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| **ADULT FAMILY HOME RESIDENT** **NEGOTIATED CARE PLAN** ([NCP](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10355))  *Form Version:7/25/2023* | | | | | |
| **Provider’s Name:**  Amy Thomas | **Today’s Date:**  01/30/2022 | Moved In Date:  01/01/2021 | [Date Completed](#Date_comp" \o "Must be completed within 30 days of admit):  01/31/2021 | | Date Discharged: |
| Resident’s Name: Mary Resident  Pronouns: She/Her | Date of Birth/Age  06/25/1930 – Age: 91 | Primary Language: English  Speaks English? Yes  Interpreter Needed? No | | **ALLERGIES**  Penicillin; Sulfa medications and Clindamycin | |
| Legal Documents:  No  Advanced Directives  POLST Form  Other: DPOA/Daughter  Specialty Needs:  No  Dementia: Other than Alzheimer’s  Mental Health: Anxiety disorder; Depression  Developmental Disability  Other: Insulin dependent; poor vision/hearing | **EMERGENCY EVACUATION** | | | | |
|  | **EVACUATION ASSISTANCE REQUIRED:**  **NONE – RESIDENT IS INDEPENDENT:** Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one cue.  **ASSISTANCE REQUIRED:** Resident is not physically or mentally capable of evacuating the home without assistance from another individual, mobility aids, or multiple cues.  **EVACUATION INSTRUCTIONS: Caregiver instructed to assist Mary out the door; use w/c for quick/prompt/safe evacuation; lock brakes. Grab a blanket for her lap if/when able.** | | | | |
| **MENTAL/PHYSICAL HEALTH - CURRENT MEDICAL STATUS/DIAGNOSIS** | | | | | |
| Diabetes (IDDM); Diabetic Neuropathy: Anxiety d/o; Dementia; Edema; Encephalopathy; Arthritis; Osteoarthritis; COPD; Abnormality if gait; Muscle weakness; Hearing loss; Constipation; Sleep Apnea; Diabetic Retinopathy; Insomnia; Incontinent of bladder; Symbolic Dysfunction  Health indicators: SOB with exertions; Mental Health fluctuates  MEDICAL History (Hx): UTI’s; stasis ulcers from edema; R hip surgery 2019 | | | | | |

[Activities/Social](#act_soc2)

[Allergies](#Allergies)

[Ambulation/Mobility](#Amb_Mob2)

[Bathing](#bathing2)

[Bed Mobility/Transfer](#Bed_mob_trans)

[Behavior](#Disrupt_behav2)

[Case Management](#CM2)

[Communication](#Communication2)

[Decision Making](#decision_make2)

[Dressing](#dressing2)

[Eating](#eating2)

[Falls (Ambulation](#Fall_amb2))

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[Health Indicators](#health_indicators2)

[Left Alone](#Left_alone2)

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[Memory](#sleep2)

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[NCP Review/Signatures](#NCP_Review_sig2)

[Other Issues/Concerns](#Other_issue_concern2)

[Pain](#pain)

[Personal Hygiene](#Per_hyg2)

[Shopping](#shop2)

[Skin Care](#skin_care2)

[Sleep](#sleep2)

[Smoking](#smoke2)

[Specialized Beh. Prog.](#Specialized_Beh_Prog2)

[Toilet Use/Continence](#toilet_cont2)

[Transportation](#transport2)

[Treat/Prog/Therapies](#Treat_Prog_Therapies)

[Universal Precautions](#Univ_Prec2)

[Vision](#vision)

| **RESPONSIBLE PARTIES – CONTACTS**  Add those involved in care planning for your resident: Case Manager, DPOA, Guardian, Family, Doctor, Dentist, Pharmacy, Mental Health Provider etc. - Indicate which contact method is preferred. | | | | | |
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| **Name** | [**Relationship**](#_top) | **Home/Business Phone** | **Cell Phone/FAX** | **Address/Email** |
| 1. Susan Doe | Daughter/DPOA-health and finances | 206-123-1234 | 206-111-1122 (cell) | 12345 67th Ave SW Puyallup, WA 98375 |
| 1. Mike Doc | Home Doctor/ARNP | 425-234-5678 |  |  |
| 1. Ready Meds Pharmacy | Pharmacy | 425-251-6335 | 425-251-6337 (fax) |  |
| 1. Puget Sound Eye Care | Provides Ocular Injection | 253-684-8356 |  | 1234 N 209th , Puyallup, WA 98375 (Inside Costco) |
| 1. Anytime Home Health | Speech/Physical Therapist | 509-989-0070 | 509-989-0075 (fax) |  |
| 1. Jenny Penny | Case Manager, HCS | 253-456-0098 | 253-45­6-0090 (fax)  206-439-0994 (cell) | *jpenny@hcs.dshs.wa.gov* |
| 1. Jo Thoughtful | Counselor, MHP  Sound (mental health) | 253-776-4489 | 253-776-4400 (fax)  888-345-4357 (crisis line) | *(hit tab to add an additional row)* |

| **COMMUNICATION** | | |
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| **SPEECH/HEARING/VISION** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Caregiver Instructions**  **Who, How, When/How Often** |
| **Modes of Expression: Speech, body language**  Yes  No **Problems with mode of expression**  **Describe:** Mary has problems with speech. Mary will talk as she looks off in the distance, it is hard to get her to focus, easily distracted (not sure if it is dementia, hearing loss, age, or all of the above). There is a decline in her communication. Mary will often use body language to communicate. Mary is assessed as being nonverbal 1/30/22 [AT].  **Equipment:** None | **How resident makes self-understood:**  Mary is documented as nonverbal on 1/30/22 (per ST). She is currently using body language as her main mode of communication.  **Has a speech therapist through:**  Anytime Home Health 509-989-0070  **How resident understands others:**  Mary does not always understand others. It is best with the CG speaks slowly and directly to her, uses simple language, and talk her through any task prior to doing them.  [**Strength and Abilities**](#Speech_res)  **Speech:** Mary will pause when speaking as if to think and may not finish her thought. Her speech has declined. She constantly grinds her teeth (behavior/habit). NON-Verbal 1/30/22 [AT].  **Hearing:** Mary is extremely hard of hearing and that can interfere with communication. She has/uses an amplifier she will wear when on the phone with her daughter or when the CG tries to speak to her other than simple cues or prompts.  **Vision:** Mary has macular degeneration in both eyes and gets ocular injections approx. every 3 mo./90 days. She is legally blind; significant floaters; decreased central vision.  **Phone:** Mary isunable to use the phone on her own; unable to dial/talk on her own; dependent on CG. | **[Assistance Required](#Speech_pro" \o )**  **Speech/Hearing:** CG is instructed to try and anticipate her needs; read her body language. Speak to her directly; announce your tasks as you preform them; simplify statements; repeat PRN.Use the amplifier when you feel it is appropriate.  **Vision**: speak directly to her; play music for her; she likes Sinatra and country music. Have her sit in the living room daily for stimulation and to elevate her legs. Try to anticipate her needs. Keep pathways clear and well lit. Assist with mobility to ensure safety. Monitor for falls; fall risk.  **Phone:** CG is to get schedule of appointments from family and write them down/keep track; ensure she is ready for appointments. Make phone calls; take messages; communicate with DPOA, medical professionals, etc. The Provider will set up face time/video chats with her daughter and use the amplifier for the calls. Daughter usually calls set days and times.  **CG is instructed to anticipate her needs; cue; monitor; assist and report any significant changes/concerns to the Dr. immediately.** |
| Yes  No **Problems with Hearing**  **Describe:** Hard of hearing  **Equipment:** Amplifier, Hearing Aids |
| Yes  No **Problems with Vision**  **Describe**: Legally Blind, received ocular injection every 3 mon.  **Equipment:** Glasses |
| **Ability to Use the Phone**  Independent  Assistance Needed  Dependent  Resident has own phone, number: |
| **Preferred Language: English** |

| **[MEDICATION MANAGEMENT](#Med_man" \o "Medications WAC 388-76-10430 through 388-76-10490) - Overview** | |
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| **MEDICATION ALLERGIES:** Penicillin; Sulfa medications and Clindamycin  Resident needs more than one kind of medication assistance-need  Resident is prescribed psychopharmacologic medications – see behavior section for strategies and modification to address symptoms addressed by this/these medications | See **MAR** for current medications, dosage, frequency, and route  Meds are ordered by: Amy, AFH Provider  Meds are delivered by: Redi Meds Pharmacy – (425) 251-6335  Meds are [Pharmacy Packed](#Pharm_pack" \o "Bubble pack, pill bottle, pouches, bingo cards, etc.): Bubble Pack  Note: **Pharmacy delivers monthly routine medications; and PRN** |

| [**MEDICATION MANAGEMENT**](#Med_man) | | |
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| *The amount of assistance required to receive prescription medications, over the counter medications, or herbal supplements.* | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Caregiver Instruction**  **Who, How, When/How Often** |
| **[SELF-ADMINISTRATION](#Rx_self_ad" \o "WAC 388-76-10445)**  **[SELF-ADMINISTRATION W/ ASSISTANCE](#Rx_self_ad_with_assist" \o "WAC 388-76-10450)**  **[MEDICATION ADMINISTRATION](#Rx_Admin" \o "WAC 388-76-10455)**  Equipment: Med Cup, spoon  Oral  Topical:  Eye drops/ointment  Inhalers  Sprays  **Injections**  Resident  Surrogate  By Family  Licensed Professional (Ocular Injections) – See Treatments  Qualified CG under Nurse Delegation (insulin Only)  Allergy Kits  Suppositories  Other:  Requires [Nurse Delegation](#RN_DEL)  **RN Delegator**   * **Name:** Andy Gomen, RND * **Phone:** (253) 271-9000 * **FAX:** * **Email:** | **[Strengths and Abilities](#Rx_res" \o " Is the resident able to self-administer any medication? They may use a medication, such as an inhaler, by themselves but other medications are administered by a caregiver. List the medications, if any, the resident uses on their own.  )**  **ADMINISTRATION**  Mary is unable to read/see labels; poor hand/eye coordination; forgets to take medication; unaware of dosages or times; has right hand tremors. Currently able to swallow pills whole.  Unable to place medications in her mouth; if had to do on her own she would place beside her mouth or drop on the floor  Requires assistance; has Nurse delegation (RND) in place for orals, diabetic needs, and topical medications.  Unaware of dosing/need for medication, requires medication for orals, insulin injections/ blood glucose monitoring/checks and topicals. (NOTE: Glucose monitoring information found under treatments) | **[Assistance Required](#Rx_pro" \o " Are there any special directions on how the resident takes their own medication? You may state that a caregiver will ask the resident if they need assistance or check to see if a medication is running low. Does the resident’s ability fluctuate and they need to be monitored for change? )**  **Describe reason resident needs this amount of medication assistance:** Mary is unable to read/see labels; poor hand/eye coordination; forgets to take medication; unaware of dosages or times; has right hand tremors. Unable to place medications in her mouth. Unaware of dosing/need for medication.  **ADMINISTRATION**  Caregiver (CG) will put medications in her mouth with a spoon; f/u with liquid immediately and cue to swallow.  CG monitor her taking pills.  **Insulin: CG to** keep Insulin in a lock box in the refrigerator until needed/used.  Caregiver is to maintain medication supply; reorder as needed; follow Dr. orders and RND instructions.  **Document medications in MAR**; report adverse reactions to PCP immediately.  Follow the 5 rights of medication +2:   * Right resident * Right medication * Right dose * Right route * Right time * *Right documentation in MAR* * *Right to Refuse - Follow plan if resident refuses medication and document*   CG to notify nurse delegator when:   * there is a new medication/ medication change; * there are changes in the resident’s condition; * when there are questions about conditions or care; * when there is a problem/unable to perform a nursing task; * Mary refuses to take medications * Mary complains of pain; * There is a change in/loss of consciousness; dyspnea (SOB); * Mary expresses hopelessness and desire for end of life; * There is a medication error; * Mary is transferred/hospitalized or dies.   CG is instructed to follow Dr. orders, follow RND instructions; document in MAR and report significant changes, concerns/adverse reactions to Dr. immediately.  CG is instructed to administer medication; document in MAR and report medication refusal, significant changes, and concerns to the AFH Provider, Amy immediately  at (206) 345-6789. |
| **[Medication Plan When Resident is not in the AFH](#RX_plan_offsite_title" \o "WAC 388-76-10455 (2) Medicaiton - Negotiated Care Plan The AFH must ensure that each resident's NCP addresses how the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medication is not available): Give medications to Mary’s attendant** | **Strengths and Abilities**  Mary can swallow her tablets whole | **[Assistance Required](#Rx_Plan_offsite" \o "Explain what the plan is for the resident to get their medication when they are away from the home. For example, provider will tear off medication bubble from bubble pack for the dates resident will be with family.  Family will assist/administer medication. Document in the resident's MAR.)**  Give in a clearly labeled bag or container with the FIVE rights of medication listed. To be given to her attendant. |
| **[Medication Refusal Plan](#Med_refusal" \o " What is your strategy when your resident refuses one or more of their medications? For example, do you come back and offer it a second time ? At what time do you notify the resident's health professional?WAC 388-76-10435 Medication refusal.(1) Each resident has the right to refuse to take medications.(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:(a) The home must notify the resident's practitioner; unless(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal.(3) If the home becomes aware that a resident who self-administers, or takes their own medications, refuses to take a prescribed medication:(a) The home must notify the practitioner; unless(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal ): Give her space and a break, try/reapproach, offer meds again after 15 min. Attempt 3 x’s in an hour, document refusal in MAR and contact PCP and DPOA.** | **Strengths and Abilities**  Mary may refuse medication when she is having trouble swallowing. | **Assistance Required**  CG to monitor Mary taking/swallowing her pills; may need to modify and give 1 pill at a time; inform PCP of changes immediately. |

| **[HEALTH IN](#health_indicators" \o "Health Indicators help identify stability of client’s health related to factors such as weight loss or gain, self-rating of health, and frequency of hospitalization or emergency room care.  Significant unintended declines in weight can indicate failure to thrive, a symptom of a potentially serious medical problem, or poor nutritional intake due to physical cognitive, and social/economic factors. Weight loss or gain secondary to appetite or swallowing may indicate a need to refer to nursing services. Also consider physical and mental health fluctuates, fatigue, shortness of breath, general muscle weakness, etc.)****[DICATORS](#health_indicators" \o "Health Indicators help identify stability of client’s health related to factors such as weight loss or gain, self-rating of health, and frequency of hospitalization or emergency room care.  Significant unintended declines in weight can indicate failure to thrive, a symptom of a potentially serious medical problem, or poor nutritional intake due to physical cognitive, and social/economic factors. Weight loss or gain secondary to appetite or swallowing may indicate a need to refer to nursing services. Also consider physical and mental health fluctuates, fatigue, shortness of breath, general muscle weakness, etc.)** | | |
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| **Health Indicator Monitoring and Support** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| [Pain](#_top)  Weight Loss/Gain  Current Weight:  Current Height:  Vital Signs  [Other:](#Other_treat) | **Strengths and Abilities**  **Pain:** Mary has pain medication routinely and as needed for pain.  **Health indicators with her current medical status are** dizziness/vertigo, edema, history (Hx) of recurrent infections; physical/mental function/abilities fluctuate, short of breath with exertions, knees give-out/buckle when walking, fatigue | **Assistance Required**  **Pain:** CG is instructed to monitor pain; anticipate needs; cue; assist; give medications as prescribed and report significant changes/concerns to Dr. immediately.  **Health indicators**: CG is to be aware of her current health indicators, watch for/report significant changes and concerns to the Dr. immediately.  Monitor mobility, arm guard assist, extensive assist with transferring and all other ADL’s. |
| **Allergies** | **Substance:** Naproxen | **Reaction:** hives, itching |

