Nananom Assisted Living Assisted Living

According to SERVICE PLAN Activities of Daily Living

ASSISTANCE REQUIRED:	( ) Independent ( ) Stand with cue ( ) Supervision needed ( ) Partial assist of 1 CG ( ) Total assist of 1 CG ( ) Total assist of 2 CG's ( ) Other: _____
COMPLETE BATH:	( ) Shower ( ) Bed bath ( ) Daily ( ) 3x weekly ( ) 2x weekly ( ) Weekly ( ) Every other week ( ) Dependent: ___ by CG ___ Hospice ( ) Assistance required ( ) Supervision needed
PARTIAL BATH:	( ) On days when complete bath is not given ( ) Other: _____ ( ) In bathroom ( ) Bedside ( ) Independent ( ) Dependent (*Partial bath consists of face, hands, underarms, perineal area- front and back*)
SHAMPOO:	( ) Daily ( ) 3x/wk ( ) 2x/wk ( ) Weekly ( ) Every other week ( ) PRN ( ) Other:
ORAL CARE: ___ Independent ___ Dependent ___ Assistance	( ) Daily ( ) 2x/day ( ) Brush teeth ( ) Brush gums ( ) Soak dentures/partials overnight ( ) Gargle mouth ( ) Use swab for oral care: ___q2hrs ___q4hrs ( ) No teeth ( ) Natural teeth ( ) Implant teeth ( ) Upper partial ( ) Lower partial ( ) Upper denture ( ) Lower denture ( ) Other: _____
NAIL CARE: ___ Self ___ CG	( ) Check fingernails daily and clean PRN ( ) Trim fingernails PRN ( ) Do not trim fingernails ( ) Check toenails with complete bath and clean PRN ( ) Trim toenails PRN ( ) Do not trim toenails ( ) Resident is diabetic ( ) Trim by podiatrist every ____ week/month.
SHAVE: ___ Self ___ CG	( ) Daily ( ) 3x/wk ( ) 2x/wk ( ) Weekly ( ) Every other week ( ) PRN ( ) Not needed ( ) Other: _____
COMB HAIR:	( ) Daily ( ) 3x/wk ( ) 2x/wk ( ) Weekly ( ) Every other week ( ) Other: _____ ( ) Dependent ( ) Independent
DRESSING:	( ) Dependent ( ) Independent ( ) Assistance ( ) Supervision ( ) Assist with selecting clothes ( ) Assist with putting on clothes ( ) Assist with removing clothes (*Clothing includes underwear, socks, shoes as well as other apparel*)
ROOM MAINTENANCE:	( ) Dependent ( ) Independent ( ) Assistance ( ) Supervision
LAUNDRY:	( ) Dependent ( ) Independent ( ) Assistance ( ) Supervision
BLADDER:	( ) Continent ( ) Incontinent ( ) Totally incontinent ( ) Nighttime incontinence ( ) Urostomy ( ) Catheter ( ) Anuria (absence of urine due to kidney failure)
BOWEL:	( ) Continent ( ) Incontinent ( ) Totally incontinent ( ) Nighttime incontinent ( ) Colostomy ( ) Ileostomy
TOILETING:	( ) Independent ( ) Need reminding daily ( ) Partial assist with _____ ( ) Dependent ( ) Supervision needed ( ) Assistance required
INCONTINENCE CHECK: UNDER GARMENTS:	( ) Every ___ hrs. ( ) PRN ( ) Change garments and clean skin if soiled. ( ) Apply skin barrier. ( ) Underwear with pads/liner ( ) Cloth underwear ( ) Adult pull ups ( ) Chux only ( ) Briefs ( ) Other: _____
CATHETER CARE: __ Foley __ Condom __ Suprapubic __ NA	( ) Ex. dwelling catheter ( ) Indwelling catheter ( ) Intermittent catheter ( ) Leg bag during day ( ) Empty drainage bag every 4-8 hrs. or PRN ( ) Other: _____ ( ) Wash skin around the catheter with soap and water after each BM.
OSTOMY CARE: __ Colostomy __ Ileostomy	( ) Gently cleanse around stoma using plain warm water, and pat skin gently to dry. ( ) Empty drainage bag every 8 hrs. or PRN. ( ) Change colostomy pouch every 3-5 days or PRN.
SKIN ASSESSMENT:	( ) Bruises ( ) Bed sores ( ) Breakdown ( ) Edema/swelling ( )Rash ( ) Other: _____

