



## Coast Care Partners LLC

### Initial Supervisory Assessment

**Address:** 10570 S US Highway 1, Ste 57, Port Saint Lucie, FL 34952

**Phone:** (772) 722-1243

**Email:** contact@coastcarepartnersllc.com

**Supervising RN:** Yasmany Sánchez, RN

### Section 1 – Client Information

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Medicaid ID / Member #:** \_\_\_\_\_

**Primary Diagnosis (if known):** \_\_\_\_\_

**Services Authorized:**  PCA  HMK  COMP

**Authorization Dates:** From \_\_\_\_\_ to \_\_\_\_\_

### Section 2 – Caregiver Information

**Caregiver Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Caregiver Trained and Oriented by RN:**  Yes  No

**Language / Communication Needs:** \_\_\_\_\_



### Section 3 – Initial Nursing Observation

Assessment Area	Findings / Comments
General appearance	_____
Orientation / mental status	_____
Mobility / gait	_____
Nutrition / appetite	_____
Hygiene / grooming	_____
Skin integrity	_____
Continence	_____
Behavior / mood	_____
Pain (yes/no, location, frequency)	_____
Home safety / environment	_____
Family or support system	_____

### Section 4 – Plan of Care Review

- Plan of care reviewed with caregiver:**  Yes  No
- Caregiver understands assigned duties:**  Yes  No
- Demonstration of competency observed:**  Satisfactory  Needs follow-up
- EVV / Timesheet procedure explained:**  Yes  No
- Client / family agrees with plan:**  Yes  No



## Section 5 – RN Summary

RN Assessment Summary: \_\_\_\_\_

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RN Recommendations / Follow-up: \_\_\_\_\_

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## Section 6 – Signatures

RN Performing Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

RN License #: \_\_\_\_\_

Client / Family Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_