



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		/	1-4-15	1-5-15				
15 Cedar St			8:00	8:00				
Bridgeton, NJ 08302			1:00	1:00				
MR#: 8568965273-1			5	5				
YEAR: 2016 DATE:								
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		✓	✓				
	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							
	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							
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: Miguel 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 865 N Delsea Dr. Apt#120 Clayton, NJ, 08312 MR#: 8568811017-1		YEAR: 2016 DATE: 1/4/16 START TIME: 10:00 AM END TIME: 3 PM TOTAL HOURS: 5 HR PRNN-Patient Refused Nurse Notified: Initials		1/5/16 10:00 AM 3 PM 5 HR	1/6/16 10:00 AM 3 PM 5 HR	1/7/16 10:00 AM 3 PM 5 HR	1/8/16 10:00 AM 2 PM 4 HR	
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							
Musculoskeletal	Other ERRAND FOR PATIENT							
	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 ERRAND FOR PATIENT							
	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 ERRAND FOR MEDICATION FOR PT								
Patient must initial for each day of service PATIENT, INITIALS:			JS	JS	JS	JS	JS	
Staff must initial for each day of service CHHA, INITIALS:			SA	SA	SA	SA	SA	
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							
Dietary	Fluids: ☐ Limit ☐ Encourage							
	Diet:							
	Medication Reminder							
Musculoskeletal	Other							
	Turn and Reposition Q 2 Hours: ☐ Bed ☒ Chair			✓		✓		
	Transfer Patient to: ☐ Bed ☒ Chair ☐ Commode							
Musculoskeletal	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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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 Patricia Daniels 373 Bailey St Woodstown NJ 08098 MR#: 8567694312-1		YEAR: 2015 DATE: 01-04-16		01-06-16		01-08-16		
START TIME:		1pm		1pm		1pm		
END TIME:		4pm		4pm		4pm		
TOTAL HOURS:		3		3		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	✓		✓		✓		
	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							
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		P.D.		P.D.		P.D.		
PATIENT, INITIALS:		P.D.		P.D.		P.D.		
Staff must initial for each day of service		GL		GL		GL		
CHHA, INITIALS:		GL		GL		GL		
Any Change in Patient Status: Contact RN or Office Immediately. Change noted:								
Date: _____ Time of Call: _____ AM / PM _____ Name of RN: _____								

Patient Signature: Patricia E. Daniels

Date: 01-08-16

CHHA Name: Guadalupe Leon

CHHA Signature: Guadalupe I. Leon

Date: 01-08-16

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Patient Name		YEAR: 2016 DATE:		01-04-16	01-05-16	01-06-16	01-07-16	01-08-16
Angel Castillo		START TIME:		9am	9am	9am	9am	9am
17 Carl Summerill PL		END TIME:		1pm	1pm	1pm	1pm	1pm
Pennsgrove NJ 08069		TOTAL HOURS:						
MR#: 8563511256-1		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							
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		En	En	En	En	En	En	
PATIENT, INITIALS:		En	En	En	En	En	En	
Staff must initial for each day of service		GL	GL	GL	GL	GL	GL	
CHHA, INITIALS:		GL	GL	GL	GL	GL	GL	
Any Change in Patient Status: Contact RN or Office Immediately. Change noted: _____								
Date:		Time of Call:		AM / PM		Name of RN:		

Patient Signature: Enma Michae Date: 01-08-16
 CHHA Name: Guadalupe Leon
 CHHA Signature: Guadalupe J. Leon Date: 01-08-16

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