

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

HHA/PCW Charting Form

Client's Name I.M Recipient

YEAR 1999
Client # 10xs

TRAVEL TIME										
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles	
			Time Begin	Time End	Total Miles	Time Begin	Time End			
SAT	2/1/99	HOME	7:30am	7:55am	6	10:05am	10:30am	OFFICE	6	
SUN										
MON										
TUE										
WED										
THUR										
FRI										
Weekly Total =						Weekly Total =				

TIME OF SERVICE	8-10am								Weekly Total
	SAT	SUN	MON	TUE	WED	THUR	FRI		
Date:	2/1/99								
Dress/Undress									
TEDS Stocking									
Tub Bath	* ✓								
Bed Bath									
Shower									
Hair: Comb/Brush/Shampoo	✓								
Oral Care	✓								
Preventive Skin Care	✓								
Shaving									
Nail Care	✓								
Glasses/Hearing Aid									
Ambulation (walking)									
Mech. Transfer/Hoyer									
Transfer									
Positioning									
Toileting	✓								
Incontinent Care									
Catheter Care									
Bowel Routine									
Apply/Remove splints/braces									
Range of Motion Exercises	✓								
Accompany to Medical Appt.									
Measure I and O									
T, P, R, BP									
Meal Prep/Feeding									
Make Bed/Change Linen	✓								
Laundry									
Dust/Clean									
Wash Dishes									
Safety Precautions:									
Other:									
Changes to Report	Y <u>N</u>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	

Comments:

I.M. Caregiver PCW/HHA Signature I.M. Caregiver Print HHA/PCW Name xxxxxxx Empl. #

Client Signature I.M. Recipient RN Signature I. M. Nurse Review Date xxxxxx

* Agencies utilizing multiple funding sources for extended visits may want to indicate minutes of care provided instead of check marks for each date of service.