



☐ PERSONAL CARE	RESPITE COMPANION
☐ HOMEMAKER	☐ ESCORT
OTHER:	

Patient Name:

AIDE ACTIVITY NOTE	M.R #

_		SUN	MON	TUES	WED	THUR	FRI	SAT
	DATE							
	REGULAR VISIT							
	REFUSE VISIT							
	TIME IN:							
	TIME OUT							
	Temperature							
/ VITALE	Pulse							
>	Respiration							
	Last Elimination Bowel							-
VIII AL	Urine							
^	BATH-TUB/SHOWER/BED/BENCH/CHAIR							
٨	HAIR CARE SHAMPOO							
"	HAIR CARE BRUSH							
	DRAL CARE - BRUSH/SWAB/DENTURES							
	DRESS/UNDRESS							
2	SKIN CADE/ENGTCADE//HVCIENE)							
	SKIN CARE/FOOTCARE/(HYGIENE) SHAVE/GROOM/DEODORANT			<del></del>			<b>—</b>	<del></del>
ł	NAIL HYGIENE - CLEAN/FILE/REPORT			<u> </u>				<del></del>
шł	MALLITUGENE - CLEAN/FILE/REPURT			<del></del>			<del></del>	<del></del>
7	AMBULATION ASSIST - WC/WALKER/CANE TRANSFER ACTIVITY			<del></del>			<del></del>	
7	CHANCE DOCITION			<del></del>			<del></del>	
٥Į	CHANGE POSITION INCONTINENCE CARE						<del></del>	<del></del>
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	TOILETING ASSIT RANGE OF MOTION (ROM)						<del></del>	
ᅫ	COMODE/BED PAN ASSIST					_		
٩₽	COMODE/BED PAN ASSIST MEAL PREPARATION ASSIST WITH FEEDING							
ZΙ	ASSIST WITH FEEDING							
Ö	MAKE BED / CHANGE LINEN				<del></del>			
,,,	LIMIT/ENCOURAGE FLUIDS							
צן	EMOTIONAL SUPPORT							
3	CHECK PRESSURE AREA							
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ł			<del>-</del>					
٥ţ	LAUNDRY							
╩┞	CLEAN BATHROOM						<del></del>	
	CLEAN BEDROOM							
3	CLEAN KITCHEN					_		_
监	CLEAN LIVING ROOM							
u (	MEAL PREPARATION							
	EMPTY TRASH							
∄Ì	VACUUM/SWEEP/ DUST							
ĔΙ	WASH DISHES							
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	RESPITE SERVICES							
	COMPANION				_			
5[	CHORES							
5[	ESCORT							
<u>Y</u> [	SHOPPING							
Шί	NFECTION CONTROL							
=[	FOLLOW UNIVERSAL PRECAUTIONS							
	SAFETY PRECAUTIONS							
	OTHER (only if is in the Care Plan):							
ſ			<u> </u>	<u> </u>			<del></del>	
	DATE:		COMMENTS:				<u> </u>	
- 1								

HHA SIGNATURE \_\_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_\_
WITH MY SIGNATURE, I DO CERTIFY THAT THE SERVICES MENTIONED HAVE TOTAL HOURS \_\_\_\_\_\_

BEEN PROVIDED BY ME AND THE CLIENT SIGNED THIS DOCUMENT ON MY PRESENCE.

### AIDE/PERSONAL CARE SERVICES PLAN

			Emplo					
			Emplo					
Patient/Client Name	ID#			Patient	t Addres	ss / Phon		
	Every Vis	it Weel	dv 1	2	3	<b>4</b> (visist	es /hrs)	
PERSONAL CARE (PC)	LVEIY VIS	it weer	iy i	T		<b>-</b> (VISIS).	588 <b>+</b> H+€B5@	
BATH - TUB/SHOWER/BED/ASSIST							-BGHFI 7H±CB0	3.
HAIR CARE BRUSH/SHAMPOO								
ORAL CARE - BRUSH/SWAB/DENTURES								
DRESS/UNDRESS								
SKIN CARE/FOOTCARE/(HYGIENE)								-
SHAVE/GROOM/DEODORANT								
NAIL HYGIENE - CLEAN/FILE/REPORT								
AMBULATION ASSIST - WC/WALKER/CANE								
TRANSFER ACTIVITY								
CHANGE POSITION								
INCONTINENCE CARE							-	
TOILETING ASSIT		1						
COMODE/BED PAN ASSIST								
MEAL PREP					,			
ASSIST WITH FEEDING		+	+					
MAKE BED / CHANGE LINEN		+		•	1			-
LIMIT/ENCOURAGE FLUIDS				*			-	
EMOTIONAL SUPPORT								
FOLLOW UNIVERSAL PREC							-	-
SAFETY								
INFECTION CONTROL		1		<b>X</b> /				
HOMEMAKER (HMK)		1						
LAUNDRY								
CLEAN BATHROOM		<del>' 1  </del>						
CLEAN BEDROOM								
CLEAN KITCHEN / REFRIGERATOR	$\circ$	_ //	7					
CLEAN LIVING ROOM	$\overline{V}$							
MEAL PREP	* * *	Y						
EMPTY TRASH		<del>)                                    </del>	-					
VACUUM/SWEEP/ DUST			-		<u> </u>			
WASH DISHES			_					
FOLLOW UNIVERSAL PREC				-				
SAFETY				-				
INFECTION CONTROL RESPITE (RSP)								
RESPITE (KSF)								
OTHER								
COMPANION								
CHORES		+	+		1			
ESCORT								
SHOPPING			-					
FOLLOW UNIVERSAL PRECAUTIONS, SAFETY MEASURES								
Additional Instructions/orders:								
Report Significant finding to Agency								<b></b>

Date

Employee Preparing Plan Signature/Title



Employee Signature

## HOME HEALTH CARE AIDE WEEKLY RECORD

				-														
									Emp	loyee	No.	-						
Patient/	Client Na	ame					ID#									Da	te	
Employee No.  Employee No.  Employee No.  Employee No.  EMSONAL CARE (PC) SUN MON TUE WED THU FRI SAT ATH TURS/HOWER/BED/ASSIST HAIR CARE BRUSH/SHAMPOO SURVEY THAN CARE ATHER THAN CARE POSTITION HANDLE P			/	/	_													
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MPTY T	RASH				7/2	,								1				
/ACUUM	/SWEEP/	DUST			11.													
WASH DI	SHES			N										1				
	UNIVERS	AL PREC	;	7														
SAFETY																		
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SAT														1				
			•				TOTAL	HOURS	·	-		1		l				

Date

## HOME HEALTH CARE AIDE WEEKLY RECORD

67	

#### Renacer Home Health Care, Inc.

Employee Name	
Employee No.	

Patient/Client Name							ID#			Patient	/Client S	Signatur	 a	Date		
						SUN	MON	TUE	WED	THU	FRI	SAT		/		
PERSONAL	CARE	(PC)				5011	III OIL	102	1					WEEK FRO	M	
BATH - TUB		R/BED/ASS	SIST													
HAIR CARE														/	/	
ORAL CARE			NTURES													
DRESS/UND		·														
SKIN CARE/		RE/(HYGIE	NE)											THROUGH		
SHAVE/GRO	DOM/DEC	DORANT														
NAIL HYGIE			EPORT											/	/	
AMBULATIO				ANE												
TRANSFER																
CHANGE PC																
INCONTINE		E								-						
TOILETING																
COMODE/B		SSIST														
MEAL PREP																
ASSIST WIT	H FEEDIN	<u>.</u>								$\smile$						
MAKE BED /																
LIMIT/ENCO									<u> </u>							
EMOTIONAL								0								
FOLLOW UN								XV								
SAFETY	VI V LINOAL	TREC							1							
INFECTION	CONTRO	ı					. 1	$\mathcal{V}$								
HOMEMAK																
LAUNDRY																
CLEAN BAT	HROOM															
CLEAN BEDI								<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>								
CLEAN KITC		EDICEDAT	TOP.			$\cup$	-									
CLEAN LIVIN			OK				V	_								
MEAL PREP	NG ROOM	l			<del>-171</del>	(										
	CLI				-	_										
EMPTY TRA		ICT		110	-											
VACUUM/S		151	-	4/2												
WASH DISH		DDEC	_	73												
FOLLOW UN	NIVERSAL	PREC														
SAFETY	CONTROL									<u> </u>						
RESPITE		L														
RESPITE SER	KVICES															
COMPANIO	N															
CHORES	IN															
ESCORT																
SHOPPING																
SHOPPING																
			PC	2.04	PC		НМ	V	RSF	<u> </u>	ОТН	- O				
CUENT	DAY	DATE		am		pm							TOTAL	1		
CLIENT	DAY	DATE	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TOTAL			
INITIALS	CLINI	M/D	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	HOURS	-		
	SUN	<u> </u>					-		<u> </u>	-	-			ł		
	MON													-		
	TUES															
	WED	<u> </u>							ļ	<u> </u>	ļ			1		
	THUR													1		
	FRI													1		
	SAT													1		
								TOTAL I	HOURS		${\Longrightarrow}$	>		J		

#### PROGRESS NOTES: RESPITE CARE

Agency Staff Name:	
Service Date	

Name of Individual				Age	
Others Present				<u>'</u>	
Location Other: Home Daycare Community	Consultation OT	ST PT	RN	Other	
Child/Family Update					
What we did Sustain the family Sustain other primary care	e-giver	time-limited, ter	mporary relief	from the ongoi	ng
		responsibility of	care giving		
	<i>(U)</i>	•			
	×6, <				
Focus of Today's Visit					
	A .				
4.76					
Discuss Any Problems					
Time In a.m. Time Out a.m.					
Share the Progress Note with the following program(s)  1.	N/A 2.				
3.	4.				
Signature of Service Staff		Date		Time	a.m.
Signature of Parent/Caregiver		Date		Time	p.m. a.m. p.m.

#### SALUD HOME CARE

### **CHORE SERVICES NOTE**

Patient's name:		Medical record:		Visit date/Fecha:		
HHA's name:		Employee #:		Time in: Time out:		
HHA's signature:				Total# of hours:		
CHORE SERVICES SERVICIO DE LIMPIEZA PROFUNDA		RE SERVICES LIMPIEZA PROFUNDA		CHORE SERVICES CIO DE LIMPIEZA PROFUNDA		
Mark with an "X" in this cell> if service was provided	Mark with an "3 if service was pr	α" in this cell>		an "X" in this cell> was provided		
Clean carpet Limpieza de alfombra	organizing, boxinew location, ur	relocation include: ng, loading, moving to nloading as clients encia con mudarse)	Others/Ot	Otros:		
Clean Kitchen / Limpieza de cocina	Wall cleaning /	Limpieza de paredes				
Clean cabinets / Limpieza de gabinetes	Stair cleaning / ]	Limpieza de escaleras				
Clean refrigerator / Limpieza refrigerador	Dishwasher clea lavador de plato	nning / Limpieza del s				
Clean windows/Limpieza de ventanas	Organize, clean Organizar, limpi					
Clean floors/ Limpieza de pisos	Laundry washer Limpieza de lav					
Material removal of driveways, sidewalks, and roof Remover material de la entrada, aceras y techo		kitchen cabinets iar gavinetes de la				
Clean patio/Limpieza de jardin	Stove cleaning/	Limpieza del fogon				
Dust Services/Sacudir	Appliances clear	ning/Limpieza equipos				
Assistance with clutter elimination Ayudar a eliminar deesorden	Others/Otros:	) '				
General Home maintenance Mantenimiento general de la casa						
Clean bathroom/Limpieza de bano						
Follow universal/standard precaution Observe precauciones						
Safety Measures observed Medidas de seguridad observadas			confidentia	s: Report issues of lity, distress signs in our ts, and abuse.		
Infection control/Control de infecciones				es: reportar problemas de alidad, anxiedad o abuso		
Do not transport any of our clients in your personal vehicles	No transportar c personales	lientes en carros	CHORE	SERVICES		
			TOTAL #	# OF HOURS:		
GENERAL COMMENTS:						



# HOME HEALTH CARE AIDE WEEKLY VISIT RECORD

Employ	ee Nam	e:					Week From://								
Employ	ee No.:							Through://							
Patient/0	Client Nan	ne				ID#		Patient/	Client Sign	ature		Da	ite		
					S	L	MON	TUE	WED	THU	FF	/ RI	/ SAT		
		RE (PC)													
		IOWER/B		IST											
		USH/SH/													
		RUSH/S	WAB/DE	NTURES	3					<u> </u>					
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COMM	ODE/BEI	D PAN A	SSIST		5	()	, 1/								
MEAL F	PREP						17								
ASSIST	WITH F	EEDING	1	1	X										
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		AGE FLU		77	· ·		,								
		JPPORT		11.											
		ERSAL P	REC.	7						<u> </u>	_				
SAFET		NITE OF													
	TION CO	NIROL													
COMM	EN15:														
			PC	am	PC	am	PC	am	PC	am	PC	am			
CLIENT	5.07	DATE	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TOTAL		
INITIALS	DAY	M/D	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	HOURS		
	SUN														
	MON														
	TUE WED								<del>                                     </del>						
	THU						+	-				-	-		
<u> </u>	FRI						+		+ +				-		
	SAT														
											TOTAL H	OURS →			
Employe	e Signat	ure								Date					



# HOME HEALTH CARE AIDE WEEKLY VISIT RECORD

Employe	e Name	:			_	Week	From: _	/_	/_											
Employe	e No.: _						Through:/													
Patient/C	lient Nar	ne				ID#		Patient	Client Sig	nature		Da	ate							
												1	1							
						SUN	MON	TUE	WED	THU	J FI	રા	SAT							
HOMEN	******************	(HMK)																		
LAUND																				
CLEAN										<u> </u>										
CLEAN									$\bigcirc$											
		N / REF	RIGERAT	FOR																
CLEAN		ROOM							1											
MEAL P																				
EMPTY																				
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WASH [							5	X												
		ERSAL P	REC.						1											
SAFETY						5	) (	<b>)</b> \												
INFECT																				
RESPIT						•														
RESPIT		/ICES				1		***************************************	0											
OTHER																				
COMPA				113	•															
CHORE			1	11.																
ESCOR			2	7																
SHOPP				<b>\</b>																
COMME	ENTS:																			
OLUENIE I	1	DATE	PC	am	PC	am	PC	am I Two	PC	am	PC	am	TOTAL							
CLIENT INITIALS	DAY	DATE M/D	TIME IN	TIME OUT	TIME IN	TIME		TIME	TIME IN	TIME	TIME	TIME	TOTAL HOURS							
	SUN																			
	MON																			
	TUE								<u> </u>				—							
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									•		TOTAL H	IOURS →								
Employe	e Signat	ture								Date										
p.oyc	- Jigilal									2410										



# HOME HEALTH CARE AIDE WEEKLY VISIT RECORD

Date

Employ	ee Nam	e:							Week	From:		/			
Employ	ee No.:								Throu	ıgh:					
Patient/0	Client Nan	ne				ID#		Patienti	Client Sigr	nature		Dat /			
					Ş	SUN	MON	TUE	WED	THU	FF	RI	SAT		
COMPA	NION S	ERVICES	\$												
STS ME	EETING									•					
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SHOPP	ing														
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GROCE	ERY SHO	PPING													
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MAIL P						5	) (	<i>)</i> ~							
EMPTY					•										
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OTHER				2	1	$C_{\Delta}$									
COMM	ENTS:			1											
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CLIENT INITIALS	DAY	DATE M/D	TIME IN	TIME OUT	TIME IN	TIME	TIME IN	TIME	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS		
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											TOTAL H	ours →			

Employee Signature

## First Quality Home Care, Inc.

\_\_\_\_\_

#### PLAN OF CARE

Date:

