Life Care Services, Inc.

1723 Avenue M, Brooklyn, NY 11230

Home Health Aide Weekly Timesheet

PLAN OF CARE ACTIVITY RECORD

TEL: (718) 252-1515
FAX: (800) 435-0598

Instructions: Check (✓) off all completed tasks. Complete all tasks which are either checked or noted on the patient's Plan of Care.

Emp. Name _____ Pt. Name _____

Agency _____ Coord. _____ Address _____

SS# _____ Emp# _____ Phone _____ ADM. ID# _____ Year 20 _____

1. Use **black ink** only.
2. Fill this form out every day that you visit this patient.
3. You and the patient must sign daily.
4. In case of a patient emergency, call **911** and then notify Life Care Services.
5. Mail or bring this form to your agency every **Friday**.

Date visited (enter in each box)	SAT	SUN	MON	TUE	WED	THU	FRI
Time arrived in patient's home							
Time left patient's home							
Total hours worked							

PERSONAL CARE		S	S	M	T	W	TH	F
Bath — Tub ☐ Total care ☐ Assist	100							
Bath — Shower	101							
Bath — Bed	102							
Mouth care / denture care	106							
Hair care — Comb	107							
Hair care — Shampoo	108							
Grooming — Shave	109							
Grooming — Nails	110							
Dressing	111							
Skin care	112							
Foot care	113							
Toileting: ☐ Diaper 114 ☐ Commode 115 ☐ Bedpan/Urinal 116 ☐ Toilet 117								

NUTRITION		S	S	M	T	W	TH	F
Diet: ☐ Regular ☐ Prescribed	201							
Prepare: ☐ Breakfast 202 ☐ Lunch 203 ☐ Dinner 204 ☐ Snack 205								
Assist with feeding	206							
Record intake: ☐ Food 207 ☐ Fluid 208								

ACTIVITY		S	S	M	T	W	TH	F
Transferring	300							
Assist with walking	301							
Device in use: ☐ Cane ☐ Walker ☐ Crutches	302							
Assist with home exercise program	305							
Assist with range of motion exercises: ☐ R arm ☐ L arm ☐ R foot ☐ L foot ☐ Neck	306							
Turning and positioning (at least Q2)	311							

TREATMENTS / SPECIAL NEEDS		S	S	M	T	W	TH	F
Take temperature: ☐ Oral ☐ Rectal ☐ Axillary	400							
Take pulse	403							
Take respiration	404							
Take blood pressure	405							
Weigh patient	406							
Record output (urine / BM)	407							
Assist with catheter	408							
Empty Foley bag	409							
Assist with ostomy care	410							
Remind to take medication	411							
Assist with treatments — specify as written on POC: _____	412							

PATIENT SUPPORT ACTIVITIES		S	S	M	T	W	TH	F
Change bed linen	500							
Patient laundry	501							
Light housekeeping: ☐ Patient room ☐ Kitchen ☐ Bathroom ☐ Patient care equipment	502							
Shopping	506							
Accompany patient to medical appointment	508							
Universal / standard precautions								
Monitor patient safety	511							
Patient is unable to sign								

	Patient	HHA Signature		Patient	HHA Signature
SAT			WED		
SUN			THU		
MON			FRI		
TUE					