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AO 91 (Rev. 11/11) Criminal Complaint

UNITED ST	UNITED STATES DISTRICT COURT							
Ι	District of Columbia							
United States of America v. Hope Falowo	) ) Case No. ) ) )							

Defendant(s)

# **CRIMINAL COMPLAINT**

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of January 2013 through March 2017 in the county of in the

District of Columbia , the defendant(s) violated:

Code Section

18 U.S.C. 1347 18 U.S.C. 1035 **Offense Description** 

Health Care Fraud **False Statements** 

This criminal complaint is based on these facts:

Defendant Hope Falowo engaged in a scheme to bill D.C. Medicaid for Personal Care Aide ("PCA") services that were never provided to Medicaid beneficiaries and/or procured by kickbacks. (see attached afidavit)

**Continued** on the attached sheet.

Complainant's signature

Adam Pool

Printed name and title

Sworn to before me and signed in my presence.

06/27/2018 Date:

Washington, DC City and state:

Judge's signature

Robin M. Meriweather

Printed name and title

# UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

	)	
UNITED SATES OF AMERICA	)	
	)	MIS
V.	)	
	)	File
HOPE OMONE FALOWO	)	
	)	

MISC. NO. \_\_\_\_\_

**Filed Under Seal** 

# AFFIDAVIT IN SUPPORT OF CRIMINAL COMPLAINT AND ARREST WARRANT

I, Adam Pool being duly sworn, state:

1. I have been a Special Agent of the Federal Bureau of Investigation ("FBI") from 2005 to the present. I am an investigative or law enforcement officer of the United States within the meaning of 18 U.S.C. § 2510(7), in that I am empowered by law to conduct investigations and to make arrests for federal felony offenses.

2. I have received training in basic law enforcement investigation, complex investigations, interviewing, source handling and surveillance. I was previously assigned to work National Security investigations where, for the past thirteen years, I utilized advanced investigative techniques such as FISA warrants, utilized court process to submit subpoenas, participated in long-term human source operations and undercover operations, and conducted and participated in multiple arrests of individuals involved in National Security.

3. For the past four months I have been assigned to a white-collar crime squad at the FBI's Washington Field Office in the District of Columbia (D.C.), specifically focused on the investigation of health care fraud and other health care crimes. My investigative focus during the past four months has been on fraud against government programs

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### I. <u>OVERVIEW</u>

4. As set forth in more detail below, in or about March 2018, the FBI, in partnership with the D.C. Medicaid Fraud Control Unit ("MFCU") and the Department of Health and Human Services – Office of Inspector General ("HHS-OIG") (collectively, the "investigative team"), opened an investigation into allegations that HOPE OMONE FALOWO, a personal care aide ("PCA"), defrauded D.C. Medicaid by submitting and causing to be submitted false claims between 2013 and 2017. The investigation confirmed those allegations, revealing that FALOWO submitted false claims falling into three categories: (1) claims purporting that FALOWO provided services in excess of 24 hours in a given day; (2) claims purporting that FALOWO provided services when she was in fact on international travel; and (3) claims purporting that FALOWO provided services to Medicaid beneficiaries to whom she provided no care at all. FALOWO's false claims caused Medicaid to be billed for approximately \$399,165 for the claims that fell into at least one of these three categories.

5. This affidavit is made in support of a criminal complaint charging FALOWO with Health Care Fraud, in violation of 18 U.S.C. § 1347, and Health Care False Statements, in violation of 18 U.S.C. § 1035, arising from the false claims FALOWO submitted to D.C. Medicaid.

6. I have knowledge of the facts set forth in this Affidavit as a result of my participation in the investigation, including information provided to me by members of the investigative team and other law enforcement agencies, and analysis and review of documents, travel records, and Medicaid data, performed by me and others. I have personally interviewed witnesses, reviewed Medicaid billing claims and medical records associated with Medicaid recipients, reviewed other relevant documents, and obtained and

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reviewed travel records. I have also obtained information from other members of the investigative team who have performed investigative tasks. This affidavit is not intended to include each and every fact and matter observed by me or known to the investigative team relating to the subject matter of this investigation. Instead, this affidavit contains only those facts which are necessary to establish that probable cause exists.

### II. <u>BACKGROUND</u>

#### A. Hope Falowo

7. FALOWO was a Bowie, Maryland resident and was employed as a PCA from approximately January 2013 through March 2017.

8. FALOWO was employed as a PCA by seven Home Health Agencies ("HHAs") during that time: HHA-1, HHA-2, HHA-3, HHA-4, HHA-5, HHA-6, and HHA-7 (collectively, the "Seven HHAs").

### B. The Medicaid Program and Personal Care Aides ("PCAs")

9. Medicaid was a medical assistance program established by Congress under Title XIX of the Social Security Act of 1965 (the "Medicaid Act"). Medicaid was overseen and administered by the Centers for Medicare and Medicaid Services, an agency within the United States Department of Health and Human Services, and provided medical insurance coverage primarily to individuals (hereinafter referred to as "Medicaid beneficiaries") whose incomes fell below a certain financial threshold as measured against the poverty line. Under the Medicaid Act, each state, and the District of Columbia, was required to promulgate and administer its own plan for medical assistance in accordance with federally established minimum requirements. In the District of Columbia, the Medicaid program was administered by the District of Columbia Department of Health Care Finance, located at 441

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4th Street, N.W., Washington, D.C. ("DHCF"). Medicaid was jointly funded by the federal government and the District of Columbia, with the federal government paying approximately 70% of the costs of the Medicaid program.

10. Medicaid was a "health care benefit program" as defined in 18 U.S.C. § 24(b).

11. In Washington D.C., HHAs can provide certain services including skilled nursing, home health aide, and personal care services. Personal care services are intended to assist Medicaid beneficiaries in performing the activities of daily living, known as "ADLs." ADLs include the ability to get in and out of bed, bathe, dress, eat out, take medication prescribed for self-administration, and engage in toileting.

12. To be eligible to participate in Medicaid, HHAs must agree to abide by all federal and local laws, regulations, and program manuals governing Medicaid reimbursements. To receive reimbursement from Medicaid, HHAs operating in D.C. are required to submit a claim, either electronically or in paper form, to DHCF. As part of the claim, an HHA must provide certain information, such as the name of the Medicaid beneficiary, the date of service, the type of service and corresponding billing code, the amount of time a service was provided, and the amount of money being claimed by the HHA as payment from Medicaid. Medicaid only pays for services that are medically reasonable and necessary, and that are actually provided as claimed.

13. HHAs employ and contract with PCAs to provide services to Medicaid beneficiaries. Under the Medicaid rules, a PCA must meet certain qualifications. Those qualification include: (a) being at least 18 years of age; (b) a citizen of the United States or an alien who is lawfully authorized to work in the United States; (c) completing a home health aide training program that involves at least seventy-five (75) hours of classroom training with

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at least sixteen (16) hours devoted to supervised practical training; (d) passing a competency evaluation for the services which the PCA is required to perform consistent with the requirements set forth in 42 C.F.R. § 484.36; (e) obtaining certification in cardiopulmonary resuscitation and maintaining such certification annually; (f) demonstrating that the PCA is free from communicable disease as confirmed by an annual PPD Skin Test or documentation from a primary care physician stating that the person is free from communicable disease; and (g) passing a criminal background check.

14. PCAs are issued a unique 10-digit National Provider Identification number, the "NPI," which the HHA uses to bill Medicaid for services rendered to a beneficiary based on timesheets submitted by the PCA.

15. To receive personal care services under Medicaid, a beneficiary must obtain a prescription from a doctor, informally known as an "intake." Medicaid only pays for personal care services if the doctor determines, after a face-to-face physical examination, that the beneficiary has functional limitations in one or more ADLs. DHCF regulations that went into effect in November 2013, clarified that the doctor prescribing the intake must be the beneficiary's primary care physician with whom the beneficiary had a pre-existing doctor-patient relationship.

16. A beneficiary takes the intake to a HHA that in turn arranges for a registered nurse to perform an initial assessment of the beneficiary's functional status and needs. The nurse drafts a Plan of Care ("POC") for the beneficiary based on the assessment. The POC is required to specify the frequency, duration, and expected outcome of the personal care services and is supposed to be tailored to address the individual needs of the beneficiary.

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17. The HHA then assigns a PCA to provide the personal care services set forth in the POC to the beneficiary. Services are typically provided in the beneficiary's home and PCAs must document the provided care on a timesheet that is submitted to the HHA. The timesheet is supposed to accurately reflect the date the PCA provided services, the itemized services rendered, the amount of time spent providing each service, and the location at which the services were provided. Timesheets are supposed to be signed each day by both the PCA and the beneficiary. However, a single timesheet can contain a full week of services. HHAs use the timesheets to determine and justify the hours of services for which the HHA files a reimbursement claim with Medicaid.

18. As outlined in Section 6.3 Interrelationship of Providers, of the D.C. Medicaid MMIS Provider Billing Manual, "Providers are prohibited from referring or soliciting beneficiaries directly or indirectly to other providers for financial consideration. Providers are also prohibited from soliciting, receiving or offering kickbacks; payments, gifts, bribes, or rebates for purchasing; leasing, ordering, arranging for, recommending purchasing, leasing; ordering for goods, facilities, or items for which payment is made through the D.C. Medicaid Program."

#### III. FACTS SUPPORTING PROBABLE CAUSE

19. On September 28, 2017, DHCF issued a Report of Investigation to the FBI identifying FALOWO as a PCA who billed for services not rendered and who billed more than 20 hours in a single day across multiple D.C. Medicaid beneficiaries.

20. In March 2018, the investigative team opened an investigation into FALOWO based on these fraud allegations. That investigation, which included the review and analysis of Medicaid billing data and witness interviews, revealed that FALOWO submitted

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fraudulent claims to Medicaid for PCA services she did not provide. As noted above, these false claims fall into three categories, which sometimes overlap: (1) time sheets in which FALOWO purported to work more than 20 hours in a given day; (2) time sheets in which FALOWO purported to render services when she was in fact on international travel; and (3) time sheets in which FALOWO purported to render services to Beneficiaries she did not care for or visit. Moreover, witness interviews revealed that FALOWO paid kickbacks to some Beneficiaries in return for introducing her to Beneficiaries for whom FALOWO then submitted false Medicaid claims.

### A. FALOWO's False Claims in Excess of 20 Hours

21. An analysis of the D.C. Medicaid claims data shows that from January 8, 2014 through August 28, 2015, FALOWO submitted claims indicating she worked the following hours per day. The total submitted for all days with more than 20 hours billed is \$136,448:

	Number of Days
Days over 20 hours	303 days
Days over 24 hours	231 days
Days over 28 hours	80 days

22. For example, on November 4, 2014, FALOWO caused D.C. Medicaid to be billed for 28 hours of PCA services for four beneficiaries associated with four HHAs. On this date, FALOWO alleged to have provided eight hours of PCA services to Beneficiaries K.W., B.S., and S.R, and four hours of services to Beneficiary B.B. These hours do not include travel time between these four locations.

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23. Additionally, a review of the time sheets submitted by FALOWO show that she signed multiple time sheets for overlapping hours on the same day for multiple beneficiaries.

24. For example, the following is a summary of the time sheets submitted byFALOWO on July 13, 2015, totaling 25 hours of service. These time sheets can be found inExhibit 1 attached to this complaint:

a. 6 hours (8 AM to 2 PM) to HHA-1 for Beneficiary B.S. (Exhibit 1A),

b. 8 hours (7 AM to 3 PM) to HHA-6 for Beneficiary M.C. (Exhibit 1B),

c. 3 hours (9 AM to noon) to HHA-2 for Beneficiary P.J. (Exhibit 1C), and

d. 8 hours (7 AM to 3 PM) to HHA-3 for Beneficiary S.R. (Exhibit 1D).

25. Additionally, as discussed below, beneficiaries B.S. and M.C. were interviewed by agents and they confirmed they never received services from FALOWO.

## B. FALOWO's False Claims While on International Travel

26. A review of the travel records show that FALOWO continued to bill D.C.

Medicaid for services to beneficiaries while she was out of the country. The below is a chart showing her out of country travel and the number of beneficiaries she purported to provide services to during this time.

Departure U.S.	Return U.S.	Destination	# of Beneficiaries	Billed Amount
03/09/2014	03/17/2014	London, UK	3	\$2,154
10/11/2014	10/20/2014	London, UK	4	\$4,454
01/07/2015	01/23/2015	Dubai, UAE	3	\$4,002
03/06/2015	03/10/2015	Dubai, UAE	4	\$2,548
04/01/2015	04/13/2015	London, UK	4	\$6,310
10/18/2015	10/25/2015	London, UK	4	\$2,102

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04/25/2016	05/01/2016	London, UK	4	\$4,136
07/04/2016	07/11/2016	London, UK	2	\$1,526

27. For example, on April 1, 2015, FALOWO traveled to London aboard British Airways flight 216, which departed Dulles Airport at 6:30 PM. On that same day, she claimed to have provided 27 hours of PCA services to 4 separate beneficiaries. FALOWO continued to bill for services during the duration of her trip outside the country, totaling more than \$6,300 in claims submitted to Medicaid for 4 beneficiaries.

28. The document support that FALOWO was purporting to provide services while she was out of the country. For example, Exhibit 2 is a timesheet from HHA-1, showing days allegedly worked by FALOWO from October 19-25, 2015, during which time she was out of the country. As seen in the chart above, FALOWO left for London, UK on October 18, 2015, and returned on October 25, 2015.

29. In addition, as discussed below, B.S., whose time sheet is in Exhibit 2, told agents that she never received services from FALOWO.

#### C. FALOWO's False Claims For Services Not Provided

30. Beneficiary B.S. was interviewed by agents in June 2018. A review of the Medicaid data shows that FALOWO billed \$89,700 worth of services to B.S. B.S. told agents that s/he never received any services from FALOWO despite these billings. B.S. said s/he met FALOWO and gave FALOWO his/her Medicaid number, but did not recall why s/he was asked to do so. B.S. recognized FALOWO from a photo and told agents that FALOWO approached him/her and gave him/her \$50 to introduce her to people in the building who needed PCA services. B.S. referred FALOWO to her neighbor, G.S., but told

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agents s/he thought G.S. stopped seeing FALOWO because FALOWO never showed up to provide services.

31. Beneficiary G.S. was interviewed by agents in June 2018. A review of the Medicaid data shows that FALOWO billed more than \$25,000 worth of services to G.S. G.S. told agents that his/her neighbor, B.S., referred FALOWO to him/her. G.S. told agents that FALOWO paid him/her \$200 every two weeks to sign time sheets saying she was there, although she did not provide any services. If G.S. did need services, s/he would call FALOWO but FALOWO would say she was too busy. FALOWO told G.S. that if anyone from the HHA called, s/he should say she had been there. G.S. identified FALOWO by photo.

32. Beneficiary M.C. was interviewed by agents in June 2018. A review of the Medicaid data shows that FALOWO billed \$21,749 worth of services to M.C. M.C. identified FALOWO by photo. M.C. told agents that FALOWO approached him/her and offered to pay him/her \$100.00 in exchange for signing fraudulent timesheets purporting that FALOWO provided PCA services. FALOWO then paid M.C. \$15.00 to sign papers for a doctor's office visit/consultation. According to M.C., FALOWO told him/her that if s/he took the \$100.00 payment, they could both get in trouble and go to jail. FALOWO told M.C. to tell anyone that asks that FALOWO was providing services from 8:00am to 3:30pm every day.

33. M.C. stated that s/he was on probation and afraid s/he would go to jail and therefore did not sign any timesheets. M.C. told agents s/he never received home health services from FALOWO.

#### V. CONCLUSION

34. Based on the information detailed above, which includes statements from beneficiaries, D.C. Medicaid claims data, travel records, and other documents, there is probable cause to believe, and I do believe, that HOPE FALOWO caused Medicaid to be billed for PCA services she did not provide during the period of on or about January 21, 2013 through on or about March 3, 2017, in violation of 18 U.S.C. § 1347 (Criminal Health Care Fraud), and 18 U.S.C. § 1035 (Health Care False Statements). As a result of this fraud, FALOWO caused the D.C. Medicaid program to be billed for approximately \$399,165.

