

PROGRESS NOTES / TIME CARD

CLIENT NAME A Caring Hand Home Health Care
 YEAR 2021

ATTENDANT NAME Taylor Olsen
 ATTENDANT SIGNATURE T Olsen

Please Mark one of the following options:

***=in care plan**

I was _____ was not **X** injured in any way while on the job during the above mentioned pay period. Please call the office immediately with details.
 Only those cares, tasks, or chores listed in the NSA/Care Plan are authorized. Mark the appropriate boxes verifying that you have performed the required services and any required narrative documentation. PLEASE contact the office immediately if there is any change in the condition of the client.

PCS/Attendant Care/Companion

TASK	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Assist with Eating														
Bathing		R												
Dressing		X												
Emergency Response		X												
Medication		X												
Mobility		X												
Personal Hygiene		X												
Toileting		X												
Transferring		X												
Total Hours														

Homemaker/Companion

TASK	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Access To Transportation														
Housework		X												
Laundry		X												
Meal Preparation		X												
Shopping														
Total Hours														

Chore Services

Service	S	M	T	W	T	F	S
Sidewalk Maintenance							
Yard Maintenance							
Total Hours							

* Narrative explanation of the task completed * Notate independent items as I * Notate refused care as R with narrative explanation
 Narrative Documentation: Refusals / Why, Condition Change (Please call office) YOU HAVE TO NOTATE IN THIS SECTION

6/14-Client refused shower, not feeling well. Shopping done Saturday

* example of good comment, doesn't have to be long, just note:

- refusals/tasks incompletes
- Client condition/mood/observations
- any other relevant info

* must have a general comment + signatures/initials for each shift!

CLIENT SIGNATURE A Caring Hand
PCS 1A+D

CAREGIVER SIGNATURE T. Olsen
HMKR

Client & Employee Initials Required for EVERY shift worked.

Make sure you note AM or PM

Date	TIME IN AM / PM	TIME OUT AM / PM	TOTAL	Client Initials	Caregiver Initials
6/14	8:00 AM	11:00 AM	3.0		
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			

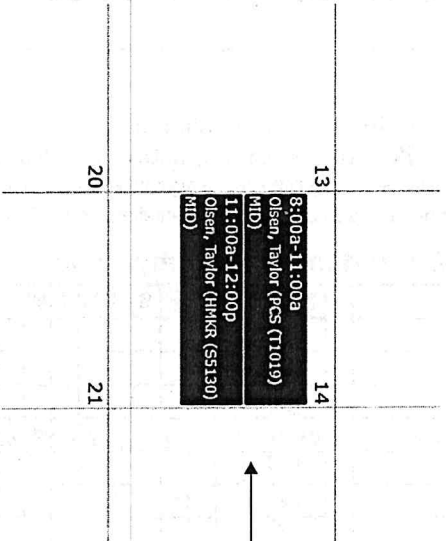
Date	TIME IN AM / PM	TIME OUT AM / PM	TOTAL	Client Initials	Caregiver Initials
6/14	11:00 AM	12:00 AM	1.0	A.C.H.	T.M
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			
	AM	AM			
	PM	PM			

Total.....

Total.....

TOTAL BILLABLE HOURS

ONLY Need signatures for 2nd part of shift, can have them if you want



What We See

This is what your shift looks like in the Clearcare system for the office. You can see that we can tell whether the shift is one or two parts, and what the service codes for each part are. Usually we try to make the start and end times the same every day, but depending on the number of hours for each client-it may vary depending on the day.

What You See

This is what you see when you log into the Clearcare App. You can see that the shift is broken into two parts, and you can see when it begins, when the first part ends/the second part begins, and when the shift ends. You can tell if the shift is PCS/A+D or HMKR when you click into the shift. You will know it is PCS/A+D because all of the tasks will be more hands on. This may include transferring, bathing, dressing, mobility, personal hygiene, and so forth. You will know it is a Homemaker shift if all the tasks are hands off (i.e. Shopping, Meal Preparation, Housework, and Transportation). The way it is separated in Clearcare is the same way it should be separated in your progress notes. An example of a progress note has been made for this shift (see back).