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CHHA Field Supervision Checklist

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Certified Home Health Aide (CHHA) Field Supervision Checklist

(Per CMS CoPs – §484.80(h), supervision required at least every 14 days)

Employee Name: _____
Evaluator Name/Title: _____
Date of Supervision: _____
Patient/Case Observed (Initials/ID): _____

Areas of Evaluation

(Check Competent or Not Competent)

Evaluation Area	Competent	Not Competent	Comments
Provides care according to care plan	☐	☐	
Follows infection control practices (hand hygiene, PPE)	☐	☐	
Demonstrates safe transfer techniques & mobility assistance	☐	☐	
Assists with ADLs (bathing, grooming, feeding, toileting)	☐	☐	
Measures and records vital signs accurately (if assigned)	☐	☐	
Maintains patient dignity and privacy	☐	☐	
Communicates effectively with patient/family	☐	☐	

Reports changes in patient condition promptly	☐	☐	
Proper documentation of visits and care provided	☐	☐	
Adheres to agency policies & safety protocols	☐	☐	

Condition of Participation Reference: *42 CFR §484.80(h) – Home Health Aide Supervision (every 14 days).*

Evaluator Signature: _____ **Date:** _____
Employee Signature: _____ **Date:** _____