



"Providing the best home health care strategies & solutions"

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Telephony Modification Report

Employee Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

[ ] In-Home Aide [ ] CDS Attendant

Clients Name: \_\_\_\_\_

Reason for Telephony Modification:

\_\_\_\_\_  
\_\_\_\_\_

Employee Feedback:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Comments:

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Consumer/Client Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Modification Codes

Activity Codes

- 1. Caregiver Failed to Clock IN/OUT
2. Client's Phone Disconnected
3. Spectrum TeleTrack System Down
4. Failed to Enter Performance Correctly
5. Client's Phone Malfunction
1. Dietary
2. Dressing/Grooming
3. Bathing/Personal Hygiene
4. Toiletry Contenance
5. Mobility Transfer
6. Asst. Self Admin Meds
7. Med Related HH Tasks
8. Other
9. Clean Bathroom
10. Change/ Make Beds
11. Clean Appliances
12. Dishes
13. Kitchen Surface
14. Meal Prep/Clean up
15. Laundry
16. Dusting
17. Floors-Sweep/Mop
18. Vacuum
19. Empty Trash
20. Shopping Errands
21. Ironing
22. Mending
23. Correspondence
24. Ostomy Hygiene
25. Catheter Hygiene
26. Bowel Program
27. Prescription Ointment
28. Aseptic Dressing
29. Non-Injectable Meds
30. Passive Range of Motion
31. Transfer/Lift
32. R2-Hourly
33. (CDS) Transportation