



## **Client Intake Packet 2:**

1. Care Task Definitions
2. Emergency Use Only – Paper Personal Care – Time Sheets
3. Emergency Use Only – Paper Task Sheets

# First Choice In-Home Care

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The following **Care Task Definitions** are provided to all caregivers employed by First Choice In-Home Care.

Below are definitions of tasks that may be authorized in your Client's Plan of Care. Only the tasks that are authorized per the Plan of Care may be provided. There are three categories of tasks, including Activities of Daily Living called **ADLs**, Instrumental Activities of Daily Living called **IADLs** and **Nurse Delegated Tasks**. Nurse Delegated Tasks may only be provided by an approved, trained and certified Home Care Aide or Nursing Assistant.

**Task Name: Ambulation – Task Type: ADL**

Ambulation means how a client moves between locations in their immediate living environment and how they move to and return from more distant areas and is referred to in the client's Plan of Care as **“Walk In Room”**, **“Locomotion In Room”** and **“Locomotion Outside”**. Assisting a client with ambulation includes supervising or guiding the client when walking alone or with the help of a mechanical device such as a walker, assisting with difficult parts of walking such as climbing stairs, supervising or guiding the client if they are able to propel a wheelchair, pushing of the wheelchair, and providing constant or standby physical assistance to the client if totally unable to walk alone or with a mechanical device.

**Task Name: Bed Mobility/Positioning – Task Type: ADL**

Positioning is very important to prevent bed sores. "Positioning" means how a client moves to and from a lying position, turns side to side, and positions their body while in bed, in a recliner, or other furniture. Assisting a client with positioning includes helping the client to assume a desired position and helping the client to turn. Positioning assistance may also include passive range of motion to maintain joint flexibility or prevent complications, such as contractures and pressure sores. Positioning is done every 2 hours.

**Task Name: Transfers – Task Type: ADL**

Assisting a client with transfers includes helping the client getting in and out of a bed or wheelchair; on and off the toilet; or in and out of the bathtub. Transfer includes supervising or guiding the client when they are able to transfer, providing steady assistance, and helping the client when they are unable to assist in their own transfer.

- **Transfers can include the use of a slide board, transfer belt, Hoyer lift, or wheelchair.**
- **Do not do this task until you are authorized and trained to do so.**

**Task Name: Eating – Task Type: ADL**

Assisting a client to eat and drink. Assistance with eating includes supervising or guiding the client when they are able to feed themselves, assisting with difficult tasks such as cutting food or buttering bread, and orally feeding the client when they are unable to feed themselves.

- **For the safety of the client, do not do any tasks involving feeding tubes.**

**Task Name: Toilet Use – Task Type: ADL**

Assisting a client with using the bath room, commode, bedpan or urinal, transfer on/off toilet, cleanse, change incontinence pads, manage ostomy or catheter, and adjust clothes.

- **Flushing of colostomy or catheter bag content is allowed.**

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- **Flushing of body tubes, giving enemas or suppositories is not allowed.**
- **Lifting clients and performing routine peri/colostomy/catheter tasks cannot be performed by an HCA until trained.**

### **Task Name: Dressing – Task Type: ADL**

Assisting a client with putting on, fastening and taking off all items of clothing, including donning and/or removing prosthesis.

Assistance with dressing includes supervising/cueing the client to dress and assisting them with difficult tasks such as putting on socks, pants, shoes, and fastening, zipping, or tying clothing related items.

### **Task Name: Personal Hygiene – Task Type: ADL**

Assisting a client with this task includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hand care (including finger nail care and applying nail polish) and menses care.

### **Task Name: Bathing – Task Type: ADL**

Assisting a client with bathing includes supervising or guiding the client to bathe, assisting the client with difficult tasks such as getting in or out of the tub or shower, washing their back and other hard to reach areas, and completely bathing the client if they are totally unable to wash themselves.

### **Task Name: Skin Care/Body Care – Task Type: ADL**

Assisting a client with applying non-prescribed dressings and ointments or lotions to the body, toe nail care, skin care, and applying lotion to the feet. Body care does NOT include foot care if the client is diabetic or has poor circulation, and does NOT include changing bandages or dressings when sterile procedures are required.

- **For skin care, it is important that you observe and report any changes to your Supervisor.**
- **Tasks requiring sterile procedures are not allowed under our Home Care license.**
- **Do not give back rubs, provide massages, or any forms of physical therapy.**

### **Task Name: Foot Care & Hand Care – Task Type: ADL**

For non-diabetic Clients - assisting a client to keep their feet and hands clean and dry. Observe to determine if there are blisters, sores, swelling, dry or cracked skin, redness or sore toe or fingernails.

### **Task Name: Medication Assistance – Task Type: ADL**

This means assisting the client with medications and over the counter preparations or herbal supplements. This includes reminding, coaching, and handing medication containers to the client, opening the medication container, using an enabler, or placing the medication in the client's hand.

You should follow the “5 Rights” of Medication Management:

- 1) Right person – read the label to make sure it is for the client
- 2) Right amount – read the label to see the amount needed
- 3) Right medication – read the label to see if it is the right medication
- 4) Right route – read the label to see how the client should take it

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5) Right time – read the label or schedule to see if it is the right time to take the medication

### Medication Notes:

- **Never give a client an injection.**
- **Never put medication in a client's mouth.**
- **You may put the medication into the client's hand.**
- **You can open a blister or bubble pack.**
- **You can pour medication into a bowl or device which the client can pick up.**
- **Do not fill medicine containers (e.g. MEDISSET).**
- **Do not handle or dispose of needles or syringes (the client must do this).**
- **Do not operate medically related devices such as oxygen equipment.**

### **Task Name: Meal preparation – Task Type: IADL**

Assisting a client with meal preparation includes planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals.

- **Always wash your hands before handling food.**

### **Task Name: Ordinary Housework – Task Type: IADL**

Assisting a client with ordinary housework includes doing dishes, dusting, vacuuming, mopping, making bed, tidying up, laundry, taking out garbage, and other like activities.

- **Waxing floors, shampooing carpets, or cleaning drapes are not authorized tasks.**
- **For your safety, we have a 20 pound lifting limit; do NOT lift or move furniture.**
- **Provide tasks only for people authorized to receive tasks in the household.**

### **Wood supply may also be a part of Ordinary Housework:**

Assisting a client with maintaining wood supply assistance includes splitting, stacking, or carrying wood, when client uses wood as the sole source of fuel for heating and/or cooking. Very few clients require assistance with their wood supply.

### **Task Name: Range of Motion (ROM) – Task Type: IADL**

This means the limit to which a part of the body can be moved around a joint. ROM exercises can be active or passive.

- **Active Range of Motion** means independent exercises performed by a client to restore or maintain their joint function to its optimal range. You can remind or cue a client. You cannot perform the exercise for them (you cannot touch them to move their limbs).
- **Passive Range of Motion** means assisting a client with their exercises when they are unable to move their own joint (move their limbs for them). This can be done only if the client has an established exercise plan from a Physical Therapist and only for maintenance purposes. The plan must clearly state it is passive range of motion and it must be updated annually. HCA's and NAs must be trained to do passive range of motion – do not attempt without being trained.

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### **Task Name: Essential Shopping – Task Type: IADL**

Assisting a client with shopping is limited to brief, weekly trips in the local area to shop for food, medical necessities and household items required specifically for the client's health, maintenance or well-being.

- Limited to one trip per week to the nearest full service shopping facility.
- Never purchase alcohol or cigarettes for the client.
- Never use the client's EBT card unless a completed EBT Waiver with signature of Aide, Client, and management is in place.
- If the client cannot go with you to shop and wants to use cash, **you must have verbal approval from your Supervisor** to use client's cash. If approved, after shopping always count out the change and leave the store receipt with the client.
- Checks must be written payable to the place of business, **only for the amount of purchase**, and signed by the client. **Checks should never be made out to the HCA.**
- Stay with the client at all time so the client does not fall.
- The client must be the only passenger in the car.
- Do not drive a client's car or ride in a client's car as a passenger.
- Shopping or running errands for yourself while working for a client is not allowed.

### **Task Name: Transportation to Medical Services – Task Type: IADL**

Assisting a client with traveling to a physician's office or clinic in the local area to obtain medical diagnosis or treatment. Includes traveling by vehicle, bus or taxi.

- Follow the FCIHC wheelchair transportation policy when transporting a client's wheelchair.
- Remain in the medical facility until the client's appointment is completed.
- Transportation of a client to or from a hospital facility is only allowed for routine outpatient treatment
- Do not transport the client when the client has undergone anesthesia.
- The client must be the only passenger in the car.
- Do not drive a client's car or ride in a client's car as a passenger.

### **Task Name: Respite Care – Task Type: Additional ADL Task**

Respite Care is a specific type of service only provided to clients of the Developmental Disabilities Administration (DDA). The Respite Care service is authorized in addition to the clients other ADL and IADL tasks in the Client's Plan of Care.

### **Task Name: Turn and Reposition – Task Type: Additional ADL Task**

Some clients, due to the lack of mobility, will have an authorized Turning and Repositioning requirement. This requirement is to ensure the client is turned and repositioned on a predetermined schedule to ensure pressure sores do not develop on the client's body. If this task is authorized per the Client's Plan of Care, a Turning and Repositioning schedule will be provided to you by your Supervisor and you must complete the schedule and submit the completed schedule with your monthly Task Sheet.

### **Task Name: Telephone Use – Task Type: Additional ADL**

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Assisting a client with making or receiving telephone calls, including using assistive devices such as large numbers on a phone or amplification, and helping with sending and retrieving text messages.

**Task Name: Protective Supervision – Task Type: Additional ADL**

This means providing guidance/protection to a client who cannot be left alone due to impaired judgment.

