

Marie Star Home Health Services  
1849 Willow Pass Rd. Suite 306  
Concord, CA 94520 - 2524  
Phone: (925) 691-4981 | Fax: (925) 691-4929

HHA Visit

Rosa Rosa

Patient Name: Aida Jimenez MR: Visit Date: 10-11-22 Time In: 10:00 Time Out: 11:00  
Episode Period: Associated Mileage: Surcharge:  
Frequency: 2xw DNR: Last BM Date:  
Primary Diagnosis: Secondary Diagnosis:

Vital Sign Parameters

☐ N/A

SBP

DBP

HR (Radial)

Resp

Temp

Weight

Greater Than

Less Than

Vital Signs

☐ N/A

BP

HR (Radial)

Temp

Resp

Weight

149 / 81

73

97.3

20

Tasks

| Personal               | Completed                           | Refuse                              | N/A                                 | Elimination                | Completed                           | Refuse                   | N/A                                 |
|------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Bed Bath               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Assist with Bed Pan/Urinal | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assist with Chair Bath | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Assist with BSC            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Tub Bath               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Incontinence Care          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Shower                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Empty Drainage Bag         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Shower w/Chair         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Record Bowel Movement      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Shampoo Hair           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Catheter Care              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hair Care/Comb Hair    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Activity                   | Completed                           | Refuse                   | N/A                                 |
| Oral Care              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Dangle on Side of Bed      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Skin Care              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Turn & Position            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pericare               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Assist with Transfer       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Nail Care              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Assist with Ambulation     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Shave                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Range of Motion            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Assist with Dressing   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Equipment Care             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medication Reminder    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Nutrition                  | Completed                           | Refuse                   | N/A                                 |
| Household Task         | Completed                           | Refuse                              | N/A                                 | Meal Set-up                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Make Bed               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Assist with Feeding        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Change Linen           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                            |                                     |                          |                                     |
| Light Housekeeping     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                            |                                     |                          |                                     |
| Other (Describe)       |                                     |                                     |                                     |                            |                                     |                          |                                     |

Comments

Signature: 

Date: 10-11-22