ANGEL CARE, INC.

1580 Dahill Rd., 2nd Floor, BROOKLYN, NY 11204 TEL: 917-507-7500, FAX: 917-507-7501

PERSONAL CARE AIDE TIME AND DUTY REPORT- USE BLACK INK ONLY. MUST SUBMIT ORIGINAL

Patient Full Name:	**Employee Full Name:**
Patient Address:	**Week Ending: / /20_____**

Date of Service	/	/	/	/	/	/	/
Time In (am/pm)							
Time Out (am/pm)							
Hours worked							
TASK/ACTIVITY	**SAT**	**SUN**	**MON**	**TUE**	**WED**	**THU**	**FRI**
□ Bed[102] □ Tub[100] □ Shower[101] □Total Care [103]							
Hair Care: □ Shampoo[108] □ Comb/Brush[107]							
□ Shave[109] □ Nail care[110] (DO NOT CUT NAILS)							
□ Oral Hygiene/Mouth Care[106] □ Denture Care[106]							
Skin Care: □ Lotion[112] □ Observation of skin condition[544]							
Foot Care[113]							
Dressing: □ Total[111] □ Assist[111]							
Meals: □Breakfast[202] □ Lunch[203] □ Dinner[204] □ Snack[205]							
□ Assist/Feed Patient[206] □Patient is on Prescribed Diet [201]							
Diet: □Low/No Salt[530] □Low fat[532] □Low Cholesterol[533] □Renal [536] □ADA Calories[535] □Fluid Restriction[537] □No Concentrated Sweets[534]							
Ambulation: □ Assist[301] □ Cane[302] □ Walker[302] □ Wheelchair[302]							
Transfer: □ Bed[300] □ Chair[300]							
□ Turn Q2hours[311]							
□ Ostomy[410] / Catheter Care[408] □Empty Foley Bag[409] □Assist with treatment[412] □Clean Pt care equipment[505]							
□ Toilet [117] □ Commode[115] □ Urinal/Bedpan[116] □Diaper[114]							
Medications: □ Assist[411] □ Remind[411]							
□ Observe /Report Physical/Mental Changes							
□ Linen Change[500] □ Laundry[501] □Light Housekeeping[502]							
□ Shopping/Errands[506] □ Escort to Appointments[508]							
□ Monitor Patient Safety[511] □Diversional Activities-Speak/Read[509]							
□Standard Precautions[542] □Fall Precautions [539] □Seizure Precautions [540] □Bleeding Precautions [541] □Oxygen Precautions [543]							
HHA AND AHHA ONLY (UNDER SUPERVISION OF RN OR PT)							
□ ROM[306] □ Exercise Program[305]: (As per PT Inst.)							
□ Non-Sterile Dressing							
Record □ Food Intake[207] □Fluid Intake[208] □ Urine/BM Output[407]							
□ Record Temperature[400] □ Record Weight[406] □Record Pulse[403] □Record Respiration[404] □Take Blood Pressure[405]							

Employee/HHA Signature:	Date:
Patient/Family Representative Signature:	Date:

**Please note that all fields must be completed. Timesheets must be submitted by no later than Wednesday at 5pm or it will not be processed with the current week payroll. Please call the office to make sure your timesheet was received or to request blank timesheets. **

Revision date 10.9.22