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Bruce M. Brusavich, State Bar No. 93578 Terry S. Schneier, State Bar No. 118322 **AGNEW**BRUSAVICH A Professional Corporation 20355 Hawthorne Boulevard Second Floor Torrance, California 90503

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FILED ALAMEDA COUNTY

JUN 29 2017

CLERK OF THE SUPERIOR COURT

Attorneys for Plaintiff

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

DECLARATION OF SHARLEEN BANGURA, R.N.

three years. I have personal knowledge of the facts stated here, and if called as a witness I could and would testify competently to them.

- 2. In addition to her parents, Jathi is cared for by nurses who work in three shifts, 24/7. I have been her nurse on the day shift since she was discharged from St. Peter's Medical Center in early 2014.
- 3. Jahi's nursing care is contemporaneously documented on "Nurse Shift Note & Time Record" forms. The Nurse's Shift Note & Time Record dated 9/9/14 attached as Exhibit 1 documented the following: "Pt. Noted to be on her menstrual cycle as evidenced by a large amount of bright red blood in her diaper."
- 4. I have observed that Jahi is more alert on some days than she is on other days. On her alert days, if I ask her to squeeze my hand, she does so. If I ask her to move different parts of her body, she will move that part. When I put on meditation music for her to listen to, I watch as her heart rate goes down. Her heart rate increases when she is listening to music that I know she enjoys, like Bobby Brown, who is one of her favorites. Attached to this declaration as Exhibit 2 are true and correct copies of Nurse's Shift Notes & Time Records that I authored between February 18, 2016 and August 7, 2016. In each of these notes, I noted times that I observed Jahi's movements in response to commands from family members.

I declare under penalty of perjury under the laws of the States of New Jersey and California that the foregoing is true and correct.

Executed this 22 day of June, 2017 at Somerset, New Jersey.

Sharleen Bangura, R.N., Dedarant

EXHIBIT 1

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EXHIBIT 2

NURSE'S SHIFT NOTE & TIME RECO	1 1 A AM 1
Client's Name: WWW. MOMOTH	Client #:(1) 9-27 Home Health Care
Client Services Manager: Lawar fisher	Week Ending Sunday: (
	TIME My signature certifies that I received service on the date as listed and that the
2 18 MT W(TA) F Sa Su Jam 30m 8	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
My signature certifies that I provided service to the client on the date and time list that the report of client status and care provided are accurate. I understand that I the verified time on this time record and that my pay includes compensation for time	will be paid on Salar A
client care, documentation, and travel between cases. I also agree to the terms or	the back of MEDICAID ID#: (State of PA Only)
Employee Signature/Title Date	<u> </u>
Temp: 97 Pulse: RP/AP Resp:	O2 Sat: 1006 B/P: 138 ID Sitting Lying/ Standing
Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NOD Jewity 1 Cal Q40 mil 4R
Respiratory Status: Unt dopendant (Kharchi)	Bowel Status: Incontinent (+) 65 x 4 Quads
Tach Nent CPAP Alarms Set N/A	Urinary Status: Treating (Shrich I = 0)
Oxygen: ☐ Continuous 🏠 PRN ☐ N/A .	Environment/Safety: SRAX2, HOSA DOJONIN BED
Cardiac Status: HR Regular Capter 111	Communication needs:
Edema: Charal Phises Brish	Infection Control: Standard Precautions Other:
Skin Integrity: Was midty i whach	S Equipment checked B Back up equipment checked
mucaus maniprones pink invist	Emergency equipment checked All Go Bag checked
Neurological: QST Seizures x	Other OZ ASDICATION REFlux fall Presontion
1	insity Level (Circle one) (01) 1 2 3 4 5 6 7 8 9 10
	bating Factors: N.H.
Treatment: Medication Rest Other NH	Effective 🗌 Yes 🗍 No
If no, intervention/follow-up NIH	
	unidyuna zw., u ped bositioned outer
	feet. Shin warm, Dry, intact Kesp Unlabyed
12 born Bringhi that Clears CSKN. Shilou	4.000 Trach Patent, intact, Midling, Out
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ABI Vest x20mins. 10 En Bedbath	jidi aper Change wid Only Obm. pea
	Egomed repressioned to left side.
12pm- Meds/Flush given Der MAR.	erie civitar at applied. 2pm-bleds given
CHush. 2 Em-Diaper Change Wid	The d soft Bon. Den Care given Reposition
TO right side, 3pm-USS, MAB, SXY	paragal track as recoled. In
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2) Maintained SAT 1929OCN RA	given to Elsevino ruse. Sk
	Sugar to Costain Toles.
(3) To orated feeding.	
(4) Becomal Care mot (5) NO	Maura.
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES RE	Molur y . PORTING? (Review orders for reporting parameters) ☐YES WNO //LPN ☐Client Svc Mgr ☐Physiclan (Addendum completed, if applicable)

www.bayada.com

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NURSE'S SHIFT NOTE & TIME RECO	
Client's Name:	Client #: (019-07 Home Health Care
Client Services Manager: Lowar Histor	Week Ending Sunday: 22116
	TIME ORKED My signature certifies that I received service on the date as listed and that the
7 17 M T W) Th F Sa Su 1 30 1 1000 9	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.
an yen	documents, or concealment of material may be prosecuted under applicable
My signature certifies that I provided service to the client on the date and time list 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 tir client care, documentation, and travel between cases. I also agree to the terms of	ne spent for Client Signature
this form Barleon Banqua BN 2/17/16	MEDICAID ID#:(State of PA Only)
Employee Signature/Title Date	,
Temp: 98 Pulse: 83 RP/AP Resp:	2 O2 Sat: 0 % B/P: 122 82 Sitting (Lying) Standing
Mental Status: ☐AAO ☐Confused ☐Disoriented MOther	Nutrition/Diet: NOO Jevity 1 Cal & 40mil Ha
Respiratory Status: Vent do nender (Numas)	Bowel Status: Trusting (BS active)
Trach Telvent □CPAP MAlarms Set □N/A	Urinary Status: Tocotive Wt
Oxygen: ☐ Continuous ☑PRN ☐N/A	Environment/Safety: SRAZA, HOBA, DOLONIA GRED
Cardiac Status: HR Regular Capretill	Communication needs:
101104	1101-verbal
Edema: VOC	Infection Control: ☐Standard Precautions ☐ Other:
Skin Integrity: Warm, Dry, intact Mucaus membranes pink Empist	Equipment checked
Neurological: \(\sum_\chi \sum_\chi	Other: 02/ASDI roation RefluxHall Accountion
	ensity Level ('Circle one) 0 1 2 3 4 5 6 7 8 9 10
□Recurrent □New (location): <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	bating Factors: WA
Treatment: ☐Medication ☐ Rest ☐Other MA	Effective 🗌 Yes 🔲 No
Treatment: ☐Medication ☐ Rest ☐Other MA	
If no, intervention/follow-up	Effective 🗌 Yes 🗍 No
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NURSE'S SHIFT NOTE & TIME RECORD 2/15/16 Client Services Manager: Nomar Fisher Week Ending Sunday: TIME My signature certifies that I received service on the date as listed and that the DATE DAY (circle day worked) FINISHED WORKED STARTED 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, CW W Th F Sa Su 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. My signature certifies that I provided service to the client on the date and time listed above, and 2000 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 Signature client care, documentation, and travel between cases. I also agree to the terms on the back of (State of PA Only) MEDICAID ID#: this forms Provided 116/16 Employee Signature/Title Sitting (Lying / Standing Temp: O O2 Sat: Pulse: RP/AP Resp: \ Mental Status: ☐AAO ☐Confused ☐Disoriented 🛣Other Nutrition/Diet: Respiratory Status: Vent depend **Bowel Status** ☐CPAP MAlarms Set □N/A **Urinary Status:** Trach **™**Vent Environment/Safety: Oxygen: Continuous NPRN **□N/A** Blu Prato braits & hand Cardiac Status: HA Requier Communication needs: Infection Control: Standard Precautions Other: Edemà: Equipment checked Back up equipment checked Emergency equipment checked Bag checked Skin Integrity: Warm, Dry, whach Mucaus Manuscours Pink & Mois Other: 02 PSPIration | Reflux ☐Seizures x Neurological: Q Pain Status: Client reports pain as a problem: Yes X No Intensity Level (Circle one) Exacerbating Factors: NIA □Recurrent □New (location): ₩₩ Effective Yes No Treatment: Medication Rest Other If no, intervention/follow-up M SHIFT NOTES: PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFTIO ace Mon HAS A CHANGE IN STATUS QUEURED THAT REQUIRES REPORTING? (Review orders for reporting parameters) TYES MINO

COORDINATED WITH/REPORTED TO: MN/A Clin Mgr RN/LPN Client Svc Mgr Physician (Addendum completed, if applicable)

DME Respiratory Therapist Other:

02/15/16 ☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Therapy ☐ Medical Social Services ☐ Nursing



U Nursing D Other	
Client's Name: Jahi McHath	Client#: <u>619-27</u>
Week ending Sunday $22/16$ 25	ed 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
wid open. Per Care given Repositland onto be	on. Bl. proto bots
on feet. Com-Meds/Flush given per MAR. 6:3000	
extremities. 7pm-Vont circuits Changed. Pt Rit on be	
circuits changed. Tolorated well NOI Stat distress	
8pm-Hode given Ar MAR. Eye contrant-applied. Apr	1-ABI Vest X20mins
938- oral Ove. 10pm-Diaper Change Widt 8	m 8094 Bm. Peri
Core given Repositioned to left side. 11pm-185,	
Troop as needed. In tolerated all aspents of	Flar mored
head Fingers to her mothers commands, through	In out Bhitt. Report
Einen 40 Uldutumes	32
OUTROPASE EOD THIS CHIET/MICH (Brown Assessed and Individual Manual Assessed Assesse	-sth
OUTGOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain interven	ntion):
COORDINATED WITH/REPORTED TO: O Physician O Clinical Mgr. OPT O OT O SP O MSW JRN/DPN G	HHA O Cilent Serv. Mgr. O N/A
COMMENTS:	
DI AN EOD NEW CHUT A GOV.	
PLAN FOR NEXT SHIFT/VISIT:	
CARE PLAN UPDATE: DYES DINO HHA present? DYES	□ NO
Patient participated in Care Plan Update? DYES DNO HHA SUPERVISION:	
Signature/Title Shappen Bongwer RN	Date 2 15 16

