

BARBARAKARES IN-HOME CARE SERVICES

Mail to: 1277 Twin Pine Road ., MILLEDGEVILLE, GA 31061

Daily Care Logs

Correction Example Georgia- (one line through)

All Daily Care Logs Must Be Turned In Each Week! You must report any accidents, injuries, missed visits, skin break down, or change in client's health or social environment to HeritageFirst Home Care by phone immediately. If the environment is unsafe report immediately to supervisor.

| | | | | | | | |
|-----------------------------------------|-------|-------|-------|-------|-------|-------|-------|
| CLIENT'S NAME: | | | | | | MR# | |
| SPECIFIC TASKS PERFORMED | SUN | MON | TUES | WED | THURS | FRI | SAT |
| DATES: MM/DD /YR | / / | / / | / / | / / | / / | / / | / / |
| PERSONAL CARE TASKS: | | | | | | | |
| BATHING (TUB / SHOWER/ BED) | | | | | | | |
| AMBULATE/ TRANSFER | | | | | | | |
| COMB/SHAMPOO | | | | | | | |
| ORAL CARE/ DENTURE CARE | | | | | | | |
| DRESSING/ GROOMING | | | | | | | |
| TOILETING/ DIAPERS | | | | | | | |
| FILE FINGER NAILS | | | | | | | |
| EMPTY BEDSIDE | | | | | | | |
| SKIN CARE | | | | | | | |
| SHAVE | | | | | | | |
| REMIND TO TAKE MEDS | | | | | | | |
| MONITOR FOR SKIN CHANGES | | | | | | | |
| NUTRITION SUPPORT | | | | | | | |
| RECORD/ REPORT MEAL | | | | | | | |
| ACCUMULATION | | | | | | | |
| ASSIST WITH FEEDING | | | | | | | |
| MEAL PREPARATION | | | | | | | |
| ENCOURAGE PROPER | | | | | | | |
| NUTRITION | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| COMPANIONSHIP | | | | | | | |
| VACUUM/SWEEP/ MOP | | | | | | | |
| DUST/ EMPTY TRASH | | | | | | | |
| CLEAN BATHROOM, BEDROOM, KITCHEN | | | | | | | |
| MAKE BEDS/ CHANGE LIENS | | | | | | | |
| GROCERY SHOPPING | | | | | | | |
| LAUNDRY IRONING | | | | | | | |
| BILL PAY/ ESCORT TO APPOINTMENTS | | | | | | | |
| MONITOR AND REPORT CHANGES IN CONDITION | | | | | | | |
| ARRIVAL TIME | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm |
| DEPARTURE TIME | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm | Am/pm |
| TOTAL SERVICE HOURS | | | | | | | |
| CLIENT'S INITIALS | | | | | | | |
| PSS Worker Initials | | | | | | | |

COMMENTS _____

Use Black Ink only

CLIENT'S SIGNATURE _____

DATE ____/____/____

PSS WORKER'S SIGNATURE _____ PCA CNA LPN RN (Circle one)

DATE ____/____/____

RN/ SUPERVISOR'S SIGNATURE _____

DATE ____/____/____

Shift (Caregiver Must Check One)

Admin Only

_____ AM (Shift begins 12:01am-11:59am)

_____ PM (Shift begins 12:00pm-11:59pm)

PSS RESPITE CARE PSSX PRIVATE

By signing this log sheet you are saying that no injuries occurred to you (the caregiver or the client) during the scheduled shift or you reported and documented on the daily care log; I affirm that the dates, times, and amount of services indicated on this document are accurate to the best of my knowledge.