## Silver Mountain Home Health Care LLC

## 1607 Chicago Ave S Minneapolis, MN 55404 Phone: 612-226-5375 Fax: 651-204-9193 Email: Silvermountainhhc.com Home Making Form

| Dates                    | 12/14/2023    | 12/15/2023 | 12/16/2023 | 12/17/2023 | 12/18/2023 | 12/19/2023 | 12/20/2023 |  |
|--------------------------|---------------|------------|------------|------------|------------|------------|------------|--|
| Activities               |               | •          |            |            |            |            |            |  |
| Clean Counters/ Sinks    |               |            |            |            |            |            |            |  |
| Clean Stove / Oven       |               |            |            |            |            |            |            |  |
| Clean Refrigerator       |               |            |            |            |            |            |            |  |
| Clean Bathroom           |               |            |            |            |            |            |            |  |
| Clean Toilet / Sink      |               |            |            |            |            |            |            |  |
| Change Bed Linen         |               |            |            |            |            |            |            |  |
| Dust Clean               |               |            |            |            |            |            |            |  |
| Empty Garbage            |               |            |            |            |            |            |            |  |
| Errands                  |               |            |            |            |            |            |            |  |
| Grocery Shopping         |               |            |            |            |            |            |            |  |
| Laundry                  |               |            |            |            |            |            |            |  |
| Make Bed                 |               |            |            |            |            |            |            |  |
| Mop Floors               |               |            |            |            |            |            |            |  |
| Meal Preparation         |               |            |            |            |            |            |            |  |
| Socialization            |               |            |            |            |            |            |            |  |
| Social Recreation        |               |            |            |            |            |            |            |  |
| Transportation           |               |            |            |            |            |            |            |  |
| Other                    |               |            |            |            |            |            |            |  |
| Other                    |               |            |            |            |            |            |            |  |
|                          | AM            | AM         | AM         | AM         | AM         | AM         | AM         |  |
| Time In                  |               |            |            |            |            |            |            |  |
|                          | PM            | PM         | PM         | PM         | PM         | PM         | PM         |  |
| Time Out                 | AM            | AM         | AM         | AM         | AM         | AM         | AM         |  |
|                          |               |            |            |            |            |            |            |  |
|                          | PM            | PM         | PM         | PM         | PM         | PM         | PM         |  |
| Comments:                |               |            |            |            |            |            |            |  |
|                          |               |            |            |            |            |            |            |  |
| Client Responsible Party | r First/MI/La | st Name:   |            |            |            |            |            |  |
|                          |               |            |            |            |            |            |            |  |
| Client/Responsible Party | v Signature   |            |            | r          | Date:      |            |            |  |
|                          | y Signature.  |            |            |            | Jace.      |            |            |  |
| Employee First/MI/Last   | Namo          |            |            |            |            |            |            |  |
| Employee First/MI/Last   | Name.         |            |            |            |            |            |            |  |
| Employee Signature:      |               |            |            |            | Date:      |            |            |  |
| 1                        |               |            |            | I          | Date:      |            |            |  |