



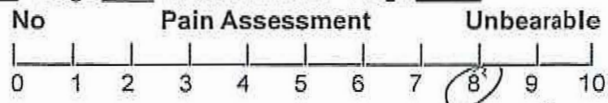
HEART TO HEART

"Family Service For Your Family"

| | | | | | |
|--------------------------|---------------|-------------------|---------------------|------------------|--------|
| Patient Name: [REDACTED] | Date: 5/23/14 | Visit Time: 10-4P | Time Arrived: 11 AM | Time Left: 11:45 | Total: |
|--------------------------|---------------|-------------------|---------------------|------------------|--------|

| | | |
|---------------------|-----------------|----------------|
| Address: [REDACTED] | DOB: [REDACTED] | Location: Home |
|---------------------|-----------------|----------------|

Reason for visit: 2 weeks Surgery
 Subjective Data: clt pain both knees
 Objective Data: bl no distress, clt + lay up down in bed
 Vital Signs: BP 118/78 AP 78 RP 78 Resp 14 Temp 71 Weight Actual Stated Height



NEURO: WNL Headache Vertigo
 Other:

Oriented to: Time Place Person
 Comments: confused

HEAD/NECK: WNL Masses Tenderness
 Comments:

RESPIRATORY: WNL Dyspnea Cyanosis
 SOB: At Rest On exertion Orthopnea Cough
 Oxygen at: L/min via
 Breath Sounds: lungs clear bil

CARDIOVASCULAR: WNL Dyspnea Cyanosis
 Palpatations Peripheral Pulses Present Absent
 Breath Sounds: Regular Irregular
 Comments:

GU: WNL
 Problems: incontinent
 Comments: uses diaper

GI: WNL Nausea Vomiting Diarrhea
 Constipation Abn, Bowel Sounds Distention
 Tenderness Anorexia Weight Loss
 Comments: abd soft, +) BSX (qual BM regularly

NUTRITIONAL: Enteral Oral TPN Uplds 20%/10%
 NUTRITIONAL SCREEN: Yes No
 Total Volume: Cyclic Continuous Intermittent
 days/week:

Location: knees Frequency: daily
 Character: hurt Duration: years
 Exacerbation: just here
 Pain Relief Measures: medication
 Teaching Provided: dimensional therapy
 Follow Up:

MUSCULO-SKELETAL: WNL unsteady
 Comments/Problems: uses 3, walker, w/c

PSYCHOSOCIAL/ENVIRONMENT:
 Coping Ability: fair
 Lives With: grand daughter
 Environment suitable for therapy? Yes No
 Comments: Home safe

Review RN Care Plan with: CHHA LPN Patient
 Review 485 MAR RN Prog. Notes
 Med Sheet Support Services Referrals
 Chha/RN Name: [REDACTED] Present N
 Supervisory/Skills Observed N

Pump Type:
 Rate: cc/hr hours/day
 Comments:

INTEGUMENTARY: WNL Color Pale Pink Norm Turgor Poor
 Comments: skin intact PT Cmpplaint w/Treatment/Therapy: Yes No

CARE PLAN REVISED: Yes No
 COMMENT/PATIENT RESPONSE/PLAN/INSTRUCTIONS: + response to teach ref to pass
 TEACHING REINFORCED: Yes No

PLAN OF CARE MEETS PATIENT'S NEEDS/PROGRESS NOTE: CHHA follows POC stable, no changes required

RN SIGNATURE: [REDACTED] DATE: 5/23/14

[REDACTED]

HEART TO HEART HOME CARE
PARAPROFESSIONAL SUPERVISORY FORM

EMPLOYEE NAME: [REDACTED]

DATE: 5/23/14

SKILL LEVEL: 1000 CONTRACT: _____

PATIENT ID: [REDACTED]

[REDACTED] PLEASE

BOX

| | |
|--|------------|
| ACTIVITY | [REDACTED] |
| FOLLOWS PLAN OF CARE | |
| COMPLETES TASKS AS DIRECTED | |
| MAINTAINS PATIENT'S LIVING AREA/ENVIRONMENT NEAT AND CLEAN | |
| DEVELOPS RELATIONSHIPS WITH PATIENTS AND/OR FAMILY | |
| UNIFORM/I.D. BADGE WORN | |
| VERBALIZES UNDERSTANDING OF OBSERVING CHANGES IN THE PATENT'S CONDITION AND MEANS OF REPORTING CHANGES | |
| VERBALIZES UNDERSTANDING OF STANDARD/UNIVERSAL PRECAUTIONS AND PROCEDURES | |

OTHER (SPECIFY): _____

ON THE JOB TRAINING AND/OR OTHER SUPERVISORY OBSERVATIONS: [REDACTED]

RN SIGNATURE: [REDACTED]

DATE: 5/23/14

LPN SIGNATURE: _____

DATE: _____

COORDINATOR SIGNATURE: _____

DATE: _____

*By phone

EMPLOYEE SIGNATURE [REDACTED]

DATE: 5/23/14

CHECK ONE:

- CARE PLAN ORIENTED TO NEW EMPLOYEE
- CARE PLAN REVIEWED WITH PREVIOUSLY ORIENTED EMPLOYEE
- IN HOME IN OFFICE BY PHONE

HEART TO HEART HOME CARE
PARAPROFESSIONAL SUPERVISORY FORM

EMPLOYEE NAME: _____

DATE: 11/13/14

SKILL LEVEL CHHA

CONTRACT: 402

PATIENT ID: _____

PLEASE

BOX

| | |
|--|--|
| ACTIVITY | |
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LPN SIGNATURE: _____

DATE: _____

COORDINATOR SIGNATURE: _____

DATE: _____

*By phone

EMPLOYEE SIGNATURE: _____

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