

# HHA - Employee Record Review Worksheet

- Select 5-10 personnel records for HHA/PCA employees.
- Include 3 staff newly hired since last survey for competency.
- In addition to completing the certification and licensing section below for all surveys, complete form in its entirety for partial extended/extended survey.

Survey Information	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Name/ID#					
Date of Hire					
12 hours In-service per Year (G774) (in-service training by qualified RN*)level- 2					
Check for HHA or NA certification and on NA registry (G752) if so, <b>STOP HERE.</b>					

If **Agency-trained**, complete rest of form. **REMINDER: Most agencies only conduct competency evaluations and DO NOT have a State-approved training program. \*\*\***

Survey Information	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
75-hour Training & (G760)					
Competency evaluation (G768)					
by Qualified RN* (G780)					
16-hour classroom training before Supervised Practical Training** (G762) Only for State-approved training program					

HHA - EMPLOYEE RECORD REVIEW WORKSHEET

Survey Information	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Return Demonstration (G768**) under supervision of Qualified RN*					

If agency conducts Competency Evaluation, COMPLETE REST OF FORM. Ensure evaluation includes appropriate return demonstration of skills. (G768\*\*)

Survey Information	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Reading & Recording TPR**					
Safe Transfer Techniques and Ambulation**					
Normal ROM and Positioning**					
<b>Survey Information</b> Appropriate/Safe Technique in Personal Hygiene, including:	<b>Staff 1</b>	<b>Staff 2</b>	<b>Staff 3</b>	<b>Staff 4</b>	<b>Staff 5</b>
Bed Bath**					
Sponge, Tub and Shower**					
Shampoo - Sink, Tub, and Bed**					
Nail and Skin Care**					
Oral Hygiene**					
Toileting/Elimination**					

HHA - EMPLOYEE RECORD REVIEW WORKSHEET

The following areas must be evaluated through written exam, oral exam, or after observation of aide with a patient: (G764)\*\*

<b>Survey Information</b>	<b>Staff 1</b>	<b>Staff 2</b>	<b>Staff 3</b>	<b>Staff 4</b>	<b>Staff 5</b>
Communication Skills, ability to read, write, verbally report clinical information.					
Recognize and report skin changes					
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)					

**CERTIFICATION/LICENSED SURVEY (Complete for all surveys)**

HHA - EMPLOYEE RECORD REVIEW WORKSHEET

Survey Information	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Criminal Background Screening 144A.476 Subd.2					
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), Performed by an RN with a minimum of 2 years nursing experience, 1 of which is home health, or by other individual under the general supervision of the RN.

\*\*\* State Approved Training: Only a few agencies have a State approved training program. Most conduct only a competency evaluation in which the employee is tested out right away without training.

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To obtain this information in a different format, call: 651-201-4101.