## REGISTERED NURSES CARE LTD

914 EASTWIND DR WESTERVILLE OH 43081 TEL:(614)895-3358 FAX(614)895-3450

Date:     Date:     Date:     Date:     Date:     Date:       Date:     Date:     Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:         Date:           Date:	1 411	ent Name:		AM Ship (M	ark with an V	Employee Na		27					
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PM Shift (Mark with a / all tasks completed during this shift)  DAY DATE TIME IN TIME OUT PATIENT SIGNATURE EMPLOYEE SIGNATURE  Sun Date: / Date: / Date:  Tue Date: / Date: / Date:  Wed Date: / Date: / Date:  Fri Date: / Date: / Date:  Fri Date: / Date: / Date:  Fri Date: / Date: / Date:  TOTAL HOUR: APPROVED BY:  SERVICES S M T W T F S SERVICES S M T W T DASSISTED STANDARD STAN	Fri					Date: /	1				Date	t: /	
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Sun  Mon  Date: / / Date:  Tue  Date: / / Date:  Wed  Date: / / Date:  Fri  Date: / / Date:  APPROVED BY:  SERVICES  S M T W T F S SERVICES  ACTIVITY  Tub/Shower  Bed Bath-  Partial/Complete  Assist with Mobility  Chair/bed/Dangle/ Chair/bed/Dangle/ Chair/bed/Dangle/ Commode/Shower/tub  HYGIENE/GROOMING  Position-Encourage  Position-Encourage  Assist with Ambulation  Walker/Cane/(W/C)  Skin Care  Assist with Ambulation  Walker/Cane/(W/C)  Skin Care  NOM Active/Passive  Arm R/L Leg R/L  NUTRITION  Foot Care  New Arm R/L Leg R/L  NUTRITION  New Preparation  Nai Care  Procedures  Assist with Feeding  Grocery Shopping  Clean Dentures  Oral Care  Clean Dentures  Oral Care  Clean Dentures  Grocery Shopping  Clean Dentures  Clean Dentures  Oral Care  Clean Dentures  Clean Dentures  Commender Shower Area  Clean Dentures  Clean Dentures  Commender Shopping  Cheref Specify):  Other (Specify):  Oth													
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TOTAL HOUR:  SERVICES S M T W T F S SERVICES S M T W T DATE   BATH  Tub/Shower	200					Date: /	/		-		Date	: /	
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BATH Tub/Shower Bed Bath- Partial/Complete Assist with Mobility Chair/bed/Dangle/ Assist bath-Chair HYGIENF/GROOMING Personal Care Assist with dressing Hair Care Shampoo Skin Care Foot Care Check Pressure Areas Nail Care Clean Dentures PROCEDURES Assist with Elimination Catheter Care Costomy Care Inspect/Reinforce dressing Medication Reminder Commode/Shower/tub Assist with Mobility Commode/Shower/tub Hassist with Ambulation Assist with Ambulation Walker/Cane/(W/C) Skin Care ROM Active/Passive Arm R/L Leg R/L NUTRITION Assist with Preparation Assist with Feeding Crocery Shopping Check Pressure Areas Clean Dentures Clean Dentures Catheter Care Costomy Care Catheter Care Costomy Care Change Bed Linen	CEDAN		-			_	Is	M	T	Iw	Т	F	Т
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Chent's Signature (24t):	Client's	Signature/Date:									!		

HHA Signature/Date:

NOTE: This is a legal document and your signature verifies the work has been done. Form must be signed by client and staff, USE OF WHITEOUT TO CORRECT TIMESHEET IS NOT ALLOWED. TIMESHEETS ARE DUE IN THE OFICE EVERY MONDAY BY 12:00 NOON.