



Carelink Health Care Services, LLC

Aide Weekly Flow Sheet

Notice: Flow Sheet must reach the office by Monday 12:00pm after each week ending for processing.		SUN	MON	TUE	WED	THU	FRI	SAT
Patient Name Miguel Colon 15 Cedar St Bridgeton, NJ 08302 MR#: 8568965273-1		YEAR: 2016 DATE: START TIME: END TIME: TOTAL HOURS: PRNN-Patient Refused Nurse Notified: Initials		1-4-15	1-5-15			
Hygiene	Bath: ☒ Bed ☐ Tub ☐ Shower ☐ Sponge		✓	✓				
	Hair: ☒ Shampoo ☐ Brush ☐ Comb		✓	✓				
	Oral Care: ☒ Brush ☐ Swab ☐ Dentures		✓	✓				
	☒ Shave			✓				
	Nail Care: ☐ Clean & File Only		✓	✓				
	Apply: Lotion ☒ Deodorant		✓	✓				
	Dress Patient: ☐ Partial Assist ☒ Complete							
	Other							
Bowel & Bladder	Assist with Toileting: ☐ Bedpan ☐ Commode							
	☐ Toilet ☐ Empty Foley							
	Incontinent Care: ☐ Bladder ☐ Bowel							
Dietary	Meal: ☒ Prep ☒ Assist ☐ Feed		✓	✓				
	Fluids: ☒ Limit ☒ Encourage		✓	✓				
	Diet: <u>Regular - Puree</u>							
	Medication Reminder							
Musculoskeletal	Turn and Reposition Q 2 Hours: ☒ Bed ☒ Chair		✓	✓				
	Transfer Patient to: ☒ Bed ☒ Chair ☐ Commode		✓	✓				
	Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist							
	Ambulate Patient: ☐ Assistance ☐ Supervision							
Environment	☐ Walker ☐ Cane ☐ Wheelchair ☐ Crutches							
	Other							
	Bed Linens: ☒ Change		✓	✓				
	Clean: ☐ Bathroom ☒ Kitchen		✓	✓				
	Keep Kitchen Clean & Workable		✓	✓				
	Clean Patient Area		✓	✓				
	Wash Patient's Laundry & Bed Linens		✓	✓				
	Floors: ☐ Vacuum ☐ Sweep ☒ Mop		✓	✓				
☒ Safety check ☒ Universal Precautions		✓	✓					
Other								
Patient must initial for each day of service			PC	PC				
PATIENT, INITIALS:								
Staff must initial for each day of service			NR	NR				
CHHA, INITIALS:								
Any Change in Patient Status: Contact RN or Office Immediately. Change noted:								

Date: _____ Time of Call: _____ AM / PM Name of RN: _____

Patient Signature: xPura Colon Date: 1-4-15

CHHA Name: Nilda Rodriguez

CHHA Signature: Nilda Rodriguez Date: _____

**By signing above, I hereby certify I have been oriented to this case before the start of patient care.

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Aide Weekly Flow Sheet

Notice: Flow Sheet must reach the office by Monday 12:00pm after each week ending for processing.		SUN	MON	TUE	WED	THU	FRI	SAT
Patient Name: Julius Smith		YEAR: 2016 DATE: 1/4/16		1/5/16		1/6/16	1/7/16	1/8/16
865 N Delsea Dr. Apt#120		START TIME: 10:00 AM		10:00 AM		10:00 AM	10:00 AM	10:00 AM
Clayton, NJ, 08312		END TIME: 3 PM		3 PM		3 PM	3 PM	2 PM
MR#: 8568811017-1		TOTAL HOURS: 5 HR		5 HR		5 HR	5 HR	4 HR
PRNN-Patient Refused		Nurse Notified: Initials						
Hygiene	Bath: ☐ Bed ☐ Tub ☐ Shower ☐ Sponge							
	Hair: ☐ Shampoo ☐ Brush ☐ Comb							
	Oral Care: ☐ Brush ☐ Swab ☐ Dentures							
	☐ Shave							
	Nail Care: ☐ Clean & File Only							
	Apply: Lotion/Deodorant							
	Dress Patient: ☐ Partial Assist ☐ Complete							
Bowel & Bladder	Other							
	Assist with Toileting: ☐ Bedpan ☐ Commode							
	☐ Toilet ☐ Empty Foley							
Dietary	Incontinent Care: ☐ Bladder ☐ Bowel							
	Other							
	Meal: ☒ Prep ☐ Assist ☐ Feed							
	Fluids: ☐ Limit ☐ Encourage							
Musculoskeletal	Diet:							
	Medication Reminder							
	Other ERRAND FOR PATIENT							
	Turn and Reposition Q 2 Hours: ☒ Bed ☐ Chair							
	Transfer Patient to: ☐ Bed ☐ Chair ☐ Commode							
Environment	Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist							
	Ambulate Patient: ☐ Assistance ☐ Supervision							
	☐ Walker ☐ Cane ☐ Wheelchair ☐ Crutches							
	Other ERRAND FOR PATIENT							
	Bed Linens: ☐ Change							
Patient Initials	Clean: ☒ Bathroom ☒ Kitchen							
	Keep Kitchen Clean & Workable							
	Clean Patient Area							
	Wash Patient's Laundry & Bed Linens							
	Floors: ☒ Vacuum ☒ Sweep ☒ Mop							
	☐ Safety check ☒ Universal Precautions							
	Other ERRAND FOR MEDICATION FOR PT							
Patient must initial for each day of service								
PATIENT, INITIALS:								
Staff must initial for each day of service								
CHHA, INITIALS:								

Any Change in Patient Status: Contact RN or Office Immediately. Change noted:

