## LICENSED NURSE SERVICES CLIENT CARE LOG

		IKE LOC							
Client Name:	Care Provider Name:								
Role: □ RN □ LPN	Week Ending Date:								
Licensed Nurse ADL/ Homemaker Services Only  Pursuant to Regulations by the Agency for Health Care Administration, it is mandatory that Care Provider document any changes in care services.									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
D. A. Tille									
DATE:									
HOURLY/ VISIT START TIME:							-		
HOURLY/VISIT END TIME:									
TOTAL HOURS:									
DAILY CLIENT REVIEW & APPROVAL (CLIENT INITIALS)									
SKILLED LICENSED NURSING SERVICES: PHYSICIAN ORDERS REQUIRED									
TREATMENT AS ORDERED PER POT, SEE CLINICAL NOTES									
MEDICATION ADMINISTRATION AS ORDERED PER POT, SEE NOTES									
PHYSICIAN NOTIFICATION, SEE NOTES									
MISSED VISIT – NOT BILLABLE, SEE NOTES INITIAL ASSESSMENT & MEDICAL PLAN OF TREATMENT			1	+					
RE-ASSESSMENT & MEDICAL PLAN OF TREATMENT				1					
60-DAY REASSESSMENT & MEDICAL PLAN OF TREATMENT									
REASSESSMENT WITH NO AMENDED ORDERS, SEE NOTES									
MEDICATION SCHEDULE COMPLETE & REVIEWED									
LICENSED NURSING SERVICES: PER CL	IENT R	EQUEST, P.	HYSICIAI	ORDERS 1	NOT REQU	IRED			
ASSESSMENT									
MEDICATION SCHEDULE REVIEW			1						
CUSTODIAL "ADL" PLAN OF CARE CLIENT/FAMILY/ CAREGIVER EDUCATION/ TRAINING, SEE NOTES		+	1	+					
OTHER: Please specify -									
As per the direction of Client, the Lic	ensed N	urse also ner	formed the	following sa	ervices:				
COMPANIO				jouoning se	ci rices.				
IADL SUPERVISION / STANDBY ASSIST									
ACCOMPANY TO APPOINTMENTS									
PREPARE MEALS									
GROCERY SHOPPING									
CHANGE BED LINEN LAUNDRY									
LIGHT HOUSEKEEPING									
COSMETIC ASSISTANCE									
PERSONAL (	CARE /A	ADL ASSIST	TANCE	1	•				
BATHING/SHOWER									
DRESSING									
AMBULATION									
TRANSFERRING RE-POSITIONING									
RANGE OF MOTION ASSISTANCE									
FEEDING									
GROOMING, SHAVING, HAIR CARE									
APPLY LOTION									
ORAL HYGIENE									
TOILETING INCONTINENCE CARE									
OTHER ADL ASSIST, SEE CLINICAL NOTES						+			
By signing below, I (Client) contracted with Care Provider for whom I consent and certify that all services noted above within the approved dates and times were performed. I understand that if services were not performed as requested, I would not sign this care log. Care logs submitted without the checking of Activities of Daily Living actually performed, and required by the insurance company, may result in the patient/client being billed directly.  Signed by Client:  Signed by Care Provider:  Signed by Care Provider:					d provided				

## **CLINICAL NOTES**

Client	! Name:_		Nurse:				
DATE	TIME		DESCRI	PTION			
Nurses	Signatui	·e		Title			
PRIOR TO SUBMITTING THE CLIENT CARE LOG AND CLINICAL NOTES TO FINANCIAL SERVICES, SUBMIT ALL APPLICABLE CLINICAL DOCUMENTS TO CLINICAL SERVICES FOR CLIENT'S FILE:  MAIL: 2605 W Atlantic Ave., Suite B101, Delray Beach, FL 33445; FAX: 561-819-6617; OR EMAIL: clinicaldept@americaninhomecare.com  Please check all applicable clinical documents requested at the time services were delivered.							
_		Plan of Treatment	60-Day Medical Plan of Treatment	Medication Schedule			
Amended Medical Plan of Treatment, see notes for Physician correspondence.			Custodial "ADL" Plan of Care Nurse Evaluation (Assessment)	☐ Other Clinical Document, Specify:			

Financial services will not process billing and disbursement without proof of the required clinical documents in the Client's file.

Per 59A-18.012, F.A.C., (4) Clinical and service notes, signed and dated by the nurse providing the service which shall include: (a) Any assessments by a registered nurse; (b) Progress notes with changes in the person 's condition; (c) Services provided; (d) Observations; and(e) Instructions to the patient and caregiver; (5) Reports to physicians; (6) Termination summary. Per 59A-18.007, (2), F.A.C., the licensed nurse is responsible "for maintaining the medical plan of treatment with clinical notes and filing the initial medical plan of treatment, any amendments to the plan, any additional order or change in orders, and a copy of the clinical notes at the office of the nurse registry."

Client Care Logs with Clinical Notes may be submitted to Financial Services via: Fax: 888-789-4701 or Email: <a href="mailto:nurseworklogs@americaninhomecare.com">nurseworklogs@americaninhomecare.com</a>