PowerPoint created by LR 03/18/2025

How to Create In-Home ISS Logs/Notes

A Meaning of Life Training for DirectCare Focused Software

Logging In

FOCUSED SOFTWARE

Home | Attendance | Meds | Activity | Incidents | Fire Drill | Log Off

Log in

User name [redacted]

Password ••••••••••

Log In

Focused Software

amol
A MEANING OF LIFE, LLC

FOCUSED SOFTWARE

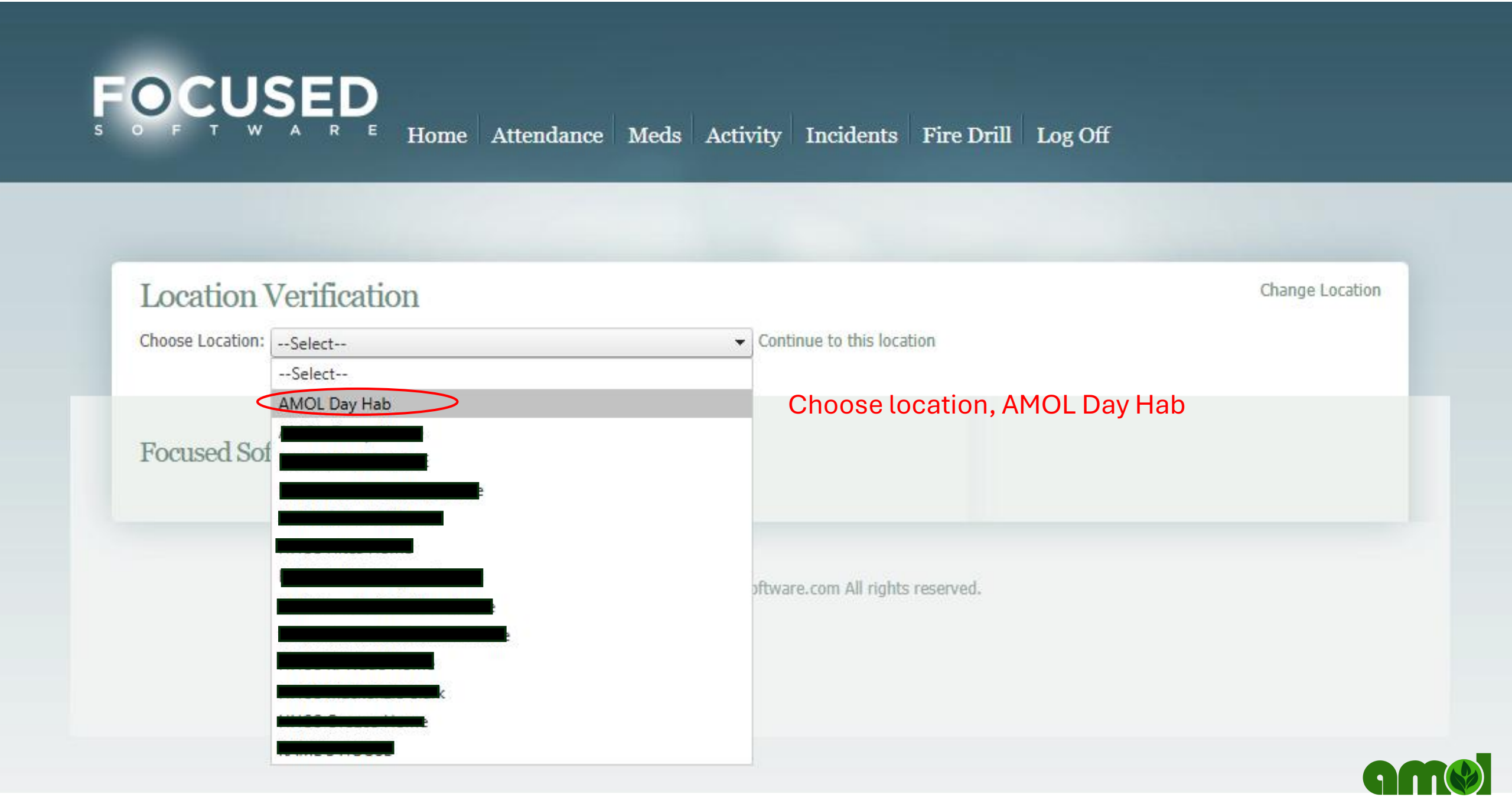
Home | Attendance | Meds | Activity | Incidents | Fire Drill | Log Off

