FIVE STAR HOME HEALTH CARE AGENCY

3044 Coney Island Ave, 4th Floor, Brooklyn, NY, 11235 Phone: (718) 676-9977 Fax: (718) 676-9960 E-mail: homecare@fivestarlhcsa.com

HOME HEALTH AIDE DUTY SHEET

Instruction: Check (☑) off all completed tasks that are either checked or noted on the patient's Plan of Care.

Emp. Name:	Pt. Name:
Agency: Coord:	Address:
SS#: Emp. #:	Phone: Year:

FOR LIVE-IN CASES:

☐ I CERTIFY THAT I RECEIVED 5 HOURS OF UNINTERRUPTED SLEEP AND 3 HRS OF MEAL BREAK EVERY DAY OF SERVICE.

	SAT	SUN	MON	TUES	WED	THUR	FRI
DATE OF VISIT	/	/	/	/	/	/	/
TIME ARRIVED IN PATIENT'S HOME	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME LEFT PATIENT'S HOME	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TOTAL HOURS							

PERSONAL CARE		S	S	M	T	W	T	F
BATH	TUB (100)							
☐ TOTAL CARE	SHOWER (101)							
☐ ASSIST	BED (102)							
MOUTH CARE/DENTAL CARE (106)								
HAIR CARE	COMB (107)							
	SHAMPOO (108)							
GROOMING	SHAVE (109)							
	NAILS (110)							
DRESSING (111)								
SKIN CARE (112)								
FOOT CARE (113)								
TOILETING: ☐ TOILET(117) ☐ DIAPER (114)								

NUTRITION	S	S	M	T	W	T	F
DIET: ☐ REGULAR ☐ PRESCRIBED							
PREPARE: ☐ BREAKFAST (202) ☐ LUNCH (203) ☐ DINNER (204)							
PREPARE SNACK (205)							
ASSIST WITH FEEDING (206)							
RECORD INTAKE (207): ☐ FOOD ☐ FLUID							

ACTIVITY	S	S	M	T	W	T	F
TRANSFER (300)							
ASSIST WITH WALKING (301)							
ASSIST WITH HOME EXERCISE PROGRAM (305)							
ASSIST WITH RANGE OF MOTION EXERCISE (143)							
TURNING AND POSITIONING (AT LEAST Q2H) (311)							

	PATIENT SIGNATURE	CAREGIVER SIGNATURE
SATURDAY		
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
RN		

TREATMENT / SPECIAL NEEDS	S	S	M	T	W	T	F
TAKE TEMPERATURE (400) ☐ ORAL ☐ RECTAL ☐ AXILLARY							
TAKE PULSE (403)							
TAKE RESPIRATION (404)							
TAKE BLOOD PRESSURE (405)							
RECORD OUTPUT (URINE / BM) (407)							
ASSIST WITH CATHETER CARE (408)							
ASSIST WITH OSTOMY CARE (410)							
REMIND TO TAKE MEDICATION (411)							
ASSIST WITH TREATMENT SPECIFY AS WRITTEN ON POC:							

PATIENT SUPPORT ACTIVITIES	S	S	M	T	W	T	F
CHANGE BED (161)							
LAUNDRY (501)							
LIGHT HOUSEKEEPING (502): ☐ KITCHEN ☐ BATHROOM							
DO PATIENT SHOPPING (163), ERRANDS (506)							
ACCOMPANY PATIENT TO MEDICAL APPOINTMENT (508)							
DIVERSIONAL ACTIVITIES SPECIFY (509)							
MONITOR PATIENT SAFETY (511)							
STANDART PRECAUTIONS (542)							

REASON FOR TIMESHEET (must be marked ☑)

☐ CALLED IN OR OUT OF THE EVV SYSTEM EARLY OR LATE

☐ SABBATH OBSERVANT

☐ UNABLE TO CONNECT TO THE INTERNET OR EVV SYSTEM IS DOWN

☐ THE PATIENT RECEIVED SERVICES OUTSIDE THE HOME

☐ CLOCKED IN/OUT USING THE WRONG TIME PIN ID

☐ THE PATIENT'S PHONE LINE IS NOT WORKING

☐ PHONE IN USE BY PATIENT OR INDIVIDUAL IN PATIENT HOME

☐ THE GPS ADDRESS DID NOT LINK

NOTE:

PATIENT'S SIGNATURE IS REQUIRED FOR EACH DATE WHEN SERVICE WAS PROVIDED. PATIENT'S SIGNATURE CERTIFIES THAT THE HOURS OF SERVICE NOTED ABOVE HAVE BEEN RECEIVED.