DDSN

	А	В	C	D	E	F	G	Н	<u>'</u>
_1	First Priority Home Care, LLC			Week of:					
2	PO Box 23781	Client Name:				Aide Name:			
3	Columbia, SC 29224	Responsible Party (RP):				Aide Signature:			
4	803-661-8805	Client/ RP Signature							
	803-001-8803					WED THUR FRI SAT			
5			JUN	MON	IUE	WED	THUR	FRI	SAT
6	DUE EVERY MONDAY	DATE							
	DV 12.00 DM								
7	BY 12:00 PM	TIME IN							
8		TIME OUT							
						-	-	-	<u> </u>
	Pay week starts on Sunday and	TOTAL HOURS:							
	ends on Saturday	CLIENT / RP INITIALS:							
_	FAX# 803-832-1643	PCA INITIALS:							
12	fphctimesheets@gmail.com	BATHING:							
13	(Use Black Ink Only)	TOTAL BED BATH							
14	PCA NOTES:	ASSIST BED BATH							
15		ASSIST SHOWER							
16	1	ASSIST TUB							
17		PERSONAL CARE							
18		SHAMPOO/HAIRCARE							
									1
19		MOUTH CARE				1			
20		SKIN CARE							
21		ASSIT W/DRESSING					ļ	<u> </u>	<u> </u>
22		SHAVE							
23		NAIL CARE							
24		PERICARE							
25		MOBILITY							
26		ASSIST W/AMBULATION							
27		ASSIST TO BED				1			1
28		ASSIST W/TURNING						+	+
29									
		NUTRITION							
30		DIET: REGULAR				1		-	
31		LOW NA							
32		DIABETIC							
33		OTHER							
34		PREPARE MEAL							
35		SERVE MEAL							
36	OFFICE USE ONLY	ASSIST W/FEEDING							
	REVIEWED BY:	ENCOURAGE FLUIDS							
_	DATE:	OTHER						1	
39	DATE.	TOILET/ELIMINATION							
40	1								
	1	URINAL/BEDPAN/TOILET				+		_	
41		EMPTY CATHETER BAG							ļ
42		INCONTINENT CARE							
43]	LAST BOWEL MOVEMENT							
44	1	DATE:					1	1	
45	1	OTHER				1		1	
46	1	HOUSECLEANING							
47	TOTAL DDSN HOURS	LAUNDRY							
	TOTAL DUSIN HOURS							+	
48	1	CLEAN BEDROOM				1		-	
49		CLEAN BATHROOM						 	
50	1	CHANGE/MAKE BED					ļ	<u> </u>	<u> </u>
51		CLEAN KITCHEN						<u> </u>	
52		WASH DISHES							
53		VACUUM/SWEEP							
54]	GROCERY SHOPPING							
55		CLIENT/AIDE INITIAL							
								1	
	FAX # (803) 832-1643 <u>tphctimesheets@gmail.com</u>								
57									
58	CLOCK ERRORS OFFICE USE ONLY - DO NOT WRITE BELOW (ADMIN)								
59	Hours will be calculated according to								
60	CareCall ledger (if applicable).								
61									
62	Nurse Supervisor Signature: Date:								
32	Nuise supervisor signature:								