

# Pinnacle Home Health, Corp.

3966 Brown Park Dr. Suite F

Hillard, OH 43026

Phone: (614) 742-7065 Fax: (614) 742-7086

Employee Name: \_\_\_\_\_ Title \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Supervisor \_\_\_\_\_

### Timesheets due in the Office by **Noon Every Monday**

Day	Date	Time In	Time Out	Employee Signature	Pat. Sign.	Time In	Time Out	Total	Employee's Signature	Patient's Signature
Sunday										
Monday										
Tuesday										
Wedn.										
Thurs										
Friday										
Saturday										

**DO NOT SIGN, IF YOU DON'T RECEIVE THE CHANGE WITH THE RECEIPT**

**Total Hours:**

### HOME HEALTH CARE ACTIVITY REPORT

<b>Services: HMK</b>	S	M	T	W	Th	F	S	<b>Services: PCS</b>	S	M	T	W	Th	F	S
<b>Housekeeping</b>								<b>Hygiene/Grooming</b>							
Dust/Vacuumping/Damp								Personal Care							
Bathroom Clean								Bed-Tub/Shower							
Make /Change bed								Bed bath/Partial/Complete							
Empty Trash								Assist shower/bath-chair							
Kitchen Clean								Hair care/ Shampoo (mark HC or S)							
Dish Wash								Shave/Groom/Deodorant							
Laundry Wash								Assist with dressing							
Laundry Put away								Mouth/Denture care							
Laundry Client Home								Skin care/Foot care							
Refrigerators Clean								Nail-clean/File/Report							
Mirrors/Window								Assist Cane, Walker							
<b>Errands \$</b>								Help with toilet							
<b>Cash</b>								Check pressure Area							
Shopping								<b>Nutrition</b>							
Prescription Pickup								Food Allergies							
Appointment								Limit/Encourage fluids							
Accompany								Meal Preparation							
<b>Activity</b>								Feeding/Serving							
Ambulation Assist								Remind with medication							
Mobility assist								Remind to check blood sugar (if applicable)							
Positioning								<b>Hand washed before and after patient care</b>							
Rom-active/ passive															
Exercise-per care plan															

Note: Your signature indicates your approval of the hours that have been documented, if you have any questions or concerns please contact the office as soon as possible.

# Waiver

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