35. As such, your affiant respectfully requests that an arrest warrant be issued for HOPE FALOWO.

Special Agent Adam Pool Federal Bureau of Investigation

Sworn to and subscribed before me on this \_\_\_\_\_<sup>th</sup> day of June 2018.

HONORABLE ROBIN M. MERIWEATHER

# **EXHIBIT 1**

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	4PM, 6PM, 8PM, 10PM, 12PM								CLIENT SIGNATURE
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AIDE WEEKLY VISIT RECORD

# **EXHIBIT 1A**

# **EXHIBIT 1B**

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Catheter Care / Empty Catheter Bag N (no) Y( yes) NA (no catheter)	NYN	NYW	NYN	NYM	NYNA	NYK	NYNA
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Check Equipment-Cleanliness, safety N (no) Y (yes) NA (no equipment)	N YN		NYK	NYN	NYKA	NYKA	NYNO
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Notify VMT if client i Transfers (CE) Chair (WC) Wheelchair (CM) Commode (E) Hoyer lift	CH W	CH WC	CH WC	CH WC	CH WC	CH WC	CH WC
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(P) Prepare Meals/Snacks (A) Assist with Feeding (FS)Food Shopping	PA F			PA FS	DA FS	PAFS	JA FS
What is the client's diet restrictions Are you follow Example low sugar, low salt, low fat, no dairy, low cholesterol, low carbohydrates		Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Remind to take Medications Y (yes) R (client refused)	Y or R	Y br R	Vor R	V or R	Y or R	YrR	YorR
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Reinforce Dressings Y(yes) NA (no wounds) if yes notify VMT immediately (A)Socialization (C) Conversation (PG)Play games (AC)Assist with Corresponden			A C	AC	A C	A C	A C
(A)SOCIALIZZADOR (C) CONVERSION (CO)F MY games (AC)ASSIST WITH CONTESPONDED	PG A	PG AC	FG AG	PG AC	C AS	PG AC	PG AC
Accompany to MD/other N(no) Y(yes) NA (no appointments)	NYN	NYRA	N Y NA	NYMA	NYN	NYK	NYKA
Ensure Home Safety, Secure Home Y (yes) ALWAYS SECURE THE HOM	E Y	(V)	V	Ø	Q	(P)	Q
Precautions: (F) Falls (S) Standard (B) Bleeding (D) Diabetic	FS	FG	FO	FS	FS	FS	FS
Practice Infection Control-At all times-using gloves/ hand washing/keeping client	clean (Y)	B	B	B	By	B D	B V D
a receive future and the state of the second for th			-	~	0	9	

# **EXHIBIT 1C**

	HOME HEALTH/PERSONAL CA	RE AIDE W	VEEKLY LO	G					
STA	FFING AGENCY NAME:				CLIENT	NAME			
STA	FFING AGENCY PROVIDER ID: C			CLIENT	ID:		PRE-AUTH	ORIZATION NUMBER:	
	RESS: CAR CARGE AND A CAR IN CAR				EMPLOYEE	NAME:	Ho		Falowo
	PHONE NO.: THE DISCUSS				EMPLOYEE		Í		
_									
FAX	NO.:	1 MON	1 mur	1 11/50		PHONE NUN		1 61.001	
DAT	WEEKLY TIME SHEET	MON	10E	WED	THU	FRI 7/()	SAT	SUN	
-	IN AM/PM	Tam		Sum	Zum	Tam			H.Falowo
-	OUT AM/PM	3pm	Sm	3m	Bm	Bom			Signature of Aide
TOT	AL HOURS ACTIVITIES	MON	TUE	WED	THU	FRI	SAT	SUN	
	ACTIVITIES	IVION	101	WED	THO	<b>FNI</b>	541	2014	
	Record the time y		minutes E a	Maple 20 m	inutacy2-00	minutes		1	sign all the dates of service as approval
	the second se	-		6em				1	
Bath	Bed-Tub/shower Bed bath - partial/complete	PHONE	Dirl	Gerri	2011	43.1		6	MONDAY MM: 200: 134: 15
83	Assist bath - chair/sink								
	Personal care	200	Lom	6m	400	200			-
	Dress	Lion		Lom		Lom			Tocourt
	Hair care -			1.000					7-111 15-
gui	brush, shampoo, other Skincare	Bom	4500		30m	Lom			MM: 700:144:15
Hygiene/Grooming	Check pressure areas	05	10.1	5000	nor	am			
e/Gr	Shave/groom/deodorant	200	zon	hm	500	200			
gien	Nail hygiene - clean/file/report	2.1	- WIT	Harre	1 3/1	- 201-			MM:2.00:1.VY:15
ΗV	Oral care-brush/swab/dentures	200	200	20m	20m	2dh			Client Signature
	Elimination assist./ Incontinence care		~	1					
	change and dress								
erres	Catheter care Ostomy care								MM: 2 DD/ Gyy: 15
Procedures	Prepare/nap time/bed time	200	Hom	250	2m	Hom			Client Signature
Pa	Medication reminders	tom	im	iom	Ism	ion			
VS	TPR/BP								
	Ambulation assist -	2m	250	yon	Som	30			FRIDAY
	WC/walker/casts/crutches/SBA Assist/walk pt.	1.0.1	E	(0.01	~	Ser			MM: 2 DD: 1271:15
	ROM - active/passive	300	am	2.Sm	2m	2m			
tivity	Ambulation positioning -								
Activi	Encourage/Assist to Turn 2 hours:								
	8AM, 10 AM, 12 PM, 2PM, 4 PM, 6 PM,								SATURDAY
	8 PM, 10 PM, 12 AM								MM:DD:YY:
-	Exercise - per PT/OT/SLP care, plan								ClientSignature
	Meal preparation Setup/feed	am	250	2m	2000	am			1
	Breakfast	3m	ben	2000 2000	Hum	45m			SUNDAY
	Lunch	THM	60m	am	2m	35m			MM:DD:YY:
tion	Dinner Snack								Client Signature
Nutrition	Medical appointment								
2	Grocery shopping/medication pick up		2m			2m			NOTES:
	Laundry	Tom		Jom		7007			4
	Light housekeeping - bedroom/bathroom/kitchen/change								
	bed linen	2m	200	30m	2m	Som			
	Other (specify)			-					
Other									
-		0.	- 1						1101
	Total Hours	Bins	8ms	8hs	SWS	Sha			Holms

