated for influenza?				
Privacy maintained?				
Communicates effectively with patient/family?				
Washed/cleansed hands before re-entering bag?				
Cleansed equipment before replacing in bag?				
Contacted MD/Nurse (if applicable)?				
Documented visit?				
Patient Interview				
Did patient receive admission packet/patient rights?				
Is patient getting services at frequency ordered?				
Is patient satisfied with agency services/care?				
If not satisfied, does he/she know the agency complaint process and DOH complaint hotline# ?				

Other Notes: _____
