



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: Natalia Flores 83 Coral Ave Bridgeton, NJ 08302 MR#: 6097746992-1		YEAR: 2016 DATE: 1-3	1-4	1-5	1-6	1-7	1-8	1-9
START TIME:					4	4		4
END TIME:					8	9		9
TOTAL HOURS:					4	5		5
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							
	Other							
Bowel & Bladder	Assist with Toileting: ☐ Bedpan ☐ Commode							
	☐ Toilet ☐ Empty Foley							
	Incontinent Care: ☐ Bladder ☐ Bowel							
Dietary	Meal: ☐ Prep ☐ Assist ☐ Feed							
	Fluids: ☐ Limit ☐ Encourage							
	Diet:							
	Medication Reminder							
	Other							
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 ☐ Walker ☐ Cane ☐ Wheelchair ☐ Crutches							
Environment	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 PATIENT, INITIALS:					x L.F.	x L.F.		x L.F.
Staff must initial for each day of service CHHA, INITIALS:					GC	GC		GC
Any Change in Patient Status: Contact RN or Office Immediately. Change noted: _____								
Date: _____		Time of Call: _____		AM / PM		Name of RN: _____		

Patient Signature: Lucila Flores Date: 1-6-15

CHHA Name: Griselda Cazales CHHA

CHHA Signature: [Signature] Date: 1-6-15

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



Carelink

TIME SHEET

EMPLOYEE NAME: <i>Griselda Cayali</i>	MONTH/YEAR: <i>2015/2016</i>
EMPLOYEE NUMBER:	WEEK:
TITLE: <i>Office Manager</i>	SUPERVISOR:

DAY	DATE	BEFT/ INS TIME	START TIME	END TIME	TOTAL HOURS	APPROVE
Sunday	<i>12/27</i>		<i>12pm</i>	<i>7:30pm</i>	<i>7.5</i>	
Monday	<i>12/28</i>		<i>9am</i>	<i>5pm</i>	<i>7.5</i>	
Tuesday	<i>12/29</i>		<i>9am</i>	<i>5pm</i>	<i>7.5</i>	
Wednesday	<i>12/30</i>		<i>9am</i>	<i>6:30pm</i>	<i>9</i>	
Thursday	<i>12/31</i>		<i>8:30am</i>	<i>3pm</i>	<i>6</i>	
Friday	<i>1/1</i>	<i>Holiday New Year's</i>				
Saturday	<i>1/2</i>					
Sunday	<i>1/3</i>					
Monday	<i>1/4</i>		<i>9am</i>	<i>6pm</i>	<i>8.5</i>	
Tuesday	<i>1/5</i>		<i>9am</i>	<i>5:00pm</i>	<i>7.5</i>	
Wednesday	<i>1/6</i>		<i>9am</i>	<i>5:30pm</i>	<i>8</i>	
Thursday	<i>1/7</i>		<i>9am</i>	<i>5pm</i>	<i>7.5</i>	
Friday	<i>1/8</i>		<i>9am</i>	<i>5pm</i>	<i>7.5</i>	
Saturday	<i>1/9</i>		<i>9am</i>	<i>5pm</i>	<i>7.5</i>	
Total Time:			Total Hours:		<i>84</i>	

By signing below, you are acknowledging that the information above is true and correct.

EMPLOYEE SIGNATURE: <i>Griselda Cayali</i>	DATE: <i>12/27/15</i>
SUPERVISOR SIGNATURE:	DATE: