

# Documentation of Health Care Supervision

Standard: 22VAC40-61-280

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Measures of Health Status (below):

Observation/Supervision by: \_\_\_\_\_

|                       |  |
|-----------------------|--|
| Vital Signs           |  |
| Weight                |  |
| Meal and fluid intake |  |
| Elimination           |  |
| Skin integrity        |  |
| Behavior              |  |
| Cognition             |  |
| Functional ability    |  |
| Special needs         |  |

Refer to 22VAC40-61-280 for additional requirements. The chart above captures information noted in section 280 D.

Notes: \_\_\_\_\_

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