Date: _____ Time of Call: _____ AM / PM Name of RN: _____

Patient Signature: Julius Smith Date: 1-8-2016
CHHA Name: STANLEY ASHLEY
CHHA Signature: Stanley Ashley Date: 1/8/2016

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Notice: Flow Sheet must reach the office by Monday 12:00pm after each week ending for processing.		SUN	MON	TUE	WED	THU	FRI	SAT
Patient Name Sandra Adams 205 7th St Apt# 203 Salem NJ 08079 MR#:8567594744-1		YEAR: 2016 DATE: START TIME: END TIME: TOTAL HOURS: PRNN-Patient Refused Nurse Notified: Initials		01-05-16 1pm 4pm 5		01-07-16 1pm 4pm 5		
Hygiene	Bath: ☐ Bed ☐ Tub ☐ Shower ☐ Sponge			✓		✓		
	Hair: ☐ Shampoo ☐ Brush ☐ Comb			✓		✓		
	Oral Care: ☐ Brush ☐ Swab ☐ Dentures			✓		✓		
	☐ Shave			✓		✓		
	Nail Care: ☐ Clean & File Only			✓		✓		
	Apply: Lotion/Deodorant			✓		✓		
	Dress Patient: ☒ Partial Assist ☐ Complete			✓		✓		
Bowel & Bladder	Other							
	Assist with Toileting: ☐ Bedpan ☐ Commode							
	☐ Toilet ☐ Empty Foley							
Dietary	Incontinent Care: ☐ Bladder ☐ Bowel							
	Other							
	Meal: ☐ Prep ☒ Assist ☐ Feed			✓		✓		
	Fluids: ☐ Limit ☐ Encourage							
Musculoskeletal	Diet:							
	Medication Reminder			✓		✓		
	Other			✓		✓		
	Turn and Reposition Q 2 Hours: ☐ Bed ☒ Chair							
Environment	Transfer Patient to: ☐ Bed ☒ Chair ☐ Commode			✓		✓		
	Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist			✓		✓		
	Ambulate Patient: ☐ Assistance ☐ Supervision			✓		✓		
	☐ Walker ☐ Cane ☒ Wheelchair ☐ Crutches					✓		
Environment	Other							
	Bed Linens: ☒ Change			✓		✓		
	Clean: ☒ Bathroom ☒ Kitchen			✓		✓		
	Keep Kitchen Clean & Workable			✓		✓		
	Clean Patient Area			✓		✓		
	Wash Patient's Laundry & Bed Linens			✓		✓		
	Floors: ☒ Vacuum ☐ Sweep ☐ Mop			✓		✓		
☐ Safety check ☐ Universal Precautions								
Patient must initial for each day of service	PATIENT, INITIALS:			SA		SA		
	Staff must initial for each day of service			GL		GL		
CHHA, INITIALS:								
Any Change in Patient Status: Contact RN or Office Immediately. Change noted:								
Date:		Time of Call:		AM / PM		Name of RN:		

Patient Signature: Sandra Adams Date: 01-07-2016
 CHHA Name: Guadalupe Leon
 CHHA Signature: Guadalupe Leon Date: 01-07-2016

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Patient Name Patricia Daniels 373 Bailey St Woodstown NJ 08098 MR#:8567694312-1		YEAR: 2015 DATE: 01-04-16		START TIME: 1pm		END TIME: 4pm		TOTAL HOURS: 3	
PRNN-Patient Refused Nurse Notified: Initials									
Hygiene	Bath: ☒ Bed ☐ Tub ☒ Shower ☐ Sponge								
	Hair: ☒ Shampoo ☐ Brush ☐ Comb								
	Oral Care: ☐ Brush ☐ Swab ☐ Dentures								
	☐ Shave								
	Nail Care: ☒ Clean & File Only								
	Apply: Lotion/Deodorant								
	Dress Patient: ☒ Partial Assist ☐ Complete								
Bowel & Bladder	Other								
	Assist with Toileting: ☐ Bedpan ☐ Commode								
	☐ Toilet ☐ Empty Foley								
Dietary	Incontinent Care: ☐ Bladder ☐ Bowel								
	Other								
	Meal: ☐ Prep ☐ Assist ☐ Feed								
Musculoskeletal	Fluids: ☐ Limit ☐ Encourage								
	Diet:								
	Medication Reminder								
Environment	Other								
	Turn and Reposition Q 2 Hours: ☐ Bed ☐ Chair								
	Transfer Patient to: ☐ Bed ☐ Chair ☐ Commode								
Environment	Use Hoyer Lift: ☐ Max ☐ Min ☒ Standby Assist								
	Ambulate Patient: ☒ Assistance ☐ Supervision								
	☐ Walker ☒ Cane ☐ Wheelchair ☐ Crutches								
Environment	Other								
	Bed Linens: ☒ Change								
	Clean: ☒ Bathroom ☒ Kitchen								
Environment	Keep Kitchen Clean & Workable								
	Clean Patient Area								
	Wash Patient's Laundry & Bed Linens								
Environment	Floors: ☒ Vacuum ☒ Sweep ☐ Mop								
	☐ Safety check ☐ Universal Precautions								
	Other								
Environment	Patient must initial for each day of service								
	PATIENT, INITIALS:								
	Staff must initial for each day of service								
Environment	CHHA, INITIALS:								
	Any Change in Patient Status: Contact RN or Office Immediately. Change noted:								
	Date:								
Environment	Time of Call:								
	AM / PM								
	Name of RN:								

Patient Signature:

Patricia E. Daniels

Date: 01-08-16

CHHA Name:

Guadalupe Leon

Date: 01-08-16

CHHA Signature:

Guadalupe I. Leon

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