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Mobility

TRANSFERRING:	( ) Independent ( ) Dependent ( ) Assist of ___1 CG ___ 2 CGs ( ) Other: _____ ( ) Able to bear weight and pivot during transfer. ( ) Stand by assist ( ) Hoyer Lift
BED MOBILITY:	( ) Independent ( ) Dependent ( ) Assist of ___1 CG ___ 2 CGs ( ) Other: _____
AMBULATION:	( ) Independent ( ) Chair rise assist ( ) Stand by assist ( ) Assist of ___1 CG ___ 2 CGs ( ) Non-ambulatory ( ) Unstable gait ( ) Unstable standing ( ) Weakness ( ) Handheld to ambulate ( ) Non-weigh bearing ( ) Wheelchair/chair bound ( ) Bedbound (unable to ambulate or up to chair) ( ) Reposition every ___ hours in bed/chair. ( ) While awake only ( ) Around the clock
ASSISTIVE DEVICES: __ N/A __ PRN	( ) Walker ( ) Cane ( ) Geri chair ( ) Crutches ( ) Adult ambulatory ( ) Wheelchair ( ) Self propel ( ) Turn every ___ hours in bed. ( ) Reposition in chair every ___ hours. ( ) Total bed rest ( ) Fall pad ( ) Bedside commode ( ) Prosthesis (R/L) (arm/leg) ( ) Large muscle exercise 2-3/wk. ( ) Range of motion to affected limbs ___/wk. ( ) Encourage to participate in group activities. ( ) Allow to do light task around facility.
FALL RISK TOOL: A score of 4 or more is considered at risk for falling. __ High risk of falling __ Not a high risk of falling	( ) Age 65 + Actual age of the resident: ___ Main diagnosis: _____ ( ) Prior history of falls within 3 months- A fall is an intentional change in position resulting in coming to rest on the ground or at lower level. ( ) Incontinence- Inability to make it to the bathroom or commode in timely manner. Includes frequency, urgency, and/or nocturia. ( ) Visual impairment- May include but not limited to, macular degeneration, diabetic retinopathy, visual field loss, age related changes, decline in visual acuity, accommodation, glare tolerance, depth perception, night vision problems and/or not wearing prescribed glasses or having an incorrect prescription. ( ) Impaired functional mobility- May include residents who need help with ADLs, have gait or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination, or improper use of assistive devices. ( ) Environment hazard- May include but not limited to, poor illumination, equipment tubing, inappropriate footwear, pets, hard to reach items, floor surfaces that are uneven/cluttered, or outdoor entry and exits. ( ) Poly pharmacy (4 or more prescriptions-any type)- All prescriptions including prescriptions for OTC medications and drugs highly associated with fall risk include but are not limited to sedatives, anti-depressant, tranquillizer, narcotics, anti-hypertensive, cardiac meds, corticosteroids, anti-anxiety drugs, anticholinergic and hypoglycemic drugs. ( ) Pain affecting level of function- Pain often affects an individual's desire or ability to move and pain can be a factor in depression or compliance with safety recommendations. ( ) Cognitive impairment- Residents with dementia, Alzheimer's or stroke patients who are confused, use poor judgement, have decrease comprehension, impulsivity, memory deficits are considered patients with decreased ability to adhere to the plan of care.

EVACUATION DRILL: Resident is released from participation in evacuation drill. ( ) Yes ( ) No
(See attached waiver form)

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Cognitive Stimulation and Activities to Maximize Functioning

( ) OUTINGS: __ Go outside with family. __ Go outside with staff. __ Go to Senior or Day care center. __ Go out alone without supervision. ( ) Gardening. ( ) Bird watching. ( ) Walking: ___ Alone through the park. ___ Walk within the premises. ( ) Watching TV/movies. ( ) Listening to music/audio book. ( ) Listening to TV programs. (Resident is blind.) ( ) Listening to music sung by a singer at the facility. ( ) Read books/newspaper/magazine. ( ) Play card games. ( ) Use laptops, computer, tablets to connect with family and friends. ( ) Solving puzzles- Jigsaw puzzles, crossword puzzles, Sudoku, etc.	( ) Arts and crafts- Drawing, painting, knitting, scrapbooking and memory crafts. ( ) Offer and allow to do light tasks around the facility. ( ) Offer and encourage to participate in group activities. ( ) Doesn't want to be in a large group. Prefers to be alone. ( ) Socializes with other residents. ( ) CG talks with resident daily. ( ) Resident loves animals (cats & dogs). ( ) Resident has own cell phone to talking to family and friends. ( ) Attending bible study. ( ) Visits from clergy. ( ) Family and Friend visits. ( ) Attends church. ( ) Active range of motion as tolerated. ( ) Active assistive range of motion as tolerated. ( ) Passive range of motion as tolerated. ( ) Exercise as tolerated. ( ) Total bed rest. Other: _____	Playing games and solving puzzles are excellent cognitive activities for older seniors. These activities engage the brain and keep it stimulated and vital. Make sure to offer exercise but focus on the resident's ability and preference.

