Coast Care Partners LLC

Supervisory Visit Note

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

RN License #: _____

Client Name: _____

Date of Birth: _____ **Age**: _____

Address: _____ **City**: _____ **State**: _____

Zip _____

Phone: _____

Caregiver Name: _____

Service Type: ☐ PCA ☐ HMK ☐ COMP ☐ Other _____

Date of Supervisory Visit: _____

Time In: _____ **Time Out**: _____

Purpose of Visit:

☐ Initial supervisory visit ☐ Routine 60-day supervision ☐ Change of caregiver ☐ Change in client condition ☐ Other _____

COAST CARE PARTNERS
HOME CARE SERVICES

Observations of Caregiver Performance:

Area	Satisfactory	Needs Improvement	Comments
Personal care / hygiene assistance	☐	☐	
Housekeeping / homemaker tasks	☐	☐	
Companionship / client interaction	☐	☐	
Safety awareness and fall prevention	☐	☐	
Proper use of gloves / infection control	☐	☐	
Punctuality / reliability	☐	☐	
Documentation / timesheet accuracy	☐	☐	

Client's General Condition:

Area	Description
Physical appearance / hygiene	_____
Mobility status	_____
Appetite / nutrition	_____
Behavior / mood	_____
Skin integrity (if observed)	_____
Any new medical issues reported	_____

COAST CARE PARTNERS
HOME CARE SERVICES

Client / Family Feedback:

☐ Satisfied with caregiver services ☐ Concerns reported:

If concern reported description: _____

_____

_____

_____

_____

_____

_____

RN Recommendations / Follow-up:

_____

_____

_____

_____

_____

Next Supervisory Visit Due: _____ (≤ 60 days)

RN Signature: _____ **Date**: _____

Client / Family Signature: _____ **Date**: _____