| **TREATMENTS/PROGRAMS/THERAPIES** | | |
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| **Treatment/Program**  **Therapy/Interventions** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| **Type of Treatment:**  Oxygen Use – Vendor:  Dialysis – Health Provider:  Blood Thinners  INR/LAB – Health Provider:  Easily bruised/Anti coagulation therapy  Blood Glucose Monitoring  Injection: Insulin (Addressed in Medication), Ocular Injections  CPAP/BIPAP  Nebulizer    [Range of Motion](#ROM" \o " Range of motion: The extent or limit to which a part of the body can be moved around a joint (or a fixed point); the totality of movement a joint is capable of doing.  Range of motion exercise is a program of passive or active movements to maintain flexibility and useful motion in the joints of the body. Active Range of Motion - Exercises performed by an individual to maintain their joint function to its optimal range (may be with cueing or reminders by caregivers).  A formal, active Range of Motion program needs to be first established by a qualified nurse (RN) or therapist.)  PT/OT/ST  **Nurse Delegation** for Treatments/Therapies – Tasks: **Injection of insulin; Blook glucose Monitoring**  [Other:](#Other_treat) Leg wraps for edema | **[Strengths and Abilities](#Treatment_strength_res" \o " Explain if the resident receives any therapies or treatments. For example a resident may use oxygen or receive PT/OT or wound care. Explain any needs listed in the assessment here. If there is a new treatment or therapy prescribed after the assessment, write it in and be sure to note the start date or end date if there is one.   What is the resident’s assessed need to use the piece of equipment?What are the resident’s needs around pain control? Does the resident require wound care? )**  **Injections:** Mary has insulin dependent diabetes; blood glucose monitoring ordered 4 times daily before meals and once before bedtime; insulin as prescribed.  **Eyes**: Mary has ocular injections for Macular degeneration (both eyes). She is a patient of: **Puget Sound Eye Care**  **Chronic Yeast:** Mary will have chronic yeast/rashes under breast and other areas (like groin); has/uses powder and has topical cream for affected areas.  **Passive ROM exercises 2 x’s daily**: Mary is unaware of need for movement. She needs full CG performance for passive ROM exercises daily. **SEE NEXT PAGE FOR ROM EXERCISES (9A-9B)** Physical Therapist- Anytime Home Health 509-989-0070  **Leg wraps:** she has chronic edema; her legs will swell and push fluid. She needs her legs wrapped daily; adjusted for comfort as needed; and routine elevation of her legs and feet. She has a Hx of stasis ulcers. | **[Assistance Required](#Treatment_assess_req_prov" \o " Explain how the therapy or treatment happens. If it is a caregiver helping with something provide directions on how to complete the task here.If the resident receives home health or some other kind of treatment from an outside source explain how that happens here so your caregivers know what to expect.  Has a risk assessment been done to ensure this is safe for this particular resident? See WAC 388-76-10650 for more information.How do caregivers monitor or help the resident use the equipment safely?  )**  **Injections:**  CG is instructed to follow the Dr. current orders and RND instructions, report adverse reactions, document BSL (blood sugar levels) and report high/low BSL to Dr. immediately. Call 911 when there are concerns or if she loses consciousness.  **Eyes:** CG is instructed to communicate with her daughter about appointments, have her ready for appointments and report concerns/significant changes to DPOA/Dr. immediately.  **Chronic Yeast**: CG will wash/clean/dry affected areas 2 x’s daily. Monitor skin daily for new affected areas or worsening; report concerns and significant changes to the Dr. immediately.  **Passive ROM exercises 2 x’s daily:**  CG is instructed to follow PT orders from Evergreen Home Health regarding passive ROM for Mary to promote movement and circulation. CG is to monitor for pain and offer medication as prescribed (it may help with exercises prn).  **Leg wraps:** CG is to apply her leg wraps daily in the morning with her normal routine; adjust tension of wraps as needed during the day depending on swelling and remove the wraps at night/for showers. Hand wash wraps daily/prn and air dry. **Report concerns significant changes, weeping legs, or SOB to Dr. immediately.**  **Call or text to report changes or significant concerns to the AFH Provider Amy at (206) 345-6789 immediately.** |
| **Programs Resident Requires/Attends:**  [Home Health](#Home_Health" \o "Home Health may include physical/occupational/speech therapy and skilled nursing services)  Adult Day Health  [**Hospice**](#hospice)– Agency:  Hospice Plan  Other: | **Physical and Speech Therapists**  Anytime Home Health  509-989-0070  **PT 2x’s weekly; ST 1 x’s weekly** |  |
| **Interventions**  Meaningful Day |  |  |
| **[Physical Enablers](#physical_enabler" \o "Does the resident use any assistive devices such as bedrails, trapeze, transfer pole, walker, wheelchair, etc.?):** | **Strengths and Abilities** | **[Assistance Required](#Enabler_Assist_Req_pro" \o " WAC 388-76-10650 Medical devices.(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.(2) Before a medical device with a known safety risk is used by a resident, the home must:(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and(d) Ensure the medical device is properly installed.)** |
| **TREATMENT/PROGRAM/THERAPY REFUSAL PLAN** | **Strengths and Abilities**  Mary may be too tired to do ROM twice daily; at times she will moan or pull away. | **[Assistance Required](#treat_refusal" \o "Indicate how you will respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal. WAC 388-76-10355)**  Caregiver to read Mary’s body language and other non-verbal cues such as but not limited to frowning, furrowed brow, or physically pull away from the CG. Allow her space, offer pain medication ½ prior to ROM to see if that helps. Report concerns and significant changes to Dr. immediately. |