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Mental Status/Psychological/Emotional Needs

ALERT: ( ) Yes ( ) No ORIENTED: ( ) Person ( ) Place ( ) Time

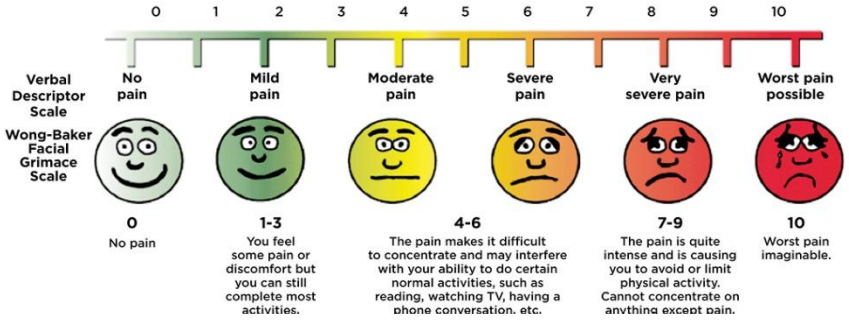
ABLE TO MAKE SOUND DECISIONS: ( ) Yes ( ) No

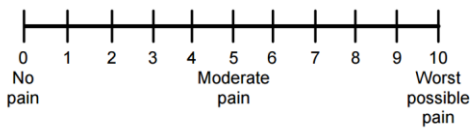
MENTAL STATUS: ( ) Awake ( ) Alert ( ) Disoriented ( ) Confused ( ) Needs redirection
( ) Identifies self/coherent ( ) Able to call for help if needed ( ) Able to recognize danger
( ) Cannot call for help ( ) Unable to recognize danger ( ) Unable to make needs known
( ) Able to recognize family members
( ) Other: _____

BEHAVIOR: ( ) Pleasant ( ) Suspicious ( ) Combative ( ) Agitated in the afternoon ( ) Depressed
( ) Anxious/irritable ( ) Hallucinations ( ) Restless/ difficult concentrating ( ) Cooperative ( ) Pacing
( ) Angry ( ) Memory Loss: ___ Short term ___ Long term ( ) Suicidal/self-abusive ( ) Lethargic
( ) Paranoid ( ) Friendly ( ) Aggressive: ___ Verbally ___ Physically
( ) Known for making up stories.

Recommendations:
( ) Orient every ___ hrs. ( ) Do not argue with resident. ( ) Check on location every ___hrs. ( ) Secure environment.
( ) Isolate away from other residents when agitated or combative. ( ) Do not support delusional thinking.
( ) Give work task in home. ( ) Remove purse/luggage from room or possession. ( ) Respect their need to be alone.
( ) Needs psychosocial interaction. ( ) Elopement risk. ( ) Behavior intervention. ( ) Redirect attention as needed.
( ) Put resident's name on their bedroom door.
( ) Additional instructions: _____

Pain Management



0–10 Numeric Pain Rating Scale  	Pain level (0-10): _____ Location: _____ ( ) Constant ( ) Occasional ( ) At night ( ) Generalized ( ) Aching ( ) Burning ( ) Radiating	Relieved by: ( ) Meds per doctor's order ( ) Warm/cold compress ( ) Relaxation technique ( ) Distraction therapy ( ) Positioning ( ) Pressure relief ( ) Uninterrupted period of sleep ( ) Simple massage ( ) Touch or back rub ( ) Quiet environment ( ) Rest ( ) Meditation ( ) Immobilization

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VISION: ( ) Normal for age ( ) Blind: ___ R ___ L ___ Both ( ) Glasses ( ) Contacts ( ) Cataracts ( ) Glaucoma ( ) Macular degeneration

HEARING: ( ) Normal for age ( ) Hard of hearing: ___ R ___ L ___ Both ( ) Read lips ( ) Deaf ___ R ___ L __ Both ( ) Hearing aid: ___ R ___ L ___ Both ( ) Respond to sounds

SPEECH: ( ) Clear ( ) Nonverbal ( ) Communication board ( ) Sign language ( ) Slurred ( ) Aphasic ( ) Mute ( ) Slow ( ) Mumbled ( ) Speaks only one-word ( ) Soft ( ) Gestures ( ) Nonsensical words.

