



WEEK OF _____ - _____

	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Time In							
Time Out							

PERSONAL CARE	(Hours)						
Bed Bath							
Tub-Shower with chair							
Bath Chair							
Shampoo							
Oral Care / Dentures							
Dressing Assist							
Check Pressure Areas							
Skin Intact							
Skin Redness							
Skin Breakdown							
Footcare / Hygiene							
Shave							
Grooming							
Nail Hygiene							
Cane/Walker/Wheelchair							
Transferring							
Change Position							
Incontinence Care / Diapers							
Toileting Assistance							
Beds Pan Assistance							
Meal Preperation							
Assist Feeding							
Limit Encourage Fluids							
Emotional Support							
Follow Universal Precautions							
Safety							
Infection Control							
HOMEMAKING TASK	(Hours)						
Laundry							
Clean Bathroom							
Clean Bedroom							
Clean Kitchen / Refrigerator							
Clean Livingroom							
Meal Preperation							
Empty Trash							
Vacuum / Sweep / Dust							
Wash Dishes							
Follow Universal Precautions							
Safety							
Infection Control							
OTHER							
Respite Services	(Hours)						
Companion Services	(Hours)						
Escort							
Chores							
Follow Universal Precautions, Safety Measures							

Employee Name: _____

Signature: _____

Client / Patient Name: _____

MR #: _____