?:

# **EXHIBIT 1D**

Bed-Tub/Shower         Construction         Constructio			$\frown$						HOME H	EALTH/HOME CARE	
CLEAT TWATE:         NPI 8:         EDMONE ID:         Development of the second seco	ALL	IANCE HOME HEALTH CAR	REGEN	CY					AIDE WE	EKLY VISIT RECORD	
EMPCOVEE DR:           EMPCOVEE DR:           When completing, be are to follow the Adle Assignment Steet (from 32747) Cooles           WEEKY THRE SHEET         When completing, be are to follow the Adle Assignment Steet (from 32747) Cooles           THAG IMA ADM.         YEEKY THE SHEET         WEEKY THRE SHEET         WEEKY THRE SHEET         YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS Show/Colspan="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS Show/Colspan="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS Show/Colspan="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS Show/Colspan="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS Show/Colspan="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN="2">YEEKY THRE SHEET THRE YOU SPEED IN MERUTE/YEARAFEL MALLS SHOW/COLSPAN THRE YE					PI #:			- EMPLO			
Weak completing, basen to bellow the Adde Autgement Sheef (from 1274/3) codes           WEEKEY THE SHEET         OUT         ATT         OUT         ATT         OUT         ATT         OUT         OUT <th col<="" td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>and the second second</td><td></td></th>	<td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>and the second second</td> <td></td>					-				and the second	
Description         MEM         The         W(D)         THU         Fill         SAT         SUN         H         F all sun           THME IMARYIM         CPUM         CAM         CCM         CCM <td></td> <td></td> <td>hen completi</td> <td>ng, he sure</td> <td>to follow t</td> <td>he Aide As</td> <td>ionment Shee</td> <td></td> <td></td> <td></td>			hen completi	ng, he sure	to follow t	he Aide As	ionment Shee				
DATE         COLLS         LEG 12         LEG 12 <thleg 12<="" th=""> <thleg 12<="" th=""></thleg></thleg>	<u> </u>					THU		Statement of the local division of the local	SUN		
TIME CUT AN/PA         Chim	DATE	the second s		1020	5 1021	10122	1023		10125	H.Falowo	
TOTAL HOURS         Chris Carte         Carte         Stack						18um		8 gin			
Chronic Carbo         Carbo         Carbo         Carbo         Sinka S         Sinka S <t< td=""><td>-</td><td></td><td>2pm</td><td>200</td><td>1 sem</td><td>am</td><td>200</td><td>Im</td><td>im</td><td></td></t<>	-		2pm	200	1 sem	am	200	Im	im		
ACTVITES         WON         CTUE         WED         THU         FR         SAT         SUN           Bed-Tub/Shower         RECORD FILEME VOUS Served Reads Somications Tools and a too Data and a too	TOTA	LHOURS	Gms	Chris	Gens	Gms	Ghrs	5hrs	Shis	SIGNATURE OF CLIENT:	
Bed-Tub/Shover         Construction         Constructio		ACTIVITIES	and the second division of the second divisio	and the second s			and the second distance of the local data in the second distance of				
Bed         Tubble         Sonn         Sonn         Sonn         Sonn         Sonn         Sonn         Sonn         Monday           Bed         Bed         Satur         Assist Bath-Chair         Monday         M. LD p. 19 vn.15         Monday           Bed         Satur         Chair         Assist Bath-Chair         Monday         M. LD p. 19 vn.15           Press         Son         Jorn         QOM			RECORD T	HE TIME YO	U SPEND I	N MINUTES	EXAMPLE M	EALS 30minX3	=90MINUTES	HAVE CLIENT SIGN ALL THE DATES	
En         Ed         Setting Status         Monday           Monday         Assist Bath-Chair         Monday         M. LO. p. (9. vr.) (5. Vr.)           Monday         Press         2001         ISM 2011         2011         ISM 2011           Dress         2001         ISM 2011         2011         2011         1011         1011           Dress         2001         ISM 2011         2011         2011         2011         1011 <td></td> <td>Rad Tub/Chower</td> <td>0000</td> <td>1250</td> <td>a a m</td> <td>Ism</td> <td>2000</td> <td>1000</td> <td>Som</td> <td>OF SERVICE AS APPROPIATE</td>		Rad Tub/Chower	0000	1250	a a m	Ism	2000	1000	Som	OF SERVICE AS APPROPIATE	
Assist Bath-Chair       M. LO. p. 14 wells         Personal care       M. LO. p. 14 wells         Personal care       M. LO. p. 14 wells         Dress       9000         Dress       9000       Colspan="2">Personal care         Dress       9000         Sin Care       Colspan="2">Or 1501       2000         Sin Care       Colspan="2">Colspan="2">Personal care       THEREDAY         Balaw/Constructs       Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"         Multicare       Colspan="2"       Colspan="2"         Multicare       Colspan="2"       Colspan="2"       Colspan="2"         Sin Care       Colspan="2"       Colspan="2"        Colspan="2"         Colspan="2"        Colspan="2"           Sin Care       Colspan="2"	H		DIVI	1201	1 20.00	an	- aun	2011	am	MONDAY	
