20095518

Bruce M. Brusavich, State Bar No. 93578
Terry S. Schneier, State Bar No. 118322
AGNEWBRUSAVICH
A Professional Corporation
20355 Hawthorne Boulevard
Second Floor
Torrance, California 90503
(310) 793-1400

Andrew N. Chang
ESNER, CHANG & BOYER
Southern California Office
234 East Colorado Boulevard
Suite 750
Pasadena, CA 91101
(626) 535-9860121

Attorneys for Plaintiff

FILED
ALAMEDA COUNTY
JUN 29 2017
CLERK OF THE SUPERIOR COURT
By [signature] Deputy

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF ALAMEDA

LATASHA NAILAH SPEARS WINKFIELD; MARVIN WINKFIELD; SANDRA CHATMAN; and JAHI McMATH, a minor, by and through her Guardian ad Litem, LATASHA NAILAH SPEARS WINKFIELD,

Plaintiffs,

vs.

FREDERICK S. ROSEN, M.D.; UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND (formerly Children's Hospital & Research Center at Oakland); MILTON McMATH, a nominal defendant, and DOES 1 THROUGH 100,

Defendants.

CASE NO. RG 15760730 FAX FILE

ASSIGNED FOR ALL PURPOSES TO: JUDGE STEPHEN PULIDO - DEPT. "16"

DECLARATION OF SHARLEEN BANGURA, R.N.

[Filed Concurrently with Plaintiffs' Opposition to Motion for Summary Judgment and Separate Statement of Disputed and Undisputed Material Facts in Opposition to Motion for Summary Judgment

Date Action Filed: 03/03/15

I, Sharleen Bangura, R.N., declare:

1. I am a registered nurse in the State of New Jersey, and in that capacity I have regularly provided nursing care to Jahi McMath in her apartment for the last

AGNEW BRUSAVICH
LAWYERS
20355 HAWTHORNE BOULEVARD . TORRANCE, CALIFORNIA 90503-2401
TELEPHONE: (310) 793-1400 FACSIMILE: (310) 793-1499 E-MAIL: ab@agnewbrusavich.com

1 three years. I have personal knowledge of the facts stated here, and if called as
2 a witness I could and would testify competently to them.
3 2. In addition to her parents, Jahi is cared for by nurses who work in three
4 shifts, 24/7. I have been her nurse on the day shift since she was discharged from
5 St. Peter's Medical Center in early 2014.
6 3. Jahi's nursing care is contemporaneously documented on "Nurse Shift
7 Note & Time Record" forms. The Nurse's Shift Note & Time Record dated 9/9/14
8 attached as Exhibit 1 documented the following: "Pt. Noted to be on her menstrual
9 cycle as evidenced by a large amount of bright red blood in her diaper."
10 4. I have observed that Jahi is more alert on some days than she is on other
11 days. On her alert days, if I ask her to squeeze my hand, she does so. If I ask her to
12 move different parts of her body, she will move that part. When I put on meditation
13 music for her to listen to, I watch as her heart rate goes down. Her heart rate
14 increases when she is listening to music that I know she enjoys, like Bobby Brown,
15 who is one of her favorites. Attached to this declaration as Exhibit 2 are true and
16 correct copies of Nurse's Shift Notes & Time Records that I authored between
17 February 18, 2016 and August 7, 2016. In each of these notes, I noted times that I
18 observed Jahi's movements in response to commands from family members.
19 I declare under penalty of perjury under the laws of the States of New Jersey
20 and California that the foregoing is true and correct.
21 Executed this 27 day of June, 2017 at Somerset, New Jersey.
22
23
Sharleen Bangura, R.N., Declarant
24
25
26
27
28

AGNEW BRUSAVICH
LAWYERS
20355 HAWTHORNE BOULEVARD · TORRANCE, CALIFORNIA 90503-2401
TELEPHONE: (310) 793-1400 FACSIMILE: (310) 793-1499 E-MAIL: ab@agnewbrusavich.com

EXHIBIT 1

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name

Client Services Number

DATE | TIME STARTED | TIME FINISHED | TIME WORKED

Temp | Pulse | RP | AP | Resp | O2 Sat | BP

Nutrition Status

Bowel Status

Urinary Status

Environmental Status

Respiratory Status

N/A

PRN

Cardiac Status

Edema

Skin Integrity

Infection Control

Neurological

Pain Status: Client reports pain or discomfort

Recurrent | New

Treatment

SHIFT NOTES:

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

CLINICAL NOTES

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☑ Nursing
- ☐ Other

Client #:

Client Name:

Month

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Week Ending Sunday:

Time Arrived: Time Left:

Temp: Pulse: Resp: BP: PAIN LEVEL 0 1 2 3 4 5 6 7 8 9 10

EXHIBIT 2

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jahi McMath
Client #: 619-27
Client Services Manager: Lamar fisher
Week Ending Sunday: 2/21/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
2/18	M T W (Th) F Sa Su	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form. Sharon Banguna.

Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spears
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

Temp: 97.1 Pulse: 81 RP / AP Resp: 12 O2 Sat: 100% B/P: 138/101 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1 Cal @40ml/HR
Respiratory Status: Vent dependent (Rhonchi)
Bowel Status: Incontinent (+) BS x 4 quads
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Urinary Status: Incontinent (Strict I&O)
Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR x2, HOB↑, Dolphin Bed B/L prafo boots & hand rolls
Cardiac Status: HR Regular (+) peripheral pulses (cap refill brisk)
Communication needs: Non-Verbal
Edema: None
Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: Warm, Dry, intact mucous membranes pink & moist
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____
Other: O2 / Aspiration/Reflux/fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. JM in bed positioned on her back eyes closed. B/L Prafo boots on feet. Skin warm, Dry, intact. Resp. unlabored 12bpm. Rhonchi that clears c Sxn. Shiley 4.0 DCT Trach Patent, intact, Midline, Cuff inflated & secured by velcro ties to 1 finger breadth & attached to the LTV1150 vent c humidified heater. Vent setting as ordered. continuous pulse Ox monitoring in place. Alarms set & functioning audibly. #20FR Peg tube patent & intact. Jevity 1 cal infusing @40ml/HR tolerating well. 8am Meds given per MAR. Arginine N/A eye ointment applied. 9am oral care. 9:15am AROM on all extremities. 9:45am ABI Vest x 20mins. 10:30am Bed bath, diaper change void only ØBM, Peg site cleaned. Site Pink & dry. dressed & groomed repositioned to left side. 12pm - Meds/Flush given per MAR, eye ointment applied. 2pm - Meds given c flush. 2:45pm - Diaper change void c Med soft BM. Peri care given Repositioned to right side. 3pm - VSS, NAD, Sxn po nasal Trach as needed. JM tolerated all aspects of care. ↑ Movement to moms commands. Report given to Evening nurse. — SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
① 39ml of fluid replacement needed
② Maintained SAT ↑92% on RA
③ Tolerated feeding.
④ Personal Care Met. ⑤ No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath
Client #: 619-27
Client Services Manager: Lamar fisher
Week Ending Sunday: 2/21/16 (Month/ Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
2/17	M T (W) Th F Sa Su	6 30 am	4pm	9 1/2 HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Charleen Bangura RN 2/17/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spears
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

Temp: 98 | Pulse: 83 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 122/82 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR
Respiratory Status: Vent dependent (lungs CTA)
Bowel Status: Incontinent (BS active)
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR↑x2, HOB↑, dolphin bed Bl. prafo boots & hand rolls
Cardiac Status: HR Regular Cap refill Brisk
Communication needs: Non-Verbal
Edema: none
Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: warm, dry, intact mucous membranes pink & moist
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____
Other: O2/Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 6 30 am Received report from night nurse. JM in bed positioned on her back. Bl. eyes closed covered c̄ NSS soaked gauze. Shiley 4.0 DCT Trach patent, intact, midline. Cuff inflated & secured by velcro ties & attached to the LTV1150 vent c̄ humidified heater. Vent setting verified. Pulse Ox in place. Probe on (L) middle finger. Alarms set & functioning audibly. Lungs CTA Resp unlabored 12bpm. Abdomen soft non tender #20FR peg tube patent & intact. Jevity 1 cal infusing @ 40ml/HR. BS active 7 30 am PROM on all extremities. 8am Meds given per MAR. Arginine N/A mom aware. eye ointment applied. 9am ABI vest x20mins. 9 30 oral care, sxn po/Trach. 11am Partial bed bath given diaper change void c̄ sm soft BM. Trach care. Peg site cleaned sit pink & Dry. dressed & groomed. Repositioned to left side 12pm-Meds/Flush given per MAR. eye ointment applied. 2pm Meds given c̄ flush. 2 30 pm-diaper change void only a BM. Peri care given. Repositioned to right side. 4pm-eye ointment applied. VSS, NAD, Sxn po/nasal/Trach as needed JM tolerated all aspects of care. JM responds to moms commands by moving head/foot/finger when asked. Report given to Evening nurse. SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
(1) Retained 557ml of fluid.
(2) Maintained SAT↑92% on RA
(3) Feeding tolerated (4) Personal Care met (5) No Injury

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD 2/15/16

Client's Name: Joni McMath
Client #: 619-27
Client Services Manager: Lamar Fisher
Week Ending Sunday: 2/21/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
2/15	(M) T W Th F Sa Su	7am	11pm	16HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: [signature] RN — Date: 2/15/16

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: L Spears

MEDICAID ID#: ____________ (State of PA Only)

Temp: 97.7 | Pulse: 88 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 126/95 | Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (lungs CTA)

Bowel Status: Incontinent (+) BS Active

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR↑x2, HOB↑, DOA in bed, B/L Prafo boots & hand rolls

Cardiac Status: HR Regular, Cap refill Brisk

Communication needs: Non-verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact, Mucous Membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABI ☐Seizures x ____

Other: O2 / Aspiration / Reflux / Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back, eyes closed. B/L Prafo boots on feet. Skin warm, Dry, intact. Resp unlabored 12bpm. lungs CTA. Shiley 4.0DCT Trach patent, intact, midline, cuff inflated & Secured by Velcro ties to 1 finger breadth & attached to the LTV1150 Vent c humidified heater. Vent setting as ordered. AC/12, Peep 5, TV/500, FiO2/RA. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. #20FR Peg tube patent & intact. Jevity 1 Cal infusing @ 40ml/HR tolerating well. Abdomen soft non-tender. BS active. 8am Meds given per MAR, eye ointment applied. 9am oral care. Meds given c flush. 9:30am ABI Vest x20mins. 10am PROM on all extremities. 11am Diaper change void only, 0BM Peri Care given. Repositioned to left side. NO Bath per Mom. Peg site cleaned (site pink & dry) dressing applied. 12pm-Meds/Flush given per MAR. eye ointment applied. 2pm-Meds given c flush. 2:30pm-Diaper Change void only 0BM Peri Care given. Repositioned to right side. 4pm-eye ointment applied. 5:30pm-Diaper Change.

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

(1) 190ml of fluid replacement given.
(2) maintained SAT 92% on RA c ease of Resp.
(3) Tolerated feeding. (4) Personal Care Met
(5) All Safety Precaution Maintained No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

CLINICAL NOTES

02/15/16
2 of 2

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ______

Client's Name: Jahi McMath Client#: 619-27

Week ending Sunday (Month Day Year) 2/21/16	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	2/15						

Time Arrived: ______ Time Left: ______

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

Void ∅ BM. Peri Care given. Repositioned onto back. Bil prafo boots on feet. 6pm - Meds/Flush given per MAR. 6:30pm - PROM on all extremities. 7pm - Vent circuits changed. Pt. put on back-up vent while circuits changed. Tolerated well. No s/s of distress or discomfort. 8pm - Meds given per MAR, eye ointment applied. 9pm - ABI Vest x20mins 9:30pm - Oral Care. 10pm - Diaper change. Void c̄ sm soft BM. Peri Care given. Repositioned to left side. 11pm - VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved head/fingers to her mothers commands throughout shift. Report given to night nurse. ——— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:

Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO HHA present? ☐ YES ☐ NO

Patient participated in Care Plan Update? ☐ YES ☐ NO HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Shaleen Bangura RN Date 2/15/16 (2/14)

2/12/16

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath
Client #: 619-27
Client Services Manager: Lamar Fisher
Week Ending Sunday: 2/14/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
2/12	M T W Th (F) Sa Su	7am	8pm	13HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shaleem Bengwe RN 2/12/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

[signature]
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

Temp: 96.5 | Pulse: 78 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 124/93 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NPO Jevity 1cal @ 40ml/HR
Respiratory Status: Vent dependent	Bowel Status: Incontinent (BS active)
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A	Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A	Environment/Safety: SR↑x2, HOB↑, Dolphin Bed, B/L Prafo boots & hand rolls
Cardiac Status: HR Regular, Cap refill Brisk	Communication needs: Non-Verbal
Edema: None.	Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: Warm, Dry, intact, Mucous Membranes Pink & moist	☒ Equipment checked ☒ Back up equipment checked ☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____	Other: O2/Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on back. B/L eyes closed covered c NSS soaked gauze. Trach patent, intact, midline, cuff inflated, & secured by velcro ties & attached to the LTV150 vent c humidified heater. Vent setting verified. Pulse ox in place. Probe on R Big toe. Alarms set & functioning audibly. Lungs CTA. Resp unlabored 12bpm. Abdomen soft non tender. #20FR Peg tube patent & intact site Pink & dry. Jevity 1cal infusing @ 40ml/HR. No Residual. BS active. 7:30 PROM on all extremities. 8am Meds given per MAR. Arginine N/A eye ointment applied. 9am Meds given c flush. ABI Vest x 20mins. 10:30am Partial bed bath given diaper change void only. No BM. Peg site cleaned, dressed & groomed. Repositioned to right side. 11:00 oral care. 12pm Med/Flush given per MAR, eye ointment applied. 2pm Meds given c flush. 2:30pm diaper change void c Med soft BM. Peri care given. Repositioned to left side. 4pm eye ointment applied. 6pm Meds/Flush given per MAR

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. maintained I&O (+) or (−) 50ml
2. Maintained SAT ↑92% on RA
3. Tolerated feeding
4. Personal care Met. 5. No Injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ________

2/13/16

BAYADA® Home Health Care

Client's Name: Jahi McMath   Client#: 619-27

Week ending Sunday	Month Day Year 2/14/16	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Time Arrived: ________ Time Left: ________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6pm- Meds/Flush given Per MAR. 6:30pm Diaper Change Lg void (1028ml) c̄ Med Soft Bm. Peri care given. Repositioned onto back. B/L Prafo boots on feet. Trach Care Provided. 7^45 Evening Meds given Per MAR. eye ointment applied. 8pm- VSS, NAD, Sx po/nasal/Trach as needed. Jm Moved fingers/Head to her mother commands. Jm tolerated all aspects of care. Report given to mom ———— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:

Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO

HHA presen.? ☐ YES ☐ NO
HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Shaleen Bangura RN   Date 2/12/16

www.bayada.com
915-A REV. 2/05 © BAYADA Home Health Care, 2005

CLINICAL NOTES

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath
Client #: 619-27
Client Services Manager: Lamar Fisher
Week Ending Sunday: 3/27/16 (Month/ Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
3/23	M T (W) Th F Sa Su	6:30 am	4pm	9½ HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: Shaleen Bengue RN Date: 3/23/16

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: L. Spears
MEDICAID ID#: ______ (State of PA Only)

Temp: 97.1 | Pulse: 75 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 113/80 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR
Respiratory Status: Vent dependent (Lungs CTA)
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Bowel Status: Incontinent (BS active)
Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR↑x2 Hosp Dolphin Bed, B/L Prafo boots & hand rolls
Cardiac Status: HR Regular, Cap refill Brisk
Communication needs: Non-Verbal
Edema: None
Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: warm, Dry, intact, Mucous membranes pink & moist
☒Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____
Other: O2/Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 6:30am Report received from night nurse. Jim in bed lying on her back. Eyes Closed. Shiley 4.0 Trach Patent & intact & attached to the LTV 1150 Vent. Vent setting Verified. Continuous pulse ox monitoring in place. Probe on (R) middle finger. Alarms set & functioning audibly. Resp unlabored 12bpm. Lungs CTA. #20FR Peg tube Patent & intact Jevity 1 Cal infusing @ 40ml/Hr. BS active. Abdomen soft non-tender. 8am Meds given per MAR. eye ointment applied. 9am oral Care. Meds given c̄ flush. 9:30am ABI vest x20mins. 10am PROM on all extremities. 10:30am Bed bath, diaper Changed. Peg site cleaned (Site Pink & dry) Trach Care. dressed & groomed. Repositioned to left side. 12pm- Meds/Flush given per MAR: eye Ointment applied. 2pm- Meds given c̄ flush. 2:30pm- diaper Change void x1 Med soft BM Peri Care given. Repositioned to right side. 4pm- eye ointment applied. VSS, NAD, Sxn PO/nasal/Trach as needed. Jim tolerated all aspects of Care. ↑ Movement throughout the Shift. Report given to Evening nurse — SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1) maintained I & O (+) or (−) 500ml
2) maintained SAT ↑92% on RA
3) Tolerated feeding (4) Personal Care needs met.
5) All Safety Precaution maintained No injury

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath

Client #: 619-27

Client Services Manager: Lamar Fisher

Week Ending Sunday: 3/20/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
3/14	(M) T W Th F Sa Su	4pm	11pm	7HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shaleen Bengna RN 3/14/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L. Spears
Client Signature

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.6 | Pulse: 75 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 121/91 | Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NPO Jevity 1cal @ 40ml/HR
Respiratory Status: Vent dependent (lungs CTA)	Bowel Status: Incontinent
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A	Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A	Environment/Safety: SR↑x2, HOB↑, Dolphin bed B/L Prafo boots & hand rolls
Cardiac Status: HR Regular Cap refill Brisk	Communication needs: non-Verbal
Edema: None	Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: Warm, Dry, intact Mucous Membranes pink & moist	☒ Equipment checked ☒ Back up equipment checked ☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____	Other: O2 Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 4pm - Received report from Day nurse. Jm in bed positioned on her right side, eyes closed covered c̄ NSS soaked gauze. Resp unlabored 12bpm lungs CTA. Shiley 4.0 DCT Trach, Patent, intact, midline, cuff inflated & secured by Velcro ties & attached to the LTV1150 Vent c̄ humidified heater. Vent setting as ordered AC/12, Peep 15, TV/500, FiO2/RA. Continuous Pulse Ox Monitoring in place. Alarms set & functioning audibly. #20 FR Peg tube patent & intact Jevity 1cal infusing @ 40ml/HR. Abdomen soft non-tender. 6pm - Meds/Flush given per MAR. 6:30p - Diaper change void only ∅BM. peri care given. Repositioned onto back. B/L Prafo boots on feet. 7pm - PROM on all extremities 8pm - Oral Care. Meds given per MAR. eye ointment applied. 9pm - ABI vest x 20mins. 10:30pm - Diaper change void only ∅BM. Peri care given. Trach care. Repositioned to left side. 11pm - VSS, NAD, Sxn PO/Nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved head & left fingers to mother's command. Report given to night nurse. SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1) maintained I & O (+) or (−) 50ml
2) maintained SAT ↑92% on RA
3) Tolerated feeding.
4) Personal Care Met (5) NO injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No

HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

262

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath
Client #: 619-27
Client Services Manager: Lamar fisher
Week Ending Sunday: 3/13/16 Month/Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
3/11	M T W Th (F) Sa Su	7am	3pm	8HRS

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L. Spears
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Sharon Bangura RN 3/11/16
Employee Signature/Title Date

Temp: 97 Pulse: 76 RP / AP Resp: 12 O2 Sat: 100% B/P: 138/103 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1Cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)
Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR↑x2, HOB↑, Dolphin bed B/L prafo boots & hand rolls

Cardiac Status: HR Regular Cap refill Brisk
Communication needs: non-verbal

Edema: None
Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact Mucous membranes pink & moist
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABI ☐Seizures x ____
Other: O2 Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am-Received report from night nurse. Jm in bed positioned on her back, eyes closed. General appearance normal. Shiley 4.0 DCT Patent & intact & attached to the LTV1150 Vent c̄ humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. #20FR Peg tube Patent & intact Jevity 1cal infusing @ 40ml/HR. Abdomen soft non-tender. 8am Meds given per MAR, Arginine N/A. Eye ointment applied. 9am Meds given. Oral care given. 9:30am ABI vest x20mins. 10am Diaper change void only. 11am Peri care given. Trach care provided. Repositioned to left side. No bath per Mom. 12pm-Meds/flush given per MAR. Eye ointment applied. 1pm-PROM on right side. 2pm-Meds given c̄ flush. 2:30pm-Diaper change void c̄ Lg soft BM. Peri care given. Repositioned to right side. 3pm-VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved fingers on (L) hand to mom's command. Report given to Evening nurse —— SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT

(1) maintained I & O (+) or (−) 500ml
(2) Maintained SAT↑ 92% on RA
(3) Tolerated feeding (4) Personal Care needs met
(5) All Safety Precautions maintained No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jabi McMath

Client #: 619-27

Client Services Manager: Lamar fisher

Week Ending Sunday: 3/6/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
3/4	M T W Th (F) Sa Su	7am	11pm	16 HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Charleen Bangura RN 3/4/16

Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

[signature]

Client Signature

MEDICAID ID#: ________ (State of PA Only)

Temp: 97 | Pulse: 81 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 124/81 | Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: Npo Jevity 1cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR↑x2, HOB↑ Dolphin bed, B/L Prafo boots & hand rolls

Cardiac Status: HR Regular, Cap refill Brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact, Mucous Membranes Pink & moist

