

PERSONAL CARE AND COMPREHENSIVE COMMUNITY SUPPORT TIME STUDY LOG

This client has minimal to moderate needs in all areas _____

Location: _____

Assessor signature: _____

Reviewer signature: _____

Personal Care - Provide/ Assist

Hands on Direct Care

| | |
|---|--|
| 1 | Eating/ Feeding/ grinding or puree |
| 2 | Toileting/ Check and change |
| 3 | Bathing/ Shower |
| 4 | Dressing |
| 5 | Grooming: Shaving, brushing teeth etc... |
| 6 | Transferring/ Use equipment |
| 7 | Ambulation/ Mobility |
| 8 | Taking Medication |
| 9 | Sleep Time: Night time Intervention (toileting or turning) |

| WEEKDAY Date: _____ | | | | | | | | WEEKEND Date: _____ | | | | | | | |
|----------------------------|----|---|---|---|---|---|-----------|----------------------------|----|----|---|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Total |
| | | | | | | | 0 | | | | | | | | 0 |
| 5 | | | | | | | 5 | 5 | | | | | | | 5 |
| | | | | | | | 0 | | | | | | | | 0 |
| | | | | | | | 0 | | | | | | | | 0 |
| 5 | 5 | | | | | | 10 | 5 | 5 | 5 | | | | | 15 |
| | | | | | | | 0 | | | | | | | | 0 |
| 10 | 10 | | | | | | 20 | 10 | 10 | 10 | | | | | 30 |
| 5 | 5 | 5 | | | | | 15 | 5 | 5 | 5 | | | | | 15 |
| | | | | | | | 0 | | | | | | | | 0 |
| | | | | | | | 0 | | | | | | | | 0 |
| Personal Care Total | | | | | | | 50 | Personal Care Total | | | | | | | 65 |

Comments: attends day program 3x per week

independent

post-toileting assistance

independent

independent

some assist

none

hands-on assist on stairs, uneven surface, in/out of vehicle

3x daily

independent

Comprehensive Community Living Support Services

Reminding, Prompting, Observing, Teaching

| | |
|---|---|
| 1 | Meal Preparation Cooking and serving |
| 2 | Laundry (done by staff or assist resident) |
| 3 | Routine Household Care/grocery shopping for home/maintenance/ paperwork documentation |
| 4 | Activities of Daily Living (bathing, eating, dressing, personal hygiene) |
| Assistance, supports and/or training the beneficiary with: | |
| 5 | Shopping (Resident with staff) |
| 6 | Money Management |
| 7 | Socialization and Relationship Building |
| 8 | Transportation |
| 9 | Leisure Choice and Participation in Regular Community Activities |
| 10 | Monitoring and Protection for Health and Safety |
| 11 | Sleep Time: Night time Intervention (waking or getting up during the night) |

| 1 2 3 4 5 6 7 Total | | | | | | | | 1 2 3 4 5 6 7 Total | | | | | | | |
|---------------------|--|--|--|--|--|--|------------|---------------------|--|--|--|--|--|--|------------|
| 60 | | | | | | | 60 | 75 | | | | | | | 75 |
| 30 | | | | | | | 30 | 60 | | | | | | | 60 |
| 100 | | | | | | | 100 | 100 | | | | | | | 100 |
| 100 | | | | | | | 100 | 120 | | | | | | | 120 |
| | | | | | | | 0 | 20 | | | | | | | 20 |
| 5 | | | | | | | 5 | 15 | | | | | | | 15 |
| 120 | | | | | | | 120 | 150 | | | | | | | 150 |
| | | | | | | | 0 | 45 | | | | | | | 45 |
| 30 | | | | | | | 30 | 60 | | | | | | | 60 |
| | | | | | | | 0 | | | | | | | | 0 |
| | | | | | | | 0 | | | | | | | | 0 |
| Sub Total | | | | | | | 445 | Sub Total | | | | | | | 645 |
| TOTAL | | | | | | | 495 | TOTAL | | | | | | | 710 |

Comments: total time divided by 6

1 load daily, 2 loads weekend with client

total time divided by 6

requires frequent reminding/prompting

assist and support to prevent isolation

independent

Circle those that are in the Plan of Service

HEALTH CARE PROVIDER SIGNATURE: _____