

## HOME CARE COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**TIME FRAME:**

- 3 months
- 6 months
- 1 year

**Self-needs assessment:**

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Assessment, PACE documentation								
CPR every 2 years	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual, in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory training	Video and post-test				1 yr			