Arias Home Health 4811 Chippendale Dr.#201 Sacramento, CA 95841 Phone: (916) 913-1134 Fax: (916) 993-9122			COTA Supervisory Visit
Patient Name:V^• ÁÚæð} (MR:	I	Visit Date: 6/5/2018
Aide: T^•ơÔļājātāa) OTA	Aide Present:	No	Associated Mileage:
Evaluation			
1. Arrives for assigned visits as scheduled:			
🗷 Yes			
□ No			
2. Follows client's plan of care:			
⊠ Yes			
🗆 No			
3. Demonstrates positive and helpful attitude	e towards the clie	ent and othe	ers:
⊠ Yes			
4. Informs Nurse Supervisor of client needs and changes in condition as appropriate:			
⊠ Yes			
□ No			
5. Assistant Implements Universal Precautio	ons per agency po	olicy:	
6. Any changes made to client plan of care a	t this time:		
🗵 No		•	
7. Patient/CG satisfied with care and service	s provided by as	sistant:	
⊠ Yes □ No			
8. Additional Comments/Findings:			
-			
Signature:			Date:
Electronically Signed by: V^•ơÔlậ ఔషణ) OT			6/5/2018