



Coast Care Partners LLC

Initial Supervisory Assessment

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

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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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caregiver understands assigned duties:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstration of competency observed:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs follow-up
EVV / Timesheet procedure explained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client / family agrees with plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 5 – RN Summary

RN Assessment Summary: _____

RN Recommendations / Follow-up: _____

Section 6 – Signatures

RN Performing Assessment: _____ **Date:** _____

RN License #: _____

Client / Family Representative: _____ **Date:** _____

Caregiver Signature: _____ **Date:** _____