

## PERSONAL CARE/HOMEMAKER/COMPANION/UNSKILLED RESPITE

### Orientation Requirements

| Activities of Daily Living   | Completed | Date |
|------------------------------|-----------|------|
| Bathing (sponge bath or tub) |           |      |
| Personal Grooming            |           |      |
| Personal Hygiene             |           |      |
| Proper Transfer Technique    |           |      |
| Assisting with Ambulation    |           |      |
| Toileting                    |           |      |
| Feeding the Client           |           |      |

  

| Home Support                           | Completed | Date |
|----------------------------------------|-----------|------|
| Meal Preparation and Planning          |           |      |
| Cleaning                               |           |      |
| Laundry                                |           |      |
| Shopping (groceries and medication)    |           |      |
| Home Safety                            |           |      |
| Household Management (bill paying)     |           |      |
| Maintaining Safe and Clean Environment |           |      |
| Prompting Client of Medications        |           |      |

  

| Recognizing and Reporting Observation of Clients | Completed | Date |
|--------------------------------------------------|-----------|------|
| Home Safety                                      |           |      |
| Physical Condition and/or Change                 |           |      |
| Mental Condition and/or Change                   |           |      |
| Emotional Condition and/or Change                |           |      |

## PERSONAL CARE/HOMEMAKER/COMPANION/UNSKILLED RESPITE Orientation Requirements

| Record Keeping                             | Completed | Date |
|--------------------------------------------|-----------|------|
| Correct Procedure for Signing Service Logs |           |      |
| Written Summary for Service Provided       |           |      |

  

| General                                                 | Completed | Date |
|---------------------------------------------------------|-----------|------|
| Needs of Client: Emotional, Physical, and Developmental |           |      |
| Communication Skills                                    |           |      |
| Basic Infection Controls/Universal Standard             |           |      |
| First Aid Emergency                                     |           |      |
| Fire and Safety Measures                                |           |      |
| Client Rights and Responsibilities                      |           |      |
| HIPPA Policy                                            |           |      |

Employee Signature:

Date:

Nursing Supervisor:

Date: