

Provider Toolkit

HCA

Home Care Attendant Documentation

Document Overview

This form can be used to document daily Home Care Attendant visits with an individual **per OAC 5160-44-27**. Use this form to document daily visits over the course of one week. If you complete multiple visits in a day, make multiple copies of this document for each additional visit.

Instructions

How to complete the Home Care Attendant Documentation:

Per OAC 5160-44-27

1 → 1st visit of the day 3rd visit of the day
 2nd visit of the day there is only one visit/day

Individual Name: 2 →		Provider Name: 3 →			
Day	Date	Time		Individual Signature and Date	Provider Signature and Date
		Start	End		
Sun	4 →				
Mon					
Tues		5 →		6 →	7 →
Wed					
Thurs					
Fri					
Sat					

Tasks:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Progress Notes (general condition and unusual events):
Tub/Show/Bath								Sun: 9 →
Assist with Dress								Mon:
Oral Hygiene			8 →					Tues:
Shampoo Hair								Wed:
Comb Hair								Thurs:
Foot Care								Fri:
Nail Care								Sat:
Exercises								
Transfers								
Changing Bed								
Make Bed								
Laundry								
Meal Prep								
Kitchen Cleaning								
Bathroom Cleaning								
Vacuum/Dust								
Shopping/Errands								
School Transport								
Medical Appointment								

Skilled Nursing Tasks:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Notes:
Vital Signs								Sun: 11 →
Tube Feedings			10 →					Mon:
Ostomy Care								Tues:
Catheter Care								
Wound Care								

Assistance with Self-Medication Administration								
Other (describe)								
Team Communication: <div style="text-align: center;">12 →</div>								Wed:
								Thurs:
								Fri:
								Sat:

1. For each week that you provide services, check to indicate which visit is being documented on this form:
 - a. If you have only one visit with the individual on a given day, check “there is only one visit/day”.
 - b. If you have multiple visits with the individual on a given day, check whether this documentation is for the 1st, 2nd, or 3rd visit of the day.
 - c. You will need one documentation sheet for each visit should you have multiple visits on a given day. For example, daily visits for the 1st visit will go on one sheet and daily visits for the 2nd visit will go on one sheet. You will do this for each additional visit on the same day.
 - d. Each week, you will need a new sheet.
2. Enter the name of the individual receiving waiver services.
3. Enter your name.
4. Write the date that services are delivered (**Be sure to list the date for the correct day of the week**).
5. Write the time that service delivery starts and the time that service delivery stops.
6. Obtain the signature and **date** of the individual or their authorized representative for every service visit.
7. Sign your name and **date** after every service visit.
8. Check the tasks that were completed during each visit. Tasks should be completed as identified on the service plan.
9. Write progress notes that include the general condition of the individual and any unusual events that occurred during your service visit.
10. Document any communication with the case manager, the individual’s physician, and anyone else who provides services to the individual. Note the date and name of the person you spoke with and write a detailed summary of the communication.

Home Care Attendant Visit Documentation

Per OAC 5160-44-27

___1st visit of the day ___2nd visit of the day ___3rd visit of the day ___there is only one visit/day

Individual Name:				Provider Name:				
Day	Date	Time		Individual Signature and Date	Provider Signature and Date			
		Start	End					
Sun								
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Tasks:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Progress Notes (general condition and unusual events):
Tub/Show/Bath								Sun:
Assist with Dress								Mon:
Oral Hygiene								
Shampoo Hair								
Comb Hair								
Foot Care								
Nail Care								Tues:
Exercises								Wed:
Transfers								
Changing Bed								
Make Bed								
Laundry								
Meal Prep								Thurs:
Kitchen Cleaning								Fri:
Bathroom Cleaning								
Vacuum/Dust								
Shopping/Errands								
School Transport								
Medical Appointment								Sat:
Skilled Nursing Tasks:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Notes:
Vital Signs								Sun:
Tube Feedings								

Home Care Attendant Documentation

Ostomy Care								Mon:
Catheter Care								
Wound Care								Tues:
Assistance with Self-Medication Administration								
Other (describe)								Wed:
Team Communication:								Thurs:
								Fri:
								Sat: