DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 1152 (10/2000)

STATE OF WISCONSIN

MEDICAID PERSONAL CARE WORKERS DAILY RECORD OF CARE

(Two or more PCWs for one recipient in a group living situation)

Optional Form

1 **PATIENT NAME** Sally Smith

2 **RECIPIENT IDENTIFYING NUMBER** 555555555

3 **DATE** 1/1/2000

4 PCW NAME(S)	Mary	Rick	Ken	Peter	Nancy				
5 START TIME	7 AM	7 AM	10am	3 PM	3 pm				
END TIME	3 PM	3 PM	5 pm	11 PM	11 pm				

6 ADL TASKS									
7 Bathing	✓								
Shower									
Hair Care/Shampoo	✓								
Oral Care	✓			✓					
Skin Care	✓								
Nail Care	✓								
Dressing/Undressing	✓			✓					
Teds									
Splints/Braces (apply/remove)									
ROM									
Eye Glasses/Hearing Aid Care									
Cath Care									
Transfers	✓	✓	✓		✓				
Transfers					✓				
Transfers									
Toileting	✓	✓			✓				
Toileting					✓				
Toileting									
Bowel Program									
Vital Signs									
Medications									
Dressings									
Medical Appointments									
Feed Breakfast		✓							
Feed Lunch			✓						
Feed Supper				✓					
Housekeeping									
Bed (change/make)									
Light Cleaning									
Laundry									
8 INDIVIDUAL PCW TOTAL TIME	1.5 hrs.	45 MIN	20 min.	45 min	10 min				
9 PCW INITIALS	MJ	RC	KH	PT	NC				

TOTAL ALL MEDICAID HOURS 3.5

10 **RECIPIENT SIGNATURE**

I verify this record is **accurate** and **complete**.

Sally Smith — 1/1/00

SIGNATURE - Recipient — Date signed

COMMENTS

(11) Always document reason(s) for changes in the time it takes to provide care. Date and initial all notations.

1/1/2000 - Recipient reported that her joints ache a little today due to the weather - MJ

1-1-2000 Recipient reported at bed time that her joints feel better. - NC

Note the following:

- General comments.
- Changes in recipient's condition.
- Emergency hours.
- Refusal of care.
- Institutional admission or discharge, including time of admission or discharge and time of cares given. (Example: Hospital admission on 12/4/99 at 2 p.m., cares given 9 a.m. to 1:30 p.m. Hospital discharge 2/14/99 at 5 p.m.)

(12) **PERSONAL CARE WORKER SIGNATURE(S)**

I verify that both pages of this record are **accurate** and **complete**.

SIGNATURE - PCW	Date	SIGNATURE - PCW	Date	SIGNATURE - PCW	Date
Mary Jones	1/1/00	Peter Turner	1/1/00		/ /
Rick Crow	1/1/00	Nancy Carr	1/1/00		/ /
Ken Holton	1/1/00		/ /		/ /

(13) **RN SUPERVISOR SIGNATURE**

Beth Grant, RN — 1/4/2000

SIGNATURE - RN Supervisor and Title — Date signed