



*Protecting, maintaining and improving the health of all Minnesotans*

09/15 mn219

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## HHA - EMPLOYEE RECORD REVIEW WORKSHEET

### Complete ONLY for Partially Extended Survey

- Select 5-10 personnel records for HHA/PCA employees.
- Include 3 staff newly hired since last survey for competency.

Name/ID#					
Date of Hire					
12 hours Inservice per Year (G215) (inservice training by qualified RN*)					
Annual Performance Review (q. 12 mo.) <b>Extended Survey Only</b> (G214)					
If <b>Vo-Tech trained</b> , check for certificate of completion, then <b>STOP HERE</b> .					
<b>If Agency-trained</b> , complete rest of form. <b>REMINDER: Most agencies only conduct competency evaluations and DO NOT have a State approved training program. ***</b>					
75-hour Training (G204)					
If NO, competency eval (G211)					
by Qualified RN* (G208)					
16-hour classroom training before Supervised Practical Training** (G205) <b>Only for State-approved training program</b>					
Return Demonstration (G218**) under supervision of Qualified RN*					
<b>If agency conducts Competency Evaluation, complete rest of form. Ensure evaluation includes appropriate return demonstration of skills (G218**) (G212) (G233-PCA)</b>					
• Reading & Recording TPR**					
• Appropriate/Safe Technique in Personal Hygiene, including:					
▪ Bed Bath**					
▪ Sponge, Tub or Shower Bath**					
▪ Shampoo - Sink, Tub, or Bed**					
▪ Nail and Skin Care**					

▪ Oral Hygiene**					
▪ Toileting/Elimination**					
● Safe Transfer Techniques and Ambulation**					
● Normal ROM and Positioning**					
The following areas must be evaluated through written exam, oral exam, or after observation of aide with a patient: (G218)**					
● Communication Skills					
● Infection Control Procedures					
● Basic Elements of Body Functioning, and Changes in Body Function that Must Be Reported to the Supervisor					
● Maintenance of a Clean, Safe, and Healthy Environment					
● Recognizing Emergencies/ Knowledge of Emergency Procedures					
● The Physical, Emotional, & Developmental Needs of and Ways to Work with Patients Served by the Agency, including Respect for Patient, his/her Privacy, and Respect for his/her Property					
● Adequate Nutrition and Fluid Intake					
● Any other Task HHA aide required to perform (indicate tasks)					

<b>CERTIFICATION/LICENSED SURVEY</b>					
Criminal Background Screening 144A.46 Subd.5(b)					
Tuberculosis Screening 144A.4798 Subd.1					
Orientation to Home Care 144A.4796 Subd.1					
✓Content 144A.4796 Subd.2					
Delegation of Medication Administration 144A.4792 Subd.7					
Delegation of Therapy 144A.4793 Subd.4					
Alzheimer's disease and related disorder training 144A.4796 Subd.5					
Annual Training ✓Content (ex. IC) 144A.4796 Subd.6					

- \* **Qualified RN:** A registered nurse who possesses a minimum of 2 years of nursing experience, at least one year of which must be in the provision of home health care.
- \*\* **Supervised Practical Training** means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual (not mannequin) under the direct supervision of a registered nurse or LPN.
- \*\*\* **State Approved Training:** Only a few agencies have a State approved training program. Most conduct only a competency evaluation which the employee is tested out right away without training.