| **PSYCH/SOCIAL/COGNITIVE STATUS** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
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| Sleep  [Sleep disturbance](#sleep_disturb" \o " Sleep disturbance is difficulty falling asleep, fewer, or more hours of sleep than is usual for the individual, waking up too early and unable to fall back to sleep. Disrupts household  at night when others are sleeping and requires intervention(s).)  Nighttimeassistance needed | **[Strengths and Abilities](#Psych_Strenght_abil" \o " Some of these will be listed in the resident’s assessment but others will develop over time. Be sure to have current information listed for behaviors.  If a behavior is no longer happening, be sure to say so.See WAC 338-76-10355 (7)(a): It requires that a plan to be developed and followed in the case of a foreseeable crisis due to a resident’s assessed needs.   )**  What resident does- Describe behaviors – be specific:  **Mary has a history of depression and has seen a mental health specialist in the past as needed for medication management.**  **Sleep:** Mary has/uses medication interventions for insomnia. Keeps light on in room at all times.  **ST/LT memory:** Mary displays delay and great difficulty with recall. She will stare off into space sometimes as she grinds her teeth. She is showing some decline. **She forgets when she eats.**  **Decision making:** Mary makes poor decisions; unaware of consequences; has made impulsive decisions related to ADL’s and is unaware of consequences.  **Resistive**: Mary is resistive to her hygiene, toileting, showering, eating ADL’s. She will make statements like “I don’t need to…I will change in my room,” “ I have already showered,” **Verbally abusive:** She will also use profanity like “eff you” or “get the hell outta here,” etc. when frustrated or upset.  **Depression:** Mary has a history of depression; has/uses medication; dosage just increased 01/25/21.  **Anxiety:** Mary has high anxiety; she is constantly rummaging through things in front of her when she is sitting down; she chronically grinds her teeth (even with cues and reminders when she is sitting, she just grinds and grinds her teeth.) She also bites her fingernails.  **Disorientation:** Mary is unaware of most people (other than main CG/ Amy and her daughter), places and time.  **Repetitive movements:** she will fidget with hands, move objects in front of her and chronically grind her teeth**.**  **Delusions:** she believes that everything is hers; she is unaware of reality related to dementia.  **Mood swings:**  she will have outbursts that are not easily altered due to her dementia. She has become very anxious and will cry.  **Easily irritable/agitated**: due to her dementia she becomes frustrated and has difficulty in making decisions. She will use swear words when frustrated. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to report concerns and significant changes immediately to relevant individuals (PCP,MHP, DPOA, CM, etc.)  **NOTE: If resident becomes a danger to themselves or others, caregiver is to call 911 immediately.**  **[Assistance Required](#Psych_assis_req" \o " What is it that a caregiver can do to address the behaviors a resident is displaying? Document any non-medication interventions that she/he should attempt prior to giving a resident a medication (if prescribed 'as needed or PRN' You may say something such as 'Mrs. Jones is often tearful at night. Speak to her gently and reassure her she is safe. Give her time to express herself and listen to her concerns. If she continues to be tearful she may have XYZ to help her sleep.  If the behavior continues, contact her doctor and her daughter.') and Caregiver Interventions**  **Sleep:** CG is to give medications as prescribed and document. Report concerns/adverse reactions to the Dr. immediately. If it becomes ineffective consult with her Dr. CG will check on Mary routinely at night to ensure she is asleep and secure.  **ST/LT memory:** CG is instructed to speak slow enough and clear; ask simple questions where Mary can answer yes/no; give simple one step directions as use assist her with the action during ADL’s; reduce noise as much as possible; give gentle cues/reminders; simplify environment. CG will document when she eats, and percentage eaten.  **Decision making** simplify environment; Give gentle cues/reminders; plan/organize daily routine; extensive assist with all ADL’s if not total assist. The Provider will defer to Mary’s daughter/DPOA for complex decisions and paperwork matters.  **Resistive:** CG is to give gentle cues and reminders; approach Mary gently; encourage her to cooperate; give her a break when needed then reapproach her. Report refusal of medications more than one day to Dr. and RND immediately.  **Depression:** CG is to monitor Mary for signs of depression (in combination or increase): CG is instructed to give medications as prescribed by the Dr.  Watch for instances ofsadness; weepiness; lethargic; withdrawn; sleep too little or too much sleep; unhappiness; anger;  irritabilities; loss of interest in pleasurable or fun activities; may have anxiety; suicidal thoughts or tendencies; and pain. CG is to give medications as prescribed; **Report concerns/significant changes to the Dr. immediately.**  **Anxiety:** CG will try to redirect with conversation or engage Mary in activities to keep her busy. Cue her to not grind her teeth as able, ensure her fingernails are trim and clean. Give medications as prescribed. If she continues to become anxious give her space, let her know you are nearby and monitor with your ears and check on her in 5/10min. If still anxious then give PRN medication and document in MAR. Report concerns and significant changes to the Dr. immediately.  **Disorientation:** simplify environment; Give gentle cues/reminders; plan/organize/correct daily routine; extensive assist with all ADL’s if not total assist.  **Repetitive movements:** simplify environment; Give gentle cues/reminders; plan/organize/correct daily routine; extensive assist with all ADL’s if not total assist. Give Mary activities to redirect behaviors.  **Delusions:** CG will not argue with Mary; simplify environment; give gentle cues/reminders; plan/organize/correct daily routine; extensive assist with all ADL’s if not total assist. Give her activities to redirect behaviors. Give her breaks in ADL’s and routine as needed and try again.  **Mood swings/Easily irritable/agitated**: simplify environment; ask how you can help; Give gentle cues/reminders; plan/organize/correct daily routine; extensive assist with all ADL’s if not total assist. Give Mary activities to redirect behaviors.  **CG is instructed to monitor and assist; report concerns and significant changes to the Dr. immediately**. **Call or text to report to AFH Provider Amy at (206) 345-6789 immediately.** |
| Memory Impairment  [Short-term](#Mem_Imp_short" \o "The following may be evidence of short term memory loss:- Forgets food cooking on the stove - Doesn't remember son visiting in the last week - Can't remember what they had for breakfastThe following are NOT good indicators of short term memory loss: -  Report that memory isn't what it used to be - Has to write notes in order to remember appointments - Can't remember the doctor's phone number)  [Long-term](#Mem_Imp_long" \o "The  following may be evidence of long term memory loss: - Doesn't remember birthplace - Doesn't remember the names of their children)  Orientated to Person |  |  |
| If any behavior is checked, describe    [Impaired decision making](#Imp_dec_making" \o "Decision Making:  - Moderately impaired - meaning decisions are poor and the resident is unaware of consequences. The resident requires reminders, cues, and supervision in planning, organizing, and correcting daily routines, OR - Severely impaired - meaning the resident never makes decisions or rarely makes decisions about activities of daily living.) |  |  |
| [Disruptive behavior](#Disrupt_behav"\o" Behavioral symptoms that cause distress to the resident or are distressing or disruptive to others with whom the resident comes in contact.  Focus on the resident’s action not the reason for the behavior. IInclude behaviors potentially harmful to the individual or disruptive to others.Combative during personal care – During personal care, hits, shoves, scratches, bites, pinches, or engages in other behaviors which could result in injury to individuals. ) |  |  |
| [Assaultive](#Assaultive" \o "Assaultive (not during personal care) –The individual is physically abusive/ combative toward others. Examples include hitting, kicking, pushing, scratching, biting or any other behavior which could result in injury to others at times other than during the provision of personal care.  Breaks, throws their own things or other's property. ) |  |  |
| [Resistive to care](#Resistive) |  |  |
| [Depression](#depression" \o "An emotional state in which there are extreme feelings of sadness, lack of worth or emptiness.) |  |  |
| [Anxiety](#Irritability) |  |  |
| [Irritability](#Irritability" \o "A tendency to get excited, angry, or upset easily.) |  |  |
| [Disorientation](#Disorientation" \o "Disorientation to person, place - such as City, State, and County, or Time, such as day, month, and year.) |  |  |
| [wandering in home](#wandering" \o "Wandering is the act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Wandering may or may not be aimless. The wandering resident may be oblivious to their physical or safety needs)/Pacing |  |  |
| [Exit seeking](#exit_seek" \o "To get outside or off the property.) |  |  |
| [Hallucinations](https://stateofwa-my.sharepoint.com/personal/deb_cary_dshs_wa_gov/Documents/Documents/Custom Office Templates/hallucinations" \l "Hallucinations" \o "Hallucination as sensory experiences that can't ve verified by anyone other than the person experiencing them.  hallucination may occur in all senses.  - Hearing (auditory hallucinations)  - Voices that are familiar or unfamiliar that are perceived as distinct from the person’s own thoughts. Derogatory or threatening voices are especially common, two or more voices conversing with one another or voices maintaining a running commentary on the person’s thoughts or behavior. Auditory hallucinations are the most common.- Seeing (visual hallucinations) - Seeing objects or people that no one else can see. - Feeling (tactile hallucinations).  Feeling strange sensations, odd feelings in the body or feeling that something is crawling on them. - Tasting (gustatory hallucinations).  Resident feels that there is a strange taste in their mouth e.g., metal, electricity, poisons, etc. - Smelling (olfactory hallucinations). Resident thinks there is a strange odor that cannot be accounted for, e.g., something burning, sewage, odd smells from their own body, dead spirits, etc.) - Command hallucinations. These are hallucinations that direct the resident to do something or act in a particular manner. It is a voice telling the individual to hurt or kill himself or herself or someone else or perform some other dramatic act. Command hallucinations are separated out from the others because of their severity and the potential lethality of the content of the hallucination.There are incidences where ) |  |  |
| [Delusions](#Delusions" \o "Delusions are a fixed, false belief of any of the following types: - Delusions of grandeur- a false belief that one’s own importance is greatly exaggerated; - Paranoid/persecutory delusions- a false belief of being attacked, harassed, cheated, persecuted, poisoned or conspired against. - Somatic delusions- the central theme of this type of delusion involves body functions or sensations. (E.g., the individual has a false belief related to the body such as believing that they have cancer despite exhaustive negative testing, or that they emit a foul odor from their skin or mouth, etc.) - Jealous type delusions- the central theme of this type of delusion is the individual’s persistent belief that their spouse, partner or lover is unfaithful. This belief has no basis for truth and is arrived at without due cause. - Religious delusions-persistent belief that he or she is God, Jesus Christ, other deities or a representative of a deity  Many items can be misrepresented as delusions when the complaint is the result of a medical change or condition. Examples include: metal tastes in an individual’s mouth, undiagnosed conditions that impact well being and allergic reactions to medications, food or chemicals that result in unusual skin sensations. Utilize nursing resources and other medical/health care resources if you have concerns that experiences related may be medically based.) |  |  |
| [Verbally agitated/aggressive](#Ver_agit_agress" \o "Such as: Accuses others of stealing, inappropriate verbal noises, resistive to care with words/gestures (does not include informed choice), Uses offensive language, verbally abusive, or yelling/screaming.) |  |  |
| [Physically agitated/aggressive](#Physical_agitated" \o "Assaultive (not during personal care), Combative during personal care, Hiding Items, Hoarding, Intimidating/threatening, rummages takes belongings of others, deliverage sexual violence, wanders/exit seeking, wanders/not exit seeking) |  |  |
| [Inappropriate or unsafe behavior](#Inappropriate_behavior) |  |  |
| [Suicidal Ideation](#Suicidal_Ideation" \o "Suicidal ideation is when you think about killing yourself. The thoughts might or might not include a plan to die by suicide.) |  |  |
| Difficulty in new or unfamiliar situations |  |  |
| Disrobing |  |  |
| Weeping/Crying |  |  |
| Unaware of Consequences |  |  |
| Unrealistic fears and suspicions |  |  |
| Inappropriate spitting |  |  |
| Breaks/throws things |  |  |
| Other: Repetitive Movements |  |  |
| \*Requires psychopharmacological medications. If checked, describe symptoms for each medication) See Current MAR  [WAC 388-76-10463](#WAC_10463" \o " WAC 388-76-10463Medication—Psychopharmacologic.For residents who are given psychopharmacologic medications, the adult family home must ensure:(1) The resident assessment indicates that a psychopharmacologic medication is necessary to treat the resident's medical symptoms;(2) The drug is prescribed by a physician or health care professional with prescriptive authority;(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;(4) Changes in medication only occur when the prescriber decides it is medically necessary; and(5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.) ([link](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10463))   * Paxil: Depression * Lorazepam: Anxiety * Other:   + Melatonin: Insomnia   + Memantine HCL: Memory retention   Behavioral Health Support Crisis Plan (See attached crisis plan)  Counseling  Mental Health Provider (MHP): |  |  |
| **DSHS Specialized Behavioral Programs:**  Meaningful Day  Expanded Community Services  Specialized Behavior Services  Mental Health Provider/Program  Contact info: | **She has qualified for Meaningful Day activities:**   * **Listen to music (Sinatra/country)** * **Look at old pictures** * **ROM with blanket (every morning)** * **CG do leg lifts while she sits in her chair** * **Spa Day (manicure/pedicure)** * **Folding towels/clothes/pads** | Meaningful Day:  Caregiver will deliver and document services on the Meaningful Activity Plan (MAP), Monthly Activity Calendar, and Monthly Activities and Challenging Behavior Log. |
| **Narrative (optional) – What does a typical day look like?** Mary prefers to not engage with others, she is non-verbal, she likes specific activities, she prefers to hang out on own or one-on-one with the CG. She likes to sit in the chair in her bedroom. | | |