Personal care         M. 100 b. C. 1. Yilli           Dress         20m         15m         20m         20m         20m         15m         10m	BA								+	4	
Dress         20m         ISM         20m         20m </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>M. 10 D. 19 VR.15.</td>										M. 10 D. 19 VR.15.	
Normality         Number of the second		rersonal care									
Normality         Number of the second		Parata	0.0		1900	0		11500			
Oral Care-Brush Swala/Dentures       UM	N.	the second se	HOM	Ism	aun	DOLL	asm	NOM	Iom	THESDAY	
Oral Care-Brush Swala/Dentures       UM       LSM       Sum	N		0.000	om	000	0000	Dam		0.0		
Oral Care-Brush Swala/Dentures       UM       LSM       Sum	ğ	the second se	the second se						the second se	M. 10 D. 20 YRLS	
Oral care-Brush Swab/Dentures       UM	15		som	101	1 Loin	HSM	1 um	town	10m	CLIENT SIGNATURE	
Oral care-Brush Swab/Dentures       UM	NE		900	0	200	0.0	0.0	0.1	-		
Oral care-Brush Swab/Dentures       UM	BE		Dom	pom	am	1.row	1 20m	som	not		
Oral care-Brush Swab/Dentures       UM	¥.	the second se	10.00	1000	0	0	0.000	0.	0	WEDNESDAY	
Catheter Care       Ostomy Care         Ostomy Care       Ostomy Care         Ostomy Care       Prepare/Nap time/Bed time         Medication Reminders       Iom         J TPR/BP       Iom         Ambulation Assist-WC/Walker/       Carbon Som         Carbon Care/Crutches/SBA       Som         Assist/Walk Pt.       Som         ROM-Active/Passive       Aom         Ambulation Assist-WC/Walker/       Carbon Som         Carbon Assist-WC/Walker/       Som         Ambulation Assist-WC/Walker/       Som         Ambulation Positioning-       Iom         Encourage/Assist       Som         To turn q 2 Hrs:       Sature         Meal Preparation       Som         Set up/ Feed       Jom         Plan       Som         Medical Appointment       Som         Groomy Spoping/Medication       Som         Medical Appointment       Som         Groomy Spoping/Medication       Som         Medical Appointment       Som         Groomy Spoping/Medication       Bom         Medical Appointment       Som         Groomy Spoping/Medication       Bom         Medical Appointment       Som	-		lom	ISM	2m	Son	1.Som	som	2000	WEDNESDAY	
Structure       Catheter Care         Otomy Care       Prepare/Nap time/Bed time       ScDM       2cDM       2cM       2cm </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>M. 10 D. 21 YR. 15</td>										M. 10 D. 21 YR. 15	
Barbon Stormy Care       THURSDAY         Prepare/Nap time/Bed time       Sorm       20m       25m       20m				1	-		1				
Interaction remainders       [Syn1] [Syn1] [Syn1] (Syn1] (Sy	SI										
Interduction Assist- WC/Walker/ g       Isy'i Isy'i Carri Carr	5 h	Ostomy Care									
Interaction remainders       [Syn1] [Syn1] [Syn1] (Syn1] (Sy										THURSDAY	
Imedication Assist-WC/Walker/ S       ISVI I SVI ISVI CDV CDV 2001 FRIDAY         Ambulation Assist-WC/Walker/ Cane/Crutches/SBA       2011 2011 871 CDV 2011 2011 2011 1011 1011 1011 1011 101	ě [	Prepare/Nap time/Bed time	Bom	200	250	som	Som	som	LOM	10.00 15	
g       TPR/BP       Ambulation Assist-WC/Walker/ Cane/Crutches/SBA       3Dm       20m       3Dm       20m       3Dm       20m       PRIDAY         Assist/Walk Pt.       Assist/Walk Pt.       Ambulation Positioning- Encourage/Assist       Assist/Walk Pt.       M. LO. 0.23 YR. 15.         Yes       Ambulation Positioning- Encourage/Assist       Assist/Walk Pt.       M. LO. 0.24 YR. 15.         Yes       Yes       Ambulation Positioning- Encourage/Assist       Saturday         Yes       SATURDAY       M. LO. 0. 24 YR. 15.         Yes       Yes       Yes         Yes       Yes	ā [	Medication Reminders	lom	lon	Ismi	am	Om	am	iom	M D YR. [.)	
Ambulation Assist-WC/Walker/ Cane/Crutches/SBA       ?DM       20M       8JM       ?DM       25M       20M       FRIDAY         Assist/Walk Pt.       ROM-Active/Passive       ?DM       8DM       20M       20M       9DM       20M       M. 10       a.2.3       VR. 15,         ROM-Active/Passive       ?DM       8DM       20M       20M       20M       M. 10       a.2.3       VR. 15,         Rom-Active/Passive       ?DM       8DM       20M       20M       20M       M. 10       a.2.3       VR. 15,         Ambulation Positioning- Encourage/Assist	s	TPR/BP									
Cane/Crutches/SBA       30m       30m       30m       30m       20m       20m <td>&gt;</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	>										
Assist/Walk Pt.       ROM-Active/Passive       Rom Born 30m Born 30m Born 20m 20m       M. LO 0.23 vr. LS         Ambulation Positioning- Encourage/Assist       Saturday       Saturday         Ambulation Positioning- Encourage/Assist       Saturday       Saturday         SAM, 10AM, 12AM, 2PM, 4PM, 6PM, 8PM, 10PM, 12PM       Saturday       Saturday         Exercise-Per PT/OT/SLP Care Plan       Plan       Sunday         Meal Preparation       20m 20m 20m 20m 20m       John 0.25 vr. LS         Set up/ Feed       20m 20m 20m 20m 20m       Sunday         Iunch       15m 20m 20m 20m 20m       20m         Dinner       30m 20m 20m 20m       20m         Snack       Som 20m 20m 20m       20m         Medical Appointment       80m 20m 20m 20m       20m         Grocery Shopping/Medication Pick up       60m 60m       20m         Laundry       60m 60m 60m       20m         Ught Housekeeping Bedroom/Bath/Room/Sitchen- Change Bed Unen       30M 30M 20M 20M 30M       30M         Unter       30M 30M 20M 30M 30M 30M       30M 30M		Ambulation Assist- WC/Walker/									
Assist/Walk Pt.       ROM-Active/Passive       Aom       Bom	L	Cane/Crutches/SBA	30m	Som	20m	8m	som	250	20m	FRIDAY	
Norm Active/Passive       ASM       BOM       SOM       Som<	ſ	Assist/Walk Pt.				1.				10:22 -15	
Ambulation Positioning- Encourage/Assist       SATURDAY         Yourn q 2 Hrs:       SATURDAY         8AM, 10AM, 12AM, 2PM, 4PM, 6PM, 8PM, 10PM, 12PM       M. Do. D. 2.44vr. 15         Exercise-Per PT/OT/SLP Care Plan       M. BO         Meal Preparation       Sunday         Set up/ Feed       20m         Breakfast       450m         Lunch       450m         Dinner       20m         Snack       30m         Medical Appointment       20m         Grocery Shopping/Medication       20m         Pick up       Com         Lundry       Com         Gom       20m         Staudy       60m         Com       30m         Sond       30m         Sond       30m         Breakfast       45m         Lunch       45m         Dinner       30m         Snack       30m         Medical Appointment       30m         Grocery Shopping/Medication       30m         Pick up       20m       30m         Lundry       60m       30m         Upt Housekeeping Bedroom/Satt/Room/Kitchen- Change Bed Linen       30m         UTHER (specify)		ROM- Active/Passive	am	Bom	2000	2000	2000	0000	Dama	W. Le U. M. J.	
Encourage/Assist       To turn q 2 Hrs:       SATURDAY         8AM, 10AM, 12AM, 2PM, 4PM, 6PM, 8PM, 10PM, 12PM       M. DO D. 2447.15         Exercise- Per PT/OT/SLP Care Plan       Meal Preparation         Meal Preparation       Som 20m 20m 20m 20m 20m         Breakfast       4FSM 0.0m 40m 20m 20m 20m 20m         Inner       100 0. 25 yr.15         Snack       Som 20m 20m 20m 20m         Medical Appointment       Som 20m 20m 20m         Snack       Som 20m 20m 20m         Medical Appointment       Som 20m 20m 20m         Grocery Shopping/Medication       Bom 20m 20m 20m 20m         Upt Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       Som 20m 20m 20m 30m         UTHER (specify)       OTHER (specify)	2.1		10111	1001	1000	CAM	aun	- ASI	auri		
8AM, 10AM, 12AM, 2PM, 4PM, 6PM, 8PM, 10PM, 12PM       M. LO. D. 2.44 vr. 15         Exercise- Per PT/OT/SLP Care Plan       Meal Preparation         Meal Preparation       Sunday         Set up/ Feed       20m       20m       20m       20m         Breakfast       45m       20m       20m       20m       20m         Lunch       45m       20m       20m       20m       20m         Dinner       3nack       30m       20m       20m       20m         Medical Appointment       60m       60m       60m       20m       20m         Uight Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       35m       20m       30m       30m       30m         W       OTHER (specify)       30m       30m       30m       30m       30m	5	•									
8AM, 10AM, 12AM, 2PM, 4PM, 6PM, 8PM, 10PM, 12PM       M. LO. D. 2.44 vr. 15         Exercise- Per PT/OT/SLP Care       N. Medical Appointment         Breakfast       4FSM. 0,0M. 420M         Unch       4SM. 10M. 12PM         Breakfast       4FSM. 0,0M. 420M         Lunch       4SM. 10M. 12PM         Dinner       30M         Snack       30M         Medical Appointment       30M         Grocery Shopping/Medication       60M         Light Housekeeping       80M         Bedroom/Bath/Room/Kitchen-       30M         Change Bed Linen       30M	5										
4PM, 6PM, 3PM, 10PM, 12PM       Image: Second	A	ro turn q e ms:								SATURDAY	
4PM, 6PM, 3PM, 10PM, 12PM       Image: Second		80M 100M 170M 20M								M 10 1 9440 15	
Exercise- Per PT/OT/SLP Care Plan       Meal Preparation         Meal Preparation       Set up/ Feed       20m       90m       20m       20m       20m         Breakfast       45m       0.0m       40m       20m       20m       0.0m       0.0m         Lunch       45m       0.0m       30m       20m       20m       0.0m       0.0m         Dinner       5nack       0.0m       30m       20m       20m       0.0m       cuent stignature         Snack       0.0m       0.0m       30m       20m       20m       0.0m       cuent stignature         Medical Appointment       0.0m       30m       30m       20m       20m       0.0m         Laundry       6.0m       6.0m       6.0m       30m       30m       30m         Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       30m       30m       30m       30m       30m										CHIENT CIGNATURE	
