

RESIDENT CARE PLAN MEETING

RESIDENT: _____ DATE: _____ TIME: _____

RESIDENT

Resident was invited to care plan on _____ by _____ Attended: yes ___ no ___

If did not attend, reviewed with resident on _____ Unable to review due to _____

Resident input:

Laundry/ Housekeeping/ Maintenance: _____

Dietary: _____

Activities/ Social Services: _____

Business Offices: _____

Therapies: _____

Nursing Services: _____

Pain management: _____

FAMILY

Family or representative was invited to care plan on _____ by _____ Attended: yes ___ no ___

Family input:

Resident rights reviewed monthly at resident council and during individual annual assessment.

Resident currently uses a restraint: yes ___ no ___ If yes, what type _____

Restraint was reviewed by ICP team, resident/ family member/ responsible party – reviewing benefits and side effects of restraint usage.

ATTENDING SIGNATURES

Nursing: _____

Social Services: _____

Dietary: _____

Activites: _____

Restorative: _____

Therapies: _____

Resident: _____

Family/ RP: _____