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| --- | --- | --- |
| **Left Alone** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| **[Ability of Resident to Be Left Unattended](#Left_unattended" \o "Document the ability for resident to be left unattended for a specific length of time. WAC 388-76-0355)** | **Strengths and Abilities**  She is not a candidate to be left alone; requires CG assistance with all/most ADL’s | **Assistance Required**  N/A |

| **UNIVERSAL PRECAUTIONS** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| --- | --- | --- |
| **Always**  [Special Precautions](#Sp_prec" \o "MRSA, Hepatitis, C. Diff, HIV/AIDS, etc.):  Alternative method for visitation  Mask – Resident is:  Able to wear a mask  Not able to wear a mask  Resident is safe to have sanitizer or disinfectant wipes left out for caregiver and client use.  Resident has been/or is up to date on [vaccinations](#vaccinated):  Resident shares the following medical equipment:  Other: | **Strengths and Abilities**  Mary can wash hands with encouragement and gentle cues/reminders.  She is safe around hand sanitizer and disinfectant wipes if they are left out. | Caregivers will always use latex/plastic gloves when in contact with any secretions to prevent spread of infection. Thorough hand washing with soap will be done before and after gloving. Gloves will be put on and discarded at the end of each task. If the AFH provider orders these gloves they can be paid for through the medical coupon.  **Assistance Required**  CG is instructed to keep hand sanitizer and disinfectant wipes up in designated areas for universal sanitizing. |

| **ACTIVITIES OF DAILY LIVING** | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| --- | --- | --- |
| **Resident functional limitations that impact ADL functioning:** | | |
| **AMBULATION/MOBILITY**  **In room and immediate living environment:**  ☐ Independent ☐ Supervision/Cueing  ☒ Assistance Needed ☒ Totally Dependent  **Outside of immediate living environment (including outdoors):**  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  ☒ **Risks for falls - HIGH**  ☒ **Fall prevention plan:** CG will keep pathways clear, clutter free and well lit.Ensure Mary is wearing no-skid socks.  ☐  [Resident chooses bedroom door lock](#WAC_10685_10401" \o "WAC 388-76-10685(6)(6) Give each resident the opportunity to have a lock on their bedroom door if they choose to unless having a locked door would be unsafe for the resident and this is documented according to WAC 388-76-10401.WAC 388-76-10401(1)(a) WAC 388-76-10401Home and community-based setting requirements.(1) The home must ensure that the following conditions are present for each resident:(a) Privacy in each resident's bedroom, including lockable doors when chosen, with only the resident or residents who live in the room and appropriate staff having the key;)  No door lock; a door lock may impede rapid access to the resident by the CG in the case of an emergency.  **Equipment/Supplies:** Quad cane, Wheelchair (W/c) outside of the AFH  **Vendor:** Bellevue Health Care  425-344-7879  **Limitations:** her mobility is best late morning and midday | **[Strengths and Abilities](#Mobility_res" \o " Explain how the resident gets around. Do they walk independently or with assistance?  Do they use a walker or a cane or are they wheelchair bound? What does their assessment say and what is happening currently? Be sure to document any changes and any discrepancies between the NCP and the assessment.    If there is a fall prevention plan explain it here. )**  Mary n**eeds CG to EXIT in case of an emergency.** CG will use W/c when exiting in an emergency; set the brakes for her. Grab a lap blanket if able. **(Reference AFH Evacuation Plan)**  Mary isunaware of own needs; will say she can walk on her own; reality is that she is declining.  She prefers to wear socks only, inside the house (CG will ensure she is wearing non-skid socks).  **Deterioration:** Mary currently uses a quad cane to ambulate but requires CG stand-by touch guard assist and needs guiding and maneuvering of limbs. CG must physically assist to ensure she does not fall, but her knees give out or buckle. 04/15/21-AT  Mary has general weakness, limited range of motion, cannot lift arms above her head, poor balance, poor hand/eye coordination, unsteady gait; leans or hunches forward when walking; weak grip, right sided weakness, limited fine motor control, right hand tremors. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#Mobility_pro" \o " What do caregivers do to help the resident get around? Do they provide a one person assist when walking or remind them to use their walker?)**  CG to physically assist with all mobility.  CG to monitor mobility and give touch guard stand-by assistance, constant verbal cues and reminders to walk, and maneuvering of limbs.  Use recliner when sitting at rest and to elevate feet and legs daily between breakfast/lunch in the living room. Use pillows to position legs/feet PRN, use a pillow behind her back, when sitting.  Physically reposition every 2-3 hours day/night. Check skin daily and report concerns and significant changes to the Dr. immediately.  CG will keep pathways clear, clutter free and well lit.  CG will ensure Mary is wearing non-skid socks to help prevent falls.  **CG is instructed to monitor; assist and report any concerns or significant changes to Dr. immediately. Call or text to report to the AFH Provider Amy at (206) 345-6789 immediately.** |
| **BED MOBILITY/TRANSFER**  *Transfer includes moving between bed, chair, wheelchair, standing position – excludes to/from bath/toilet*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  **☒** Skin care required due to inability to position self:  Equipment/Supplies:  ☒ Turning and Repositioning needed - Frequency: Every 2-3 hours  ☒ Safety assessment, alternatives explored; how to keep resident safe:  ☒ Risks for falls: High  ☒ Fall prevention plan: keep her light on at night and monitor her movements, wear non-skid socks  ☐ Medical Devices:  ☒ Enablers: blanket  ☐ Enabler Risk Assessment:  ☒ Nighttime care needs  Equipment/supplies: Bed pad, extra pillows, blankets | **[Strengths and Abilities](#bed_mob_res" \o " How does the resident reposition themselves in bed? Do they require assistance or turning on a schedule? Do they have special equipment or procedures such as bridging to prevent bed sores? If the resident uses a bedrail, trapeze or transfer pole, has there been an assessment completed to explain the dangers to the resident and or their family? This assessment must be in the resident’s file.  See WAC 388-76-10650)**  Mary refuses to lay in her bed; prefers to sleep on her over-sized chair/recliner or love seat in her room (has done this for years)  Mary prefers to keep a light on day/night when she is in her room.  **Transfer**: Mary requires assistance with standing up, balance, steadying and transfer. She has an unsteady gait and general weakness.  **Repositioning:** Mary is unable to reposition herself. She requires CG assistance and routine to relieve pressure points and keep skin intact. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#bed_mob_pro" \o " Specifically, what will the caregiver need to do to help this resident while they are in bed? If any specialized equipment is used to help the resident transfer, how is it used?Is the resident a fall risk and if so, what is being done to prevent falls?  )**  CG is to hands on assist with all transfers. CGs are aware she is a fall risk. WAC 338-76-10650  **Nighttime Care Needs: C**heck on Mary routinely at night and change her position every 2-3 hours and PRN. Leave her light on at night.  **Bed:** CG is instructed change Mary into night clothing; lift legs/feet in recliner, do skin checks; put extra pillows under legs to float heels prn. Offer her additional blankets as needed and when the weather changes/per her request.  **Transfer:** CG is to boost Mary up to standing, grabbing her from the back; maintain contact while gaining balance; ensure she is steady, assist in transferring to ensure safety; do clothing adjustment and reposition PRN;  Check skin when able, report concerns to Dr. immediately.  **Repositioning:** CG is to reposition Mary every 2-3 hours day/night. Monitor pressure points daily; check for redness, blisters, and breakdown in skin; report concerns to Dr. immediately. Use pillow behind her back and pillow for legs/feet PRN.  **CG is instructed to monitor; assist and report any concerns or significant changes to the Dr. immediately. Call or text to report to AFH Provider Amy at (206) 345-6789 when she is not in the home.** |
| **EATING**  *How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  ☒ **Special Diet/Supplements:** ADA diet, monitor sugars. Honey thick fluids.  ☒ **Eating Habits:** small meals plus snacks  ☐ **Food Allergies:**  ☒ **Equipment/Supplies/Procedures:** High rim plate and bowls.  **Limitations:** Unable to feed self, cue to chew and swallow | **[Strengths and Abilities](#eating_res" \o " What kind of food does the resident like to eat? Do they have a special diet prescribed by their doctor? Do they need assistance eating or monitoring for choking? Do they require a soft diet or have any allergies? )**  Mary **prefers to** wear a shirt protector  Mary is currently unable to feed herself; unmotivated and requires feeding/ one-on-one, she will fall asleep during eating.  When CG lifts spoon, Mary will open her mouth. CG to cue her to chew/eat.  She will not drink water or clear liquid  **Anytime Home Health -** Speech Therapy; Modified diet, Honey thick fluids. (SEE NEXT PAGE FOR ST instructions PG. 16A; also keep a copy at the table during meals) | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider, DPOA, CM, etc.)  **[Assistance Required](#eating_pro" \o " What does the caregiver do to help the resident eat? Do they prepare meals or ask the resident what his/her preferences are? Do they provide assistance and if so, how?If a resident receives a supplement shake make sure they have been approved by the resident’s doctor first.)**  CG to grocery shop and prepare meals; ensure the food is soft and/or mashed;  CG will prepare meal; use a shirt protector and sit and feed her with a spoon. Bring spoon up to mouth to prompt Mary to eat. Ensure Mary swallows in between bites by cueing her to chew/eat; CG will allow Mary extra time to finish eating.  CG to use spoons; CG to use high rim plate or bowels.  Only feed if she is alert and oriented. Maintain her in an upright position (try at least 90\* when eating or drinking) Give small frequent meals. Alternate small bites then small sips of honey thick fluids. Color liquid with juice, etc.to encourage her to drink. Otherwise, she would only drink coffee. Use a teacup or coffee mug to encourage her to drink.  Monitor Mary for pocketing of food; ensure she has swallowed, and mouth is clear. Document intake: note significant changes and report concerns to Dr. immediately.  **CG is instructed to prepare; monitor; and feed Mary. Report any concerns or significant changes to the AFH Provider Amy at (206) 345-6789.** |
| **TOILETING/CONTINENCE ISSUES**  *How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  **Frequency/How Often:** Every 3-4 hours  Continence Issues:  ☒ **Bladder Incontinence**  ☒ **Bowel Incontinence**  ☒ **Skin care due to bowel/bladder incontinence:** Barrier cream PRN  **Equipment/Supplies/Procedures:** grab bars; extra-large bathroom. Uses briefs, wipes, gloves, bed pads.  **Soundview Medical Supply**  **206- 898-3456**  **Deliveries monthly diapers, suppliers**  **Limitations:** Resistive to toileting tasks | **[Strengths and Abilities](#toilet_res" \o " Explain what needs to be done to toilet the resident.  Can they assist in the process?  How does the resident prefer to toilet (bedside commode, bathroom)? Does the resident require special equipment such as a Hoyer?If incontinent, how often?  Does the resident wear incontinent care products, or do they prefer to wear clothes and change if wet? Does the resident have a potential for skin breakdown due to incontinence? Can the resident complete his/her own incontinent care?  If resident can assist with peri care, what can they do?)**  No preferences stated, Mary is resistive to toileting tasks and cleaning up incontinent episodes.  Mary is fully dependent on all toileting needs. Has/uses briefs, wipes, gloves, bed pads.  Mary currently uses the toilet. Her incontinence has increased, and she is resistive to toileting.  She has a history of chronic UTIs (urinary tract infections). | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider, DPOA, CM, etc.)  [**Assistance Required**](file:///C:\Users\CaryD\Documents\Custom%20Office%20Templates\do#toilet_pro)  Mary requires a 1-person assist with toileting and incontinence needs.  CG is to call and report concerns to Dr. immediately. Give medications as prescribed and encourage fluids.  CGs to assist Mary with toileting, and encourage a toileting schedule every 3-4 hrs. to check/change undergarments; during the day and at night.    CG to do peri care PRN; change briefs/undergarments when needed; do regular skin checks and report concerns to Dr. immediately; use barrier cream PRN; do clothing adjustments PRN.  Monitor pressure points daily; check for redness, blisters, and breakdown in skin.  CG is to monitor for UTI’s:   * Cloudy urine * Odor from urine * Abnormal or colored discharge * Possible confusion or anxiety * Possible weakness/lethargic * Blood in urine   **CG is instructed to cue; monitor; assist and report any concerns or significant changes to the Dr. immediately. Call or text to report to the AFH Provider Amy at (206) 345-6789** |