Location Verification

Change Location

Choose Location: --Select-- Continue to this location

Focused Software


FOCUSED
SOFTWARE
Home
Attendance
Meds
Activity
Incidents
Fire Drill
Log Off
Location Verification
Change Location
Choose Location:
--Select--
Continue to this location
--Select--
AMOL Day Hab
Choose location, AMOL Day Hab
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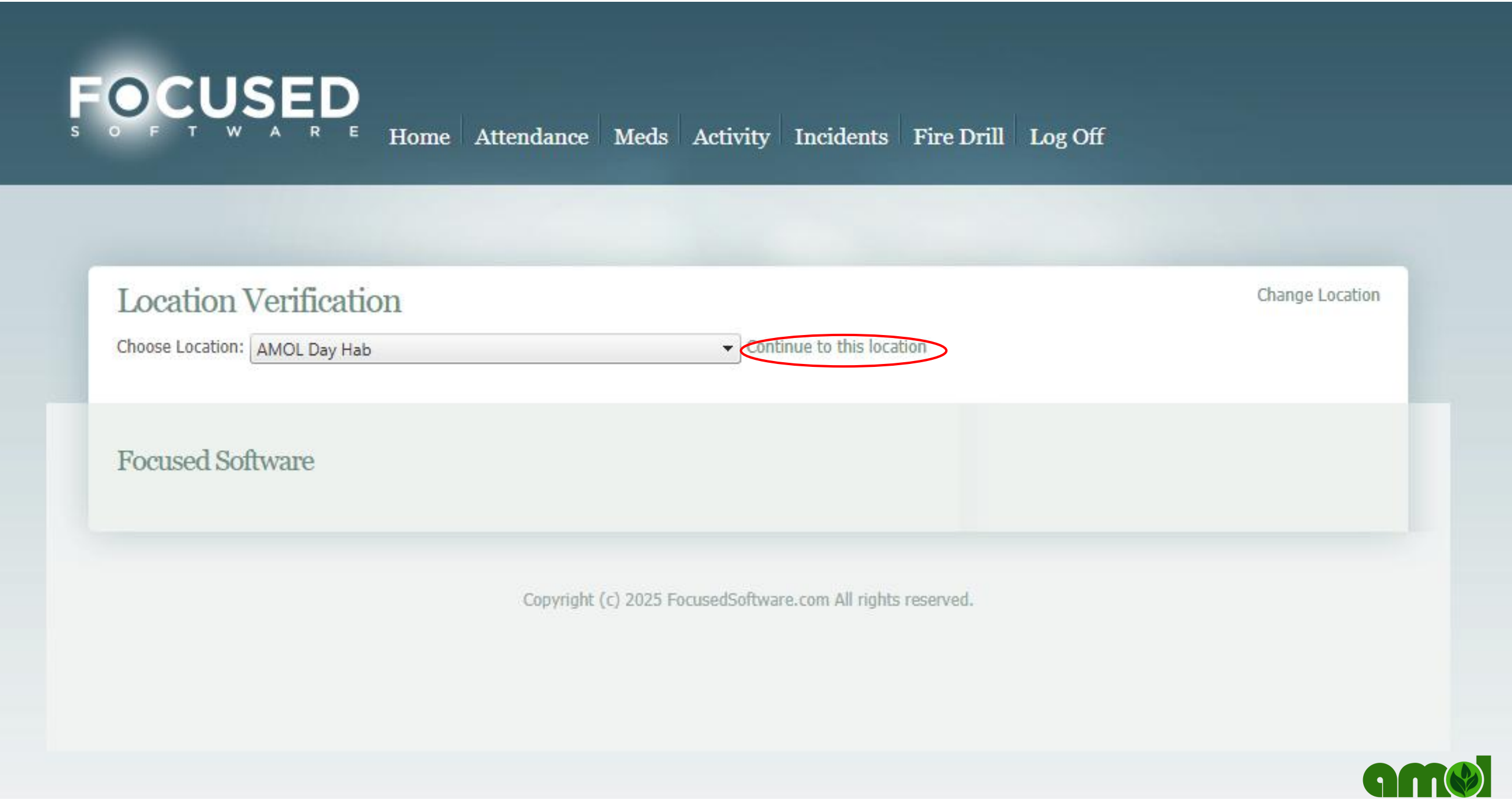
FOCUSED
SOFTWARE
Home
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Log Off
Location Verification
Change Location
Choose Location:
AMOL Day Hab
Continue to this location
Focused Software
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FOCUSED SOFTWARE

Home | Attendance | DayHab S/L | Meds | Activity | Incidents | Fire Drill | Log Off

Welcome [redacted]

Change Location

You have 9 Special Needs form that you must signoff on. **[Review and Sign]**

There seems to be **17 medications** that needs to be administered.

