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	Resident Name:														Month and Year:													7 a									
																							CNA Accountability Form														
	Activity	Usual Performance (based on Care Plan)	Shift	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			
			7-3							3																											
	Eating		3-11																																		
			11-7																														<u> </u>				
	Oral Hygiene		7-3																																		
			3-11																				-											<u> </u>			
	Toilet Hygiene		11-7																_															<u> </u>			
			7-3 3-11																															_			
			11-7		-																													_			
			7-3																															<u> </u>			
ā	Shower/		3-11																																		
ē	bathe self		11-7																																		
王	Shower/ bathe self Upper body dressing		7-3																				io .														
Sel	Upper body		3-11																																		
•,	dressing		11-7																																		
	Lower body		7-3																																		
	dressing		3-11																																		
			11-7																																		
	Putting		7-3																															_			
	on/taking off		3-11																																		
	footwear		11-7									_																						<u> </u>			
	Personal		7-3																																		
	Hygiene		3-11																																		
			11-7				1																											1			

Initials/Name Initials/Name Initials/Name

07 RESIDENT REFUSED
09 NOT APPLICABLE

10 NOT ATTEMPTED DUE TO ENVIRONMENTAL LIMITATIONS

88 NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERNS



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⁰¹ DEPENDENT: Helper does all the effort or the assistance of 2 or more helper is required to complete the activity.

⁰² MAX ASSIST: Helper does MORE THAN HALF the effort.

⁰³ MODERATE ASSIST: Helper does LESS THAN HALF the effort.

⁰⁴ SUPERVISION/TOUCHING ASSIST: Helper provides verbal cues or contact guard assist.

⁰⁵ SET-UP OR CLEAN-UP ASSIST: Helper sets up or cleans up; resident completes the activity.

⁰⁶ INDEPENDENT: No assistance from a helper.

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Activity	Usual Performance (based on Care Plan)	Shift	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
Roll Left and Right		7-3																															
		3-11																															
		11-7																							,	4							
		7-3																															_
Sit to Lying		3-11																															
		11-7										<u> </u>																					
Lying to Siting		7-3																															_
on Side of Bed		3-11																															_
orr side or bed		11-7																															
		7-3																															
Sit to Stand		3-11																															
		11-7																															
Chair/Bed-to-		7-3																															
Chair Transfer		3-11																															
Chair Transfer		11-7																															
Toilet Transfer		7-3																															
		3-11																															
		11-7																															
Transfer Tub/Shower		7-3																															
Transfer		3-11																															
Hansiei		11-7																															
		7-3																															
Walk 10 ft		3-11																															
		11-7																															
Walk 50 ft		7-3																															
		3-11																															
with 2 turns		11-7																															
		7-3																															
Walk 150 ft		3-11																															
		11-7																															
What I SO S		7-3																															
Wheel 50 ft		3-11																															
with 2 turns		11-7																															
		7-3																															_
Wheel 150 ft		3-11																															
AAlleel TOO IT																																	

Resident Name: Month and Year: CNA Accountability Form

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