

PERSONAL CARE AND COMPREHENSIVE COMMUNITY SUPPORT TIME STUDY LOG

this client has high behavioral needs

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:	1	2	3	4	5	6	7	Total
									0
									0
									0
									0
									0
									0
									0
									0
		10	10						20
									0
									0
Personal Care Total									20

WEEKEND	Date:	1	2	3	4	5	6	7	Total
									0
									0
									0
									0
									0
									0
									0
									0
		10	10						20
									0
									0
Personal Care Total									20

Comments:
no out of home programming

independent

independent

independent

independent

independent

NA

independent

2x 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)

WEEKDAY	Date:	1	2	3	4	5	6	7	Total
		30							30
		30							30
		##							120
		15							15
		90							90
									0
		##							180
		20							20
		60							60
		##							300
		90							90
Sub Total									935
TOTAL									955

WEEKEND	Date:	1	2	3	4	5	6	7	Total
		30							30
		30							30
		##							120
		15							15
									0
									0
		##							180
		30							30
		60							60
		##							300
		90							90
Sub Total									855
TOTAL									875

Comments:

total divided by 5

total divided by 5

total divided by 5

independent

frequent redirection and reminders for appropriate social skills

dangerous, impulsive, erratic behavior in community and home

poor sleep patterns

Circle those that are in the Plan of Service

HEALTH CARE PROVIDER SIGNATURE: _____