## Angel Hands Home Care

This is a Medical Record, and must be kept for 7 years. It MUST be CLEAN and neat to be processed. You <u>MUST</u> completely and accurately fill in <u>ALL</u> blanks that apply to you, and it <u>MUST</u> be initialed EVERY DAY you work at the end of your shift, AND be signed by both you and your client at the end of the last shift for the week or you <u>WILL NOT</u> be paid! Everything MUST also be filled out DAILY by the caregiver to be processed for payment.

the caregiver to be processed for payment. Client's Name: (PRINT LEGIBLY) DO NOT Pre-Chart!! Black Ink Only!								
Follow your client's calendar EXACTLY for hours to work.		Mon	Tues	Wed	Thur	C	Sat	Sun
* <u>IMPORTANT</u> * You MUST write notes on reverse concerning <u>ANY</u> <u>missed TIME or</u> <u>DAYS!MUST</u>	(mm/dd/yy)Date:	WION	Tucs	W Cu	Thui		Sat	Sun
	Time In:							
	Time Out:						-	
	Break:							
							_	
	Total Daily Hrs:						-	
Client's Initials (DAILY!) NO WHITE OUT!!!! CROSS OUT MISTAK					Та		en the Weels	
NO WHILE OUT	Vitals: BP	ES WITH ONE I	LINE, INITIAL AN	ND HAVE CLIENT	INITIAL IO	tal Hours I	for the Week	
Do not record vitals if you did not take them. False vitals can put your client's								
	Pulse							
heath at risk and is	Resp							
fraudulent.	Weight (if ordered) CBG							
REMINDER - Follow your client's CARE PLAN EXACTLY when performing and documenting your tasks completed.								
TASK	ТҮРЕ	MON	TUE	WED	THU	FRI	SAT	SUN
BATHING	ADL							
	IADL							
DRESSING	ADL							
	IADL							
MOBILITY	ADL							
	IADL							
TOILETING/ INCONTINENT CARE	ADL							
	IADL							
EATING	ADL							
	IADL							
DELEGATED MEDICAL MONITORING								
SPECIAL ASSISTANCE								
<b>Deviations</b> Please write task name from the care plan, and make detailed notes on the back.								
<b>Note</b> If your total time for the day is different from the time assigned on the care plan please record the difference.								

\*<u>Note to employee</u>:

• ALL time sheets & weekly visit records MUST be turned into the office by 9am EVERY MONDAY. EVEN HOLIDAYS!

• ALWAYS turn in your time slips the week they are due and double check everything for accuracy before turning it in to avoid a penalty (pay rate reduction) and to ensure you get paid properly and timely. Late Time Slip = Late Paycheck!

• You MUST write notes on reverse concerning ANY missed TIME or DAYS in order for time slip to be paid. -MUST--

• You may fax but the original must be turned in to the office in order for you to be paid and must remain in the office records.

• You MUST completely and accurately fill in ALL blanks that apply to you in order to be paid.

• Your visit record MUST be initialed EVERY DAY you work by your client AND be signed by both you and your client or you WILL NOT be paid.

• Please separate your time slips for each month. DO NOT combine two different months on one time slip, but do turn them in together.

• DO NOT Pre-Chart!! If you make a mistake in your documenting, cross out error with ONE line and both you and your client MUST initial.

EMPLOYEE: I certify that I worked the hours shown above and completed the documented tasks, and that the client signature below is that of an authorized person.

PRINT NAME:

, (CNA / LPN / RN / PCA)SIGNATURE: X

CLIENT: I certify that I received the documented services during the times shown from the above named individual, and I am fully satisfied with these services.

CLIENT/RESPONSIBLE PARTY SIGNATURE: X

## ANGEL HANDS HOME CARE

## AIDE'S NOTES

## Client's Name: \_\_\_\_

Please make sure to document why if you missed ANY time or an entire DAY of service no matter what the reason or if you already told someone in the office. Document in detail why you missed and/or why hours were changed (if this was approved). Failure to do this will result in you NOT getting paid until you come into the office and correct. Documentation is a key part of the job.

It is also equally as important to document any changes in your client's condition. Make sure, you also call the office immediately and report all condition changes to the nurse. 336.375.8288.

Date	Notes
<u></u>	
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**Employee's Signature** 

/	/				
Date					