



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 Katherine Garcia 405 N 2nd St Vineland NJ 08360 MR#:6095798519-1		YEAR: 2016 DATE: START TIME: END TIME: TOTAL HOURS: PRNN-Patient Refused Nurse Notified: Initials		1-4-16	1-5-16		1-7-16	
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:		KG	KG		KG		
	Staff must initial for each day of service		mm	mm		mm		
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: Date: 1-4-16

CHHA Name: Malani Moore

CHHA Signature: Date: 1-4-16

**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

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Patient Name Katherine Garcia <i>Rudolph</i> 405 17th St Vineland NJ 08360 MR#: 6095778519-1		YEAR: 2016 DATE: START TIME: END TIME: TOTAL HOURS: PRNN-Patient Refused Nurse Notified: Initials			<i>1-6-16</i> <i>8:30am</i> <i>1:30pm</i> <i>5</i>			
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							
	Incontinent Care: ☒ Bladder ☒ Bowel				✓			
Dietary	Other							
	Meal: ☒ Prep ☐ Assist ☒ Feed				✓			
	Fluids: ☐ Limit ☒ Encourage							
	Diet:							
Musculoskeletal	Medication Reminder							
	Other							
	Turn and Reposition Q 2 Hours: ☒ Bed ☐ Chair				✓			
	Transfer Patient to: ☐ Bed ☐ Chair ☐ Commode Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist							
Environment	Ambulate Patient: ☐ Assistance ☐ Supervision ☐ 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 PATIENT, INITIALS:				<i>J.B</i>			
	Staff must initial for each day of service CHHA, INITIALS:				<i>mm</i>			
Any Change in Patient Status: Contact RN or Office Immediately. Change noted: _____								
Date: _____ Time of Call: _____ AM / PM Name of RN: _____								

Patient Signature: *Julia Bryant* Date: *1-6-16*
 CHHA Name: *Melanie Moore*
 CHHA Signature: *Melanie Moore CHHA* Date: *1-6-16*

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Patient Name Miguel Colon 15 Cedar St Bridgeton, NJ 08302 MR#: 8568965273-1		YEAR: 2016 DATE: 1-3		1-4		1-5		1-6	
START TIME: 8am		1-7		1-8		1-9			
END TIME: 1pm									
TOTAL HOURS: 5									
PRNN-Patient Refused Nurse Notified: Initials									
Hygiene	Bath: ☒ Bed ☐ Tub ☐ Shower ☐ Sponge					K		K	
	Hair: ☒ Shampoo ☐ Brush ☐ Comb							K	
	Oral Care: ☐ Brush ☐ Swab ☐ Dentures								
	☒ Shave								
	Nail Care: ☒ Clean & File Only								
	Apply: Lotion/Deodorant					K			
	Dress Patient: ☐ Partial Assist ☒ Complete					K		K	
Bowel & Bladder	Other								
	Assist with Toileting: ☐ Bedpan ☐ Commode								
	☐ Toilet ☐ Empty Foley								
Dietary	Incontinent Care: ☒ Bladder ☒ Bowel					K		K	
	Other								
	Meal: ☐ Prep ☐ Assist ☒ Feed								
	Fluids: ☐ Limit ☒ Encourage					K		K	
Musculoskeletal	Diet: Puree								
	Medication Reminder								
	Other								
	Turn and Reposition Q 2 Hours: ☐ Bed ☐ Chair								
Environment	Transfer Patient to: ☒ Bed ☒ Chair ☐ Commode					K		K	
	Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist								
	Ambulate Patient: ☐ Assistance ☐ Supervision					K		K	
	☐ Walker ☐ Cane ☒ Wheelchair ☐ Crutches								
Environment	Other								
	Bed Linens: ☐ Change					K		K	
	Clean: ☐ Bathroom ☐ Kitchen					K		K	
	Keep Kitchen Clean & Workable					K		K	
	Clean Patient Area					K		K	
	Wash Patient's Laundry & Bed Linens					K		K	
	Floors: ☐ Vacuum ☒ Sweep ☒ Mop					K		K	
	☐ Safety check ☐ Universal Precautions								
Other									
Patient must initial for each day of service PATIENT, INITIALS:						K		K	
Staff must initial for each day of service CHHA, INITIALS:						Jm		Jm	
Any Change in Patient Status: Contact RN or Office Immediately. Change noted:									
Date:		Time of Call:		AM / PM		Name of RN:			

Patient Signature: *x Miguel Colon*

Date: *1/7/16*

CHHA Name: *Jasinnia Morales*

CHHA Signature: *Jasinnia Morales*

Date: *1/7/16*

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		SUN	MON	TUE	WED	THU	FRI	SAT
Patient Name								
YEAR: 2016 DATE:				1/5/16	1/6/16	1/7/16	1/8/16	1/9/16
START TIME:				1:15pm	1:15pm	1:15pm	1:15pm	1:15pm
END TIME:				4:15pm	4:00pm	4:15pm	4:15pm	4:15pm
TOTAL HOURS:				4hrs	4hrs	4hrs	4hrs	4hrs
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							
	Incontinent Care: ☐ Bladder ☐ Bowel							
Dietary	Other							
	Meal: ☐ Prep ☐ Assist ☐ Feed							
	Fluids: ☐ Limit ☐ Encourage							
	Diet:							
Medication Reminder	Other							
	Turn and Reposition Q 2 Hours: ☐ Bed ☐ Chair							
	Transfer Patient to: ☐ Bed ☐ Chair ☐ Commode							
	Use Hoyer Lift: ☐ Max ☐ Min ☐ Standby Assist							
Musculoskeletal	Ambulate Patient: ☐ Assistance ☐ Supervision							
	☐ Walker ☐ Cane ☐ Wheelchair ☐ Crutches							
	Other							
	Bed Linens: ☒ Change							
Environment	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:			JT	JT	JT	JT	JT	
Staff must initial for each day of service								
CHHA, INITIALS:			LW	LW	LW	LW	LW	

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

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

Patient Signature: Janette TorresCHHA Name: Daphne D. WilliamsDate: 1/5/16CHHA Signature: D. WilliamsDate: 1/5/16

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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: Elizabeth Ulickson		11/3/16	11/4/16	11/5/16	11/6/16	11/7/16	11/8/16	11/9/16
809 Crown Point Rd Westville NJ 08093			9am	9am		9am	9am	9am
MR#: 8562547052-1			1pm	1pm		1pm	1pm	1pm
YEAR: 2016 DATE:			4hrs	4hrs		4hrs	4hrs	4hrs
START TIME:								
END TIME:								
TOTAL HOURS:								
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							
	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		✓	✓		✓	✓	✓
Patient must initial for each day of service	PATIENT, INITIALS:		WJ	WJ		WJ	WJ	WJ
	Staff must initial for each day of service							
	CHHA, INITIALS:	LW	LW	LW		LW	LW	LW
	Any Change in Patient Status: Contact RN or Office Immediately. Change noted:							
	Date:							
	Time of Call:							
	AM / PM							
	Name of RN:							

Patient Signature: *Elizabeth Ulickson*

Date: 11/3/16

CHHA Name: *Lashante D. Watkins*CHHA Signature: *Lashante D. Watkins*

Date: 11/3/16

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