

## CONTINUOUS CARE SIGN-IN LOG

Patient Name:			MR #	
		Please P	rint	
Date	Time	Kindred Staff Members		
	In Out	Name & Title	Summary of Care Rendered	
	·			
			·	

Documentation must be completed for all hours reported on this log

Hours verified and documentation reviewed within 48-72 hours at the end of Continuous Care. Name of Reviewer:

Document using military time (Example: 10PM - 22:00)