Patient's Name:			Medical Record Number:	:			Patient's Signature:						
Home Health Aide's Name:			Employee Numb	per:			Home Aide's	Health Signature					
	ME MAKER JO DOMESTICO		B: TRABAJO	PCA CUIDADO SONALPERS			C:	CHORE LIMPIEZA GENERAL FUE	RTE				
Total Number of Hours:			Total Number of H	ourrs:			Total N	umbers of Hours					
LAUNDRY LAVADO DE ROPA			CHANGE LINEN CAMBIAR ROPA	DE CAMA				I CARPET ZA DE ALFOMBRA					
MAKE BED/CHANGE OF L HACER/CAMBIAR ROPA D			BED BATH BAÑO EN LA CA	MA				KITCHEN ZA DE COCINA					
ERRANDS MANDADOS			TUB BATH/SHOW BAÑO BAÑADER		CABINETS ZA DE GABINETES								
GROCERY SHOPING COMPRA DE COMESTIBLI	ES .		BATHING SUPER ASISTIR CON EL	REFRIGERATOR ZA DE REFRIGERADOR									
LIGHT HOUSE KEEPING LIMPIEZA LIGERA			ORAL HYGIENE CUIDADO BUCA	L	)	0		I WINDOWS ZA DE VENTANAS					
CLEAN BATHROOM LIMPIEZA DE BAÑO			NAIL/FOOT CAR CUIDADO DE UÑ	E (DO NOT CLIP) ÑAS/PIES (NO CORTAR)		)		I FLOORS ZA DE PISOS					
CLEAN KITCHEN/WASH D LIMPIEZA DE COCINA/FRI			DRESS VESTIR	20				I BATHROOM ZA DE BAÑO					
CLEAN BEDROOM LIMPIEZA DE DORMITORI	0		SHAMPOO LAVAR EL CABE	ELLO				I PATIO ZA DE PATIO					
MEAL PREPARATION PREPARACIO DE COMIDA			HAVE AFEITAR										
WASH DISHES LAVAR LOS PLATOS			SKIN CARE CUIDADO DE LA	PIEL			OTHER: OTROS:						
DUST (PATIENT'S AREAS SACUDIR (SOLO AREAS D PACIENTE)			ASSIST WITH TO ASISTIR EN EL S										
SOCIALICE / COMMUNICAR SOCIALIZAR/COMUNICAR		1	BED SIDE COMM ASISTIR CON EL	IODE ORINAL									
FOLLOW UNIVERSAL PRE OBSERVE PRECAUCIONES		1	BED PAN / URINA RETRETE / ORIN										
SAFETY SEGURIDAD	7		EMPTY CATHET VACIAR BOLSA										
INFECTION CONTROL CONTROL DE INFECCION	ES		TRANSFER AS N TRASLADAR CU	EEDED ANDO ES NECESARIO									
EMTIONAL SUPPORT APOYO EMOCIONAL			AMBULATE AS N ASISTIR CON AM										
			FEEDING DARLE LA COMI	IDA AL PACIENTE									
C: RES	PITE / RESPIRO		D	: COMPANION/ ACOMPAÑA)	R			E: ESCORT / ESC	COSTAR				
Total Number of Hours:			Total number of Ho				Total N	umber of Hours					
Monday/Lunes	Tuesday/Martes	Wednes	day/Miércoles	Thursday/Jueves	Friday/ V	iernes		Saturday / Sábado	Sunday / Domingo				
					_								
General Comments:													

