ADW Participant's Name: **Very G. Person** Plan Month/Year: **APRIL**

## IV. PERSONAL ATTENDANT LOG

| | | | |
|---|---|---|---|
| ADW Participant's First and Last Name: **Very G. person** | | PA Agency/Personal Options: **Outstanding Services, Inc.** | **PAL UPDATE** **Date Updated by RN/RC:** |
| RN/RC Signature:<br><br>Date: **3/15/16** RN Time In: 9a RN Time Out:10:30a | | Plan Period: **March 2016-August 2016**<br><br>Service Level/Hours: **LOC – C – 95 hours/mo**. | **CM/RC Receipt Date:**<br><br>**CM/RC Initials:** |
| Hours/Day: **3.5 hrs./6days** | Days/Week: **Mon. thru Sat.** | Was this a change in hours, days or activities? NO | Service Time **In: 10a** / Service Time **Out: 1:30p** |

| ***Date:*** *PA Circle correct day* | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **Time Arrived:** | | | | | | | | | | | | | | | | |
| **Time Left**: | | | | | | | | | | | | | | | | |
| **Total Hours:** | | | | | | | | | | | | | | | | |
| PA Initial: 1 staff per recipient | | | | | | | | | | | | | | | | |
| **ADW Participant's Initials:** | | | | | | | | | | | | | | | | |

**DESCRIPTION OF SERVICES – RN or RC** *Describe activities, circle type of assist, list days of week.* ***PA –*** *Initial on day activity provided.*

| **Describe Activities** **S= Supervised; P = Partial; T =Total** | **DAYS** | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bath: S P T **Help in/out of tub, wash lower legs, feet. Ensure totally dry after bath especially under skin folds.** | **M-Th-Sa** | | | | | | | | | | | | | | | |
| Skin Care: S P T **Assist member apply corn starch after bath.** | **M-Th-Sa** | | | | | | | | | | | | | | | |
| Hair: S P T **Wash hair along with bath.** | **M and Thurs.** | | | | | | | | | | | | | | | |
| Nails: S P T **NOT FOR PA** Family/podiatrist will help with this. | **–** | | | | | | | | | | | | | | | |
| Mouth Care: S P T **Help with applying toothpaste only.** | **M-Sat.** | | | | | | | | | | | | | | | |
| Dressing: S **P** T **Get pants over feet and up to knees for member to pull up. Put on shoes/socks and tie if needed. Help with buttons on shirt.** | **M-Sat.** | | | | | | | | | | | | | | | |
| Ambulation: S P T **Hold Ms. Person's arm when walking more than a few feet.** | **M-Sat.** | | | | | | | | | | | | | | | |
| Transfer: S P T **Be beside her to balance her as she gets up or down.** | **M-Sat.** | | | | | | | | | | | | | | | |
| Toileting: S P **T Walk her to Bathroom, help her sit down/get up and stay balanced while cleaning herself.** | **M-Sat.** | | | | | | | | | | | | | | | |
| Positioning: Turn Every ____Hrs. Up in Chair **NA** | **–** | | | | | | | | | | | | | | | |
| Bed Making: | **M-Sat.** | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Help her make bed daily and change sheets on Friday.** | | | | | | | | | | | | | | | | | |
| Medication Prompt: **Get out pill planner and remind to take pills. Offer water, not juice to take with pills.** | **M-Sat.** | | | | | | | | | | | | | | | | |
| Meals: Diet/Special Directions **Allow her to help make meals of her choosing. Dinner is to be prepared for reheating later. Sat. ensure food available for Sun.** B X \| L X \| D X \| Snack | **M-Sat.** | | | | | | | | | | | | | | | | |
| Laundry: **Allow her to help sort clothes and fold them. PA to put in washer/dryer.** | **Tues. and Fri.** | | | | | | | | | | | | | | | | |
| Vacuum/Sweep: **PA to do entire apt.** | **M-Sat.** | | | | | | | | | | | | | | | | |
| Mop: **PA to clean kitchen and BR x1/wk.** | **Wed.** | | | | | | | | | | | | | | | | |
| Dust: **PA to clean bedroom and living room x1/wk.** | **Sat.** | | | | | | | | | | | | | | | | |
| Straighten: **PA to pick up clothes in BR and do dishes in kitchen.** | **M-Sat.** | | | | | | | | | | | | | | | | |

Essential Errands *(include purpose, destination, frequency and day of week):*

***Appt. w/ Dr. Apple every 3 mos. In Charleston, CVS pharm. Monthly on Mon. and for new prescriptions, bank when out for groceries, Grocery shopping at Foodland in Charleston on Wednesdays.***

Community Activities: *(include purpose, destination, frequency and day of week):* ***Bingo at church first Tuesday of the month (no housekeeping that day.)***

Other:

Special Instructions for Transportation: ***Use fold-up wheel chair for shopping activities.***

| **Date/Start Stop Time **** | **Total Miles Traveled** | **How much time did you spend driving? **** | **Destination and Purpose of Travel ** Complete these sections for medical appointments ONLY and do NOT bill for miles for medical.** | **Essential Errand Time Spent **** | **Community Activities Time Spent** | ****Was Person with You? Yes No** | **ADW Person Initials **** |
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*I have reviewed this PA Service Log and to the best of my knowledge, the reported information is complete and accurate***. No RN for Personal Options.**
RN Printed Name: _____

RN Signature: _____Date:_____
(If needed, attach additional documentation).
Comments:_____
_____
_____
_____

*By signing, I certify that the reported information is complete and accurate. I understand that payment for the services certified on this form will be from federal and state funds, and that any false claims, statements, or documents or concealment of material fact, may be prosecuted under Medicaid fraud.*

*Participant/Legal Representative*_____*Date:*_____
*(Program Representative for Personal Options)*

*Personal Attendant Printed Name:* _____

*Personal Attendant Signature:* _____*Date:* _____

***Unless prior approved, services must follow Plan. For Personal Options, follow person's budget.***

**PAL Updates**: Change in days, times, activities.
**Date:**
**RN/RC Initials:**

**RN/RC spoke to person by phone____ Face to Face____ regarding changes.**

*Must send updated PAL to CM or RC.*

| Date | Wellness Scale | Comments *Wellness Scale 1-10 (1=poor; 10 =great)* | Date | Wellness Scale | Comments *Wellness Scale 1-10 (1=poor; 10 =great)* |
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