## PCA TIME AND ACTIVITY DOCUMENTATION

Silver Mountain Home Health Care LLC 1607 Chicago Ave S, Minneapolis, MN 55404 Tel: (612) 226-5375 Fax: (651) 204-9193

Dates of Service	Dates/Locations Reci	pient Stay in Ho	ospital/Care Fa	acility (rehab o	treatment/Inc	arceration, Jai	, etc.)				
Activities	Dates of Service	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/	YY)	(MM/DD/YY)		
Dressing	Dates of service	07/04/2024	07/05/2024	07/06/2024	07/07/2024	07/08/2024	07/09/202	24	07/10/2024		
Bathing	Activities										
Bathing Eating Transfers Mobility Positioning Toileting Health Related Behavior Other IADLs (only recipient age 18+) Light House Keeping Laundry Other Ratio Staff to recipient shared care location Time in (circle AM/PM) PM P	Dressing										
Eating Transfers    Mobility   Mo	Grooming										
Transfers	Bathing										
Mobility	Eating										
Positioning Tolleting Health Related Behavior Other Diables (only recipient age 18+) Light House Keeping Laundry Cother Visit One Ratio Staff to recipient shared care location Time in (circle AM/PM) PM P	Transfers										
Toileting	Mobility										
Health Related Behavior Other  IADLs (only recipient age 18+) Light House Keeping Laundry Other  Nist One Ratio Staff to recipient Shared care location Time in (circle AM/PM) PM P	Positioning										
Behavior	Toileting										
Other   IADLs (only recipient age 18+)	Health Related										
Light House Keeping	Behavior										
Light House Keeping Laundry Other Visit One Ratio Staff to recipient shared care location Time in (circle AM/PM) PM	Other										
Continue	IADLs (only recipient ag	ge 18+)									
Other  Visit One  Ratio Staff to recipient shared care location  Time in (circle AM/PM	Light House Keeping										
Ratio Staff to recipient shared care location  Time in (circle AM/PM	Laundry										
Ratio Staff to recipient shared care location  Time in (circle AM/PM	Other										
Shared care location  Time in (circle AM/PM	Visit One										
Time in (circle AM/PM	Ratio Staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1	1:3	1:1 1:2 1:3		
Time Out (Circle AM	shared care location										
Time Out (Circle AM PM	Time in (circle AM/PM		AM							AM	
AM/PM  PM										PM	
Ratio staff to recipient shared care location											
Ratio staff to recipient shared care location  Time in (Circle AM/PM)  AM  AM  AM  AM  AM  AM  AM  AM  AM		PM	PM	PM	PM	PM		PM		PM	
Shared care location  Time in (Circle AM/PM)  AM  AM  AM  AM  AM  AM  AM  AM  AM			1	1	_	1					
Time in (Circle AM/PM)  AM	•	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1	1:3	1:1 1:2 1:3		
PM P											
Time Out (Circle AM/PM) PM	Time in (Circle AM/PM)										
Circle AM/PM  PM											
Daily (Total Hours)  HR											
Total Hours This Time Sheet Hours  Acknowledgement and Required Signature  After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and time he/she didn't receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that service was performed as specified in the PCA Care Plan.  Recipient Name(First, MI, Last) Date of Birth Recipient/Responsible Party Signature Date  I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.											
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