| **DRESSING**  *How individual puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  **Equipment/Supplies/Procedures:** compression wraps  **Limitations:** Her strength and abilities fluctuate and have declined. | **[Strengths and Abilities](#dress_res" \o " What assistance does the resident require for dressing? Can they complete the task by themselves? Do they require stand by, minimal, total assist?  Does the resident have special equipment (shoe horn, grabber device)? Do they require set up of these items for use?)**  Mary prefers to be dressed while she is on her sofa/chair. She prefers loose clothing; long sleeves; easy to pull on. She prefers to wear socks indoors (CG will ensure they are non-skid) and will wear shoes and socks for outings.  Dependent on dressing tasks; 1-person assist due to general weakness, cannot lift hands above head. She has right hand tremors, poor hand/eye coordination and no fine motor control. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#dress_pro" \o " If the resident requires assist, how many staff are needed?  If the resident requires set up, should the staff stay in the room or just check on the resident periodically?  What does the caregiver do to help the resident dress?Make a note of any special preferences resident has, such as 'no sweatpants,' 'likes to wear a sweater at all times')**  CG will assist Mary to pick out appropriate clothing, offer 2 choices; CG to hold up limbs, guide body parts and fully dress upper/lower extremities. Ensure she is wearing non-skid socks.  Monitor pressure points daily and under her breasts, apply ointments/powders/creams as directed; check for redness, blisters, and breakdown in skin; report concerns and significant changes to the Dr. immediately.  CG will apply compression wraps as directed. They will go on in am (off/on for showers) and off at night. Washed daily.  **CG is instructed to perform dressing tasks; report any concerns or significant changes to the AFH Provider Amy at (206) 345-6789 immediately.** |
| **PERSONAL HYGIENE**– *How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  ☒ Own teeth ☐ Partials ☐ Dentures  **☒ Oral Hygiene** (including dentures):  ☒ Flossing  ☒ Brushing  ☐ Soaking  **☒ Hair Care:**  **☐ Menses Care:**  **When/how often:** Twice daily and PRN  **Equipment/Supplies/Procedures:**  **Limitations:** Mary does notopen her mouth wide or oral hygiene tasks. | **[Strengths and Abilities](#PerHyg_res" \o " What hygiene tasks, such as brushing teeth, cleaning dentures, brushing hair, washing face, grooming self, shaving can the resident do independently or need some help with? Can resident do tasks independently if needed items are set up?)**  Mary is unaware of unaware of hygiene need s and did not specify any preferences.  Unaware of hygiene needs;  She has her own teeth; CG will brush two times per day and cue her to spit. She is unable to hold/grip toothbrush without dropping.  She is resistive to hygiene tasks. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#PerHyg_pro" \o " What will staff need to do to assist resident with brushing hair, brushing teeth, cleaning dentures, shaving, putting on makeup?  Do staff set up items and cue resident or do staff complete the task for the resident?  Does resident have beard or moustache they want to keep?  How will staff assist in grooming facial hair if resident does not want it shaved off?Does resident have any special personal care items  or brand/product preferences the resident  likes to use (favorite shaving cream, certain type of brush, favorite toothpaste)?  Who will provide this if it is not an item normally offered by your AFH?)**  CG brushes Mary’s teeth 2 x’s daily after breakfast in AM and dinner PM; floss as able.  CG is to set-up, announce tasks as preformed and assist all hygiene tasks; cue and show her how to wash her hands and CG wash her face daily.  Keep a routine; bed baths daily to wash face/armpits and perineum area. Comb hair and keep fingernails trim and clean.  Monitor under breasts for redness/rash and monitor pressure points daily; check for redness, blisters, and breakdown in skin; report concerns and significant changes to Dr. immediately.  **CG is instructed to cue; monitor; perform tasks and report any concerns or significant changes report to AFH Provider Amy at (206) 345-6789 immediately.** |
| **BATHING**  *How individual takes full-body shower, sponge bath, and transfer in/out of tub/shower*  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  **When/how often:** Once a week in the morning  **Equipment/Supplies/Procedures:** shower chair, hand-held shower, grab bars  **Limitations:** Requires 1 person assist, resistive to showers. | **[Strengths and Abilities](#bath_res" \o " Will resident prefer a bath or a shower? How often does resident prefer to bathe? Can resident do own bedside bath between routine showers?)**  Dependent on all bathing tasks; 1-person assist due to diminished strength, general weakness, and dementia. Mary is resistive to showers.  Mary will only agree to shower 1 x’s per week. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#bath_pro" \o " How will staff assist with bathing?  Stand by assist, total assist, wash resident's back but allow resident to do everything else?  Does the staff person need to be in the bathroom while resident is in shower/bath?How many times a week will the staff assist the resident with bathing?Include any special equipment staff will use such as shower chairs, transfer board, equipment to help resident reach feet or back , etc.)**  CG to keep bathroom at warm temp. prior to showering; set-up bathing needs/supplies; 1-person assist. Adjust temperature of water.  CG will sit Mary on the toilet (which is sanitized before shower) because she is more stable there and less resistive to shower. CG will wash head to toe. Dry, lotion from head to toe and dress.  Assess skin during shower; full body check; report concerns and significant changes to the Dr. immediately.  On days that Mary is not showering, CG will clean her peri area, under her arms and breasts and her legs daily (sponge bath daily).  CG will apply lotion to Mary daily.  **CG is instructed to cue; monitor; perform tasks and report any concerns or significant changes to the AFH Provider Amy at (206) 345-6789.** |
| **FOOT CARE**  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent    ☒  **[Foot Care:](#Foot_care" \o " Foot care for non-diabetic residents that may need nails filed, foot soaks, pads, protective booties, etc.    )** How Often: Daily  ☐  [Diabetic Foot Care](#Foot_care_Diabetic" \o " Diabetic foot care: Includes unskilled tasks such as keeping feet clean and dry, using tepid water to wash feet, drying feet well, especially between the toes, daily inspection of feet, toes and between toes for skin and nail changes (blisters, sores, swelling, redness or sore toenails), rubbing lotion on the feet (not between the toes), making sure client wears protective foot coverings (shoes or slippers), reporting to health care professionals any observed changes in skin or nails. Be sure to add the professional that will be involved.)  ☒ Nail Care  **When/how often:** PRN  ☐ [**Home Health Agency**](#Home_health_agency)**:**  **Equipment/Supplies/Procedures:**  **Limitations:** Unaware of needs | **[Strengths and Abilities](#body_res" \o " What are the resident’s needs for body care? For example, if they are assessed as having dry skin and they need to have lotion applied after each bath or incontinence episode, document it here. They may need to have a medication applied. If so, is there nurse delegation in place?Also, the resident may have dry skin and requires lotion, but they are able to apply it themselves. Be sure to say how this activity takes place.If the resident is diabetic? What is the plan around foot care?)**  Mary did not indicate any preferences; she is unaware of needs. | **Monitoring/Reporting significant changes and/or concerns:** Caregiver is to monitor the resident during the ADL, report concerns and significant changes immediately to relevant individuals (health care provider DPOA, CM, etc.)  **[Assistance Required](#body_pro" \o " If the resident has needs around body care, what are caregivers expected to do to help them? For example, this may say something like apply lotion to arms and legs after each bath.  Do you need to file toe/finger nails to keep them from getting long and breaking/chipping?)**  CG to check Mary’s feet daily and report to DPOA if she needs foot appointment. |
| **SKIN CARE**  ☐ Independent ☐ Supervision/Cueing  ☐ Assistance Needed ☒ Totally Dependent  ☒ **Skin Care -** How Often: PRN and with showers  ☐ **Status:**  ☒ **Skin Problems -** Describe: Has periodic rash and prescribed medications  ☐ **Status:**  ☐ **Pressure Injuries -** Describe: N/A  ☐ **Dressing Changes -** How Often: N/A  ☐ **Nurse Delegated**  **When/how often:** Daily skin checks; use PRNs; report concerns and significant changes to PCP immediately.  ☐ [**Home Health Agency**](#Home_health_agency)**:**  **Equipment/Supplies/Procedures:**  **Limitations:** Unaware of needs | Mary did not indicate any preferences; she is unaware of needs.  Mary will get periodic yeast/red rashes under her breasts and skin folds. | CG is instructed to apply lotion to Mary daily to keep skin supple. Use medications as ordered by the Dr. and follow RND instructions.  CG to do daily body/skin checks and report concerns and significant changes to the Dr. immediately  **CG is instructed to perform tasks and report any concerns or significant changes to the AFH Provider Amy at (206) 345-6789.** |