## First Quality Home Care, Inc.

#### COMMENT SHEET AND TIME RECORD

Patient's Name:	Medical Record Number:		Visit Date: Regular Visit:					
Home Health Aide's Name:	Employee Number:		Time In: Time Out:					
Home Health. Aide's Signature	Patient's Signature:		Total Number of Hours:					
A: HOME CARE TRABAJO DOMESTICO	B: PCA TRABAJO CUIDADO PERSONA		C: CHORE LIMPIEZA GENERAL FUERTE					
Total Number of Hours:	Total Number of Hours:		Total Number of Hour:					
LAUNDRY LAVADO DE ROPA	CHANGE LINEN CAMBIAR ROPA DE CAMA		CLEAN CARPET LIMPIEZA DE ALFOMBRA					
MAKE BED / CHANGE OF LINEN HACER / CAMBIAR ROPA DE CAMA	BED BATH BAÑO EN LA CAMA		CLEAN KITCHEN LIMPIEZA DE COCINA					
ERRANDS MANDADOS	TUB BATH / SHOWER BAÑO BAÑADERA / DUCHA		CLEAN CABINETS LIMPIEZA DE GABINETES					
GROCERY SHOPPING COMPRA DE COMESTIBLES	BATHING SUPERVISION ASISTIR CON EL BAÑO	).	CLEAN REFRIGERATOR LIMPIEZA DE REFRIGERADOR					
LIGHT HOUSEKEEPING LIMPIEZA LIGERA	ORAL HYGIENE CUIDADO BUCAL	$\mathcal{C}_{\boldsymbol{\zeta}}$	CLEAN WINDOWS LIMPIEZA DE VENTANAS					
CLEAN BATHROOM LIMPIEZA DE BAÑO	NAIL / FOOT CARE (DO NOT CLIP) CIDADOS DE UÑAS / PIES (NO CORTAR)	+	CLEAN FLOORS LIMPIEZA DE PISOS					
CLEAN KITCHEN / WASH DISHES LIMPIEZA DE COCINA / FREGAR	DRESS VESTIR		CLEAN BATHROOM LIMPIEZA BAÑOS					
CLEAN BEDROOM LIMPIEZA DE DORMITORIO	CHAMPOO LAVAR EL CABELLO		CLEAN PATIO LIMPIEZA DE PATIO	•				
MEAL PREPARATION PREPARACION DE COMIDA	SHAVE AFEITAR		YARD CLEANUP LIMPIEZA DE JARDIN					
WASH DISHES LAVAR LOS PLATOS	SKIN CARE CUIDADO DE LA PIEL		OTHER: OTROS:					
DUST (PATIENT'S AREA ONLY) SACUDIR (SOLO AREAS DEL PACIENTE	ASSIST WITH TOILETING ASISTIR EN EL SERVICIO SANITARIO							
SOCIALIZE / COMMUNICATE SOCIALIZAR / COMUNICARSE	BED SIDE COMMODE ASISTIR CON EL ORINAL							
FOLLOW UNIVERSITY PRECAUTION OBSERVE PRECAUCIONES GENERALES	BED PAN /URINAL RETRETE / ORINAL-URINARIO							
SAFETY SEGURIDAD	EMPTY CATHETER BAG VACIAR BOLSA DE CATETER							
INFECTION CONTROL CONTROL DE INFECCIONES	TRANSFER AS NEEDER TRASLADAR CUANDO SEA NECESARIO							
EMOTIONAL SUPPORT APOYO EMOCIONAL	AMBULATE AS NEEDED ASSISTIR CON AMBULACION							
	FEEDING DARLE COMIDA AL PACIENTE							
C. RESPITE / RESPIRO	D. COMPANION / ACOMPAÑAR		E. ESCORT / ESCORTAR					
Total Number of Hours:	Total Number of Hours:		Total Number of Hours					
Geneal comments:								

## SERVICE PROVISION PLAN

Service Care Plan for Effective Date
<ul> <li>Any changes that occur in your cares need to be documented on the care plan</li> <li>This care plan must be updated at as needed, but at least every 90 days.</li> </ul>
Activities of Daily Living: Identify the amount of help needed to complete daily tasks. Make comments
about any special needs, including physical limitations, precautions, and need for reminders.
Dressing, Grooming Comments:
Shooping for food, Meal Preparation, Eating — includes nutritional concerns/special diets/assistance with eating. Example cutting food, risk of choking/need for fluids Comments:
Bathing, Toileting Comments:
Transfers, Mobility, Positioning – Comments:
<b>Health Related Care Needs</b> Identify the special health needs, and how will be provided. This could include cares such as: wound cares; non-sterile respiratory cares; monitoring and safety precautions for seizures; or therapy programs such as range of motion exercises, ambulation, pool therapy or strengthening exercises. Use extra pages if needed. <b>Your doctor or a qualified professional need to help give directions to the Agency for these cares.</b>
Special health care need(s):
Instructions for assistance:
Other Living Supports Instrumental Activities of Daily Living (IADLs). Check the tasks that needs support and write out how the staff can assist the patient.
Laundry for the recipient Light housekeeping/essential household chores
Accompany to medical appointments, other community appointments or activities:
Other

## **Behavior, Mental Status**

Identify any behaviors that might affect the ability to function at home and in the community and write down how our staff will help. Use extra paper if needed.

Describe behavior to look for and what the staff needs to know about obser	ving and redirecting
Functional Limitations, Activities permitted:	
co <sup>(n)</sup>	
Discipline ordered, frequency, duration:	
6750	
	·
GOALS:	
RN or quilified designeed completed Plan:(name/title)	
Signature:	Date:



## HOME HEALTH AIDE WEEKLY VISIT RECORD ELDERCARE PLAN / EVERCARE PLAN

Patient's Last Name	;		Firs	st Na	ame	Medi	Medical Record #			
										T ~ . =
ACTIVITIES	St	JN	MON	1	TUE	WED	•	THU	FRI	SAT
PERSONAL CARE										
HOMEMAKER										
RESPITE							11			
ESCORT										
MONTH/DATE   TIME	F TAT	TIME	OUT	TO	TAL HOUL		PAT	PTENTIS	SIGNATU:	RF
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MONDAY				4	19					
TUESDAY				C	2) (6					
WEDNESDAY			0		- M	•				
			X. $L$ .							
THURSDAY		1	14	C	<b>)</b> '					
FRIDAY		12								
		7								
SATURDAY										
Comments/Observati	ons:									
-										
EMPLOYEE SIGNAT	URE_						]	EMPLOY	EE#	
EMPLOYEE PINT NA										



## **Employee Daily Hourly Report**

Employee Nan	ne & #:				Week of	f	1		
Agency (	Codes: Me	dicare: M0	Medicaid	: MA Ame	rican Elde	rcare: AE E	vercare:	EV Chann	eling: CH
PATIENT #	AGENCY	SUNDAY	MONDAY	TUESDAY		THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS
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## **Channeling Services Report**

DATE	PERSONAL CARE	BATH BED SHOWER	HAIR COMB. SHAMPOO	SHAVE	N A I L C A R E	SKIN CARE	ASSIST DRESSING	ELIMINATION TOILET BED PAN COMMODE	TRANSFERS BED TO CHAIR LIFT	A S S I S T A M B U L A T I Q N	MEAL PREPARATION	FEED_ZG	LIGHT CLEAZIZG	LINEN CHANGE	PATIENT, S ROOM	B A T H R O O M	L A U N D R Y	LIGHT GROCERY SHOP	RESPITE	COMPANION	EESCORT	TIME	PATIENT'S SIGNATURE
Sunday								, <	2 2	7													
Monday								Th.	S														
Tuesday							-	7/7															
Wednesda y																							
Thursday																							
Friday																							
Saturday																							

HA Name:		HHA SIGNATURE:	
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## **SERVICE REPORT**

Patient Name												HHA	Nam	e:															
	VAL CARE	ВЕР	тн	I)	AIR	SHAVE	AIL CARE	KIN CARE	DKESSING FT B	ELIMINATION TRANSF		LIFT SSIST WITH AMBULATION MEAL PREPARATION		REPARATION	FEEDING	LIGHT CLEANING	<b>BATHROOM</b>	PATIENT'S ROOM	<b>EN CHANGE</b>	AUNDRY	GROCERY SHOPPING	RESPITE	COMPANION	SCORT		TIME			
DATE	PERSONA	B	монѕ	CON	SHAMP		Z	1S	ASSIST WITE	BED P.	СОММО	ВЕD ТО СН	LI	ASSIST WITH	MEAL P		ПСНТ	<b>"</b>	PATII	TIN CIN	- T	LIGHT GROCEF	5	90	E	In	Out	Total	PATIENT SIGNATURE
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MONDAY					-										1,0	7		7.			<b>&gt;</b>	•							
TUESDAY												1	0.				1111												
WEDNESDAY											12		_																
THURSDAY										7																			
FRIDAY																													
SATURDAY																													
																													TOTAL HOURS

HHA Signature:	