PRIMARY LANGUAGE: _____

Medications

***FIVE RIGHTS OF MEDICATIONS:**
1. Right Resident
2. Right Medication
3. Right Dosage
4. Right Route
5. Right Time

( ) Self Administers ( ) Assistance with Medication ( ) Total Medication Administration

( ) Medication administration under the direction of the resident's primary Physician.
( ) Physician authorization for the CG to administer medication is on file.
( ) CG will know and follow the Eight Rights of Medication and document appropriately.
( ) Expired or discontinued meds will be disposed of according to The Hansen House policy and procedure. (Never flush medication down the toilet.)
( ) Resident refusal of any medication must be documented.
( ) Resident is on self-administration of medication. (Doctor's order is on file.)
( ) Resident keeps medication in locked container at their bedside.
(An extra key will be given to the CG for emergency access.)
( ) Pharmacist set up med organizers.
( ) Medications are always locked.
( ) Staff controls, secures, and administers medications.
( ) Family/representative will notify staff when bringing in medications.

Pharmacy name: _____

( ) Needs supervision/assistance/reminder.
( ) Needs help opening the bottle.
( ) Needs dosage check.
( ) Doctor's order to crush meds.
( ) Crush meds: ___ Mix in apple sauce/pudding/ice cream etc.
___ Via G-Tube
( ) Put medication in resident's hand.
( ) Place medication in cup (Not pre-pour).
( ) No OTC or prescription medications in resident's room.
( ) Staff will evaluate medication results for effectiveness.
( ) Staff will monitor of adverse reactions to medication.
( ) Assist with self-administration of medication (insulin).
( ) Staff always observe resident swallowing medication. Never leave medication at the bedside, even if the resident requests you to do so.
( ) Manager or caregiver returns the medication to the locked storage area, and records the administered medications each time medication is given.

PCP name: _____

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Nutrition/Hydration

FOOD LIKES: _____

FOOD DISLIKES: _____

FOOD ALLERGIES: ( ) No food allergy ( ) Allergic to: _____

APPETITE: ( ) Good ( ) Fair ( ) Poor Average % of food intake: _____ Average % Fluid intake : _____

TYPE OF DIET: ( ) NPO ( ) Regular ( ) Diabetic diet ( ) Heart healthy ( ) Renal ( ) Vegetarian/vegan
( ) Mechanical Soft ( ) Pureed ( ) Liquid diet ( ) Coumadin diet Other: _____
( ) Ensure only: _____ cans a day (Doctor's order)
( ) Other dietary supplements: _____

FOOD RESTRICTIONS: ( ) No added sodium ( ) No concentrated sweets ( ) Low protein (for kidney disease)
( ) Avoid excessive amounts of meat and dark green leafy vegetables. ( ) None

FLUIDS: ( ) No fluid restrictions ( ) Fluid restriction: _____mls/day
( ) Thickened liquids: ___Nectar thick ___Honey thick ( ) Thicken with Thick It.

ASSISTANCE: ( ) None ( ) Cuing/supervision ( ) Cut up meat and vegetables ( ) Partial assist ( ) Full assist
( ) Monitor for choking ( ) Chewing difficulty ( ) Aspiration risk ( ) Swallowing difficulty/dysphagia
( ) Special aids: _____
Note: *Promote independence by allowing the resident to eat by him/herself when able.*

ASPIRATION PRECAUTIONS:
( ) Upright/awake/alert when eating or drinking.
( ) Supervision for appropriate liquid thickness and diet consistency.
( ) Supervision for swallowing strategies.
( ) Minimize distractions (TV/conversation).
( ) Offer liquids by teaspoon.
( ) Offer liquids with every bite to moisten the food.

To maintain hydration and nutrition:
( ) Offer sufficient fluids at least 6-8 glasses a day unless any fluid restrictions indicated.
( ) Encourage fluids throughout the day to prevent dehydration and promotes skin hydration.
( ) Offer adequate nutritional intake and encourage residents to eat meals, snacks, and drink fluids daily.
Note: *Water will be available to residents at all times.*

TUBE FEEDING:
( ) Tube Feeding (G-Tube/NGT) ( ) Continuous ( ) Intermittent ( ) Nighttime only
Formula: _____
( ) Bolus: ( ) ___ mls. every ___ hrs. ( ) ___ mls. ___time per day via gravity or feeding pump.
( ) Continuous at ___ mls. per hour via feeding pump.
( ) G-Tube for medications only.
( ) Flush G-Tube with ___ mls. water before feeding and ___ mls. after feeding.
( ) Flush ___ mls. of water before and after medication administration.

