

Adult Day Services Individualized Care Plan

Participant
Schedule

Age

Current Date
Date of Enrollment

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS

GOALS

Expected Outcome	Outcome Criteria	TD	DA

TD: Target Date DA: Date Achieved

SOCIALIZATION

Activity	Level of Engagement

Capacity for Self-esteem (*Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect*):

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION

ADLs	Level of Care
• Mobility	•
• Transfers	•
• Toileting	•
• Continence	•
• Eating	•
• Self administration of medication	•
• Supervision and Monitoring	•

Capacity for independence and self care (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity*):

Participant/Caregiver signature: _____

Date: _____

Program staff signature: _____

Date: _____

Adult Day Services Individualized Care Plan

Participant **Mary Jones** Current Date **6/2/11**
 Schedule **M,W,F w/transportation** Age **80** Date of Enrollment **5/10/11**

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS

Mary has arthritis, high blood pressure and a history of falls. She has a regular diet, is allergic to strawberries and wears dentures. She wears glasses; hearing appears within normal limits and complains of being cold. Medication is taken at home for high blood pressure and Mary carries Tylenol with her for pain.

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS

Mary is generally alert and pleasant with occasional forgetfulness. She lives alone, her daughter is her primary caregiver, and many family members are involved. She raised 5 children and volunteered at her Catholic church. Mary can identify her needs and verbalize them to staff.

GOALS

Expected Outcome	Outcome Criteria	TD	DA
Using her walker safely	Mary will be active in the Walkers Group	9/11	
Pain free	Mary will take her Tylenol as needed	9/11	

TD: Target Date DA: Date Achieved

SOCIALIZATION

Activity	Level of Engagement
Walkers group	Active
Devotions	Active
Bakers club	Active

Capacity for Self-esteem (*Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect*):

Mary used to organize monthly church suppers. She will be asked to contribute a favorite recipe for the Bakers club and lead the group in preparing it.

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION

ADLs	Level of Care
<ul style="list-style-type: none"> • Mobility: uses (new) walker • Transfers: uses walker for standing/sitting • Toileting: requires help with clothing • Continance: wears pads • Eating: • Self administration of medication • Supervision and Monitoring 	<ul style="list-style-type: none"> • Physical cues • Physical cues • Minimal Assist • Monitoring/toileting schedule • Independent, NO STRAWBERRIES • Prompt if she appears to be in pain • Verbal cues/encouragement

Capacity for independence and self care (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity*):

Mary has just been told she needs to use her walker at all times due to recent falls at home. She can be unsteady, is uncomfortable using the walker, and is afraid of falling. Mary will be able to practice using the walker and feel safe in the program area.

Participant/Caregiver signature: _____

Date: _____

Program staff signature: _____

Date: _____

