

Comprehensive Person-Centered Care Plan

Date	Physical and Psychosocial Needs	Goals/Objectives	Approaches/Interventions	Responsible Discipline
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	<p>I am a new admission and I presently need/require:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intermediate care (secondary to self-care deficits, physically-related, dementia-related or psychiatric related needs). <input type="checkbox"/> Skilled care (extensive nursing and/or rehabilitation needs). <input type="checkbox"/> Respite care. <input type="checkbox"/> My stay is identified as: <input type="radio"/> short-term <input type="radio"/> long-term. <p>I will learn about and potentially benefit from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introduction to staff, peers, programs, rights, rules and responsibilities. <input type="checkbox"/> Education regarding Advance Directives. <input type="checkbox"/> Education regarding medical and/or psychiatric condition(s) and treatment, management, including physicians and their specialties and Interventions to help stabilize my condition and diagnoses. <input type="checkbox"/> Education regarding my medications. <input type="checkbox"/> Mental health programming available within and outside the facility. <input type="checkbox"/> Other: <p>I have the following strengths and abilities:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I will participate in the orientation process as evidenced by touring the facility, meeting staff, other residents, reviewing information (rights, rules, responsibilities, programs, etc.) by... <input type="checkbox"/> I will openly discuss the adjustment process with an identified facility staff member by... 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide me and my representative with admission information including appropriate contracts, consents, mission statement, bill of rights, grievance procedures, rules/regulations, responsibilities, Medicare/Medicaid and state offices and directives. <input type="checkbox"/> Invite me and my representative to tour the facility to become familiar with the physical environment, posted information, and meet staff and other residents. <input type="checkbox"/> Review my routines, schedules (i.e., dining, menus), resident council, care plan conferences and activity calendars with me and my representative. <input type="checkbox"/> Provide me with appropriate educational services concerning my diagnoses and medications to the extent I understand and am able to benefit from this education. <input type="checkbox"/> Assess my lifestyle patterns and look at ways to help accommodate the needs that I have. Encourage me to bring items, artifacts, pictures from home and organize my room in a suitable arrangement. <input type="checkbox"/> Involve my family/responsible party in my adjustment process, as able which may include having my family help decorate my room, join me for a meal and/or participate in an activity together. 	Admin Social work Activity Nursing Dietary
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SwCG, Inc. ©	Name	Initial / Interim / Baseline Care Plan	New Admission to the LTC Setting	Care Plan No. 22
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Revolutionary Person-Centered Care Plans

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