**Task Name: Vital Signs – Task Type: Additional ADL**

Assisting a client with taking vital signs is for *informational purposes only* due to client being unable to complete the task independently. Examples include handing a client a digital thermometer, sliding a blood pressure cuff over the arm, turning on a device, recording digital readings, and communicating those readings back to a client. Devices must be electronically operated with digital readouts.

**NURSE DELEGATION:**

Specially trained HCAs/NAs can provide additional tasks under the direction of a Registered Nurse. This is called 'nurse delegation'. If a nurse delegated task is required and authorized for a client, you may be asked if you wish to take part in this program by your Supervisor.

In order for an HCA/NA to perform nurse delegated tasks, the FCIHC policy states the HCA/NA must be a Certified Nursing Assistant or Certified Home Care Aide. In addition, the HCA/NA must complete a specialized nine hours self-study course on nurse delegation, pass the nurse delegation exam, be approved by the FCIHC Supervisor to do nurse delegation, and be specifically instructed by the Registered Nurse on the task being delegated for the client. The task can only be provided to the specific client and only under direction and supervision of the Registered Nurse.

For insulin injections, there is an additional Nurse Delegation Focus on Diabetes three hour self-study course and exam that must be completed prior to the delegated HCA/NA being allowed to perform nurse delegated tasks related to diabetes and insulin injections.

The tasks that can be Nurse Delegated include:

Medication Administration	Insulin Injections or Blood Glucose Monitoring	Wound Care	Bowel Movement Program
Gastrostomy Tube Feeding	Non-Sterile Suctioning	Ostomy Care	Catheter Care
Tracheotomy Care	Foot Care for Diabetic Clients	Application of Prescribed Ointments	

Note: the following tasks **may never be provided** by First Choice In-Home Care employees: 1) Sterile Procedures, 2) Administration of medications by injection (*with the exception of insulin*), 3) Maintenance of central intravenous lines and 4) tasks that require the judgement of a Registered Nurse.

# First Choice In-Home Care – Personal Care Time Sheet P&P No. 1140

Please Print CLIENT NAME ↓	Please Print HOME CARE AIDE NAME ↓	MONTH & YEAR REPORTING ↓

Day of Month	Shift 1 Time In	Shift 1 Time Out	Shift 2 Time In	Shift 2 Time Out	Total Hours for Day
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<b>Total Hours For Month</b> →					

## For Emergency Use Only

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In the event our Electronic Visit Verification system is not operating due to power outage or other event, this Paper Time Sheet is to be used to record your Shift Start Time and Shift End Time.

You are required to sign the Time Sheet and your client is required to sign the Time Sheet.

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**Client's Signature:**

**Home Care Aide's Signature:**

**All Time & Task Keeping Forms are required to be submitted to the office by the 1<sup>st</sup> day of the following month**

# First Choice In-Home Care – Personal Care Time Sheet P&P No. 1140

Please Print CLIENT NAME ↓	Please Print HOME CARE AIDE NAME ↓	MONTH & YEAR REPORTING ↓

Day of Month	Shift 1 Time In	Shift 1 Time Out	Shift 2 Time In	Shift 2 Time Out	Total Hours for Day
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<b>Total Hours For Month</b> →					

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**Client's Signature:**

**Home Care Aide's Signature:**

**All Time & Task Keeping Forms are required to be submitted to the office by the 1<sup>st</sup> day of the following month**





This Paper Task Sheet may only be used in the event the EVV system is not functioning.

Please Print Client's Name:

Please Print Aide's Name:

Please Enter Month and Year:  
Month \_\_\_\_\_ Yr \_\_\_\_\_

<b>Activities of Daily Living (ADL TASKS)</b> Only tasks that have been authorized in the client's Care Plan may be provided by the Home Care Aide	<b>ADULT CLIENTS ONLY</b> Instrumental Activities of Daily Living <b>IADL TASKS</b>	Supervisor
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Day of Month	Walk In Room	Locomotion In Room	Locomotion Outside	Bed Mobility	Transfers	Eating	Toilet Use	Dressing	Personal Hygiene	Bathing	Foot Care	Hand Care	Skin Observation	Passive Range of Motion	Turn and Reposition	Telephone Use	Meal Preparation	Ordinary Housework	Escort To Medical	Transport to Medical	Essential Shopping	Medication Reminders	Mandatory Client's Initials		
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Instructions: The Home Care Aide is to place an "X" in each authorized task and an "R" for the authorized tasks not performed for each day work ed. The Client is to write their initials in box at the end of thework shift confirming each day. This Task Sheet must be completed, signed and dated by the home care aide and initialed, s igned and dated by the Client.

Home Care Aide's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



This Paper Task Sheet may only be used in the event the EVV system is not functioning.

Please Print Client's Name:

Please Print Aide's Name:

Please Enter Month and Year:  
Month \_\_\_\_\_ Yr \_\_\_\_\_

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Instructions: The Home Care Aide is to place an "X" in each authorized task and an "R" for the authorized tasks not performed for each day work ed. The Client is to write their initials in box at the end of thework shift confirming each day. This Task Sheet must be completed, signed and dated by the home care aide and initialed, s igned and dated by the Client.

Home Care Aide's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_