

TIMESHEET LIVE IN

Day Date																	
										Please che	ck	of	f c	nly	y v	vh	at
Monday									was completed and								
Tuesday PLEASE REPORT ALL CHANG									instructed on the care plan							ın.	
Wednesday IN CLIENT'S										pian							
Thursday FALLS/ OR CARE NEEDS TO NURSING SUPERVISIOR ASAP																	
Friday PLEASE CALL 973-554-3210										Please email completed timesheets to: timesheets@theseniorcompany.com							
Saturday	Select Option 2 followed by																
Sunday				Op	tior	า 1 1	or N	lursi	ng.								
		1		1		_	-	1_					1	1		_	
PERSONAL CARE			Т	W	Th	F	S	Su		INATION	М	Т	W	Th	F	S	Su
Assist with Bathing									Incontinence C								
Assist W/Dressing									Assist with toil	<u> </u>							
Skin Care/ Grooming/ Oral Hygiene									Record Bowel	Movements							
NUTRITION									MC	MOBILITY							
Meal Prep									Transfer Chair/Commode								
Assist with Feeding									Assist W/Ambulation								
Encourage Fluids									Encourage ROM and PT								
									Turn & Positio	n							
HOUSEKEEPING	<u>, </u>								MONI	TORING							
Make Bed/Change Linen										MONITORING							
Tidy Work Area/Trash Removal									Daily Appetite								
Light housekeeping									Vital Signs Medication Reminder (Verbal)								
									Medication Reminder (Verbal) Encourage Deep Breathing								
Laundry									Encourage De	ep Breathing							<u> </u>
Client's Name:									Aide's Name:								
(P	ease Print)							_		(Please	Print)					_
Client's Signature:(P									Aide's Name:								
(P	ease Sign)							_	- -	(Please	Sign))					_

^{*}THIS TIMESHEET MUST BE SIGNED BY THE CLIENT OR CLIENT REPRESENTATIVE BEFORE BEING TURNED IN.

^{*}All Timesheets are to be turned into the office at the end of your last shift each week (Sunday or before).

^{*}Email a clear picture to TIMESHEETS@theseniorcompany.com , fax to 862-257-3998, or mail to: