FRM 1214 - Performance Evaluation For CNA & HHA

Employee:			 		
Review Period:	/	_ / 201	 _/	_ / 201	



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Rating

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						Category
			(0	heck or	ne)	Rating
<u>I. R</u>	espo	onsibility Area & Performance Standards				
1.	Provi	de caring emotional support, providing companionship and conversation.				
	Enco	urage & participate in reading, games, and other activities to stimulate mind &				
	spirit					
	a.	Caring interaction between caregiver and client.				
	b.	Develop warm relationship/rapport with family members.				_
	C.	Encourage & participate in activities to stimulate mind & spirit.				
2	Perfo	orm light housekeeping consistent with client care plan, insuring cleanliness and				
	sense	e of order.				
	a.	Home is kept neat and orderly.				
	b.	Demonstrate good understanding & application of care plan (do's & don'ts).				
	c.	No odors in home.				
	d.	No trash in home (take trash outside & handle recyclables every day).				
3.	Provi	de transportation to scheduled appointments, shopping, errands, church, etc.				
	a.	Caregiver has reliable vehicle that is kept neat & tidy.				
	b.	Client & caregiver use seatbelts.				
	c.	Maintain & submit to office current evidence of insurance.				
	d.	Follow safety guidelines (i.e., assisting with vehicle entry/exit).				
	e.	Caregiver refrain from using cell phone while driving.				
	f.	Assists client in/out of chair.				
		de nutritious meal planning and preparation, which typically includes grocery				
	shop	ping, meal preparation, and kitchen clean up.				
	a.	Good variety of nutritious food is served, and maintain appropriate nutritious food				
		and client favorite treats available in refrigerator.				_
	b.	Kitchen is well maintained.				
	c.	No expired foods.				
	d.	Meals are served in a pleasant attractive manner, adding special touches for				
		holidays & special occasions.				
	e.	Caregiver sits with client for meals.				
_						
		t the client with ADL's (i.e., hygiene, continence, dressing, eating, toileting, and				
		ferring), and supervise client's ability to independently perform ADL's. Understand				
		adhere to safety, accident, and treatment protocols as appropriate. Encourage a exercise program.				
	iiiia					
	a.	Client is clean & well-groomed.				
	b.	Familiar with hygiene self-care "red flags," and monitor client's ability to do so (i.e.,			1 1	

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hygiene & continence).

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: .	Monitor client compliance with eating properly.					
	Encourage client to partake in mild exercise. Participate as appropriate (i.e., walks).					
	Demonstrate strong knowledge and application of ADL guidelines (do's & don't).					
	Demonstrate strong knowledge and application of safety guidelines.					
	Monitor client skin condition and weight.					
	Encourage self care as client is able.					
	ide timely medication reminders, observe and/or assist, and chart the taking of cation.					
cu	Monitor client's ability to take medication when not supervised.					
	Remind, observe and/or assist client in taking of medication.					
	Maintain adequate supply of medications in the home.					
	t with home management tasks as authorized by client or client's esentative/family member (i.e., pay bills, monitor home repair, etc.).					
	Routinely ask family members if they have unique tasks to be performed.					
	Perform client requests in an accurate and timely manner, following the care plan.					
	Provide "extra touches" that client and family members will appreciate.					
	Reports home maintenance issues to office.					
	Properly communicate details of duties performed to family & RN supervisor.					
	rve, report, and document/chart client status. Report all concerns to an RN rvisor.					
	Chart client meals & snacks.					
	Chart client bowel movements or incontinence issues.					
	Chart client ambulate activity (i.e., walks).					
	Chart client outings and doctor visits.					
	Chart client vital signs & weight.					
	Chart client taking of medications.					
	Chart client concerns and promptly bring to the attention of RN supervisor.					
	, .					
ec	ial Requirements:					
	Pass random drug test.					
	Follows SHC dress code.					
ers	onal Characteristics.					
	Appearance - good hygiene habits, well groomed appearance, and conservative					
	dress (i.e., no jeans, shorts, open-toe shoes).					
	Communication skills - clear & concise written/verbal communication skills (in					
	English) with client, family members, coworkers & charting. Demonstrate attentive,					
	responsive listening skills.					

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٠.	Company knowledge - demonstrates a working knowledge of the company			
	background, operating procedures, and service standards.			
d.	Confidentiality - exercises good judgment in keeping certain information			
	confidential (i.e., customer, employee, financial, or operating systems information).			
	Familiar with and follows federal HIPPA law.			
e.	Customer service - create memorable experiences for clients & family members, live			
	up to commitments, customers highly anticipate visits, own problems, receive			
	unsolicited letters/comments of praise).			
f.	Dependable - On time, demonstrates ability to follow care plan.			
g.	Emotional & mental maturity - establish & maintain good work relationship with			
	client, family members, and coworkers.			
h.	Health - free from health problems that may be injurious to client or self as he/she			
•••	performs tasks.			
i.	Initiative - demonstrates a positive, self starting, proactive, problem solving			
••	attitude.			
j.	Job commitment - demonstrate knowledge & support of the company mission,	+		
٠,	philosophy, and code of ethics by example.			
k.	Organization skills - demonstrates the skill to organize, plan, prioritize, and perform	+		
	tasks within system standards.			
I.	Problem solving skills - demonstrates the ability to identify problem(s), report			
••	problem(s), assists to determine the cause, suggest alternatives, and reach a sound			
	solution to the problem.			
	Reliable on time for shits, advance notice for changes, no unexcused absences.			
m				
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n.	Team player. Accept supervision, apply instructions, respectful of others.			
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IV. Employee Comment Section (optional use):	
I acknowledge that a copy of the above review has been provided to me.	
Employee Signature:	Date: / /
Supervisor Signature:	Date: / /

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