Consumer List

Scroll down to choose client name by: Last Name, First Name

Name	Nurse	Care Coordinator	Options
[redacted]	[redacted]	[redacted]	View Chart

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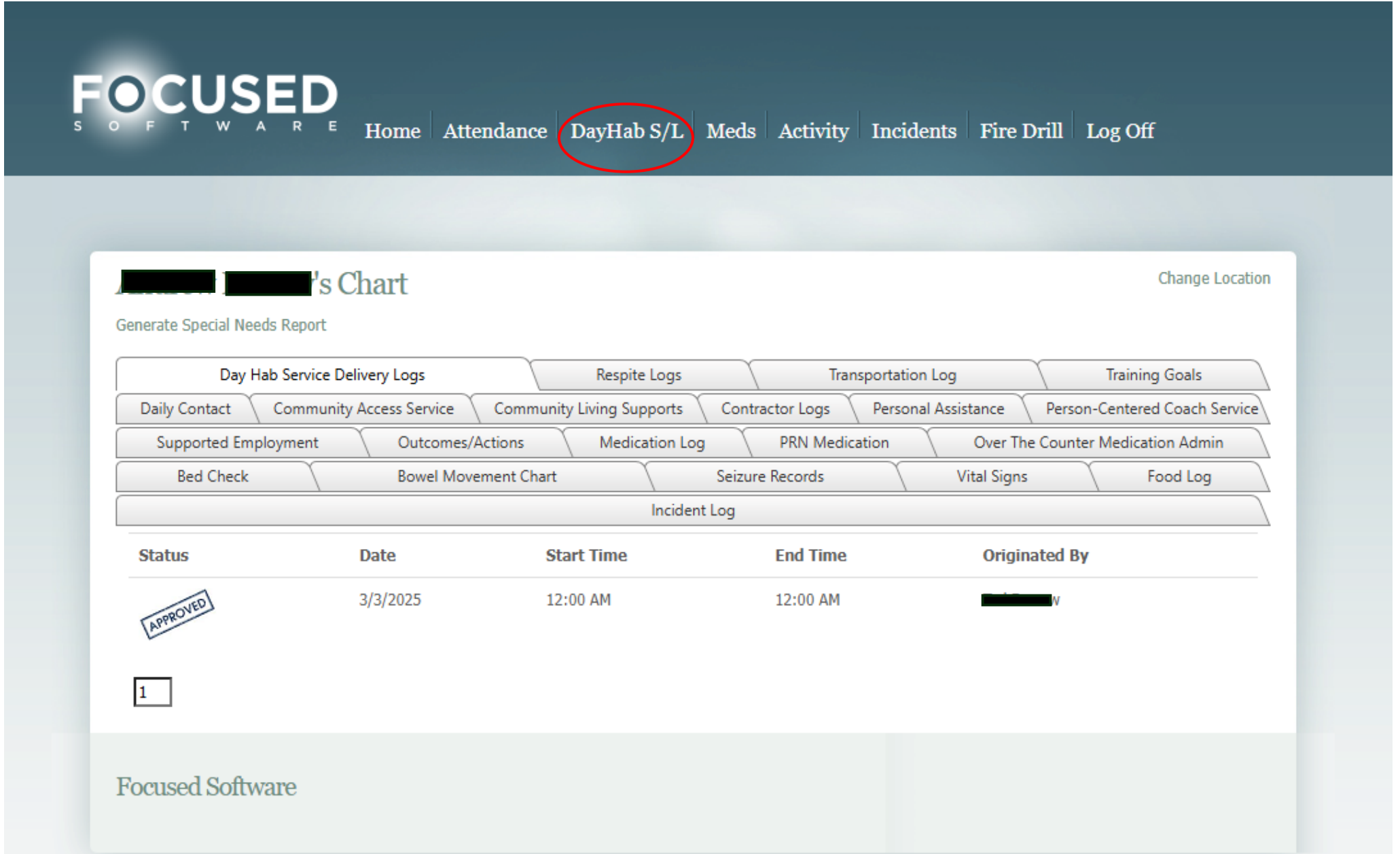
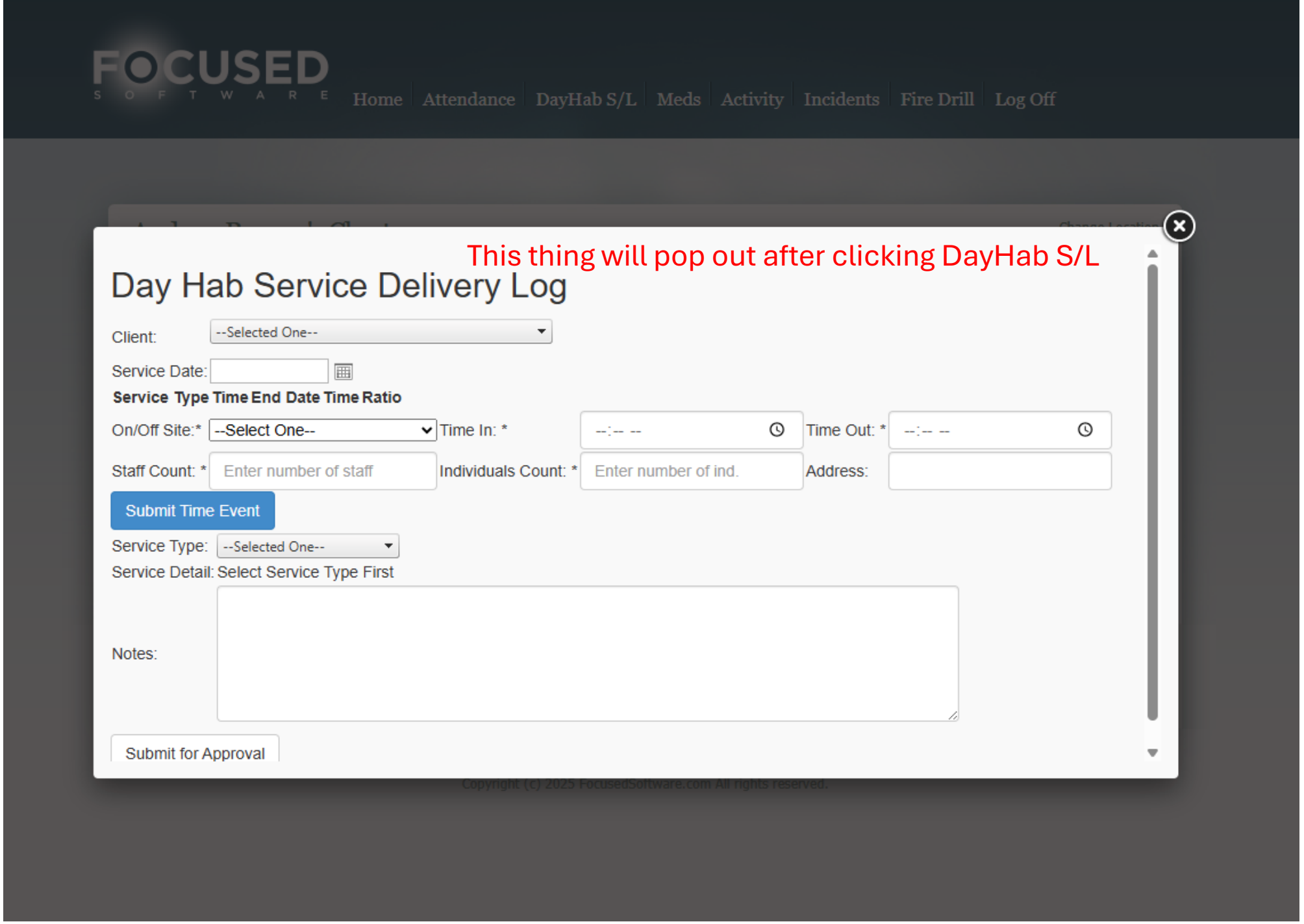
Creating ISS Note Logs





Day Hab Service Delivery Log

Client: [redacted]

Scroll to select client name

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail: Select Service Type First

Notes:

Submit for Approval

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Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Press calendar and choose date

Service Type

March 2025

	S	M	T	W	T	F	S
9	23	24	25	26	27	28	1
10	2	3	4	5	6	7	8
11	9	10	11	12	13	14	15
12	16	17	18	19	20	21	22
13	23	24	25	26	27	28	29
14	30	31	1	2	3	4	5

On/Off Site:*

ne In: *

--:-- --

Time Out: *

--:-- --

Staff Count: *

ividuals Count: *

Enter number of ind.

Address:

Submit Time

Service Type:

Service Detail

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date: 3/18/2025

Client's Name and Date should will show up entered

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail: Select Service Type First

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date: 3/18/2025

Adding Time in and out

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail: Select Service Type First

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date: 3/18/2025

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Individuals Count: * Enter number of ind. Address:

Submit Time

--Select One--
In Home
Off-Site
On-Site

Service Type:

Service Detail: Select Service Type First

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date: 3/18/2025

Type the "time in" and "time out"

Service Type Time End Date Time Ratio

On/Off Site:* On-Site Time In: * 08:00 AM Time Out: * 02:00 PM

Submit Time Event

Service Type: --Selected One--

Service Detail: Select Service Type First

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date: 3/18/2025

Service Type Time End Date Time Ratio

On/Off Site:* On-Site Time In: * 08:00 AM Time Out: * 02:00 PM

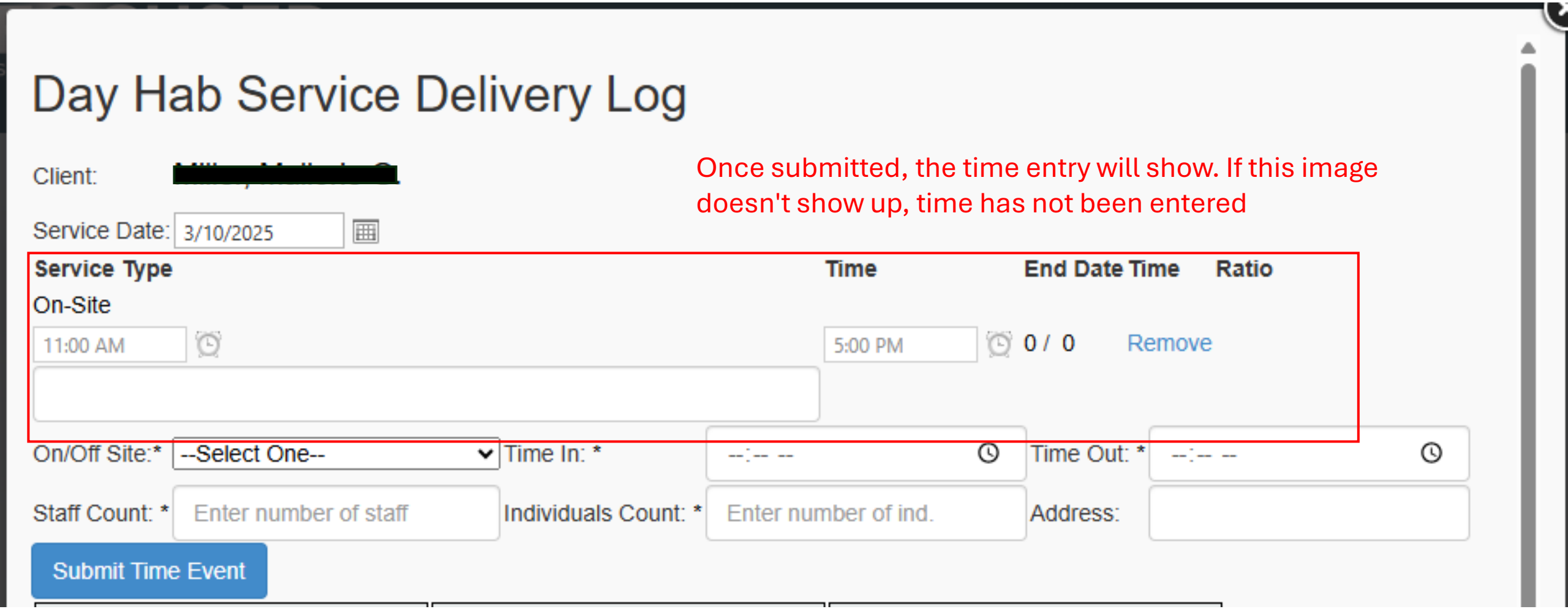
Submit Time Event

Service Type: --Selected One--

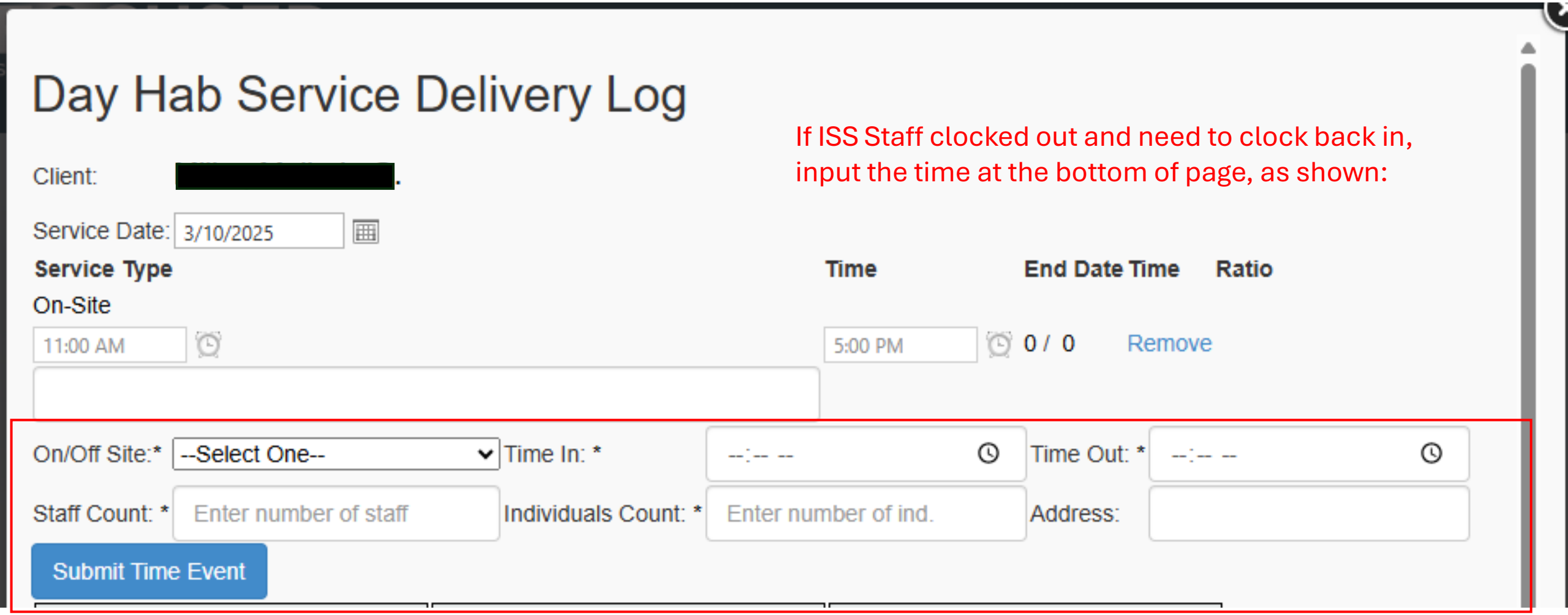
Service Detail: Select Service Type First

Notes:

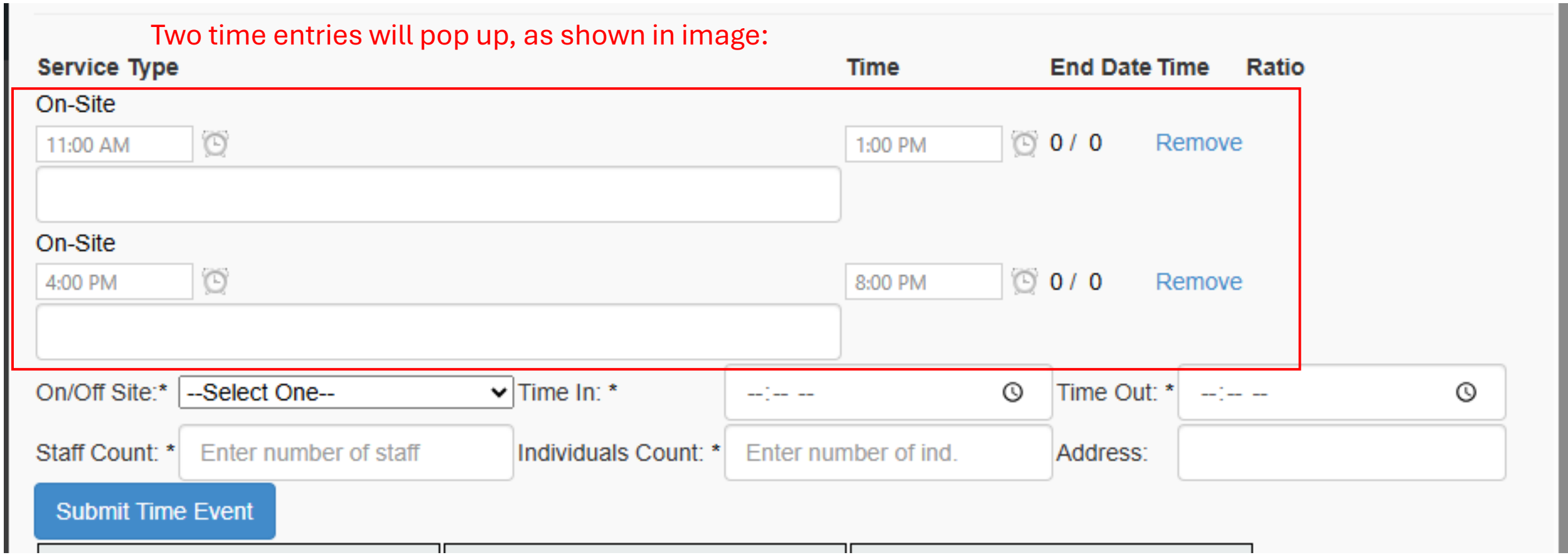
Submit for Approval



Once submitted, the time entry will show. If this image doesn't show up, time has not been entered


Day Hab Service Delivery Log
If ISS Staff clocked out and need to clock back in, input the time at the bottom of page, as shown:
Client: [redacted].
Service Date: 3/10/2025
Service Type
Time
End Date Time
Ratio
On-Site
11:00 AM
5:00 PM
0 / 0
Remove
On/Off Site:*
--Select One--
Time In: *
--:-- --
Time Out: *
--:-- --
Staff Count: *
Enter number of staff
Individuals Count: *
Enter number of ind.
Address:
Submit Time Event

Two time entries will pop up, as shown in image:



Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Select "Service Type" and a drop down menu will show

Service Detail:

--Selected One--
ADAPTIVE SKILLS
EMPLOYMENT SKILLS TRAINING
IMPLEMENTATION PLAN SKILL DEVELOPMENT
SELF-HELP SKILLS
SOCIALIZATION SKILLS

ity Reinforce Therapies

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail:

--Selected One--
ADAPTIVE SKILLS
EMPLOYMENT SKILLS TRAINING
IMPLEMENTATION PLAN SKILL DEVELOPMENT
SELF-HELP SKILLS
SOCIALIZATION SKILLS

ity **Reinforce Therapies**

Notes:

Submit for Approval

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Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: ADAPTIVE SKILLS

Select Service Type First

Service Detail: ☑ **Ambulation and Mobility** ☑ **Reinforce Therapies**

Put a checkmark on the "service detail" that applies to the day's activities

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

This tab usually does not get used

Service Detail:

- --Selected One--
- ADAPTIVE SKILLS
- EMPLOYMENT SKILLS TRAINING
- IMPLEMENTATION PLAN SKILL DEVELOPMENT
- SELF-HELP SKILLS
- SOCIALIZATION SKILLS

ity Reinforce Therapies

Notes:

Submit for Approval

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Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: EMPLOYMENT SKILLS TR

Select Service Type First

This section usually does not get used

Service Detail: **Accessing Employment Skills** **Employment Skill Development**

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail:

- --Selected One--
- ADAPTIVE SKILLS
- EMPLOYMENT SKILLS
- TRAINING
- IMPLEMENTATION PLAN
- SKILL DEVELOPMENT
- SELF-HELP SKILLS
- SOCIALIZATION SKILLS

ity **Reinforce Therapies**

Put a checkmark on the "service detail" that applies to the day's activities

Notes:

Submit for Approval

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Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: IMPLEMENTATION PLAN

Put a checkmark on the "service detail" that applies to the day's activities

Select Service Type First

Service Detail: ☑ **Other** ☐ **Other**

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail:

--Selected One--
ADAPTIVE SKILLS
EMPLOYMENT SKILLS TRAINING
IMPLEMENTATION PLAN SKILL DEVELOPMENT
SELF-HELP SKILLS
SOCIALIZATION SKILLS

ity **Reinforce Therapies**

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: SELF-HELP SKILLS

Put a checkmark on the "service detail" that applies to the day's activities

Service Detail: Select Service Type First

☑ **Cleaning** ☑ **Eating** ☑ **Meal Preparation** ☑ **Personal Hygiene**

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: --Selected One--

Service Detail: ity Reinforce Therapies

- --Selected One--
- ADAPTIVE SKILLS
- EMPLOYMENT SKILLS TRAINING
- IMPLEMENTATION PLAN SKILL DEVELOPMENT
- SELF-HELP SKILLS
- SOCIALIZATION SKILLS

Notes:

Submit for Approval

Day Hab Service Delivery Log

Client: [redacted]

Service Date:

Service Type Time End Date Time Ratio

On/Off Site:* --Select One-- Time In: * --:-- -- Time Out: * --:-- --

Staff Count: * Enter number of staff Individuals Count: * Enter number of ind. Address:

