

PERSONAL CARE AND COMPREHENSIVE COMMUNITY SUPPORT TIME STUDY LOG



Name: _____
 Case #: _____
 Submitted to: _____
 Date Submitted: _____

Location: _____
 Assessor signature: _____
 Reviewer signature: _____

Personal Care - Provide/ Assist
Hands on Direct Care

	WEEKDAY Date: _____							Total	WEEKEND Date: _____							Total	
	1	2	3	4	5	6	7		1	2	3	4	5	6	7		
1 Eating/ Feeding/ grinding or puree								0								0	
2 Toileting/ Check and change								0								0	
3 Bathing/ Shower								0								0	
4 Dressing								0								0	
5 Grooming: Shaving, brushing teeth etc...								0								0	
6 Transferring/ Use equipment								0								0	
7 Ambulation/ Mobility								0								0	
8 Taking Medication								0								0	
9 Sleep Time: Night time Intervention (toileting or turning)								0								0	
Personal Care Total								0	Personal Care Total								0

Comments: _____

Comprehensive Community Living Support Services
Reminding, Prompting, Observing, Teaching

	WEEKDAY Date: _____							Total	WEEKEND Date: _____							Total	
	1	2	3	4	5	6	7		1	2	3	4	5	6	7		
1 Meal Preparation Cooking and serving								0								0	
2 Laundry (done by staff or assist resident)								0								0	
3 Routine Household Care/grocery shopping for home/maintenance/ paperwork documentation								0								0	
4 Activities of Daily Living (bathing, eating, dressing, personal hygiene)								0								0	
Assistance, supports and/or training the beneficiary with:																	
5 Shopping (Resident with staff)								0								0	
6 Money Management								0								0	
7 Socialization and Relationship Building								0								0	
8 Transportation								0								0	
9 Leisure Choice and Participation in Regular Community Activities								0								0	
10 Monitoring and Protection for Health and Safety								0								0	
11 Sleep Time: Night time Intervention (waking or getting up during the night)								0								0	
Sub Total								0	Sub Total								0
TOTAL								0	TOTAL								0

Comments: _____

Circle those that are in the Plan of Service

HEALTH CARE PROVIDER SIGNATURE: _____