RIGHT ACCORD
Senior Home Health Care

9040 Town Center Parkway Lakewood Ranch, FL 34202
941-487-3665 | www.rightaccordhealth.com

RIGHT ACCORD Private Duty-Home Health Care
ORIENTATION AND COMPETENCY CHECKLIST

EMPLOYEE NAME: _____ DATE: _____

EVALUATOR: _____ TITLE: _____

Circle which category applies:

1. New Hire 2. 6 Month Interim 3. Annual Evaluation 4. Three year Evaluation

I. GENERAL ORIENTATION	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Introduction to Right Accord	☐	☐	-	
Completed employee New Hire Paperwork	☐	☐	-	
Agency Mission & Philosophy	☐	☐	-	
Organizational Structure	☐	☐	-	
Responsibilities of Office Staff & Caregivers	☐	☐	-	
Agency and Client Communication Responsibilities	☐	☐	-	
eRSP (Schedules, Employee Availability, Email, Hours Report)	☐	☐	-	
Scheduling / Cancellation Procedures	☐	☐	-	
Telephony (Time Keeping)	☐	☐	-	
Voice Broadcasting	☐	☐	-	
Caregiver Connection	☐	☐	-	
Caregiver Rewards Program	☐	☐	-	
Agency ID Badge – provide Right Accord business cards	☐	☐	-	
Payroll Procedures	☐	☐	-	
Client Care Plan	☐	☐	-	
ADL Checklist	☐	☐	-	

Service Documentation	☐	☐	-	
Employee Incident Reporting	☐	☐	-	
Safety Precautions for the Elderly	☐	☐	-	
Safety & Fire Procedures	☐	☐	-	
Safe Client Transfers	☐	☐	-	
Documentation & Follow up of Safety Hazards	☐	☐	-	
Infection Control	☐	☐	-	
Personal Protective Equipment	☐	☐	-	
Reporting Infections	☐	☐	-	
Fall Prevention	☐	☐	-	
Emergency Preparedness & Management Plan	☐	☐	-	
Client Rights	☐	☐	-	
Standards of Customer Service	☐	☐	-	
Client Satisfaction Survey	☐	☐	-	
Complaint/ Compliment Procedures	☐	☐	-	
Client Consent Forms	☐	☐	-	
Advanced Directives/ Patient Determination Act 1990	☐	☐	-	
DNR	☐	☐	-	
Death & Dying in the home	☐	☐	-	
Employee Handbook	☐	☐	-	

Control measures for hand hygiene, respiratory hygiene, and contact precautions according to the client's condition on admission to the service	☐	☐	-	
Client/Family verbalize knowledge of current health status and prognosis	☐	☐	-	
Caregiver documentation of health care teaching	☐	☐	-	
Client/Family is informed of next scheduled visit	☐	☐	-	

V. MEDICATION MANAGEMENT/ EQUIPMENT MANAGEMENT	YES INITIAL	NO INITIAL	N/A INITIAL	VERBAL KNOWLEDGE
Medication properly and safely stored in home, checked at visit at home	☐	☐	-	
Medication reconciled on admission (Reviewed Care Plan for medication accuracy	☐	☐	-	
Equipment manual available in the home (if medical equipment in use) list: _____ _____ _____	☐	☐	-	
Client/ Family and caregiver aware of oxygen safety, booklet available in the home (Ask client how they use oxygen safely)	☐	☐	-	
Report and Document Medication Changes	☐	☐	-	
Client/ Family aware of caregiver's role in assistance with medications – Evaluate medication administration, cognitive ability, safety, vision (Review medication with patient/caregiver who sets up, what used for, read at least one medication label)	☐	☐	-	

VI. SAFETY IN THE HOME	YES INITIAL	NO INITIAL	N/A INITIAL	VERBAL KNOWLEDGE
Employee Safety	☐	☐	-	
Emergency Preparedness Procedure- PSN Documents in the Client Care Plan Book (Ask if client/family aware of the procedure)	☐	☐	-	
Client Safety- Fire and Safety in the Home (Ask client what their plain is in case of fire, ask staff what they would do if observe smoke coming from home)	☐	☐	-	
Incident/Occurrence Reporting (Client/Staff)- Client and staff has emergency numbers available or is aware of how to contact agency	☐	☐	-	
Identify Client "High Risk for Falls" appropriately using Fall Risk Assessment Tool. Safety teaching done at visit	☐	☐	-	
Assist client with balance exercises and range of motion exercise as specified in the Care Plan (Ask Client what they have been taught regarding fall safety)	☐	☐	-	
Evaluate safe ambulation, transfer, use of assistive devices, SOB, grooming, bathing, toileting (Request client to walk to the bathroom and step into the tub or shower. Describe how they bathe)	☐	☐	-	

What is your role in emergency situations such as disasters, evacuation to shelters or multiple admissions in a short time involving infections?
How do you verify information received from verbal communication with other person? (repeat-back for information regarding client's condition and changes or write down and read-back techniques)

Supervisor's Comments:

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Supervisor Signature/Date: _____

Employee Comments:

_____

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Employee Signature/Date: _____