G-Tube site care:
( ) Wash daily with mild soap and warm water and pat dry, or as per doctor's order to prevent skin irritation and breakdown.
( ) Check tube feeding placement before feeding.

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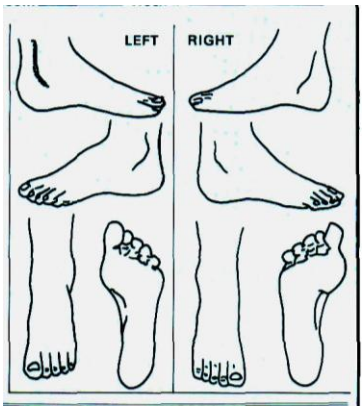
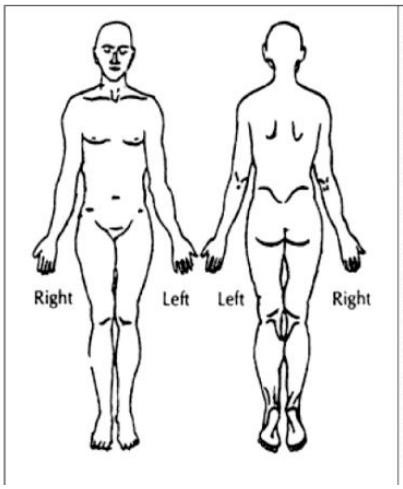
Skin Documentation and Wound Assessment





A. Skin intact (red but blanchable)
B. Stage I (red non blanchable)
C. Stage II (broken surface/epidermis)
D. Stage III (full thickness tissue loss)
E. Stage IV (bone visable)
F. Unstagable pressure ulcer
G. Venous stasis
H. Arterial stasis (necrotic toes/fingers)
I. Incisions
J. Bruising
K. Ecchymosis
L. Skin Tear
M. Excoriation
N. Abrasion
O. Scab
P. Hematoma
Q. Cyanosis
R. Jaundice
S. Edema
T. Rash
U. Deep Tissue Injury
V. Laceration
W. Other

SKIN TURGOR: ( ) Good/elastic ( ) Decreased ( ) Poor
(*Turgor is the degree of elasticity of skin, a sign of fluid loss.*)

SKIN COLOR: ( ) Appropriate for race ( ) Pink ( ) Pale ( ) Cyanotic ( ) Dusky ( ) Jaundice ( ) Mottled

SKIN CONDITION: ( ) Intact ( ) Dry skin ( ) Warm ( ) Cool ( ) Clammy ( ) Rash ( ) Bruises ( ) Abrasion
( ) Scabs ( ) Blisters ( ) Laceration ( ) Scratches ( ) Scales ( ) Peeling ( ) Pressure ulcer
( ) Dermatitis associated with incontinence or moisture ( ) Skin tears ( ) Wound ( ) Fragile skin

WOUND OR PRESSURE ULCER:

TYPE	SITE	STAGE	SIZE	COLOR	ODOR	DRAINAGE	STATUS	COMMENT

STAGES	COLOR	DRAINAGE	ODOR	STATUS OF WOUND
I- Reddened, blanchable.	P- Pink	0- None	0- None	H- Healed
II- Blister, skin break.	S- Slough	SS- Serosanguinous	M- Mild	I- Improving
III- Skin break exposing subcutaneous tissue.	E- Eschar	PU- Purulent	F- Foul	D- Deteriorating
IV- Skin break exposing muscle and bone.				U- Unchanged

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Skin care:

( ) Keep skin clean and dry and not in contact with plastic portion of blue pads.
( ) Monitor skin integrity daily.
( ) Air mattress for skin breakdown.
( ) Offer sufficient fluids and protein daily.
( ) Use skin precautions for thin, frail skin.
( ) Check pressure areas and feet daily.
( ) Hydrate skin with lotion daily and PRN to prevent skin breakdown.
( ) Apply skin barrier/protectant as ordered.
( ) Incontinent check every 2 hrs and PRN.
( ) Turn resident every 2 hrs, if immobile, to prevent skin breakdown.
( ) Keep linens clean and free of wrinkles. Wrinkles cause pressure and can lead to skin breakdown.
( ) Protect bony areas like the heels, hips, knees, elbows, shoulders and spine by using an air mattress, elbow/heel protectors or pillows. Gently massage these areas several times a day with mild lotion to keep skin soft and pliable.

Wound care by:

____ Hospice nurse every visit
____ Home health nurse every visit
____ Caregiver
____ Caregiver on non-nurse visit days