Monthly Audit Checklist - 24-Hour Home Care Quality Review

To be completed by the care coordinator, family reviewer, or supervising caregiver.

Month: _____ *Client:* _____ *Care Coordinator:* _____

Date Completed: _____ *Reviewer Signature:* _____

Health & Safety Review

Item	Status (☐ Yes / ☐ No / N/A)	Notes
Vital signs logs are complete and accurate		
Medication logs match current prescriptions		
Emergency contacts and DNR orders reviewed		
Home is free of tripping hazards		
Smoke alarms, CO detectors tested		
Assistive devices functioning properly		

Personal Care & ADLs

Task	Status	Notes
Hygiene and grooming consistent		
Mobility and transfer support adequate		
Skin integrity monitored		
Hydration and nutrition plans followed		
Toileting/incontinence care consistent		

Emotional & Cognitive Well-Being

Indicator	Notes
Mood or behavioral changes observed	
Engagement in conversation or activity	
Memory/cognition changes	
Sleep quality	

Caregiver Performance & Coordination

Area	Notes
Care notes and shift handoffs completed daily	
Communication between shifts consistent	
Family kept informed weekly	
Training or refreshers needed	

Supplies & Environment

Checkpoint	Notes
PPE, gloves, wipes stocked	
Cleaning and hygiene supplies replenished	
Mobility aids in safe condition	
Food and medications within expiration	

Next Steps & Adjustments

Use this section for care plan updates, new referrals, or follow-up actions

Role	Name	Signature	Date
Care Coordinator:			
Family Reviewer			
CARE Supervisor			