



# S&A UNIFIED HOME CARE, INC.

2729 CONEY ISLAND AVENUE, BROOKLYN, NY 11235

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## HHA/PCA DUTY-SHEET

<b>HHA/PCA NAME (Last, First) PRINTED:</b>				<b>PATIENT NAME (Last, First) PRINTED:</b>			
<b>COORDINATOR:</b>			<b>YEAR:</b> 202__	<b>PATIENT ADDRESS:</b>			
<b>DATES OF SERVICE</b> (MM/DD)	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
<b>TIME IN</b> (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TIME OUT</b> (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>DAILY TOTAL HOURS</b>							
<b>PATIENT SIGNATURE</b>							

**For Live-In Cases:**  I certify that I received 5 hrs of uninterrupted sleep and 3 hrs meal-break every day of service.

**NOTE:** Patient's signature is required for each DATE when service was provided.

\_\_\_\_\_  
Patient's signature certifies that the hours of service noted above have been received.

**HHA/PCA SIGNATURE:** \_\_\_\_\_

### TASKS (Must be checked)

DESCRIPTION		S	M	T	W	T	F	S	DESCRIPTION		S	M	T	W	T	F	S
<b>BATH</b>	TUB -100 / SHOWER -101								<b>HOUSEHOLD</b>	CHANGE BED LINEN -500							
	TOTAL CARE -103									PATIENT LAUNDRY -501							
	MOUCH CARE / DENTURE CARE - 106									LIGHT HOUSEKEEPING -502							
<b>PERSONAL CARE</b>	HAIR CARE COMB-107 / SHAMPOO-108								<b>ACTIVITIES</b>	DO PATIENT SHOPPING / ERRANDS -506							
	GROOMING SHAVE -109/ NAILS - 110									ACCOMPANY TO MED.APPOINTMENT-508							
	ASSIST WITH DRESSING -111									TRANSFERRING -300							
	SKIN CARE -112 / FOOT CARE -113									ASSIST WITH WALKING -301							
<b>MEALS</b>	DIAPER- 114 / COMMODE -115								<b>OTHER</b>	ASSISTIVE DEVICE IN USE -302							
	BEDPAN / URINAL -116 / TOILET- 117									MODERATE EXERCISE/WALKING -305							
	PRESCRIBED DIET -201									TURNING AND POSITIONING -311							
	PREPARE BREAKFAST -202									TAKE TEMPERATURE -400							
	PREPARE LUNCH -203									REMIND TO TAKE MEDICATION -411							
PREPARE DINNER -204								DIVERSIONAL ACTIVITIES SPEAK/READ)-509									
PREPARE SNACK -205								MONITOR PATIENT SAFETY- 511									
ASSIST WITH FEEDING -206								ASSIST WITH TREATMENT AS PER POC									
RECORD INTAKE: FOOD-207 / FLUID-208																	

### REASON FOR TIMESHEET (must be marked)

- |  |  |
|--|--|
| <input type="checkbox"/> Called In or Out of the EVV system early or late        | <input type="checkbox"/> Consumer received services outside of the home    |
| <input type="checkbox"/> Unable to connect to internet or EVV system is down     | <input type="checkbox"/> Sabbath Observant                                 |
| <input type="checkbox"/> Clocked In/Out using wrong Time pin ID                  | <input type="checkbox"/> FOB device malfunctioned/GPS address did not link |
| <input type="checkbox"/> Phone in use by consumer or individual in consumer home | <input type="checkbox"/> Consumer's phone line not working                 |

21st Century Cures Act Sec. 12006.

Electronic visit verification required for personal care services and home health care services under Medicaid and went into effect on January 1st, 2021.

I CERTIFY THAT ABOVE INFORMATION IS ACCURATE: PATIENT UNABLE TO SIGN DUE TO MED.CONDITION: BLIND BED-BOUND OTHER \_\_\_\_\_

**NOTE: USE BLACK INK ONLY.**

TIMESHEETS MUST BE SUBMITTED **LATEST ON MONDAY** at 12PM.

**ORIGINAL** TIMESHEETS MUST BE MAILED TO THE OFFICE.

TIMESHEETS MUST BE SIGNED & DATED BY PATIENT AND AIDE.

TIMESHEETS MAY NOT HAVE ANY WHITE-OUT ON IT. DO NOT WHITE OUT PREVIOUSLY DATED TIMESHEETS.