

ACTIVITY LOG

HOME HEALTH CARE SOLUTIONS, LLC

Employee Name/Title _____ Work Code _____

Supplies	Patient's Name	MR #	Visit Dates	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		Total		
				Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Visits	Total Wknd Visits	
				VC:		VC:		VC:		VC:		VC:		VC:		VC:				
				VC:		VC:		VC:		VC:		VC:		VC:		VC:			Total SOC	Total Wknd SOC
				VC:		VC:		VC:		VC:		VC:		VC:		VC:			Total Holiday Visits	Total Holiday SOC
				VC:		VC:		VC:		VC:		VC:		VC:		VC:			Total Meeting	Total Orientation
				VC:		VC:		VC:		VC:		VC:		VC:		VC:			Total BP Clinic Hours	Total InService
				VC:		VC:		VC:		VC:		VC:		VC:		VC:				

Official Use Only

Visit Codes (VC): A: Admit V: Visit ROC: Resumption of Care RC: Recert DC: Discharge NEC: Necessary Visit

I: In-service SM: Staff Meeting NB-E: Non-Billable Evaluation
 NB-S: Non-Billable Supervisory NB-DB: Non-Billable Drive-By

Supply Codes: W: Wound O: Ostomy D: Diabetic C: Catheter P: PT/INR

Work Codes:
 HHCS (Avon) 100 HHCS (Huntington) 200 HHCS (Terre Haute) 900
 HTS 300 Theracare 400 Agape 500 MJSolutions 600 ltherapy 700 Staffing Strategies 800

Date Received: _____
 By: _____
 Evals/Admits: _____
 Visits/Revisits: _____ DC: _____
 RC/ROC: _____ OTHERS: _____