☒ Equipment checked ☒ Back up equipment checked ☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABI ☐Seizures x

Other: O2 Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Report received from Night nurse. JM in bed positioned on her back B/L eyes closed & covered c NSS soaked gauze. Mucous membranes pink & moist. Resp unlabored 12bpm, Lungs CTA. Shiley 4.0 DCT Trach patent, intact, midline, cuff inflated & secured by Velcro ties to 1 finger breadth & attached to the LTV1150 vent c humidified heater. Vent setting as ordered AC/12, Peep 5, TV 500, FiO2/RA. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. #20FR Peg tube Patent & intact Jevity 1cal infusing @ 40ml/HR. Abdomen soft non-tender. Skin warm, Dry, intact. 8am Meds given per MAR, Arginine N/A mom aware, eye ointment applied. 9am oral care. Meds given c flush. 9:30am ABI Vest x 20mins tolerated well. 10am - PROM on all extremities. 10:30am Bed bath given. diaper change void only Ø BM. Peg site cleaned. dressed & groomed. Repositioned to left side. 12pm - Meds/Flush given per MAR. eye ointment applied. 2pm - Meds given per MAR. 2:30p - diaper change void c Med soft BM. Peri care given Repositioned to right side.

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

(1) Maintained I & O (+) or (−) 500ml
(2) Maintained SAT ↑ 92% on RA
(3) Tolerated feeding (4) Personal Care needs Met.
(5) All Safety Precaution Maintained No Injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No

HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

CLINICAL NOTES

2 of 2

3/4/16

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ________

Client's Name: Jahi McMath Client#: 619-27

Week ending Sunday	Month 3 / Day 6 / Year 16	Mon	Tue	Wed	Thu	Fri	Sat	Sun
						3/4		

Time Arrived: ________ Time Left: ________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

4pm- eye ointment applied. 6pm- Meds/Flush given Per MAR. 6:30pm- diaper Change Void c̄ Med soft Bm Peri care given. Trach Care Provided Repositioned onto back. B/L Prafo boots on feet. 7pm- PROM on all extremities. 8pm- Meds given Per MAR. eye ointment applied. 9pm- ABI vest x20mins 10pm- oral care. diaper change void only Ø Bm Peri care given. Reposition to left side. 11pm- VSS, NAD, Sxn po/nasal/Trach as needed. JM tolerated all aspects of care. JM moved fingers on both hands to mother's commands. Report given to night nurse. ——— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:
Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO HHA present? ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Sharon Banguera RN Date 3/4/16.

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jobi McMath
Client #: 619-27
Client Services Manager: Diana Moncayo
Week Ending Sunday: 4/24/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
4/21	M T W (TH) F Sa Su	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: [signature] RN Date: 4/21/16

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: [signature]
MEDICAID ID#: ______ (State of PA Only)

Temp: 98 | Pulse: 80 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 123/92 Sitting (Lying)/ Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Respiratory Status: Vent dependent (Lungs CTA)
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Oxygen: ☐ Continuous ☒PRN ☐N/A
Cardiac Status: HR Regular Cap refill Brisk
Edema: none
Skin Integrity: warm, dry, intact mucous membranes pink & moist
Neurological: ABT ☐Seizures x

Nutrition/Diet: Npo Jevity 1cal @ 40ml/HR
Bowel Status: Incontinent (BS active)
Urinary Status: Incontinent (Strict I & O)
Environment/Safety: SR↑x2, HOB↑, Dolphin bed BL Prafo boots & hand rolls
Communication needs: Non-Verbal
Infection Control: ☒Standard Precautions ☐ Other:
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked
Other: O2/Aspiration/Reflux/Fall Precautions

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location) N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her Back. BL eyes closed. General appearance normal. BL Prafo boots on feet. Trach patent & intact & attached to the [illegible] vent c̄ humidified heater. Vent setting verified. Alarms set & functioning audibly. Continuous pulse ox monitoring in place. Abdomen soft non-tender (+) BS x4 Quads. #20Fr lungs CTA. Resp unlabored 12bpm. Peg tube patent & intact. Jevity 1cal infusing @40ml/HR. 8am- Meds given per MAR. 9am oral care. Meds given c̄ flush. 9:30am ABT vest x20min. eye ointment applied. 10am PROM x4 extremities. 10:30am Bed bath given. diaper change void only & Bm. Peg site cleaned. Trach care. dressed & groomed. Repositioned to left side. 12pm- Meds/Flush given per MAR. eye ointment applied. 2pm- Meds given c̄ flush. 2:30pm- diaper change void only & Bm. Peri care given. Repositioned to right side. 3pm- VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved head & hands to mom's commands. Report given to Evening nurse.

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1) maintained I & O (+) or (−) 500ml
2) Maintained SAT ↑ 92% on RA
3) Tolerated feeding. 4) Personal Care needs met.
5) All Safety Precautions maintained NO injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jan McNath

Client #: 619-27

Client Services Manager: Diana Moncayo

Week Ending Sunday: 4/10/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
4/4	(M) T W Th F Sa Su	4pm	11pm	7HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form. Shareen Bangura RN 4/4/16

Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spears

Client Signature

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.3 Pulse: 80 RP / AP Resp: 12 O2 Sat: 100% B/P: 149/108 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Respiratory Status: Vent dependent (Lungs CTA)

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Oxygen: ☐ Continuous ☒PRN ☐N/A

Cardiac Status: HR Regular Cap refill Brisk

Edema: none

Skin Integrity: warm, Dry, intact mucous membranes pink & moist

Neurological: ABI ☐Seizures x

Nutrition/Diet: NPO Jevity 1cal @ 40ml/HR

Bowel Status: Incontinent (BS active)

Urinary Status: Incontinent

Environment/Safety: SR↑x2, HOB↑, Dolphin bed B/L prafo boots & hand rolls

Communication needs: Non-Verbal

Infection Control: ☒Standard Precautions ☐ Other:

☒ Equipment checked ☒ Back up equipment checked

☒ Emergency equipment checked ☒ Go Bag checked

Other: O2/Aspiration/Reflux/fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) 0 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 4pm-Received report from Day nurse. Jim in bed positioned on her right side. eyes closed covered c NSS soaked gauze. Resp unlabored 12/pm. lungs CTA Shiley 4.0 DCT Trach patent, intact, Midline, cuff inflated & secured by Velcro ties to 1 finger breadth & attached to the LTV 150 vent c humidified heater. Vent setting as ordered AC 12, Peep 5, TV 500, FiO2 RA. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. #20 FR peg tube patent & intact Jevity 1cal infusing @ 40ml/HR. Abdomen soft non-tender. Skin warm, Dry, intact. 6pm-Diaper Change void=594ml Ø Bm Peri care given. Repositioned onto back. B/L Prafo boots on feet. Meds/Flush given per MAR. 6:45pm-PROM on all extremities. 8pm-Oral care. Meds given per MAR. 9pm-ABI Vest x20mins. 10:30pm Diaper change void c Med soft Bm. peri care given. Repositioned to left side. 11pm-VSS, NAD, Sxn po/nasal/Trach as needed. Jim tolerated all aspects of care. Jim moved head & hands to mom command. Report given to night nurse. — SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

(1) Maintained I&O (+) or (-) 500ml

(2) Maintained SAT ≥92% on RA

(3) Tolerated feeding. (4) personal care met

(5) All Safety Precaution Maintained No Injury

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum Completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

CLINICAL NOTES

5/13/16
2 of 2

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ______

Client's Name: Jahi McMath Client#: 619-27

Week ending Sunday (Month Day Year)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
5/15/16					5/13		

Time Arrived: ______ Time Left: ______

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

4:30pm- Clindamycin 150mg Started for trach infection No adverse reactions. 6pm- Meds/Flush given per MAR. 6:30pm Diaper Change Void=640ml ØBm Peri Care given Repositioned onto back B/L Prafo boots on feet. 7pm- PROM on all extremities. 8pm- Meds given per MAR Eye ointment applied. 9pm- ABI vest x20mins. 10:30pm- Diaper Change Void=206ml ØBm Peri Care given Repositioned to left side. 11pm- VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of Care. Jm moved her ~~heading~~ fingers & hand when asked. Report given to night nurse. —— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:
Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO HHA present? ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title: Shareen Banguna RN Date 5/13/16

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jahi McMath Client #: 619-27

Client Services Manager: Diana Moncayo Week Ending Sunday: 5/22/16 (Month/ Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
5/20	M T W Th (F) Sa Su	7am	3pm	8HRS

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: [signature]

MEDICAID ID#: ______ (State of PA Only)

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: Sharon Benegua RN Date: 5/20/16

Temp: 98 Pulse: 91 RP / AP Resp: 12 O2 Sat: 100% B/P: 131/97 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Bowel Status: Incontinent (BS Active)

Urinary Status: Incontinent (Strict I&O)

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR x 2, HOB ↑, Dolphin bed, B/L Prafo boots & hand rolls

Cardiac Status: HR Regular, Cap refill Brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm/Dry/intact, Mucous membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABT ☐Seizures x ____

Other: O2/Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back, eye closed. General appearance normal. B/L Prafo boots on feet. Shiley Trach Patent & intact & attached to the LTV1150 Vent c̄ humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Lungs CTA. Resp unlabored 12bpm. Abdomen soft non-tender. BS Active. #20FR Peg tube Patent & intact. Jevity 1 Cal infusing @ 40ml/HR. 8am Oral Care. Meds given per MAR. eye ointment applied. 830am ABT (Clindamycin) given c̄ flush. 9am Meds given. 930am ABT vest x 20mins. 1030am Bed bath. Void c̄ Lg soft Bm. Peg site cleaned. Trach care dressed & groomed. Repositioned to right side. 12pm Meds/Flush given per MAR. 2pm PROM x4 extremities. Meds given. 245pm Diaper change Void c̄ Med soft Bm Peri care given. Repositioned to left side. 3pm VSS, NAD, Sxn'd nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved fingers & hand when requested by mom. Report given to mom ——— SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. Maintained I&O (+) or (–) 500ml
2. Maintained SAT ↑ 92% on RA
3. Tolerated feeding
4. Personal Care met
5. No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No

HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jalni McMahin   Client #: 619-27

Client Services Manager: Diana Moncayo   Week Ending Sunday: 5/29/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
5/25	M T (W) Th F Sa Su	6:30 am	3pm	8 1/2 HRS

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: [signature]

MEDICAID ID#: ______ (State of PA Only)

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: Shaleen Bengiva RN   Date: 5/25/16

Temp: 98 | Pulse: 85 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 127/87 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR ↑x2, HOB↑, Dolphin bed B/L Prafo boots & Handrolls

Cardiac Status: HR Regular Cap refill Brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact Mucous membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABI ☐Seizures x ____

Other: OOB Aspiration/Reflux/Fall Precautio

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A   Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A   Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back, eye closed B/L Prafo boots on feet. Shiley Trach patent intact & attached to the LTV1150 vent c humidified heater. Vent setting verified: Continuous pulse ox monitoring in place. Alarms set & functioning audibly. lungs CTA. Resp unlabored 12bpm. # 20FR peg tube patent & intact Jevity 1cal @ 40ml/HR. BS active Abdomen soft non tender. 8am Meds given per MAR. Eye ointment applied. 9am oral care. Meds given. 9:30am ABI vest x 20mins. 10am PROM legs only 10:30am bed bath given. Void only BM. Peg site cleaned. Trach care. dressed & groomed Repositioned to right side. 12pm- Meds/Flush given per MAR eye ointment applied. 2pm- Meds given c flush. 2:30pm- Diaper change void c Med soft BM. peri care given. Repositioned to left side. 3pm- VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved head & right hand to moms request. Report given to Evening nurse. — SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

1) maintained I & O (+) or (−) 500ml
2) maintained SAT ↑ 92% on RA
3) Tolerated feeding.
4) Personal Care needs met. (5) No injury

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

NURSE'S SHIFT NOTE & TIME RECORD

BAYADA Home Health Care

Client's Name: Jahi McMath
Client #: 619-27
Client Services Manager: Diana Morayo
Week Ending Sunday: 5/29/16 (Month/ Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
5/29	M T W Th F Sa (Su)	7am	3pm	8 HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Sharon Banguia RN 5/29/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

J. Spears
Client Signature
MEDICAID ID#: ____________ (State of PA Only)

Temp: 98.2 Pulse: 77 RP / AP Resp: 12 O2 Sat: 100% B/P: 104/75 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NPO Jevity 1Cal @ 40ml/HR
Respiratory Status: Vent dependent (Lungs CTA)	Bowel Status: Incontinent
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A	Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A	Environment/Safety: SR x 2, HOB↑, Dolphin bed B/L Prafo boots & hand rolls
Cardiac Status: HR Regular Cap refill Brisk.	Communication needs: non-verbal
Edema: none	Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: warm, dry, intact mucous membranes pink & moist	☒Equipment checked ☒ Back up equipment checked ☒Emergency equipment checked ☒ Go Bag checked
Neurological: ABT ☐Seizures x ____	Other: O2/Aspiration/Reflux/Fall Precautions

Pain Status: Client reports pain as a problem: ☐ Yes ☒No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jim in bed positioned on her back, eye closed B/L Prafo boots on feet. Hand rolls in place. Shiley Trach patent, intact & secured by velcro ties to 1 finger breadth & attached to the LTV1150 Vent c humidified heater. Vent setting verified. Continuous Pulse ox monitoring in place. Alarms set & functioning audibly. Lungs CTA. Resp unlabored 12bpm #20FR Peg tube patent & intact Jevity 1Cal infusing @ 40ml/Hr. ⊕BSx4 Quads. Abdomen soft non-tender. 8am Meds given per MAR eye ointment applied. 9am Oral Care. Meds given. 9:30am ABT test x20mins. 10am PROM x4 extremities 10:30am Bed Bath given Void & Med soft BM. Peg site cleaned. Trach care. dressed & groomed Repositioned to right side. 12pm- Meds/Flush given per MAR. Eye Ointments applied. 2pm- Meds given. 2:30pm- Diaper Change Void only & BM peri care given. Repositioned to left side. 3pm V.S, NAD, Suctioned Trach as needed. Jim tolerated all aspects of care. Report given to nurse. ———SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
① maintained I & O ⊕ur-⊕BM
② maintained SAT ↑92% on RA
③ Tolerated feeding.
④ Personal Care met ⑤ No Injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

www.bayada.com
0-3443-11/14 © BAYADA Home Health Care 2014

CLINICAL NOTES

5/30/16
2 of 2

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ___________

Client's Name: Jahi McMath   Client#: 619-27

Week ending Sunday	Month Day Year	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	6/5/16	5/30						

Time Arrived: __________ Time Left: __________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6:30pm - Diaper Change void = 434ml ØBm peri Care given. Repositioned onto back. B/L prafo boots on feet. 7:30pm PROM on all extremities. 8pm - Oral Care. Meds given per MAR eye ointment applied. 9pm - ABI vest x20mins. 10:30pm - Diaper Change void = 226ml Med Soft Bm peri care given. Repositioned to right side. 11pm - VSS, NAD, Sxn oral/nasal/Trach as needed. Jm tolerated all aspects of Care. Jm moved head & hands left & right to Grandmother request. Report given to SB night nurse. ——— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:

Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO   HHA present? ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO   HHA SUPERVISION: ☐ YES ☐ NO

☞ Signature/Title Sharon Benguza RN   Date 5/30/16.

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jim McMath   Client #: 61927

Client Services Manager: Diana Moncayo   Week Ending Sunday: 6/5/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
6/3	M T W Th (F) Sa Su	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shannon Bengue RN 6/3/16
Employee Signature/Title   Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L. Speart
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

Temp: 98.1 | Pulse: 89 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 126/79 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (Scattered Rhonchi)

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Bowel Status: Incontinent

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR↑x2, HOB↑, Dolphin bed Bil Prafo boots & hand rolls

Cardiac Status: HR Regular Cap refill Brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact mucous membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABT ☐Seizures x ____

Other: O2 | Aspiration/Reflux/Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A   Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A   Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jim in bed positioned on the right side, eyes closed. Shiley Trach patent, intact & attached to the LTV 1150 Vent c̄ humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Scattered Rhonchi clears c̄ Sxn. Resp unlabored 12bpm. #20FR peg tube patent & intact. Jevity 1 cal @ 40ml/HR BS active. Abdomen soft non-tender. 8am Meds given per MAR. eye ointment applied. 9am Meds given. 10am ABT vest x20mins 10:30am bed bath given Void=362ml Qam. Peg site cleaned site pink & dry. Trach care, dressed & groomed. Repositioned onto back. Bil Prafo boots on feet. 11:30am Oral care. 12pm - Meds/Flush given per MAR. eye ointment applied. 2pm - Meds given c̄ flush. PROM x4 extrimities. 2:45pm - Diaper change void=382ml Qam peri care given. Repositioned to left side. 3pm - VSS, NAD, Sxn po/ nasal/Trach as needed. Jim tolerated all aspect of care. Report given to Evening Nurse. SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:

1. Maintained I & O (+) or (-) 500ml
2. Maintained SAT ↑92% on RA
3. Tolerated feeding.
4. Personal Care met. 5. No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A   Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A   Client Participated in Care Plan Update ☐ Yes ☐ No

377

CLINICAL NOTES

6/4/16

2 of 2

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ___________

Client's Name: Jahi McMath Client#: 619-27

Week ending Sunday	Month Day Year 6/5/16	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Time Arrived: ___________ Time Left: ___________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6:30pm-Diaper Change void=386ml ØBm peri Care given. Repositioned onto back. B/L Prafo boots on feet. 7pm-PROM on all extremities 8pm-Meds given per MAR. eye ointment applied. Oral Care. 9pm ABI Vest x20mins 10:30pm Diaper Change. void=146ml Med soft Bm. peri Care given. Repositioned to right side. 11pm-VSS, NAD, sxn po/nasal Trach as needed. JM tolerated all aspects of Care. JM moved hands & fingers on left & right hand to grandmother's commands. Report given to night nurse. SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:

Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO

Patient participated in Care Plan Update? ☐ YES ☐ NO

HHA present? ☐ YES ☐ NO

HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Shareen Banguer RN Date 6/4/16

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jeni McHath
Client #: 619-27
Client Services Manager: Diana Moncayo
Week Ending Sunday: 6/12/16 Month/ Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
6/12	M T W Th F Sa (Su)	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Sharon Bengura RN 6/12/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spears
Client Signature

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.7 | Pulse: 81 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 83/62 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NPO Jevity 1cal @ 40ml/Hr
Respiratory Status: Vent dependent (Lungs CTA)	Bowel Status: Incontinent
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A	Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A	Environment/Safety: SR ↑ x2, HOB ↑, Dolphin bed Bil Prafo boots & hand rolls
Cardiac Status: HR Regular Cap refill brisk	Communication needs: Non-Verbal
Edema: None	Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: warm, dry, intact mucous membranes pink & moist	☒ Equipment checked ☒ Back up equipment checked ☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABI ☐Seizures x ____	Other: O2/Aspiration/Reflux/fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 7am - Received report from night nurse. Jm in bed positioned on her back. Bil Prafo boots & hand rolls in place, eyes closed. Shiley Trach patent intact & attached to the LTV1150 vent c humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Lungs CTA, resp unlabored 12bpm. #20FR peg tube patent & intact Jevity 1cal @ 40ml/Hr. BS active. Abdomen soft non-tender. 8am Meds give per MAR, eye ointment applied. 9am oral care. Meds given. 9:30am ABI vest x20min 10am PROM on all extremities 10:30am bed bath given. diaper change void = 860 ml ØBm. Peg site cleaned. Site pink & dry. Trach care. dressed & groomed repositioned to right side. 12pm - Meds/Flush given per MAR. eye ointment applied. 2pm - Meds given. 2:30pm - Diaper change void = 103 ml Ø Bm peri care given. Repositioned to left side. 3pm - VSS NAD Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Report given to Evening nurse. ———— SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. Maintained I&O (+) or (−) 500ml
2. Maintained SAT ↑92% on RA
3. Tolerated feeding.
4. Personal Care met. 5. No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

390

CLINICAL NOTES

2 of 2
6/13/16

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ____________

Client's Name: John McMath Client#: 619-27

Week ending Sunday (Month Day Year)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6 / 19 / 16	6/13						

Time Arrived: ____________ Time Left: ____________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6pm-Meds\Flush given per MAR. 6:30pm-Diaper Change Void=792 ml Lg soft BM peri care given. Repositioned onto back. B/L Prafo boots on feet. 7pm-PROM on all extremities 8pm-Meds given: eye ointment applied. 9pm-ABT vest x20mins. 10:30pm-Oral Care. Diaper Change. Void=212 ml ØBM peri care given. Repositioned to left side. 11pm-VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved hands & fingers to mom's request. Report given to night nurse. ———— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:
Continue c̄ P.O.C.

CARE PLAN UPDATE: ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO
HHA present? ☐ YES ☐ NO
HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Sharon Bengura RN. Date 6/13/16.

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jan McNath
Client #: 69-27
Client Services Manager: Diana Moncayo
Week Ending Sunday: 7/3/16 Month/Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
7/3	M T W Th F Sa (Su)	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shareen Bengene RN 7/3/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

[signature]
Client Signature
MEDICAID ID#: ____________ (State of PA Only)

Temp: 97.6 | Pulse: 88 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 132/99 Sitting / (Lying) / Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/Hr
Respiratory Status: Vent dependent (Lungs CTA)
Bowel Status: Incontinent
☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Urinary Status: Incontinent
Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR↑x2, HOB↑, DC pin in bed B/L Prafo boots & hand rolls
Cardiac Status: HR Regular Cap refill Brisk
Communication needs: Non-Verbal
Edema: (R) knee
Infection Control: ☒Standard Precautions ☐ Other:
Skin Integrity: warm, dry, intact mucous membranes pink & moist
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked
Neurological: ABT ☐Seizures x ____
Other: O2/Aspiration/Reflux/fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A
Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No
If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back. B/L Prafo boots & hand rolls in place. eyes closed. Shiley Trach patent, intact, & attached to the LTV 1150 vent c humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Lungs CTA. Resp unlabored 12bpm. #20Fr peg tube patent & intact. Jevity 1cal infusing @ 40ml/Hr. BS active. Abdomen soft nontender. 8am Oral Care & Meds given. 9am Meds given 9:45am ABT vest x20mins. 10:30am PROM arms only. 11am Bed bath given. diaper change void=168ml &Bm. Peg site cleaned. Trach care. Dressed & groom. Repositioned to right side. 12pm Meds/Flush given per MAR. eye ointment applied. 2pm Meds given 2:45pm - Diaper change void=357ml Med Bm. Peri care given. Repositioned to left side. 3pm - VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved finger & hand to mom request. Report given to mom. SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
(1) Maintained I&O (+) or (-) 500ml
(2) Maintained SAT ↑92% on RA.
(3) Tolerated feeding. (4) Personal care met.
(5) All Safety Precautions maintained. NO injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO
COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

411

CLINICAL NOTES

2 of 2
7/4/16

- ❑ Occupational Therapy
- ❑ Physical Therapy
- ❑ Speech Therapy
- ❑ Medical Social Services
- ❑ Nursing
- ❑ Other ____________

Client's Name: Jahi McMath   Client#: 619-27

Week ending Sunday (Month / Day / Year)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
7 / 10 / 16	7/4						

Time Arrived: ____________ Time Left: ____________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6:30pm - Diaper change void = 484ml ØBm peri care given. Repositioned onto back. B/L Prafo boots on feets. 7pm - PROM on arms only. 8pm oral care. Meds given. 9pm - ABI vest x 20mins 10:30pm - Diaper change void = 104ml ØBm Peri care given. Repositioned to right side. 11pm - VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Report given to night nurse.

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ❑ Physician ❑ Clinical Mgr. ❑ PT ❑ OT ❑ SP ❑ MSW ❑ RN/LPN ❑ HHA ❑ Client Serv. Mgr. ❑ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:
Continue c P.O.C.

CARE PLAN UPDATE: ❑ YES ❑ NO
Patient participated in Care Plan Update? ❑ YES ❑ NO
HHA present? ❑ YES ❑ NO
HHA SUPERVISION: ❑ YES ❑ NO

☞ Signature/Title Shareen Banguna RN   Date 7/4/16

www.bayada.com
915-A REV. 2/05 © BAYADA Home Health Care, 2005

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jahi McMath
Client #: 619-27
Client Services Manager: Diana Moncayo
Week Ending Sunday: 8/7/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
8/1	(M) T W Th F Sa Su	3pm	11pm	8 HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: [signature] RN Date

My signature certifies that I received service on the date as listed and that times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: L Spears

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.5 | Pulse: 80 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 158/123 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other
Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)
Bowel Status: Incontinent (BS active)

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A
Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A
Environment/Safety: SR ↑ x2, HOB ↑, Dolphin Bed, B/L Prafo boots & hand rolls

Cardiac Status: HR Regular Cap refill Brisk.
Communication needs: Non-Verbal

Edema: None
Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: warm, Dry, intact Mucous membranes pink & moist
☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABI ☐Seizures x
Other: O2 Aspiration/Reflux/Fall Precautions

Pain Status: Client reports pain as a problem: ☐ Yes ☒No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, Intervention/follow-up N/A

SHIFT NOTES: 3pm- Received report from Day nurse. Jm in bed positioned on her left side eyes closed covered c̄ NSS soaked gauze. Resp unlabored 12bpm Lungs CTA. Shiley Trach Patent, intact, midline, Cuff inflated & Secured by Velcro ties to 1 finger breadth & attached to the LTV150 vent c̄ humidified heater vent setting as ordered AC/12, Peep/5, TV/500, FiO2/RA. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. #20 FR peg tube patent & intact Jevity 1 cal infusing @ 40ml/Hr. Abdomen soft non-tender. Skin warm, Dry, intact. 4pm-eye ointment applied. 6pm- Diaper change void=368ml. OBm Peri care given. Repositioned onto back. B/L prafo boots in place. Meds/Flush given. 7pm PROM 8pm- Meds given per MAR. eye ointment applied. 9pm- ABI vest x20mins. 10³⁰pm- Diaper change void=206ml Med Bm Peri Care given. Repositioned to right side. 11pm- VSS, NAD, Sxn PO/Nasal/Trach as needed. Jm tolerated all aspects of care. Jm Moved finger & hands to Mom's commands. Report given to nurse.

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. Maintained I & O (+) or (−) 500ml
2. maintained SAT ↑ 92% on RA
3. Tolerated feeding.
4. Personal Care Met. 5. NO injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

BAYADA Home Health Care

Client's Name: John McMath

Client #: 619-27

Client Services Manager: Diana Mancayo

Week Ending Sunday: 8/7/16 Month/Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
8/2	M (T) W Th F Sa Su	7am	4pm	9 Hrs

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Employee Signature/Title: Sharon Banguna RN Date: 8/2/16

My signature certifies that I received service on the date as listed and that times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

Client Signature: L Spears

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.1 | Pulse: 79 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 131/102 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR ↑ x2, HOB ↑, Dolphin bed with Prafo boots & hand rolls

Cardiac Status: HR Regular Cap refill BRISK

Communication needs: Nonverbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact Mucous Membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABT ☐Seizures x ______

Other: O2/Aspiration/Reflux/Fall Precautions

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received Report from night nurse. Jim in bed positioned on her back, eyes closed. Resp unlabored 12 bpm. Lungs CTA. Shiley Trach patent, intact & secured by Velcro ties to 1 finger breadth & attached to the LTV 1150 Vent c humidified heater. Vent setting verified. Continuous Pulse Ox Monitoring in place. Alarms set & functioning audibly. #20FR Peg tube patent & intact Jevity 1 Cal infusing @ 40ml/HR. Abdomen soft non-tender. BS active. 8am Oral Care. Meds given. eye ointment applied. 9am Meds given 9:30am ABT vest x 20 mins 10am PROM 10:30am Bed bath given diaper change void = 267 med BM. Peg site cleaned. Trach care. dressed & groomed Repositioned to right side. 12pm - Meds/Flush given per MAR. eye ointment applied. 2pm - Meds given. 2:30pm - Diaper change void = 389 ml Med BM Peri Care given. Repositioned to left side. 4pm - eye ointment applied. VSS, NAD, Sxn po/nasal/Trach as needed. Jim tolerated all aspects of care. Jim moved head & hands to mom's request. Report given to nurse. —— SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. Maintained I & O (+) or (−) 500ml
2. Maintained SAT ↑ 92% on RA
3. Tolerated feeding.
4. Personal Care Met. 5. No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No

HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: John McMath

Client #: 619-27

Client Services Manager: Diana Moncayo

Week Ending Sunday: 8/7/16 (Month/Day/Year)

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
8/4	M T W (Th) F Sa Su	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shareen Bengner RN 8/4/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spearo
Client Signature

MEDICAID ID#: ______ (State of PA Only)

Temp: 97.6 | Pulse: 78 RP / AP | Resp: 12 | O2 Sat: 100% | B/P: 130/86 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @ 40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR ↑x2, HOB↑, Dolphin bed, B/L Prafo boots & hand rolls

Cardiac Status: HR Regular, Cap refill brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, intact, mucous membranes pink & moist

☒Equipment checked ☒Back up equipment checked
☒Emergency equipment checked ☒Go Bag checked

Neurological: APT ☐Seizures x ____

Other: O2 / Aspiration / Reflux / Fall Precaution

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other N/A Effective ☐ Yes ☐ No

If no, Intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back. B/L Prafo boots & hand rolls in place. eyes closed covered c̄ NSS soaked gauze. Resp unlabored 12bpm. Lungs CTA. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Shiley Trach patent, intact, Midline, Cuff inflated & secured by Velcro ties to 1 finger breadth & attached to the LTV150 Vent c̄ humidified heater. Vent setting verified. #20FR Peg tube patent & intact. Jevity 1 Cal infusing @ 40ml/HR. BS active. Abdomen soft non-tender. 8am oral care. Meds given. eye ointment applied. 9am Meds given. 10am PROM on all extremities. No bath per Mom. 11am washed pt hair. 12pm - Meds/Flush given. eye ointment applied. 1pm - Diaper change. Void = 252ml, BM, peri care given. Trach care provided. Repositioned to right side. 2pm - Meds given. 3pm - VSS, NAD, Sxn po/nasal/Trach as needed. Jm tolerated all aspects of care. Jm moved her head & hands to mom's commands. Report given to nurse. ——— SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
(1) I = 798 O = 252 Retaining 546ml
(2) maintained SAT ↑ 92% on RA
(3) Tolerated feeding. (4) Personal Care met. (5) No injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

NURSE'S SHIFT NOTE & TIME RECORD

Client's Name: Jahi McMath Client #: 619-27

Client Services Manager: Diana Moncayo Week Ending Sunday: 8/7/16 Month/Day/Year

DATE	DAY (circle day worked)	TIME STARTED	TIME FINISHED	TIME WORKED
8/6	M T W Th F (Sa) Su	7am	3pm	8HRS

My signature certifies that I provided service to the client on the date and time listed above, and that the report of client status and care provided are accurate. I understand that I will be paid on the verified time on this time record and that my pay includes compensation for time spent for client care, documentation, and travel between cases. I also agree to the terms on the back of this form.

Shaleen Bengua RN 8/6/16
Employee Signature/Title Date

My signature certifies that I received service on the date as listed and that times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws. I also agree to the terms on the back of this form.

L Spears
Client Signature

MEDICAID ID#: ______________ (State of PA Only)

Temp: 97.6 Pulse: 82 RP / AP Resp: 12 O2 Sat: 100% B/P: 118/81 Sitting (Lying) Standing

Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other

Nutrition/Diet: NPO Jevity 1 Cal @40ml/HR

Respiratory Status: Vent dependent (Lungs CTA)

Bowel Status: Incontinent

☒Trach ☒Vent ☐CPAP ☒Alarms Set ☐N/A

Urinary Status: Incontinent

Oxygen: ☐ Continuous ☒PRN ☐N/A

Environment/Safety: SR↑x2, HOB↑, Dolphin bed, BL Prafo boots & hand rolls

Cardiac Status: HR Regular Cap refill Brisk

Communication needs: Non-Verbal

Edema: None

Infection Control: ☒ Standard Precautions ☐ Other:

Skin Integrity: Warm, Dry, Intact, mucous membranes pink & moist

☒ Equipment checked ☒ Back up equipment checked
☒ Emergency equipment checked ☒ Go Bag checked

Neurological: ABT ☐Seizures x ____

Other: O2/Aspiration/Reflux/fall Precautions

Pain Status: Client reports pain as a problem: ☐ Yes ☒ No Intensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10

☐Recurrent ☐New (location): N/A Exacerbating Factors: N/A

Treatment: ☐Medication ☐ Rest ☐Other: N/A Effective ☐ Yes ☐ No

If no, intervention/follow-up N/A

SHIFT NOTES: 7am Received report from night nurse. Jm in bed positioned on her back. BL Prafo boots & hand rolls in place, eyes closed. Shiley Trach patent & intact & attached to the LTV1150 Vent c humidified heater. Vent setting verified. Continuous pulse ox monitoring in place. Alarms set & functioning audibly. Lungs CTA. Resp unlabored 12bpm. #20FR Peg tube patent & intact Jevity 1 Cal infusing @40ml/HR. BS Active. Abdomen Soft non-tender. 8am Meds given, eye ointment applied. 9am Oral Care. Meds given. 9:30am ABT vest x20mins. 10am PROM x4 extremities. 10:30am Bed bath given diaper change void=192ml. Small BM. peg site cleaned. Trach care. dressed & groomed. Repositioned to right side. 12pm Meds/Flush given. eye ointment applied. 2pm Meds given. 2:30pm Diaper change void=168ml. OBM peri care given. Repositioned to left side. 3pm VSS, NAD, Sxn oral/nasal/Trach as needed. Jm tolerated all aspects of care. Report given to Evening nurse. SB

PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:
1. Maintained I&O (+) or (−) 500ml
2. maintained SAT↑92% on RA
3. Tolerated feeding.
4. Personal Care Met.
5. No Injury.

HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) ☐YES ☒NO

COORDINATED WITH/REPORTED TO: ☒N/A ☐Clin Mgr ☐RN/LPN ☐Client Svc Mgr ☐Physician (Addendum completed, if applicable) ☐ DME ☐ Respiratory Therapist ☐ Other:

HHA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐ Yes ☐ No
HHA Present: ☐ Yes ☐ No ☐ N/A Client Participated in Care Plan Update ☐ Yes ☐ No

CLINICAL NOTES

2 of 2

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Nursing
- ☐ Other ____________

Client's Name: John McMath Client#: 619-27

Week ending Sunday (Month Day Year)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8/7/16							8/7

Time Arrived: ____________ Time Left: ____________

Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10

6pm- Meds/Flush given per MAR. 7pm-PROM 8pm-Meds given. eye Ointment applied. 9pm-ABT vest x20mins. 945pm Diaper Change Void= 264ml, had BM peri Care given. Trach Care provided. Repositioned to right side. 11pm-VSS, NAD, Sx po/nasal/Trach as needed. JM Moved head & hands to mom's Commands. JM tolerated all aspects of Care. Report given to night nurse. ———— SB

OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):

COORDINATED WITH/REPORTED TO: ☐ Physician ☐ Clinical Mgr. ☐ PT ☐ OT ☐ SP ☐ MSW ☐ RN/LPN ☐ HHA ☐ Client Serv. Mgr. ☐ N/A

COMMENTS:

PLAN FOR NEXT SHIFT/VISIT:

Continue POC.

CARE PLAN UPDATE: ☐ YES ☐ NO
Patient participated in Care Plan Update? ☐ YES ☐ NO
HHA present? ☐ YES ☐ NO
HHA SUPERVISION: ☐ YES ☐ NO

Signature/Title Sharon Bangura RN Date 8/7/16

www.bayada.com