



## LTCi Clients – Care Note Documentation Guidelines for Caregivers

**Important: Long-Term Care Insurance policy requires documentation of at least three (3) Activities of Daily Living (ADLs) during every shift. The ADLs selected in AxisCare must match what is written in your caregiver notes. If an ADL is checked off, it must be mentioned in the narrative.**

If you DO NOT tick off at least 3 ADLs and provide matching narrative in the care notes to match the tickboxes, the clients LTCi Claim could be DENIED and DISCONTINUED CARE.

## Common ADLs for LTCi Clients

Consider the ADLS are:

**Clients MUST HAVE at least 3+ of the below ADLs ticked and mentioned in notes every single visit. This can be Standby or Hands on Assistance.**

- ☒ Bathing/showering
- ☒ Toileting
- ☒ Eating
- ☒ Transferring (moving from one area to another)
- ☒ Incontinence
- ☒ Dressing

**Consider was support provided hands on or stand by:**

*Hands on* - physically touched persons body or tool to help

*Stand by* - prepared or stood by and watched to prevent potential injury.

## Example Care Note:

*Provided **standby** assistance during **showering/bathing**. Provided **standby** assistance for **dressing**. Provided **Hand on Assistance for transfers** from bed to chair. Provided **hands-on assistance with toileting**. Meal preparation completed and light housekeeping performed.*

## Training/Instructional Examples:

*“Jane is worried about falling in the shower but she can shower herself. She would like to standby outside the bathroom while she showers. Just in case she feels dizzy or faint, she will call out for help or if she falls, there is someone there standing by for assistance to help immediately.”*

### **Bathing – Standby Assist**

✓ Check: **Bathing – Standby Assist**

**Example note wording:**

- Provided standby assistance during showering to ensure safety and prevent falls.

### **Bathing – Hands On Assist**

✓ Check: **Bathing – Hands On Assist**

**Example note wording:**

- Provided hands on assistance while showering to ensure safety and prevent falls.

### **Dressing – Standby Assist**

✓ Check: **Dressing – Standby Assist**

**Example note wording:**

- Provided standby assistance while the client dressed herself. Caregivers remained nearby to provide supervision and ensure safety.

### **Toileting – Physically Assisted or Standby Assist**

✓ Check one:

- **Toileting – Physically Assisted**
- **Toileting – Standby Assist**

**Example note wording:**

- Assisted clients with toileting and provided hands-on assistance with clothing management and transfers.
- Provided standby assistance during toileting for safety and balance.

## Transfers – Physically Assisted

✓ Check: **Transfer out of bed/chair – Physically Assist**

**Example note wording:**

- Provided hands-on assistance with transfers from bed to chair and chair to standing position for safety and stability.

## Incontinence Care

✓ Check: **Incontinent of bowel/bladder – Physically Assisted**

**Example note wording:**

- Provided assistance with incontinent care, including changing briefs, skin care, and hygiene.

## **Example of a Complete Shift**

**ADLs Selected:**

- ✓ Bathing – Standby Assist
- ✓ Dressing – Standby Assist
- ✓ Transfer out of bed/chair – Physically Assist
- ✓ Toileting – Physically Assisted

## **Example Care Note:**

*Provided **standby** assistance during **showering/bathing**. Provided **standby** assistance for **dressing**. Provided **Hand on Assistance for transfers** from bed to chair. Provided **hands-on assistance with toileting**. Meal preparation completed and light housekeeping performed.*

## **Key Reminders**

- ✓ **The note must support every ADL selected.**
- ✓ **Always document at least three ADLs per shift.**
- ✓ **"Standby Assist" counts as an ADL when you are supervising for safety.**
- ✓ **Use terms such as:**

- **Provided standby assistance**
- **Provided hands-on assistance**
- **Provided verbal cueing and reminders**
- **Ensured safety and fall prevention**
- **Remained nearby for supervision**

**✗ Avoid vague notes such as:**

- "Had a good day."
- "The client was fine."

*This is Examples of the Report that we need to provide to the LTCi Companies:*

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Ambulating Inside-Physically Assisted                                                               |
| Ambulating Inside-Standby Assist                                                                    |
| Bathing-Physically Assisted                                                                         |
| Bathing-Standby Assist                                                                              |
| Bathing-Verbal Cue or reminder                                                                      |
| Dressing-Physically Assisted                                                                        |
| Dressing -Standby Assist                                                                            |
| Dressing- Verbal Cue or Reminder                                                                    |
| Eating-Spoon Fed or Tube Fed                                                                        |
| Eating-Verbal Cue or Reminder                                                                       |
| Transfer out of bed/chair-Physically Assist                                                         |
| Transfer out of bed/chair-Standby Assist                                                            |
| Transfer out bed/chair-Verbal Cue or Reminder                                                       |
| Toileting-Physically Assisted                                                                       |
| Toileting-Standby Assist                                                                            |
| Toileting-Verbal Cue or Reminder                                                                    |
| Incontinent of bowel/bladder-Physically Assisted                                                    |
| Assistance with Colostomy/Catheter Care                                                             |
| Provided Continual Supervision due to Cognitive Impairment: <b>Cannot be left alone</b>             |
| Provided Continual Supervision due to a Physical Functional Incapacity: <b>Cannot be left alone</b> |
| Companion Services                                                                                  |
| Homemaking/Housekeeping-laundry, meal prep, dust, wash dishes, other:                               |