

# HCBS/FE PERSONAL CARE SERVICES LOG

Facility name: \_\_\_\_\_

**Supervisor** – Indicate all **HCBS** tasks by a checkmark in the TO DO column. If item is separated by slashes, circle applicable activity.

**Staff** – **Initial and document time spent providing task.**

Day	→ SUN	MON	TUES	WED	THURS	FRI	SAT	Use the space below for additional issues related to care provided.
Date: (MM/DD/YY)								
<b>ACTIVITIES</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	<b>Staff Initials – Time Spent</b>	
Tub/Shower								
Hair care – brush/comb								
- shampoo								
Skin/foot care (hygiene)								
Shave/Groom								
Nail care – clean/file								
Oral care – brush/dentures								
Assist with Dressing - AM								
Assist with undressing - PM								
Toileting								Staff Initials and Signatures:
Transfers								
Walking / Mobility								
Assistance with Eating								
Meal Preparation	B							
	L							
	S							
	Snacks							
Shopping								
Laundry/Ironing								
Bedmaking/Change Linens								
Vacuuming/Mopping								
Trash removal, Dusting								
Commode/Toilet area								
								Resident Signature in Space Above
Assist with medications #1								Print Last Name:
	#2							Print First Name:
	#3							
	#4							
DAILY TOTALS:								WEEKLY HRS TOTAL: