# Home Care Attendant Documentation

### **Document Overview**

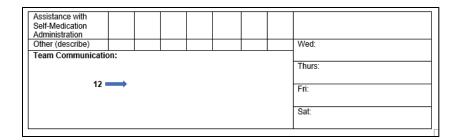
This form can be used to document daily Home Care Attendant visits with an individual per OAC 5160-44-27. Use this form to document daily visits over the course of one week. If you complete multiple visits in a day, make multiple copies of this document for each additional visit.

# **Instructions**

How to complete the Home Care Attendant Documentation:

1	it of the	e day e day	3 <sup>rd</sup> the	visit of re is o	the da	y visit/	day		
Individual Name: 2	$\longrightarrow$				Pro	vider N	ame:	3	
Day Date	Ti Start	me End	Indi	Individual Signature and Date Provider Signature an			Provider Signature and Date		
Sun 4									
Mon									
Tues	5	<b>+</b>	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:	
Assist with Dress		$\perp$						9	
Oral Hygiene			8=	$\rightarrow$			_		
Shampoo Hair							_	Mon:	
Comb Hair							_		
Foot Care	_						+	_	
Nail Care	+	-	-	_			+-	Tues:	
Exercises	+	-	-				+-	_	
Transfers Changing Bed	+	_		_			+	Wed:	
Make Bed	_						+	— wed.	
Laundry	+	_		_		_	+	$\dashv$	
Meal Prep	1						_	Thurs:	
Kitchen Cleaning								<b>—</b>	
Bathroom Cleaning							1	$\neg$	
Vacuum/Dust								Fri:	
Shopping/Errands									
School Transport									
Medical								Sat:	
Appointment								$\dashv$	
Skilled Nursing	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Notes:	
Tasks: Vital Signs	+-	_	_	_	_	_	+	Sun: 44	
Tube Feedings	+	_	10 ==	<b>—</b>			+	─ Sun: 11 ──→	
Ostomy Care	+	_	10		_		+	Mon:	
Catheter Care	+	_	_	_			+	Moli.	
Wound Care	-	-	_	_			-	Tues:	





- 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 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> 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

1 <sup>st</sup> visit of the day _	2 <sup>nd</sup> visit of the day	3 <sup>rd</sup> visit of the day	there is only one visit/day
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Individual Name:								Provider Name:			
Day	Date	Time Start End			Individual	Signature	and Da	Provider Signature and Date			
Sun		Otart	Liid								
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											
Tasks:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Progress Notes (general condition and unusual events):		
Tub/Sho									Sun:		
	vith Dress										
Oral Hy											
Shampo									Mon:		
Comb F											
Foot Ca									Tura		
Nail Car Exercise		1					+		Tues:		
Transfe											
Changir									Wed:		
Make B									Wed.		
Laundry											
Meal Pr									Thurs:		
Kitchen Cleaning											
	m Cleaning										
Vacuum									Fri:		
Shoppir	ng/Errands										
	Transport										
Medical									Sat:		
Appoint	ment										
Skilled Tasks:	Nursing	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Notes:		
Vital Sig	gns								Sun:		
Tube Fe	eedings										





### Home Care Attendant Documentation

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