Submit Time Event

Service Type: SOCIALIZATION SKILLS

Select Service Type First

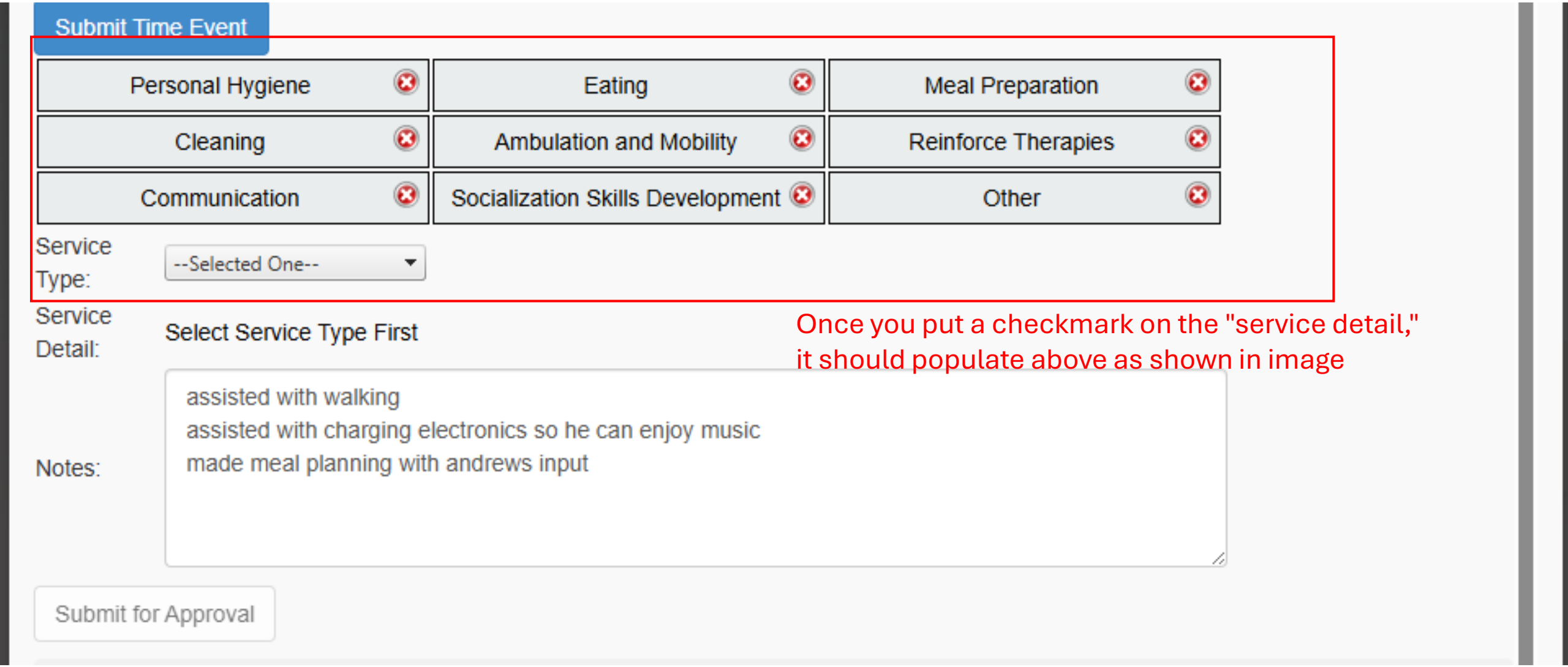
Put a checkmark on the "service detail" that applies to the day's activities

Service Detail: ☑ **Communication** ☐ **Community Activities** ☑ **Group Activity** ☑ **Socialization Skills Development**

☐ **Transportation**

Notes:

Submit for Approval



Once you put a checkmark on the "service detail," it should populate above as shown in image

Submit Time Event

Personal Hygiene	Eating	Meal Preparation
Cleaning	Ambulation and Mobility	Reinforce Therapies
Communication	Socialization Skills Development	Other

Service Type: --Selected One--

Service Detail: Select Service Type First

Next section would be to create notes

Notes:

assisted with walking
assisted with charging electronics so he can enjoy music
made meal planning with andrews input

Submit for Approval

Example of Note

Notes:

[redacted] Crowley TX. 76036

[redacted] was fully assisted with playing dominoes' with some of his family members. He listened to cartoons and a couple of disney movies on the TV.

Submit for Approval

Address: write full address

Narrative of three activities that justifies that you did 6 hours of ISS

Submit Time Event

Personal Hygiene	Eating	Meal Preparation
Cleaning	Ambulation and Mobility	Reinforce Therapies
Communication	Socialization Skills Development	Other

Service Type: --Selected One--

Service Detail: Select Service Type First

Notes:

assisted with walking
assisted with charging electronics so he can enjoy music
made meal planning with andrews input

Submit for Approval

Finished—thank you for your attention