Plan       Meal Preparation         Set up/ Feed       20m       20m       20m       20m       20m       20m         Breakfast       45m       0.0m       40m       20m       20m       20m       M. (D_ D. 25 yr. (S_ Cuent signature         Lunch       45m       20m       20m       20m       20m       20m       20m         Dinner       5nack       90m       20m       20m       20m       20m       20m         Medical Appointment       6rocery Shopping/Medication       80m       20m       20m       20m       20m         Laundry       60m       60m       60m       30m       30m       30m       30m         Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       30m       30m       30m       30m       30m	_	and the second									
Meal Preparation       Sunday         Set up/Feed       20m       20m       20m       20m       20m       20m         Breakfast       45%       20m       40%       20m       20m       20m       M. (D. D. 25 vr. (S. Culent signature         Lunch       45%       20m       20m       20m       20m       20m       M. (D. D. 25 vr. (S. Culent signature         Dinner       45%       20m       20m       20m       20m       Culent signature         Snack       90%       20m       20m       20m       20m       Culent signature         Medical Appointment       90%       20m       20m       20m       20m         Grocery Shopping/Medication       80m       20m       20m       20m         Laundry       60m       60m       60m       60m         Light Housekeeping       30m       20m       30m       30m         Bedroom/Bath/Room/Kitchen-       35m       20m       30m       30m         G       OTHER (specify)       50m       20m       30m       30m											
Set up/Feed       20m       20m       20m       20m       20m       20m       20m       20m       Sunday         Breakfast       450h       0.0m       40m       20m       20m       20m       0.0m	_										
Breakfast       451M       0.0m       40m       20m       450M       30m       20m       20m       M. ID       p. 25 vr. IS         Lunch       45m       20m       30m       20m       20m       20m       cuent signature         Dinner       3       30m       20m       45m       20m       20m       cuent signature         Snack       3       3       3       3       3       3       4         Medical Appointment       3       3       3       3       3       4         Grocery Shopping/Medication       80m       30m       30m       30m       3       4         Laundry       60m       60m       60m       3       3       4       3       4         Uight Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       35m       20m       30m       3       3       3       3       3       4	- F		2000		9000	200	0.000	Que.	00	SUNDAY	
Lunch       Hom 20m 30m 20m 20m 20m 20m         Dinner       X         Snack       X         Medical Appointment       X         Grocery Shopping/Medication       Bom 20m 20m         Pick up       Bom 20m 20m         Laundry       Gom 20m         Uight Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen       35m 20m 30m         Workeeping       35m 20m 30m         OTHER (specify)       X	L 1		the second s	0.00	1000	0.000			am	in or in	
Dinner       Snack       N       N       N         Snack       Medical Appointment       N       N       N         Grocery Shopping/Medication       Bom 20m 30m       20m       20m         Laundry       60m       60m       60m       30m         Light Housekeeping       Bedroom/Bath/Room/Kitchen-       35m       20m       30m         Change Bed Linen       35m       20m       30m       30m	-	the second s	TOM	nom	HOM	An		Som	200	M. (I.) D. ZO YR.	
Dinner       Snack       Nack       Nack         Snack       Medical Appointment       Nack       Nack         Grocery Shopping/Medication       Bom 200m 200m       200m         Pick up       Laundry       Gom 200m       200m         Light Housekeeping       Bedroom/Kitchen-       200m       200m         Change Bed Linen       200m       200m       200m         W       OTHER (specify)       Name       200m	- F		yon	am	30m	am	180m	Lon	Lon		
Pick up     Bom 20m 20m     20m       Laundry     65m     60m     60m       Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen     35m     20m     30m	8	As which have been a second								<u> </u>	
Pick up     Bom 20m 20m     20m       Laundry     60m     60m     60m       Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen     20m     20m     30m	EL										
Pick up     Bom 20m 20m     20m       Laundry     65m     60m     60m       Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen     35m     20m     30m       Image Bed Linen     35m     20m     30m     30m	5 L										
Laundry     Gom     Gom       Light Housekeeping Bedroom/Bath/Room/Kitchen- Change Bed Linen     3570     2071     3070       Gom     OTHER (specify)     3071     3071     3071				2	2004	0.00			0.000		
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Bedroom/Bath/Room/Kitchen- Change Bed Linen 35M 20M 35M 30M 30M				60m		gom		bom			
Change Bed Linen 35M 10M 35M 30M 30M 30M											
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	o	TOTAL HOURS	bhrs	640	Ghr	bhri	Gars	Shrs	SWS	yoms	

# **EXHIBIT 2**

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