

Supervisor Competency Sign-off

Module: Fall Prevention Rounding: Home Visits · v1.0 · Policy SAMPLE-CL-031

Sample Home Health Agency
(fictional)

Prepared with TPM Interactive Learning
Studio

LEARNER NAME

ROLE

MODULE COMPLETED (DATE)

MODULE SCORE

OBSERVATION SETTING

DATE OBSERVED

☐ Patient visit ☐ Simulation

Instructions: Observe the learner during a real or simulated visit. Mark each behavior Met, Not met, or N/A, and comment on any "Not met." Re-observe any "Not met" item within 14 days.

#	OBSERVABLE BEHAVIOR	MET	NOT MET	N/A	COMMENTS
1	Completes the five-point living-path scan: lighting, floors and rugs, cords and clutter, footwear, bathroom access (3.1)	☐	☐	☐	
2	Places the assistive device within reach and confirms it is used as instructed (3.2)	☐	☐	☐	
3	Asks about falls, near-falls, and new dizziness since the last visit (3.3)	☐	☐	☐	
4	Reports a fall, near-fall, dizziness, or unresolved hazard to the RN case manager the same day (3.4)	☐	☐	☐	
5	Teaches one hazard correction and documents the scan, teaching, and any report (3.5)	☐	☐	☐	

Overall: ☐ Competent ☐ Re-observation needed by ____/____/____

Observer name, credentials, and signature

Learner signature

This checklist supports your organization's documentation of training. It doesn't by itself certify regulatory compliance. On-the-job observation is performed by your qualified staff under your policies.