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CLINICAL NOTES

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	1 nf 7	
	(10, 21	17/1/2
	NUBCER CHIET NOTE & TIME DECK	12/10 PAVADAS
	NURSE'S SHIFT NOTE & TIME RECO	
	Client's Name: CON HCNOTH	Client #: $(19-2)$ Home Health Care
	Client Services Manager: Lamar Lisher	Week Ending Sunday: 01416
í	DATE DAY (circle day worked) TIME TIME STARTED FINISHED W	TIME My signature certifies that I received service on the date as listed and that the
	7/17 M T W THE Sa Su Tam On 1	ORKED wy signature certains 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
	COLC TO THE TOTAL SPANIE	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.
	My signature certifies that I provided service to the client on the date and time list that the report of client status and care provided are accurate. I understand that I	ed above, and // //
	the verified time on this time record and that my pay includes compensation for tir client care, documentation, and travel between cases. I also agree to the terms of	me spent for
	this forma	MEDICAID ID#:(State of PA Only)
	Employee Signature/Title	
	Temp: 965 Pulse: 78 RP/AP Resp:	2 O2 Sat: 10 2 B/P: 124 93 Sitting (Lying) Standing
	Mental Status: AAO Confused Disoriented NOther	Nutrition/Diet: NOD Zewity I Cas & 40mm 1 HR
•	Respiratory Status Vent de cendent	Bowel Status: Transfinent (BS active)
	Marian Set □N/A	Urinany Status:
	Oxygen: ☐ Continuous 181PRN ☐ N/A	Environment/Safety: SRXX2, HOISA, DOIPHINGED
	Cardiac Status: + Reculor	Communication needs:
	Cap reful Brish	Communication News
	Edema: VXX o	Infection Control: Standard Precautions. Other:
	Skin Integrity: Warm, Dry, infact	Equipment checked N Back up equipment checked
	Mucous Membranes Pink Moist	Emergency equipment checked (A) Go Bag checked
	Neurological: ☐ Seizures x ☐ Seizures x ☐ Pain Status: Client reports pain as a problem: ☐ Yes 🔊 No Inte	Other: OGHSpiration Reflux to 11 Recourtion
		ensity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
(Treatment: Medication Rest Other	bating Factors: Niff
	If no, intervention/follow-up	Effective Yes No
		night nurse. Im in bed positioned on back.
	Or energines a rose of constant of constan	e Fach Potent intact, midling luft intaked &
	Econed by Velcroties & attached to the	LTUISO Vents humidified hooter Vent setting
	Herifred Pulse ox in place Prope an DP	
		tomen sext-non-tender#20FR Reg-tube
		cal infusing a 40 mil HR. NO Resided, BS
i	Utive. 700 PRay on all extremities	Samued given Per MAR. Arginine NIA
	excintations applied, gampleds given	refluen. ABI Vertx20mins. 1030, a Portio
	Bed both given diaper Change Wid	
	gromed Report and toright Side	100 10 11 11 11 11 11 11 11 11 11 11 11
	given per MAR, eus cintmant contre	ed 20m-Mods given Thus, 23m-
	diago Chango Wide Nod Soft Pr	n Pari Care aux Romethmod to Vall
	PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT	The Street Harris Harris College
· (~ 1 8 8	
ł		leds/Flush given Per MAR
Ä		
, 1	4 Decreted teasing	0 72
	HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES RE	PORTING? (Review orders for reporting parameters) TYES KINO
	COORDINATED WITH/REPORTED TO: PUNIA LICIN Mgr LIRN/	LPN Client Svc Mgr Physician (Addendum completed, if applicable)
L	HHA Supervision: Yes No N/A Care Plan Update:	Therapist ☐ Other:
		Caro Plan Lindata C' Van C Na

O Physical	Therapy
O Speech 1	Therapy
□ Medical	Social Services
O Nursing	

02/13/16



O Other							
Client's Name: Jahr MeMath				Client	ا م) :#:	9-2	7
Week ending Sunday 2 /14 /16	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time Arrived:Time Left:	<u></u>	<u> </u>	<u> </u>		<u> </u>		
Temp: Pulsa.					-		
HOSP. B/F: PAIN LEV		1 2	3 4	5 6	7	8 9	10
Copm-Model Flush given Per MAR. Loisign T	<u>yope</u>		ande	ran	Old [10281	nl)
e Mad Soft Pan. Peri Care Oben. Reposition	Ned.	out	Boc	77 Th	711 13	1040	post
on feet. Track Care Provided, 745 Evening	$\frac{1}{2}$	018	817G	s Pe	- JAIA	R. Ch	٤
What times the ad this a water of	7.587	Tica	<u> </u>	50	obdo	<u>zd.7</u>	<u>M</u>
moved fingers/Head to her mother conspects of care. Report given to m	WYOW	vaz.	JWZ	Cher	atec	Lai	7
The state of the s	700V						\Rightarrow
							
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(INXCOME FOR THE COMME							
OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's respo	nse to pa	in interv	rention):				
							
COORDINATED WITH INTRODUCTION							
COORDINATED WITH/REPORTED TO: Debysician Dictinical Mgr. Det Dot Dise D	MSW []	RN/LPN	DHHA C	Chents	erv. Mgr.	□ N/A	
- Commented,					$\overline{}$	<u> </u>	
PLAN FOR NEXT SHIFT/VISIT:	· · · · · · · · · · · · · · · · · · ·				-		
Continue C. P.O.	?						
ARE PLAN UPDATE: DYES DNO HHA position participated in Care Plan Update? DYES DNO HHA S	resen.? UPFRVI	OYES	D NO	U NIO			
Signature/Title Shaloon Francus RN	~, LI1V	IOIOIN.		Date_	ଥାନ	با اد	1
vw.bayada.com 5-A REV. 2/05 © BAYADA Home Health Care, 2005					LINIC	AL NO	TES

NURSE'S SHIFT NOTE & TIME RECO	Client #: 619-27 BAYADA Home Health Care
Client's Name: The New Figher Client Services Manager: Comor Figher	Week Ending Sunday: 3 27/16
	Month/ Day/Year
DATE DAY (circle day worked) STARTED FINISHED WO	My signature certines that i received service on the date as instead that if payment for
3/23 M T W Th F Sa Su 68m 4pm 9	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.
My signature certifies that I provided service to the client on the date and time fishs that the report of client status and care provided are accurate. I understand that I	id above, and // /
the report of client states and care provided by pay includes compensation for tin the verified time on this time record and that my pay includes compensation for tin client care, documentation, and travel between cases. I also agree to the terms or	18 SDENT TOT Client Signature
this formal can Bourseya RN 3/23/11	MÉDICAID ID#:(State of PA Unity)
Employee Signature/Title Date !	2 Sat: 1/3 % B/P: 1/3 80 Sitting (Lying) Standing
Temp: 971 Pulse: 75 RP/AP Resp:	Nutrition/Diet: Non Ferritry Coul & Homiths
Mental Status: AAO Confused Disoriented Other	Bowel Status: Trontingn+ (BS active)
Respiratory Status: Vent de pendent (CTA) MTrach Dent Depart Balarms Set DN/A	Urinany Status: Trace the growth
Milacii Materia Cherrii Cherrii	Environment/Safety: SRXX3 HOSA DOLPHIN BED BL POETO SOUTS & NOVA TONS
Oxygen: Continuous TPRN N/A Cardiac Status: HR Recurer	Communication needs: ,
On refin Brish	Infection Control: (Standard Precautions) Other:
Edema:	Equipment checked Back up equipment checked
Skin Integrity: warm, Dry, whach Myours manufactures Pinks, maist	X Emergency equipment checked LA Go Bay checked
I Selzires Y	Other: Oal Aspirotion Tet lux Hall Pre Courtion
Pain Status: Client reports pain as a problem: Yes No Int	rbating Factors: MA
□Recurrent □New (location): <u>NA</u> Exace Treatment: □Medication □ Rest □Other <u>NA</u>	Effective Yes No
When interpolation (follow-up N/A)	
and beginning to the second from	night nurse. I'm inteed lying on her book. Byes
	· ^ 1 ^ c., 1 ~ 1 1 1 1 1 1 1 1 1
L. IP 11 - A Marca Link Sami	4 LAMONI MINOR CHI LAGOTA POSTAGO LIGARIA
	MA MILLION MILLS AVEN LOCAL LO
Ram Mods given Per MAR. Che Contribut	applied, gain oral lave. Mode given thush.
938m APT VERT XDOMING 1000 PHOP	dry) Truch Over dressed & goomad Repositions
Changed Dea Site Clooked Control of	IN DON HAR ! THE CHIMINATE CHAPTER
130-di 0100000 1	vig x Mag 804 1011 to Colore Then introduced
40 Clark Side, 4pm-electroper comper	aled USS, NAD 3xx POlmsalt Track as
and it is between the coll assect	of Core & Work what workbong was
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT	Shift. Report gluerto Evening Nurse - 82
Draintained I & DODOR Soom	
Danieto nod SAT 1920 ON KH	
(4) Per	sonailare needs met.
6) All Socoty Precoution Mount	REPORTING? (Review orders for reporting parameters) YES NO REPORTING (Review orders for reporting parameters) applicable RN/LPN Client Svc Mgr Physician (Addendum completed, if applicable
	REPORTING? (Review orders for reporting parameters) RN/LPN Client Svc Mgr Physician (Addendum completed, if applicable ory Therapist Other:
HHA Supervision: Yes No N/A Care Plan Update	Yes No
HHA Present: Yes No NA Client Participated	I in Care Plan Update Yes No 250

NURSE'S SHIFT NOTE & TIME RECO	DRD Client #: 69-27 BAYADA° Home Health Care
Client Services Manager: Lamar Fisher	Week Ending Sunday: 3120116
PAIL I DATIGIOS GAY WOLKEDI I	TIME Month Day/Year
314 MT W Th F Sa Su Hom 1100	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
My signature certifies that I provided service to the client on the date and time list that the report of client status and care provided are accurate. I understand that I the verified time on this time record and that my pay includes compensation for tir client care, documentation, and travel between cases. I also agree to the terms of this form. Complexee Signature/Title	documents, or concealment of material may be prosecuted under applicable and above, and will be paid on the paid o
Date -	2 1000 1000 1000
Tomp. The Mesh.	O2 Sat: B/P: 12191 Sitting Lying / Standing
Mental Status: AAO Confused Disoriented Other Respiratory Status: AAO Confused Disoriented Other	Nutrition/Diet: MpD Devity Cal Q 40m/HR
Valle (All CAR)	Bowel Status: Treatment
Trach Novent □CPAP (NA)arms Set □N/A	Urinary Status: Trocating with Environment/Safety: KRAX2, HOSA DODON GOOD
Oxygen: Continuous PRN N/A	PITULE DE PLANT LONG LONG REPLY REST
Cardiac Status: HR Reculor	Communication needs:
Edema:	Infection Control: X Standard Precautions Other:
Skin Integrity: Dorm, Dry, whoot	Equipment checked X Back up equipment checked
throng wound one & DIVK & worst	Emergency equipment checked Go Bag checked
Neurological: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Other 04 Honghian Reflux Hall Decartion Insity Level (Circle One) (0) 1 2 3 4 5 6 7 8 9 10
1 - 11 -	pating Factors: WA
Treatment: ☐Medication ☐ Rest ☐Other NA	Effective Yes No
If no, intervention/follow-up	Ellective [] 165 [] NO
SHIFT NOTES: HOM - Received report from D	
	socked gauze, Respuntationed 12bpm
Lings CTA Goiley 4.0 DCT Trock, Potent, 1	
	150 Went Thursidified heater Vent Setting
	Continuous Rike Oxmonitoring in Place?
Alarma Set & turctioning audibly, #	JOFR Pegtube Patent Fintant Jevity I Call
MAR. 6:300-Diaper Chance wid only	
Dock, Ble Arah boots onfeet. Jan PR	
Hads given per MAR. OR Dinterart ap	
Represtigated to Lest Side any of	
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT N	-USS, WAD, SXN POLYOSOL / Troop as
The state of the s	
	Dre. Jim Moved hoad & left tingers
maintained SATING DOOR PA	D Mother's Command, Kaport giren
Marches Hedina	O Tight Turk.
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES DE	PORTING? (Review orders for reporting parameters) YES NO
COORDINATED WITH/REPORTED TO: N/N/A □Clin Mgr □RN/□DME □ Respiratory	LPN Client Svc Mgr Physician (Addendum completed, if applicable)
HHA Supervision: Yes No N/A Care Plan Update: HHA Present: Yes No N/A Client Participated in	
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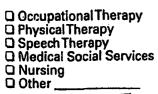
NURSE'S SHIFT NOTE & TIME RECO	BAYADA° Horne Health Care
Client's Name: <u>Jan Ho Hath</u> Client Services Manager: <u>Lawar Fishor</u>	Client #:(019-2) Home Health Care Week Ending Sunday: 313116
TIME TIME	Month/Day/Year TIME Attractive coeffice that I received send on the date as listed and that the
3/11 MT W THE Sa SU TAM 30M 8	this services will be from Federal and State funds, any false claims, statements, documents or concealment of material may be prosecuted under applicable
My signature certifies that I provided service to the client on the date and time lists that the report of client status and care provided are accurate. I understand that the verified time on this time record and that my pay includes compensation for time client care, documentation, and travel between cases. I also agree to the terms of this form. Employee Signature/Title	me spent for Client Signature in the back of MEDICAID ID#: (State of PA Only)
Temp: 97 Pulse: 70 RP/AP Resp:	Q O2 Sat: 100 B/P:100 10 3 Sitting (Lying / Standing
Mental Status: □AAO □Confused □Disoriented ☑Other	Nutrition/Diet: Non Zevity (Cala 40mi/HR
- Linas	Bowel Status: Twating 11
VEHT CAU DEVICE COM	Urlnary Status: Thomas North
Trach Sivent □CPAP (MAlarms Set □N/A Oxygen: □ Continuous MPRN □N/A	Environment/Safety: 5RAX2, HOGA, DOLDAIN GRED BIL DOCTO VOXX5 EVAND VOXX8
Cardiac Status: HR Resculous	Communication needs:
CON 187111 BLIGH	Infection Control: NStandard Precautions Other:
Edemà:	
Skin Integrity: Warm, Dry, intact	Equipment checked Back up equipment checked Emergency equipment checked Go Bag checked
MICONE Membranes Pink & moist	Other: 021 Aspiration Reflex Hall Prevaition
Neurological: ABT Seizures x Seizures x Pain Status: Client reports pain as a problem: Yes X No Int	
Pain Status: Client reports pain as a problem.	rbating Factors: NA
	Effective Yes No
Treatment: Medication Rest Other	
If no, intervention/follow-up WWA	100
SHIFT NOTES: TOM - Roce used recort to	m night nurse. Jim in bed fositioned on hor
La sie a Marcal Caracas Cimana	no ornal, chille is to be restricted
THOUSAND TO THE LIVES OF THE MAN	Alorns Set Etwetroning audion, #20th
CALINATIONS THE CHIMAHOUNG INFORM	and the survey after the
Reg tube Potent & what southy want	musing@ 40milthe. Abdomen 309+1207 tende
8am Hods gwen Par NAK Arginine N	M. HIS CANTAILORS OFFICE AND LOSAL SOOL
con leave given 930m ABI VEST XC	Oming, 10 agril Diaper Change Colding
Man and all all Track Care Do	sided Repositionalto 1894 Side, NO 69th
De Mary 12 may 16 del Elizabe Olymon Per	MICO ALO SWALLOW ONLING CONTINUOS CO
N	n. 2:35pm-Draper Change MidElg 80ft
	1/24 11/0 C 1/0/1
This is the second of the seco	DANDARM SINGER
WINSOIT WORK OF THE PARTY OF TH	The second
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT	fingers on Dhand to man's Command.
1 - 1 - 1 - 1 - 1 - 1	Report given to Evening My Se
AC MPROPERTY OF	
	sonal Care needs met
Welling to the second	2 6 1 11 - 10 1 11 2
	REPORTING? (Review orders for reporting parameters) YES WINO RN/LPN Client Svc Mgr Physician (Addendum completed, if applicable ory Therapist Other:
Divis Com Pina Hadata	

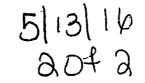
NURSE'S SHIFT NOTION TIME REC	/ - / / / / / / / / / / / / / / / / / /
Client Services Manager: Lawar fisher	Client #: (6) 9-27 Home Health Care
	Week Ending Sunday: (3 6 16 Month/ Day/Year
STARTED FINISHED V	IORKED My signature certifies that I received service on the data on the
	this st vice will be from Federal and State funds, any felse claims, statement
My signature certifies that I provided service to the client on the date and time its that the report of client status and care provided are accurate. I understand that I the verified time on this time record and that my pay includes compensation for the client care, documentation, and travel between cases. I also agree to the terms of this form. Employee Signature/Title	will be paid on A
Temp: 97 Pulse: 8 RP/AP Resp:	O2 Sat: 10590 B/P: 124/81 Sitting (Living) Standing
Mental Status: ☐AAO ☐Confused ☐Disoriented NOther	1X Onting the Lying Jordinalia
Respiratory Status: Vent dependent (Lungs)	Nutrition/Diet: Npo Jevity Ical aHomilHR Bowel Status: Too of
Natrach Nent □CPAP Nalarms Set □N/A	- Troothrout
Oxygen: ☐ Continuous ☐ PRN ☐ N/A	Environment/Safety: SRAX 2, HCBA DOLDAIN leed Dh. Pratho 1000 15 5 hond row
Cardiac Status: 4R Requiar	Ob Pratio 19775 3 Ward Folls Communication needs:
Edema:	non-verbal
Edema: None Skin Intensity 1	Infection Control: Standard Precautions Other:
Skin Integrity: Worm, DY, 19toct	Equipment checked Back up equipment checked Emergency equipment checked Back up equipment checked
Neurological: HET Seizures x_	Other M2 12 monter of Open without One in
Pain Status: Client reports pain as a problem: Yes No Inte	risity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10
	pating Factors: AUFA
Treatment: ☐Medication ☐ Rest ☐Other NHA	Effective Yes No
Ble ever clandic - The said tomin	got ruse Jimin bed positioned in her book
Whatered Blom Lines on Alil I he	use. Milione Mamoranez Pink moiat. Resp
Secured hilelanties to 1 fines has the	27 Track potent, intact midling, luft infloted &
heater Vert setting as ardered Action Ree	METINGENERAL LIVING WANT CHUMICHTHEA
Montoring in class. Alorma cot & function	and and inchest animal spense of intact
Levity I cal infusing & tomitte, Andone	in 80% non-tender Shin warm, ory intact.
Sam Weds given Per MAD, Arginine NAM	maware the contract applied gam oral
	tx 20 mins tolar ated well, Dam - PROM
1	given diaper Unance Upid my Ofm.
Peg site Cleaned dressed & groomed, R	
Flush eiven Der MAR Pur minterent o	Wied. 2000 Words and Bormos 2:200
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT	Laper Chance Wild Thodard Dan Deri
Maintained I & OT CHESTOMI 10	are given Repositioned to Pignt Side.
2) Maintained BATA 929000 RA	
2 Tolerated feeding (4) Personal	Care noodemet.
HAS A CHANGE IN STATUSOCCURRED THAT REQUIRES REP COORDINATED WITH/REPORTED TO: TRIN/A FICIID Mar FIRM/	ORTING? (Review orders for reporting parameters) TYES XNO PN Client Svc Mgr Physician (Addendum completed, if applicable)
L	herapist Other:
HHA Present: Yes No N/A Client Participated in C	Yes ☐ No Care Plan Update ☐ Yes ☐ No
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CLINICAL NOTES)
Occupational Therapy Physical Therapy Speech Therapy Medical Social Services Nursing Other	BAYADA Home Health Care
Client's Name: Jahr McHath	Client#: (419-27
Week ending Sunday 3 / 6/16 Mon Tue Week	
Time Arrived:Time Left:	
Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3	4 5 6 7 8 9 10
Hpm-eye Ointment applied Copm-Modsliftish given Per diaper Change Unid E Med 8044 Bm Per Core given Tra Repositioned and back Ble Profo Gots an feet. Tom P 8 pm-Meds given Per MAR. Pye Ointment applie J. Apm-10pm-oral care · diaper Change Wild only DPm Per Core to keft 51de. 11pm-VSS, NAD, San Polnasell Trach as P SUL aspects of Care. Immoved Fingers on with house Commands. Report given to night nurse.	ich Care Providud ROMON OU Extremities POT VEST XDOMINS 2 Given Reposition 100 dod JM TO crote
OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention	ın):
COORDINATED WITH/REPORTED TO: Physician Clinical Mgs. OPT OOT OSP OMSW GRN/LPN OHH	A Client Serv. Mgz. O N/A
COMMENTS:	
PLAN FOR NEXT SHIFT/VISIT:	
Continue CP.O.C.	
CARE PLAN UPDATE: QYES Q NO HHA present? QYES Q NO Patient participated in Care Plan Update? QYES Q NO HHA SUPERVISION: QYES	
Signature/Title Shaloon Rangura RN	Date 3/4/10.
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	IURSE'S SHIFT NOTE & TIME RECO	RD BAYADA' Home Health Care
Į,	lient's Name: John McMath	Client #: 69-27 Home Health Care
		Week Ending Sunday:
. C	Ment Services Management	Month/ DaylYear
4	ATE DAY (circle day worked) STARTED FINISHED WO	ME RKED 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.
Mus	ignature certifies that I provided service to the client on the date and time lists	en above, and / / //
that t	the report of client status and care provides are stated company ation for time	ne spent for Client Signature
clien	I care, documentation, and travel between cases. To the angle of the care, documentation, and travel between cases.	MEDICAID ID#:(State of FA City)
this	Marchan Benguer RN 4/21/14	<u>/</u>
Emp	oloyee Signature/Title	2 O2 Sat: 1059 B/P: 12397 Sitting (Lying)/ Standing
Г	Temp: 98 Pulse-80 RP / AP Resp:	02 301 101 10 1 Allow 1410
T .	Mental Status: DAAO Confused Disoriented Nother	Number Man Stories
_ ⊢	Respiratory Status: Vent do pendent (Lungs)	Bower Status. The Color 7 EV
- ⊢	Trach Nent CPAP DAlarms Set CN/A	Urinary Status:
	Oxygen: Continuous SPRN N/A	Environment/Safety: SRAX2, HOSM, COLONING SECTION OF THE PROPERTY SECTION OF T
1	Cardiac Status: HR Regular	Communication needs:
	Cardiac Status: HR HESTONES	Infection Control: Standard Precautions Other:
	Edema:	
-	Skin integrity: warm, Dry, intoat	Equipment checked A Back up equipment checked Emergency equipment checked A Go Bag checked
1	MICHES MICHAULGARDS PILLIFFERENCE	Other: Not Device + W. Ket Mittan because
\ \ \ \	Neurological: 1057 Lisezules x	itensity Level (Circle one (0) 1 2 3 4 5 10
ſ	Pain Status: Client reports pain as a problem.	erbating Factors: NA
		Effective Yes No
.	Treatment: Medication Kest Guiler Chris	
	If no, intervention/follow-up	LIL MURE THO WAS DESCHOOLD ON NOW BOOK
f	SHIFT NOTES: Jam Rocained report trans	ight ruse Im in bed positioned on her book.
Ī	All eyes closed General appear and	man: commercial colling Verified.
	Tenderson in in the state of the	1 11 1 A WATER & NEXT MOTHING TO SELECT
-{		
	man was allo oxhangering in	cos flams 81 + two hosting records
	TOTHINGUES CALOR OX MENTADING IN S	Mon gott now-fender (4) BBX HONOUS: # GOER HOLDER
	TOTHINGUES CALOR OX MENTADING IN S	Mon gott now-fender (4) BBX HONOUS: # GOER HOLDER
	Introduce Color Colored Salpen Arder Lunge CTA. Rose Unionand Salpen Arder Lunge CTA Rose Unionand Salpen Arder Doduce October Suntage Jenity I Cal	won enthought Bam Hode Gren La MAN Mon enthought Bam Hode Gren La MAN Mon enthought Hode Gren La MAN
	Introductions of the print of t	LOSS. Alarma St. Hunchestra Cararana. Men Entron-tender (1) B8x4 Quad 8. #30FR Men Entron-tender (1) B8x4 Quad 8. #30FR Men Entron-tender (1) B8x4 Quad 8. #30FR Men Barrana Branchestra Men Ba
	In our DON whenternities 10 30m	Bed both guen thush 98 m ABI vest NAM New Entrontender (1) B8 x 40 was guen Fer NAM New Entrontender (1) B8 x 40 was guen Fer NAM New Booth guen thush 98 m ABI vest NOM Bed both guen thush 98 m ABI vest NOM B
	10 on the cite Closused. I wan Come Internation to Sent Indiant of the Comment of	COSE. Alama St. Hush G. S. Hards Gren For MAR. Mada Gren For MAR. ASL VEST XDOM. A Som ABI VEST XDOM. Bed South Great XDOM. A South Great Grown As left.
	Dem. Pa Eite Cloanad. Italy in English ares fer intook to the Com or to the Com of the Cloanad. Track Com of the Com of t	LOSE Blams 81 + Tunchestry Charles HOFE MEN ENT MONTHUS 82 MODE GUEN PER MAN MENDE MODE GUENT THUSH 98 MODE GUEN PER MAN BED GOTH GUENT DUSH 98 MODE WAYS WOULD HET NAMES EST GOTTOM A REPOSITION OF 18 18 18 18 18 18 18 18 18 18 18 18 18
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	Introduce Transport State In Date of Control	Commands Report given to Evening
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	Introvers Palse DXMTNIADTING INFORMATION PROPERTY INTO A TENHY ICAN PROMINENT CONTROLL OF THE SHIP PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIP DAY OF A TENHY OF A TENHY OF THE CONTROLL OF THE SHIP OF THE CONTROLL OF THE SHIP OF THE CONTROLL OF THE CO	Commands Report Given to Evening The Tomands Report Given to Evening The sead of the positions of the given The sead of the product of the pricage of the given The sead of the pricage of the given The sead of the positions of the given to the points The sead of the positions of the point of
	Introvers Palse DXMTNIADTING INFORMATION PROPERTY INTO A TENHY ICAN PROMINENT CONTROLL OF THE SHIP PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIP DAY OF A TENHY OF A TENHY OF THE CONTROLL OF THE SHIP OF THE CONTROLL OF THE SHIP OF THE CONTROLL OF THE CO	Commands Report given to Evening

Wye					
BAYADA					
NURSE'S SHIFT NOTE & TIME RECORD Client's Name: San McNorth Client #: 69-27					
Client Services Manager: Diana Mancayo Week Ending Sunday: HID ILC Month DayYear					
TIME TIME TIME					
DATE DAY (circle day worked) STARTED FINISHED WORKED times and services performed are accurate. I understand that if payment for times and services performed are accurate. I understand that if payment for times and services performed are accurate. I understand that if payment for times and services performed are accurate. I understand that if payment for times and services will be from Federal and State funds, any false claims, statements, this service will be from Federal and State funds, any false claims, statements, this service will be from Federal and State funds, any false claims, statements, this service will be from Federal and State funds, any false claims, statements, this service will be from Federal and State funds, any false claims, statements, this service will be from Federal and State funds.					
Fodorol and State laws, 18150 auto to the terms of					
My signature certifies that I provided service to the client on the date and time listed above, and hat the report of client status and care provided are accurate. I understand that I will be paid on he verified time on this time record and that my pay includes compensation for time spent for the verified time on this time record and that my pay includes compensation for time spent for time spent for time spent for time spent for time on this time record and that my pay includes compensation for time spent for					
his former acon Banana RN 4/4/16					
-moloyae Signature/Title . Date					
Temp: 973 Pulse: 80 RP / AP Resp: 3 O2 Sat: 1096 B/P: 149 108 Sitting / (ying) Standing					
Mental Status: AAO Confused Disoriented Other Nutrition/Diet: NOO Severy Confused					
Respiratory Status: Journal of City Bowel Status: Joenstine 17 Contine 17 Contine 17					
MTrach Went CPAP MAlarms Set N/A Urinary Status: Sporting of Dippin bed Environment/Safety: S.R.A. 23, Horself Dippin bed					
Overen: Continuous INPKIN LINA					
Cardiac Status: HR Regular Communication needs:					
Cap ref: (1) Standard Precautions Other:					
Edema: 1000 0 Pack up equipment checked					
Skin Integrity, OSCA 111 Checked IN Go bag critical in the checked in					
Other Od Desiration Refluxital Accounts					
Pain Status: Client reports pain as a problem: Yes No Intensity Level (Circle bne) U 1 2					
Recurrent New (location): N.A. Exacerbating Factors. No.					
Treatment: Medication Rest Other WH					
SHIFT NOTES: 4pm-Received report from thy the Respundanced 12 pm. hungs CTA Side eyes closed comed this scand gence Respundanced 12 per by lekero thes					
Side eyes closed cossed this scaked gence Kesp (holded is secured by lekto thes Girley 4000 Track Potost, intook, Midling, Cuff inflated is secured by lekto thes					
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Cram Control 100 Polar Chance wild E Med Soft Bon. Let Care shrow the prode					
27/2009/1/1/2000					
all canaly of lare. In moved head & hands to many					
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT: Report given to night ruse.					
Dragingly and TEDGOS Sound					
2 Maintained SATA9200 BA					
The model freding. Dersonal Care mot					
(2) Morata means about and NO Injury Tives KIND					
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Client's Name: Jahi W Math	Client#: 619-27
Week ending Sunday 5 / 15/16 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
4:80pm Clindamycin isomy Started for track infecti	on NO Odverse
reactions. Com-Medstflush given per MAR. 6:00pm	Diaper Change
Wid=640mi OBM peri lave given Repositioned and	back BL Prato
brots on feet. Tom- PROY on all extremities: 80m-M	eds given per MAR
Bye Cintment applied. 9 pm ABI vest x20mms. 10:3 Void=206 mi Olom Peri Care given Repositioned to le	Don-Diaper Chang
Void=206 m Olom Peri Care given Repositioned to le	ft side. 11pm-
VS, NAD, Sun Adnasal Trach as needed . Jintolera	red all aspects
Of Case. In mored her heading fingers, should who	n asked. Report
given to night nurse.	
OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain interventio	n):
COORDINATED WITH/REPORTED TO: Physician Clinical Mgr. DPT DT SP MSW-BRN/LPN DHH/	A Client Serv. Mgr. DN/A
COMMENTS:	
PLAN FOR NEXT SHIFT/VISIT:	·
Continue C P.O.C.	
CARE PLAN UPDATE: DYES DINO HHA present? DYES D	
Patient participated in Care Plan Update? DYES DINO HHA SUPERVISION: DY	ES O NO
Signature/Title Shaloon Banqua RN	Date 5 13 16
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NURSE'S SHIFT NOTE & TIME RECO	DRD BAYADA°				
Client's Name: ARW MOMATIN	Client #: \(\(\sigma \)! Home Health Care				
Client Services Manager: Diona moncayo	Week Ending Sunday: 5 2216				
DATE DAY (circle day worked) TIME TIME TIME	Month! Day/Year				
STARTED FIRISHED W	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 the condensation of the cond				
5/20 M 1 W 111 39 30 1 1 3 1 3 1 8	documents or concealment of material may be prosecuted under applicable				
My signature certifies that I provided service to the client on the date and time list that the report of client status and care provided are accurate. I understand that I	ed above, and				
the verified time on this time record and that my pay includes compensation for the client care, documentation, and travel between cases. I also agree to the terms o	ne spent for				
this forms o	MEDICAID ID#: (State of PA Only)				
Employee Signature/Title Date	- (/				
Temp: 99 Pulse: 91 RP/AP Respix	2 OZ Sat: ID 9 B/P:131 Q7 Sitting (/ Lying) Standing				
Mental Status: ☐AAO ☐Confused ☐Disoriented ☑Other	Nutrition/Diet: NOC Fairly Coil A4rm 140				
Respiratory Status: Vent dependent (Lung;	Bowel Status: Transla and IR Orline)				
Tach MVent □CPAP MAlarms Set □N/A	Urinary Status: Incontinent (Strict TEO)				
Oxygen: ☐ Continuous ဩPRN ☐N/A	Environment/Safety: Skox 2) How Do Davin bed				
Cardiac Status: HR Regular	Blk Pado Books & hand rolls Communication needs:				
Cap 186111 Brist	non-lectual				
Edema:	Infection Control: Standard Precautions Other:				
Skin Integrity Common into a	Equipment checked Back up equipment checked				
Muccus mannicon as pink minst Neurological: Qot Seizures x	Other: Dal Projection Refuglified to the country of				
Pain Status: Client reports pain as a problem: Yes No Inte	ensity Level (Circle one) (0 1 2 3 4 5 6 7 8 9 10				
1 (7)	bating Factors: NIA				
Treatment: ☐Medication ☐ Rest ☐Other ☐ ☐ ☐	Effective 🗌 Yes 🗍 No				
If no, intervention/follow-up WA					
SHIFT NOTES: Jam Received react from M	and nurse. Jim in bed marting ad on have look				
SHIFT NOTES: Jam Received report from night nurse. Jimin bed positioned on her back. Bye closed. General appearance normal. Blu Arato works on feet Shiley Trach Antent &					
To how collect and barochest footon	Minidified hades ibut sall in their a				
Continuous pulse ox mondoring in place	is Alarma sal & functioning a middle				
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12pm-Hods/Flish guen Per NAR. 2p	20 20 20 1011 000 1010 000 10 11304 8140 .				
342 but Diober pronds prige Wood &	By an Osi le soins less given,				
HO left SIDO. AM-USELIAN SUNDAINA	milion as as a sell tookly - I would				
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:					
Dina 1 non in 1	and when requested by man Report				
3) Throsed feeding	Juan to mon SB				
(A) Devenal low most (S) No in					
HAS A CHANGE IN STATUS OCCURRED THAT REQUIDES DET	DOTINGOVO .				
DME Respiratory	The Light Svc Mgr LiPhysician (Addendum completed, if applicable)				
HITA Supervision: ☐ Yes ☐ No ☐ N/A Care Plan Update: ☐	Yes No Sare Plan Update Yes No 350				

