COTTAGE
Home Care MI LLC
Right Home Care for You

Phone: (313) 762-4272
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COTTAGE HOME CARE MI LLC

DAILY TIME SHEET

Patient name: _____ **MR#** _____

HHA signature: _____ **Title:** _____

Date	Su/	M/	T/	W/	T/	F/	Sa/
Time in							
Time out							
Initials							

My initials above certify that I received service on the date(s) and times as listed and the services documented below were provided to me.

Personal Care Tasks								Nutrition Tasks							
Days to be Performed	Su	M	T	W	T	F	Sa	Days to be Performed	Su	M	T	W	T	F	Sa
1. Total bed bath								28. Prepare meal ☐ B ☐ L ☐ D ☐ Snack							
2. Assist bed bath								29. Total feed							
3. Assist shower								30. Assist with feeding							
4. Assist tub bath								31. Restrict fluids: Amount for 24 hours:							
5. Sponge bath								**Mobility Tasks**	**Su**	**M**	**T**	**W**	**T**	**F**	**Sa**
6. Shampoo in sink								32. Bedrest; Turn Q hr							
Shampoo in tub															
Shampoo in bed															
7. Conditioner								33. Assist to transfer							
8. Comb/brush hair								34. Assist to ambulate							
9. Brush teeth								35. Wheelchair							
10. Clean dentures								36. Walker							
11. Apply lotion to skin								37. Cane							
12. Dress								38. Crutches							
13. Shave: ☐ safety razor ☐ electric								39. ☐ Exercise ☐ Range of motion							
14. Nail care: ☐ clean ☐ file								**Precautions**	**Su**	**M**	**T**	**W**	**T**	**F**	**Sa**
15. Medications ☐ remind ☐ assist with self-administered meds								40. Infection control: Hand washing; Standard Precautions							
16. Apply:								41. Choking							
17. Remove:								42. Bleeding							
Toilet/Elimination tasks	**Su**	**M**	**T**	**W**	**T**	**F**	**Sa**	43. Oxygen safety							
18. Urinal								44. Fall prevention							
19. Bedpan								**Support Service task**	**Su**	**M**	**T**	**W**	**T**	**F**	**Sa**
20. Commode								45. Clean Patient areas							
21. Toilet								46. Change bed linens							
22. Incontinence brief								47. Make Patient bed							
23. Incontinence care								48. Patient laundry							
24. Empty urinary bag								49. Shopping for:							
25, ☐ Empty ostomy bag ☐ Rinse ostomy bag								50. Errands to:							
Special Instructions	**Su**	**M**	**T**	**W**	**T**	**F**	**Sa**	51. Transportation to:							
26. Vitals signs ☐ Temp ☐ Pulse ☐ Resp. ☐ B/P								52. Other							
27. Weigh															

Key: √= task completed; R=refused; S=performed by self; O=reported to supervisor

_____ (Client Signature/Date)