

AM cares																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Wash hands/face																																
Oral cares																																
Hair care																																
Lotion																																
Glasses cleaned																																
Hearing aid check																																
PM cares																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Wash hands/face																																
Oral cares																																
Hair care																																
Lotion																																
Glasses cleaned																																
Hearing aid check																																
HS cares																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Toilet																																
Reposition																																
2 hour checks																																
Bath																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Bath																																
Shampoo hair																																
Finger nail filed																																
Toe nails filed																																
Change linen																																
Resident Name: First	M.I.	Last																														
																		Month											Year			