First Priority Home Care, LLC	Week of:							
PO Box 23781	Client Name:	Aide Name:						
Columbia, SC 29224	Responsible Party (RP):				Aide Signature:			
803-661-8805	Client/ RP Signature							
803-001-8803	DAY	SLIN	MON	TUE	WED	THUR	FRI	SAT
		301		101	WLD	THOR	rni –	JAI
DUE EVERY MONDAY	DATE			_				
BY 12:00 PM	TIME IN							
	TIME OUT							
Pay week starts on Sunday and	TOTAL HOURS:							
ends on Saturday	CLIENT / RP INITIALS:							
FAX# 803-832-1643	PCA INITIALS:							
fphctimesheets@gmail.com	BATHING:							
(Use Black Ink Only)	TOTAL BED BATH							
PCA NOTES:	ASSIST BED BATH							
	ASSIST SHOWER							
	ASSIST TUB							
	PERSONAL CARE							
	SHAMPOO/HAIRCARE							
	MOUTH CARE							
	SKIN CARE							
	ASSIT W/DRESSING							
	SHAVE							
	NAIL CARE							
	PERICARE							
	MOBILITY							
	ASSIST W/AMBULATION							
	ASSIST TO BED							
	ASSIST TO BED							
	DIET: REGULAR							
	LOW NA							
	DIABETIC							
	OTHER							
	PREPARE MEAL							
	SERVE MEAL							
OFFICE USE ONLY	ASSIST W/FEEDING							
REVIEWED BY:	ENCOURAGE FLUIDS							
DATE:	OTHER			_				_
TOTAL CPCA HOURS	TOILET/ELIMINATION							
	URINAL/BEDPAN/TOILET							
	EMPTY CATHETER BAG							
	INCONTINENT CARE							
TOTAL PCS/COMA HOURS	LAST BOWEL MOVEMENT							
	DATE:							
	OTHER							
	HOUSECLEANING							
	LAUNDRY							
	CLEAN BEDROOM							
	CLEAN BATHROOM							
TOTAL DDSN/RES/PP HOURS	CHANGE/MAKE BED							
	CLEAN KITCHEN							
	WASH DISHES							
	VACUUM/SWEEP							
	GROCERY SHOPPING							
	CLIENT/AIDE INITIAL	ļ	-					
			finds	n n n h n - t -				
FAX # (803) 832-1643 fphctimesheets@gmail.com								
CLOCK ERRORS		OFFICE US	E ONLY - DO	O NOT WRITE	BELOW (ADMIN)		•
Hours will be calculated accordin	g to						1	

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Nurse Supervisor Signature: