

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: *10/13/22* Time In: *11:00* Time Out: *12:00*
Episode Period: Associated Mileage: Surcharge:
Frequency: *2x w* 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
140 / 80 *80* *97.1* *17*

Tasks

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

Comments

Signature: *[Signature]*

Date: *10/13/22*