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NURSE'S SHIFT NOTE & TIME RECO	Client #: (alg-a) BAYADA° Home Health Care					
Client Services Manager: Diona MonCoupo	Week Ending Sunday: 50916					
	Month/ Day/Year IME My signature certifies that I received service on the date as listed and that the					
BAY (WI) Th F Sa Su (30 20 20 8	Umes and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statement					
My signature certifies that I provided service to the client on the date and time liste	documents, or concealment of material may be prosecuted under applicable Federia and State laws. I also agree to the terms on the back of this form.					
that the report of client status and care provided are accurate. I understand that I we the verified time on this time record and that my pay includes compensation for time.	vill be paid on speaking the spent for					
client care, documentation, and travel between cases, I also agree to the terms on this form.	the back of MEDICAID ID#: Client Signature (State of PA Only)					
this form Baloon Bengra RN 51251 Employee Signature/Title	<u>lle(</u> /					
Temp: 98 Pulse: RP / AP Resp: 1/2	O2 Sat: 1090 B/P: 12187 Sitting (Lying) Standing					
Mental Status: ☐AAO ☐Confused ☐Disoriented ☒Other	Nutrition/Diet: NOD Zevity I Cal A Homil His					
Respiratory Status: Vent dependent Lucias	Bowel Status: Treativent					
Trach Set □CPAP MAlarms Set □N/A	Urinary Status: Transfer weith					
Oxygen: ☐ Continuous ဩPRN ☐N/A	Environment/Safety: SKINA, HOBY, DD/Phin bed BL POTO VITAS & WOND FOLLS					
Cardiac Status: 44 Registor	Communication neads:					
Edema:	Infection Control: IDStandard Precautions Other:					
Skin Integrity: Count Dry, 174 Cat	☐ Equipment checked ☐ Back up equipment checked					
MICOUS MAMBRONES DINK & MOIGH	Emergency equipment checked A Go Bag checked					
Neurological: Seizures x Pain Status: Client reports pain as a problem: Yes No Interest N	Other: Od Aspiration Reflux Haw Precoutic					
1	ating Factors: NA					
Treatment: Medication Rest Other MA	Effective ☐ Yes ☐ No					
If no, intervention/follow-up MA						
SHIFT NOTES: Jam Roseived report from night	phouse. Im in bed positioned on her					
	- Unlay Track patent intook & attached to					
the LTVIISOUBINT Thuridified water	yent setting yerified fortingues palice ox					
Montoring in place. Alarma set atturbioning and why, wings CTA. Resp unlaborer						
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Usid & Med 8081 Bm. Den Care give						
	Stocked Up lostens at mit bokasers					
Of Care Im Moved noad & ric	La ca O la caracia da la cal la					
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFTE	HEN TO Evening Murse, - 88					
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2) Maintained BATM9290 ON RA						
of parated teams.						
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTINGS (Portour Andrew Control of Cont						
COORDINATED WITH/REPORTED TO: N/A Clin Mgr RN/L	PN Client Svc Mgr Physician (Addendum completed, if applicable)					
www.bayada.com	116-rapist ☐ Outer: 365					
in near ferre in mercene in						

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NURSE'S SHIFT NOTE & TIME RECO	ORD Client #: (019-2) BAYADA° Home Health Care
Client Services Manager: Diona Morcago	Week Ending Sunday: 5 29116
IDATE I DATICHER DAY WORKED I I I	Month/ Day/Year
5/29 M T W Th F Sa (Su) 70M 30M	My signature certifies that I received service on the date as listed and that the limes and services performed ere accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statement
My signature certifies that I provided service to the client on the date and time list that the report of client status and care provided are accurate. I understand that I the verified time on this time record and that my pay includes compensation for time client care, documentation, and travel between cases. I also agree to the terms of this form. Security Se	will be paid on the spent for
Temp: 982 Pulse: 7 RP/AP Resp:	O2 Sat: 1076 B/P: 104 7 Sitting /(Lying) Standing
Mental Status: AAO Confused Disoriented Other	
Developer (in 1) 1 1 1 1 1 1 1 1 1	Royal Station
Trach Dent Copendowt (NA)	Bowel Status: Two which was a status and
	Environment/Safety: 6.Kxx 3, 7084, Down 660
Oxygen: ☐ Continuous * PRN ☐ N/A Cardiac Status: HR Reaucor	RIL PROTO WOCKS & hand colls,
LOO retil Britis.	Communication needs:
Edema:	Infection Control: NStandard Precautions Other:
Skin Integrity: Wax mi Dry intact	Equipment checked XI Back up equipment checked
Misson's manufactures Dink & moist	MEmergency equipment checked Go Bag checked
Neurological: PB ☐ Seizures x ☐ Pain Status: Client reports pain as a problem: ☐ Yes PNo Inte	Other: Od Aspigation Reclusifical Percentic
1	pating Factors: NIA
Treatment: Medication Rest Other N/A	
If no, intervention/follow-up MIA	Effective 🗍 Yes 🗍 No
SHIET MOTES, TOWN A	
woon she grass by both putso	inight nurse. Jim in bed profficied on he
Adant introlt son in the sol	ntest, thousalls in door, anily Icon
the I will Englant The will be the total	25 of Private weary 2 CHOOKS 40
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Brown of Miller of the Control	
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	extremities 10 8m Bed Death airen
	sound. Traga are dressed & growed
Ke posti med to right side, Da	
Onthront applied Jan-Mode diren	. 2:30pm - Diaper Change Undowly
PROGRESS TOWARD CON SIVEN REPORTED	ned FD left Side, 3000 USS NADI
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT!	no beboon en doorthoconform
Mandanad I ED DUCKON	Loraled all aspeats of Care, Roper
Thorner of SELV 13000 By	Then to Mirse,
2 loroded trading.	
HAS A CHANGE IN STATION COVE MUST (5)	No indiana:
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REP COORDINATED WITH/REPORTED TO: TOWARD Clin May CIRM!	ORTING? (Review orders for reporting parameters) YES NO PN Client Svc Mgr Physician (Addendum completed, if applicable)
DME ☐ Respiratory T	MN 1 IUIIERI SVC Mar I ilPhysician (Addendum completed if addizabled)

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☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Therapy ☐ Median Social Services 5/30/6



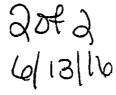
□ Nursing □ Other	
Client's Name: Jaki He Hoth	Client#: (019-27
Month Day Year Mon Tue W	ed Thu Fri Sat Sun
Week ending Sunday 6 /5 /16 5/30	
Time Arrived:Time Left:	
Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3	4 5 6 7 8 9 10
6:30pm-Diaper Change Woid=434mi OBm Den Co	regiven. Repositioned
anto back Ble profo books ontret. Topm PROM or	ICII EXHEMALES.
Epm-DON lare. Hode given per NAR eye ointmont	'''
ABZ Vest x20 mins, 10 pm Diaper Charge Wid	· · ·
Im peri care given, Repositioned to right side	
an Ednosell how as needed In the sted	
Care I'm moved head & hands Left & right to a	ROUDTI JOHEMBNOZ
Kepat given to Estinght nurse.	
OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain interven	ntion):
COORDINATED WITH A STATE OF THE	
COORDINATED WITH/REPORTED TO: Physician Clinical Mgr. PT OT SP MSW RN/LPN COMMENTS:	HHA CHeat Serv. Mgr. UN/A
PLAN FOR NEXT SHIFT/VISIT:	
Cortinue C P.O.C.	
CARE PLAN UPDATE: DYES DNO HHA present? DYES Patient participated in Care Plan Update? DYES DNO HHA SUPERVISION: 0	
Signature/Title Shallow Beneva RN	Date 5130116.
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NURSE'S SHIFT NOTE & TIME RI	
Client's Name: Oak Hollath	Client #: QV (G)
Client Services Manager: Dlana MonCoy	Month/ Day/Year
DATE DAY (circle day worked) TIME STARTED FINISHED	TIME My signature certifies that I received service on the date as listed and that I
63 MT W Th F Sa Su 7 Cum 30m	times and services performed are accurate. I understand that if payment to this service will be from Federal and State funds, any false claims, statement documents, or concealment of material may be prosecuted under applicable.
My signature certifies that I provided service to the client on the date and t	federal and State laws. I also agree to the terms on the back of this form.
that the report of client status and care provided are accurate. I understant the verified time on this time record and that my pay includes compensation	d that I will be paid on L. Spland
client care, documentation, and travel between cases. I also agree to the tithis form.	Client Signature MEL ICAID ID#: (State of PA Only)
Employee Signature/Title	316
Temp: 981 Pulse:89 RP/AP R	Resp: 12 O2 Sat: 109 B/P: 12079 Sitting (Lying) Standing
Mental Status: □AAO □Confused □Disoriented ☒Oth	ner Nutrition/Diet: NOO Jevity 1 Cal @Yorm HR
Respiratory Status: Vent dependent (Scott	end Bowel Status: Treating out
Trach Novent CPAP MAlarms Set N/A	Urinary Status: Therefore and
Oxygen: ☐ Continuous ŴPRN ☐N/A	Environment/Safety: 6PAX2, HOBA, DOMIN GOD
Cardiac Status: HR Regular	Communication needs:
Edema:	LICE I VICTORIA
More	Infection Control: Standard Precautions Other:
Skin Integrity: Warm, Dry, wroot	B Equipment checked B Back up equipment checked
Muccus Mandorous & Dink & moint Neurological: PST Seizures x	Emergency equipment checked Go Bag checked
Pain Status: Client reports pain as a problem: Yes No	Other: Oa Annation Regulation Intensity Level (Circle ohe) (0) 1 2 3 4 5 6 7 8 9 10
	xacerbating Factors:
Treatment: ☐Medication ☐ Rest ☐OtherNA	Effective ☐ Yes ☐ No
If no, intervention/follow-up	
SHIFT NOTES: TOWN RECEIVED WENTER	om night russe Jimin bed positioned on the
Fight Side, eyes Closed, Sallow Trace	on toyen, intact & afformed & for FLIMED
knt Etranidified roater White	thing yerifted Continuous Pulse Ox Manyloring
in place Alarma Set & Functionina	
Resp unlabored Bloom # 3 FO A	3,
Bactive Andonen 844 varte	
applied. 9am Mads given. 10am	The District of Children
	THE SOUTH OF THE PARTY OF THE P
Orania I O	red Site pink & dry. Train care dressed &
2 10 The state of	THE THE PARTY OF T
Then Elish, PRONX Howen	The state of the s
7 - CAN 1140	
Den per Care given leposition	aned to left side. 3pm-USS, NAD, Sixn pol
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT	Masal Track as nooded Jim to orated all
TIOOS O SOM	appart of love Report given to Evening
Maintained OATA929 on RA	Niese &
blorated teeding.	
JASA CHANGE IN ETATION MOT. (6) N	Dinjury.
COORDINATED WITH/REPORTED TO: N/A Clin Mgr	REPORTING Review orders for reporting parameters) YES NO RN/LPN Client Svc Mgr Physician (Addendum completed, if applicable) tory Therapist Other:
HA Present : Yes No N/A Care Plan Update	e: Yes No d in Care Plan Update Yes No 377
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•	VEINIONE NOTES	1410	10	- pr 🔴	
	Occupational Therapy Physical Therapy Speech Therapy Medical Social Services Nursing Other	Qof	2		BAYADA Home Health Care
C	Client's Name: Jahi McMa	ath		Clie	nt#:_(019-27
	Week ending Sunday	Month Day You	Mon Mon	Tue Wed Thu	
1	Time Arrived:Time Left:				
-	Temp: Pulse: Resp:	B/P:	PAIN LEVEL: 0	1 2 3 4 5	
	2:30pm-Diaper Change	spid=386v	ni Olan Deci	Care airon	Repositioned
12	The state of the s	DL2 CULLERY	. <i>IEXYY~W\X\Y\</i>	I WILL SMI'	· ' \ \ \ ~ ~
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וטס	COMPEON THIS SHIFT/VISIT (Progress town	ard goals, including o	lient's response to pai	intervention)	
-				· ····································	
-					
C00	RDINATED WITH/REPORTED TO: Physician	Clinical Mgk ()PT (OT OSP OMSW OR	N/LPN () HHA () Client	South Davis
СОМ	MENTS:			- Contract Contract	Serv. Inge U NA
PLAN	FOR NEXT SHIFT/VISIT:				
	Continue	c P.O.	. D		
CARE	PLAN UPDATE: DVES DNO			TVEC DAG	
erici	nt participated in Care Plan Update?	DYES DNO	HHA present? (HHA SUPERVIS	JYES LINO ION: DYES DINO)
	ignature/Title Thoom F	Songuer	RN	Date_	6/4/11
www.ba 915-A R	syada.com REV. 2/05 © BAYADA Home Health Care, 2005	J ~		_	378
				(CLINICAL NOTES

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NURSE'S SHIFT NOTE & TIME RECO	ORD Client #: 419-87 BAYADA° Home Health Care
Client Services Manager: Diona Moncayo	Week Ending Sunday: Callallo
I DATE I DATIGICIS GRV WOTKERT I	will be paid on
client care, documentation, and travel between cases. I also agree to the terms o	/ Client Signature n the back of MEDICAID ID#: (State of PA Only)
Employee Signature/Title Date	<u>lla</u>
Temp: Pulse: Q RP/AP Resp:	12 02 Sat: (LD90 B/P: 83 (62 Sitting (Lying / Standing
Mental Status: AAO Confused Disoriented Other	Nutrition/Diet: No Zevitu 10al Q How! Ho
Respiratory Status Vent dependent (Lings)	Bowel Status: Treatings
Tach Went CPAP Malarms Set IN/A	Urinary Status: The Contine Not
Oxygen: Continuous NPRN N/A	Environment/Safety: ERXXX, HOBA, DODNIN God
Cardiac Status: 448 Regular	Communication needs:
COD REHIL Beigh	workerpal
Edema:	Infection Control: Standard Precautions Other:
Skin Integrity: Worm, Org. Whoot	Equipment checked Back up equipment checked
Mucaus manuscanes Dink smoiat Neurological: Alex Seizures x	Other: Od Assiscotton Redu VI Cil Descrittors
Pain Status: Client reports pain as a problem: Yes No Inte	Other: Od Hispircation Reflex tall Aerontical Cricle only 1 2 3 4 5 6 7 8 9 10
	pating Factors: WH
Treatment: Medication Rest Other	Effective Yes No
If no, intervention/follow-up \(\frac{\mathcal{M}}{\mathcal{L}} \)	
SHIFT NOTES: JOHN - PRECOUSED BOOK from a	ight nurse Im in bed positioned on her
book By Proto Dask & hand rolls in	Non Russ N 1 86'10 Took Only
what sattograd to the TUNES you ?	transactive of books not setting they have
Continuous Diles ox manitorine in by	
hunge CTA, Ross and changed Bloom &	ace. Harnis Set & timetioning audibly.
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	ing Mods given, 98 m ABT Vertxami
10' 2 01 0	Em bed both given dioper Change
Some of some of the Man	10
Stromad repositioned to right Sid	The state of the s
	15 given, d. 80pm-Diaper Change
PROGRESS TOWARD GOAL SOUTHERN STATE GIVE	n. Repositioned to left side. 3pm-USS
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT:	The state of the s
Mantamod 7 & O(A) or (-) 800 m/ H)	arated all aspects of lave Ranatairen
Montpowed BAT4990 ON PA 4	18 - saving miners
Bleroted treding.	
DME Respiratory	ORTING (Review orders for reporting parameters) YES ANO PN Client Svc Mgr Physician (Addendum completed, if applicable)
No NA Care Plan Update:	Yes No
0-3443 REV. 8/15 @ BAYANA Home Health Care 2015	MINORIO OLIUT HOYE A THE BEARE.

☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Therapy ☐ Medical Social Services ☐ Nursing





U Other											
Client's Name	Jalni	MChod	th					Client	#:_[@	19-2	7
			Month Day Ye	186	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Week end	ing Sunday	6/19/1	ما	613						
Time Arrived:		Time Left:									
Temp:	Pulse:	Resp:	B/P:	PAIN LEV	EL: 0	1 2	3 4	5 6	7	8 9	10
Com-Ma	ds/Flu	8h gjuer	, Per MAR	. 6:80	may	Dia	per	GNOI	ge.	Void	=792 m
La Soft	RM Per	i core o	wen Rope	NOI PIEC	ed O	Mo!	laco	5.81	Do	CO 6	DDX S
affect	7pm-1	ROM ON	i all extrem	itres 8	<u> 3pm-1</u>	Yed	8 वं।	-en	·eck	- On	tment
applied.	gon-	ABIT VE	EST X90mi	ns. 10:	<u> 30</u> pr	<u>м-:С</u>	ral	Coxe	$\cdot \mathcal{D}_{i}$	ape	
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Keport	'	tapin a									<u>-88</u>
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OUTCOME FOR T	HIS SHIFT/VISI	(Progress towa	ard goals, including	client's reso		ein inter	vention				
				, 4,,0,,,,	onso to p	4111 11161	vendon	· 		 .	
											
	-									**************************************	
COORDINATED W	TH/REPORTED	TO: Physician	Clinical Mgr. DP	T O OT O SP	3 MSW 🗆	RN/LPN	ПНЯА	Client	Serv. Ma	. D N/A	
COMMENTS:									<u></u>		
N AN FOR ALL									$\overline{}$		
PLAN FOR NEXT S	02-1		- 00 0								
ARE PLAN UP		D OUT	S KDC	2 (1							
atient participa	ated in Care I	Plan Update?	OYES ONO		oresent? SUPERV				0		
Signature/T	itle <u>Mos</u>	on Bo	mane (BU.				Date	. 1.	3/16	
ww.bayada.com 5-A REV, 2/05 © B			3						Ţ	321h	OTES
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NURSE'S SHIFT NOTE & TIME RECO	Client #: (019-27) BAYADA° Home Health Care				
Client Services Manager: Diona Morrayo	Week Ending Sunday: 71816 Month/ Day/Year				
	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				
7/3 MT W TH F Sa (SW) 70m 30m 8	this service will be from Federal and State funds, any false claims, statement documents, or concealment of material may be prosecuted under applicable				
My signature certifies that I provided service to the client on the date and time lists that the report of client status and care provided are accurate. I understand that I the verified time on this time record and that my pay includes compensation for time client care, documentation, and travel between cases. I also agree to the terms on this form. Employee Signature/Title	d above, and will be paid on the spant for t				
Temp: 976 Pulse & RP/AP Resp: 1	O2 Sat: 10 9 B/P: 130 QQ Sitting (Lying / Standing				
Mental Status: □AAO □Confused □Disoriented ☒Other	Nutrition/Diet: NIDO FEUITY/Cal a Homil Hill				
Respiratory Status: Vent-dependent (LUXOS)	Bowel Status: Transfusent				
Trach Svent CPAP BAlarms Set N/A	Urinary Status: Twostin out				
Oxygen: Continuous NPRN N/A	Environment/Safety: SR+x2, HOBH, OSLOWN GOD BL CAD LOSSES & Navid COMS				
Cardiac Status: HR Regular	Communication needs:				
Edema: (R) Knoe	Infection Control: Standard Precautions Other:				
Skin Integrity: Warm, Dry, WHOQX MULGOUS Manufactures Dink's Moist	Equipment checked Back up equipment checked Extended Englishment checked Date Go Bag checked				
Neurological: Seizures x	Other: Od/ASpyration/Reflux/fall Accounts				
Pain Status: Client reports pain as a problem: Yes No Inte	nsity Level (Circle one) (0) 1 2 3 4 5 6 7 8 9 10				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pating Factors: WA				
Treatment: Medication Rest Other MA	Effective 🗌 Yes 🗎 No				
If no, intervention/follow-up \(\frac{\lambda{1}}{\lambda{1}} \)					
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	Is in place. a jes Mosed. Shiley Trooh				
	1160 Vente Dunid Fred nooder. Went Selling				
perfect confinuous orise or worther					
Ouding, Lungs CTA. Rosp whohered 125m #2042 posture Patents intact.					
Jevity real infusing @ 45 mil 48. BS C	rotive Abdoman 8024 rondonder, 8am				
oral Care Mode given. gain Mode	1911EN 9:450M ABI VERT XDOMINS. 10 Bu				
PROM arms only. Main Bed both	given dioper Change Did= 168mi OBM.				
	E grown, Repositioned to right Side. 12pm				
Modes Prush given per NAR the Din					
2:45 pm - Dioper Change Wid=357 mi	Hed Br. Peri Care away. Repostationed				
to left side. 3pm- 455, NAD SXN OB					
all occeeds of love. In moved fin	Local local word with wald and				
PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFTY	wento man. 8				
maintained I SOE OF STMIL					
Emaintered SATA929001 RA.					
	al Care mat.				
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REPORTING? (Review orders for reporting parameters) TYES (NO					
HAS A CHANGE IN STATUS OCCURRED THAT REQUIRES REP COORDINATED WITH/REPORTED TO: MAIA Clin Mgr Respiratory	-PN LICHERT SVC Mgr LIPhysician (Addendum completed, if applicable)				

CLINICAL NOTES 2 DA 2
Occupational Therapy Physical Therapy Speech Therapy Medical Social Services Nursing Other
Client's Name: Taki McMath Client#: 619-27
Week ending Sunday 7/10/16 THE 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
is: 30pm-Diaper Change Unid=484m1 Olom peri lave Given. Repositioned onto beach, bl. Parts vonto on feets, 7pm-PROM on arms only. Sport crail cave. ModS given. 9pm-ADI hest x2pmins 1078m Diaper Change Wid=104m1 Olom Peri Cave given Repositioned to right Side. 11pm-USS, NAD, Sxn palnasel Trach as Nocoled. Interneted all aspects of Cave, 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:
CARE PLAN UPDATE: DYES D NO Patient participated in Care Plan Update? DYES D NO HHA SUPERVISION: DYES D NO

Signature/Title______

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NURSE'S SHIFT NOTE & TIME REC	OPD PAVADA
Client's Name: Jaki Mc Math	Client #: (0.19-27) Home Health Care
Client Services Manager: Diana Moncayo	Week Ending Sunday: 8716
	Month Day/Year
RI MIT W Th F Sa Su 300 1100	WORKED My signature certifies that I received service on the date as fisted and it times and services performed are accurate. I understand that If payment this service will be from Federal and State funds, any false claims, state
My signature certifies that I provided service to the client on the date and time that the count of client circles and the client of the country of client circles and the country of country of country of client circles and the country of	documents, or concealment of material may be prosecuted under applic stell above, and
that the report of client status and care provided are accurate. I understand that the verified time on this time record and that my pay includes compensation for client care, documentation, and travel between cases. I also agree to the terms	I will be paid on
this form.	on the back of Client Signature (State of PA Oni
Employee Signature/Title Date	
Temp: 975 Pulse: 80 RP/AP Resp:	O2 Sat: 10 9/2 B/P: 158 12 3 Sitting (Lying) Standing
Mental Status: □AAO □Confused □Disoriented ▼Other	Nutrilion/Diet NOO TRUITY 1 COL @ 40 mil HR
Respiratory Status: Vent dependent (Lungs)	Bowel Status: Trocortinant (PS Octive)
MTrach Myent □CPAP MAlarms Set □N/A	Urinary Status: Trestinant
Oxygen: Continuous PRN DNA	Environment/Safety: SQUEZ NOVA NOTALLE D
Cardiac Status: HR Regular	Communication needs:
Edema:	Infection Control: AStandard Precautions Other:
Skin Integrity: Warm, Dry, 1970act.	Equipment checked Back up equipment checked
Timoare manyones Dink & moid	Ditemergency equipment checked VI Go Bag chacked
Neurological: Seizures x Pain Status: Client reports pain as a problem: Yes No Int	other: 03 Aprintion Reflux tall Decort
3114	ensity Level (Circle one) 0 1 2 3 4 5 6 7 8 9 10 rbating Factors: NA
	boung racios. 14/A
I readirent Diveologion Divest Dother MILL	Effective T Ves T No.
Treatment: Medication Rest Other MID If no, Intervention/follow-up MIA	Effective Yes No
If no, Intervention/follow-up MH	
If no, Intervention/follow-up MH SHIFT NOTES: 3pm-Received report from P	By ruse, Imin bod proitioned on hor
If no, intervention/follow-up MA SHIFT NOTES: 3pm-Received report from Test side eyes closed covered this s	Synuse, Inin bed proitioned on her
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received report from Teft side eyes closed control This s TTA. Soulay track Potent, intact midling	Soynuse, Inin bed preitioned on her onland gause, Rosp unlanged 12 lopen Lings of luft infloted to Secured Divelors the
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received recort from Thet side eyes accord and the Souley track Potent, intoot midling to I finger according attached to the	Solver in the second of the se
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received report from I LEFT Side eyes Closed Covered ENSS S TH. Shiloy track Potent, introof midling to I finger created & attached to the Setting as ordered Aclis feels TUSE	Soynuse, Inin bod positioned on her caked gowe, Rosp unlarged 12kpm Lings in litt infloded = Secured by Veloro thes in LTV 150 went = humidified the other yent in Forthe Continuous also ox months in
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received report from I Left side eyes closed control This s TTA. Souley track Potent, intoot midlin to I finger creath & attached to the Setting as ordered Action Replis TUSO In place. Alarma set & transforms as	Synuse, Imin bed pritioned on how Solved gowe, Resp unlarged latern Lungs LIVIED went a humidified hootler hen D. Fronkh. Continuous Pulse ox Monthoring udibly. # 20 FR pootube Patent & into at
If no, intervention/follow-up MA SHIFT NOTES: 3pm-Received recort from The side eyes closed curred this side that the side eyes closed curred this side eyes closed curred this side eyes closed between intervention of the side of the	By nuse, Inin bod provious on hor called gouse, Rosp unlarged 12 lapon Lungs Le LTU 150 went & Secured by Veloro thes Lo Frozika. Continuous Pulse ox monthoring udibly. #20 FR pootube Patent & into ot man 804 non-tender. Shin Warmion,
If no, Intervention/follow-up N/A SHIFT NOTES: 3pm-Received report from I Left side eyes closed lawred Thes S TH. Soiley track potent intact midling to I finger broadth & attached to the Setting as ordered Actiz feepls, TUSO In place. Alarms set & Functioning all Serity I calinfusing & Homility, And Intact. Hom-eye Ordnant applied	Synuse, Imin bed pritioned on her solved gense, Respundinged By Veloro thes re LTU ISO went a humidified heater hen D. Fronkh. Continuous Pulse ox Montoning udiny, #20 FR peopluse Patent & inta of mon 804 non-tender, Skin Warmion, Copm-Dioper Many & wid-368 m. Br
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received recort from The side eyes acred warred This s TH. Souley track Potent, intoot midling to I finger arealth & attached to the Setting as arrived Action freels, TUSO in place. Alarma set & trinchang a south 1 calinfusing & Homility. And intoo. Homeyo almont applied peri lare given hopesthaded anto be	Source. John bod Pritioned On hor called gowe. Resp unlarged 12 lapon Lings in LTU 150 went & humidified heater hen in LTU 150 went & humidified heater hen in Fior 18A. Continuous Pulse Ox Monthoring unding. # 20 FR pooptuse Patent & into at- mon 80H non-tender. Shin warmiony, Copon-Diaper alange coid-368 m. Br xouk. Bl. Prato boots in place. Medstell
If no, Intervention/follow-up N/A SHIFT NOTES: 3pm-Received report from The side eyes closed covered this side that side eyes closed covered this side that the shift of shifting as arrived Action Replies to the setting as arrived Action Replies to place. Alarma set & trunchaning as a place of the side of the sid	Egynuse, Imin bed preitioned on her called genze, Resp unlarged lalapm Lunge re, luft inflod ed & Secured by Veloro thes re LTV 160 vent & humidified the other vent D. Fingles, londinguase Pales Ox Monthoring udibly, # 20 FR pooplube Palent & inta of man 804 non-lender, Elsin Warmion, Copon-Diogeor Wange void-368 m. Be sock. Ble profo bootes in place, Modelfill en Per MAR, eye bintruent applied. 9pm-
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received reart from The side eyes accept and report from The Souley track Potent, intoot miding to I finger accept to attached to the Setting as arrived AC/12 feep/5, TU/Silling place. Alarma set & Franchianing alling place. Alarma set & Franchianing alling a Homilthe. Alarma for the arrived and the serie are given. Reproduced and the speed and the speed. The speed and the speed. Peri lare given Reproduced and the speed. The PACH Spm-Meds given the speed and the speed.	Enjoure. Join bod protioned on hor could gowe. Resp unlarged 12/1000 Lings in LTU 150 went of humidified to other head in Fighth. Continuous Pulse ox Monthoring whichy. # 20 FR poopluse Patent & into at man 804 non-tender. Strin warmiony, copon-Diosper anama word-3608 mi ar souk. Ble proto bootes in place. Modelfill en Per MAR. Eye Dintownt applied. Apon-
If no, Intervention/follow-up N/A SHIFT NOTES: 3pm-Received report from The side eyes alosed awared this side that the side of the side o	Egynuse. Inin bed preitioned on her called gowe. Resp unlarged lalapm Lungs be Liviso vent a humidified header vent D. Fiorish. Continuous Pulse or Monthring whilely. # 20 FR peopluse Palent & into of man Soft non-lender. Ethin warmiony, Copon-Dioyeer ahouse void-368 m. Be sook. Bl. profo boots in place. Modelfill en Per MAR. Eye ointruent applied. Apon- change Soid-206 m. Med Em port de. Man-VSS, MAD, San pollogal Trook
If no, Intervention/follow-up N/A SHIFT NOTES: 3pm-Received report from The finder eyes closed lawered Tikes a The Soiloy track fatent intact midling to I finger arouth & attached to the Setting as arbored Ac/12 feep/5, TU/Si in place. Alarms set & transtroning as in place. Alarms set & transtroning as soirty (catinfusing & Homility, Alarmost Upon-eye airthur ant applied Peri lave given Repositioned anto ve given. Tem PBAY Spon-Mods give Abst west xdomins, Dogs Tright a Progress Toward GOALS/OUTCOMES OF THIS SHIFT: 0	Edynuse. John bod providend on hor called gowe. Resp unlanged 12/1000 thes is luft infloded & Secured by Veloro thes is LTU ISO went a humidified hootler hen is fingled. Continuous Pulse ox Monthoring whilely. #20 FR poolube Patent & inta of man 80th non-tender. Shin warmiony, copon-Dioger Wanse word-368 mi of each. Bla Prato Bootle in place. Nodsfell en Per MAR. Eye Dintruent applied. 9pm- change Soid-206 mi Med 8m port ide. Man-USS, MAD, Sxn poplaged Trach 2 nooded. Jim tologated all appeats
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received reart from The side eyes accept and reart from The Souley track Potent intoot midding to I finger accept to attached to the Setting as arrived Acts freely freely Tops in place. Alarma set to track and a form the souly I calinfusing a tomilyte. And what I calinfusing a tomilyte. And what I care given hopisticaned anto a spen. I pm Pain spen hopisticaned and a form the size of the shift. The size of the size of the shift. The size of the shift of the size of the shift. The size of the shift of the size of the shift. The shift of the size of the shift of the size of the shift. The shift of the size of the shift of the size of the shift.	Edynuse. John bod protioned on her could gowe. Resp unlanged 12/10pm Lungs in Lung in Ling with infloded & Secured by Veloro these Living which will be continuous for the confidence of month into at mon soft non-tender. Shim warmiony, copm-Dioger anama word words from poce. Model Flusch. Bl. Proto boots in place. Model Flusch. Bl. Proto boots in place. Model Flusch. Bl. Proto boots in place. Model Flusch. Show with each of portion worde. John John San pollogal Troub. I wooded. Jim tolarated all appeals for an anamal of the contents to the contents of t
If no, Intervention/follow-up N/A SHIFT NOTES: 3pm-Received report from The side eyes alosed awared this side that side eyes alosed awared this side ayes alosed awared this shift of side eyes arealth & attached to the setting as ardoned Ac/12 Rep/S, TU/S, a place. Planne set & thinkning a south real flowing a formitte. About the side of th	Edynuse, Inin bod provided on hor called gowe. Resp unlarged lalapm Lings is LTV 150 went & humidified hoader hem to FrogRA. Continuous Pulse ox monthoring wall bly. #20 FR poortube Palent & into of man 50H non-tender. Shin warmion, Copm-Diaper alange world-368 m. of copm-Diaper alange world-306 m. Need an port de. Man-USS, MAD, San poplased Trooh shooded. Im tolorated all aspects and finger knows to
If no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received reart from The Side eyes acred warred Tiks so The Souloy track Potent intoot miding to I finger arealth & attached to the Setting as ardered Acity freels, Tolson place. Alarma set & transforms as into a continue to a continue to a continue to a continue to the continue to a continue to the	Educate. Jania bod presticued on her called gowe. Resp unlarged 12/10pm Lunge in Lung inflat of the Secured by leloto the se Later her to humidified heater her to fronth land to fronth land to fronth land to form the part of the part of the form of the part of the form of the part of the form
IF no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received reart from The side eyes accept and reart from The Souley track Potent, intoot midding to I finger accept to attached to the Setting as arrived Acts freely freely Tolson place. Alarma set to track and a form the souley I calinfusing a Homility. And what I calinfusing a Homility. And what I calinfusing a Homility. And what I form eye arrived and a form and applied peri late given happenhand a population. I pm PRIM Spm-Mods given PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT: I maintained I allow the direct to the shift of maintained I allow the direct to the first of the first occurred that requires remained a change in status occurred that requires remained and the first requires remained to the first rema	Egypuse, John bod prestioned on her could gowe. Resp unlanged 12/10pm Lunger, Unit inflated ed & Secured by veloro these to the inflated ed & Secured by veloro these to the transport of the continuous pulse or monthorized by the continuous pulse or monthorized by the continuous pulse or monthorized to the post of the continuous coid of the post of the
IF no, Intervention/follow-up MA SHIFT NOTES: 3pm-Received reart from The side eyes accept and reart from The Souley track Potent, intoot midding to I finger accept to attached to the Setting as arrived Acts freely freely Tolson place. Alarma set to track and a form the souley I calinfusing a Homility. And what I calinfusing a Homility. And what I calinfusing a Homility. And what I form eye arrived and a form and applied peri late given happenhand a population. I pm PRIM Spm-Mods given PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFT: I maintained I allow the direct to the shift of maintained I allow the direct to the first of the first occurred that requires remained a change in status occurred that requires remained and the first requires remained to the first rema	Edynuse. In pod preitioned on her could go be a separate of latern Lines a later intended a separate of latern Lines a later intended at a secured by veloco the secured by velo

NURSE'S SHIFT NOTE & TIME REC	ORD	:	BAVADA
Client's Name: John McMoth		Client #: <u>619-27</u>	Home Health Care
Client Services Manager: Diovo Homayo		Week Ending Sunday:	8/7/16
DATE DAY (circle day worked) TIME TIME STARTED FINISHED	TIME My signatu	un certifies that I received con	lonth/Day/Year fee on the date as fisted and that
8/2 M OW THE SO SU JOHN HOM	3410 Unia service	services panomied are accura I Will be from Federal and Stat	te. I understand that If payment for
My signature certifies that I provided service to the client on the date and time that the report of client status and care provided are accurate. I understand that the verified time on this time record and that	sted above, and Federal and	. Of Concesument of material w	is total, any taise cents, stateme tay be prospected under applicable te terms on the back of this form.
client care documentation, and travel between pay arctimes compensation for		Speary	
- Shallow Banoing Rul SIDI	MEDICA	ID ID#:	(State of PA Only)
Employee Signature/Tille Date		. ~! /	
Temp: Pulse: RP/AP Resp: Mental Status: AAO Confused Disoriented XOther	@ 02 Sat: 1179	B/P: 131 102 Sitti	ng (Lying) Standing
Respiratory Status: 12 AAO Confused Disoriented Diso	Nutrition/Diet: NO	D Jevity 100	16 HOMIHR
MTrach Went CPAP Alalarms Set CN/A	Bowel Status:	waterest	_
Oxygen: Continuous PRN NA	Urinary Status:	100 y 64 400 A	+ DOVONIN bec
Cardiac Status: 44 Rocular	Communication needs	ジャベーズ スノリッツリー	DIC DILLIAGE
Edema:	<i>1\D</i> (177,6KMeG	
abre	Infection Control: [5]S		Olher:
MILLOGUS MENNSCOUTS DINK ENDIGH	Equipment checker	i KBack up equipme	nt checked
Neurological: ACC Seizures x	Olher () A I I I C	$\bigcap_{i \leftarrow j} (i \leftarrow j)$	MX Itall Accordic
Pain Status: Client reports pain as a problem: Yes No Inte	ensity Level (Circle one) bating Factors: 1914	0 1 2 3 4	5 6 7 8 9 10
- Charles (Manager) - ISM - Charles			
Treatment: Medication Rest Other MA	baung racions: Kultt		
Treatment: Medication Rest Other MA	Daving Factors: Kulint	Effective	☐ Yes ☐ No
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	NURSE'S SHIFT NOTE & TIME REC	ORD	BAYADA
	Client's Name: Sohi Mc Moth	Client #:	(19-27) Home Health Care
	Cilent Services Manager: Diane Moncau	_	Ing Sunday: 8/7/16
		<u></u>	Month/Day/Year
	DATE DAY (circle day worked) TIME TIME. STARTED FINISHED	TIME () WORKED My signature certifies tha	t I received service on the date as listed and that t
	SH MT WTD F SB SU TOM 200 5	THRS this service will be from F	med are accurate. I understand that if payment to
	Av structure conflict that I provided content to the different and average visit and a vis	COCUMENTS, or concealing	nil of malerial may be proseculed under applicable also agree to the terms on the back of this form.
	Ay signature certifies that I provided service to the client on the date and time if not the report of client status and care provided are accurate. I understand that	1	and agree to one terms on the pack of this form.
Ċ	io vermes one on this ame record and that my pay includes companiation for ilent care, documentation, and travel between cases. Leten some to the torse	0	Client Signature
ti	is form Barrana BN 814	MEDIC NO IDA:	(State of PA Only)
Ē	mployee Signature/Title Date 1	<u>v</u>	
	Temp: Q76 Pulse: 78 RP/AP Resp:	12 02 Sat: 1997 BIP: 13	DS Sitting Lying Standing
	Mental Status: AAO Confused Disoriented Other	Nutrition/Diet NOC Zouid	100
	Posnimina Status (a) 1 1 1 1 100 C	40000	th 1601 By Double
	- CTA		nent
		Urinary Status: Thom	tinout
	Oxygen: Continuous XPRN DNA	Environment/Safety-SRAX3	
	Cardiac Status: 40 Coowson	Communication needs:	and solls
	Edema:	1100-1821	37
	man was	Infection Control: NStandard Pr	ecautions Other:
	Skin Integrity: Work, Ory, whach	X Equipment checked X Back	up equipment checked
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		baling Factors: MA	
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	If no, Intervention/follow-up MIA		
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	coch. Bl. Acto looks & hand rolls in	place. Eyes ! losed a	wered TUSSSORM
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-	pert chimidified hooter, neut sett	ind reuthagistigo	-18 Post-tibe Patent &
4	intoot. Jevity I cal influsing Quon	2014. PS Owner Alox	JOHNAY FEES MOMOR
\perp	Sam and One. Hods given. Eye Oi	Mount applied. 90	im Hools given
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NAC THO H	PROGRESS TOWARD GOALS/OUTCOMES OF THIS SHIFTED T=798 0=252 Retaining 546 ml (Maintained SATA 2295 on RA Thornes feeding, A Personal As a Change in Status occurred That requires re OORDINATED WITH/REPORTED TO: 18N/A Clin Mgr RN/ BY DME Respiratory HA Supervision: Yes No NA Care Plan Update:	Sporting? (Review orders for reporting)	Sw polnasal Trach Larated all asports Nor Noad Enwas S. Report given to Stop parameters) TYES 1800

NURSE'S SHIFT NOTE & TIME REC	ORD BAYADA
Client's Name: John MCNath	Client #: 619-27 Home Health Care
Client Services Manager: Dicon My Cahe	D. Week Ending Sunday: 8716
	Month/ Day/Year
M T W Th F (Sa) Su QW 300	WORKED My signature certifies that I received service on the date as isted and that i times and services performed are accurate. I understand that if payment it this service will be from Federal and State funds, any false claims, stateme documents, or concealment of material may be prosecuted under applicable.
My signature certifies that I provided service to the client on the date and time is that the report of client status and care provided are accurate, I understand that	ried chara and Federal and State laws. I also agree to the terms on the back of this form.
ine veniled time on this time record and their nv pay includes companied for	Ilma conni for
client care, documentation, and travel between cases. I also agree to the terms this form.	on the back of MEDICAID ID#: Client Signature (State of PA Only)
Employee Signature/Title Date	<u> </u>
Temp: 974 Pulse: 82 RP/AP Resp:	O2 Sat: (D) B/P: 16 8 Sitting (Cying) Standing
Mental Status: AAO Confused Disoriented Other	Nutrition/Diet No Zevity Cal Allowillia
Respiratory Status: Vent dependent (Lungs)	THE COUNTY I CAN DAD WITHIR
Trach NVent □CPAP □Alarms Set □N/A	THE
Oxygen: Continuous MPRN N/A	Environment/Safety: 6R+x2, HOSH Winn Ged
	THE FICTO METS & MOND TOILS
W Kerian Chier	Communication needs:
Edema:	Infection Control: [Standard Precautions Other:
Skin Integrity: Warm, Dry, Whoot,	Equipment checked X Back up equipment checked
MUCOUS Manyoranes DIAK & MOIGT	Emergency equipment checked VI Go Bag checked
Neurological: 122	Other: Os Perigotion Retire tall Accordic
	ensity Level (Circle ane) (b) 1 2 3 4 5 6 7 8 9 10
	baling Factors: NIA
Trealment: Medication Rest Other.	Effective Yes No
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CLINICAL NOTES Occupational Therapy Physical Therapy Speech Therapy Medical Social Services





☐ Nursing ☐ Other
Client's Name: Jaki Woldth Client#: (019-27)
Week ending Sunday 8 / 1/6
Time Arrived:Time Left:
Temp: Pulse: Resp: B/P: PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10
Com- Heds/ Flugh siven per Har. Tom-PROM gom-Nodsgiven. Ple
Owthout applied gan ABI West x20 mins, 943m Diaper Charge
Wid- Stotim haven peri One open Trook Ove provided Reposition
to right side. With 185,01AD, SIN polyagell Track as rooded. I'm
Mered nood & hands to man's Commands. Into denoted all aspects
Of Core Report given 40 Night ruse SB
OUTCOME FOR THIS SHIFT/VISIT (Progress toward goals, including client's response to pain intervention):
COORDINATED WITH/REPORTED TO: D Physician D Clinical Mgr. DPT Q OT Q SP Q MSW QRN/LPN DHRA-Q Cliant Sarv. Mgr. Q N/A
COMMENTS:
PLAN FOR NEXT SHIFT/VISIT:
Continue CPO.C.
CARE PLAN UPDATE: DYES D NO HHA present? DYES D NO Patient participated in Care Plan Update? DYES D NO HHA SUPERVISION: DYES D NO
Signature/Title & Palacen Banqua RN Date 8/7/16
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