

Treatment or Therapy Observations

STATE EVALUATION: COMPREHENSIVE TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS (144A)

Provider:

Date:

HFID:

Surveyor:

Examples of treatments and therapies include but are not limited to using oxygen or a breathing apparatus or pulse oximetry, blood glucose checks or tube feedings, applying TED hose or splints, providing physical/occupational/speech-language therapy exercises, or wound care. Surveyors will also review maintenance procedures for equipment used in treatments and therapies.

Staff ID	Resident ID	Treatment	Observations

Minnesota Department of Health
 Health Regulation Division
 PO Box 3879
 St. Paul, MN 55101-3879
 651-201-4200
health.homecare@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.