| **INSTRUMENTAL ACTIVITIES OF DAILY LIVING** | | **Resident Strengths And Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | | **Assistance Required**  **Who Will Provide, When And How** |
| --- | --- | --- | --- | --- |
| **MANAGING FINANCES**  ☐ Independent ☐ Assistance Needed ☒ Dependent  ☒ **Who Manages Finances:** DPOA  ☒ **Who Manages** **Financial Records:** DPOA  ☒ Payee Name and Contact information: Susan Doe – daughter/DPOA - 206-123-1234 | | **[Strengths and Abilities](#fin_res" \o " Does the resident keep their own money and handle their own accounts/checkbook? Is the resident working on a money management program with a goal of independence?)**  **Prefers to do independently:** Mary is unable to manage her finances, refer to her daughter/DPOA for financial matters | | **[Assistance Required](#fin_pro" \o " What will the staff do to assist the resident in managing the finances? If the home manages the resident’s funds, how will this be managed and monitored? How will the resident access funds if they need petty cash or need a bill paid?If the facility doesn’t manage the resident funds, how will the facility make sure resident can access funds in a timely fashion if they were to go on an outing or purchase items?  How will the facility assist the resident in keeping the funds/checkbook/bank statements/etc. safe?  )**  Provider to notify DPOA PRN for support |
| **SHOPPING**  ☐ Independent ☐ Assistance Needed ☒ Dependent  ☒ [**Special transportation needs**](#Trans_Special_needs)**:**  **How often/when:** PRN  **Equipment/Supplies/Procedures:**  **Limitations:** Unaware of need | | **[Strengths and Abilities](#shop_res" \o " How does the resident do their personal shopping? They may like to go with a family member or purchase special items. )**  Mary is dependent on others to shop for her. | | **[Assistance Required](#shop_pro" \o " Generally speaking, the AFH will provide most of the shopping for food, toiletries, etc. but some residents or their families may do some shopping. Explain how this happens for the resident.  )**  Provider/Staff do all of the shopping; will report to DPOA for personal needs not covered by the AFH. |
| **TRANSPORTATION**  ☐ Independent ☐ Assistance Needed ☒ Dependent  ☒ **Medical services:** Daughter/DPOADPOA  ☒ [**Special transportation needs**](#Trans_Special_needs)**:** Daughter/DPOA  ☒ Escort Required  **How often/when:** As needed  **Equipment/Supplies/Procedures:** Wheelchair  **Limitations:** Unaware of need | | **[Strengths and Abilities](#tran_res" \o " What are the resident’s transportation needs? Do they have a standing appointment or require special transportation? )**  Mary is dependent on others for transportation.  DPOA/Daughter sets-up and transports Mary to appointments. She coordinates the needs and dates/times with the provider Amy. | | **[Assistance Required](#tran_pro" \o " Generally speaking, the AFH is not required to provide transportation for residents. You do, however, need to coordinate transportation for the resident. Explain how transportation happens for the resident. For example, their family member may transport to medical appointments or they may use medical transportation services.  )**  Provider will coordinate with DPOA  CG is instructed to get Mary ready for appointments PRN. |
| **ACTIVITIES/SOCIAL**  *Social/Cultural considerations, traditions, or preferences*  Independent  Assistance Needed ☒ Dependent  Interests/Activities/Religious Activities:  ☒ Social/Cultural Traditions/Preferences: Westernized/traditional American holidays  ☒ Family/Friends/Relationships: Daughter, Susan  Employment Support: NA  Clubs/Groups/Day Health: NA  Special Arrangements: none  Participation Issues:  Emergency Numbers:  *S****ee face sheet in resident binder*** | | **[Strengths and Abilities](#ActSoc_res" \o " What activities does the resident like? Do they go to church on Sunday or meet with family at a particular time? Do they enjoy sitting outside or playing cards?  )**  Mary has a tendency to be anti-social. She prefers to stay in her room. She will spend time in the living room/common area of the home between breakfast and lunch to elevate her feet and discourage isolation.  Mary likes music and has been known to sing. She likes oldies like Frank Sinatra and Country music.  She also likes olden day movies, country/western movies.  Mary participates in Meaningful Day activities. | | **[Assistance Required](#ActSoc_pro" \o " What do caregivers do to assist the resident in their activities? Do they set up transportation or facilitate an activity? The directions may read something like 'Make sure Mrs. Johnson is up, showered and dressed for church on Sunday’s by 9:45.' )**  [Special Arrangements](#sp_arrange" \o "For example: arranging/scheduling  transportation/activities, etc.):  [Participation Assistance](#part_assist" \o "For example: accompanying/assisting a resident with an activity, ):  ~~CG is to encourage activities, use them as an~~ incentive ~~and rewards when she does what she has set out to do or when she meets her goals, to redirect her moods and undesired behaviors.~~  **Use person centered activities to identify resident goals, interests and redirect undesired behaviors.**  **Provider will help Mary access her country music that she enjoys.**    **CG is instructed to cue; monitor; assist and report any concerns or significant changes to the AFH Provider Amy at (206) 345-6789.** |
| **ACTIVITY PREFERENCES AT A GLANCE** | | | | |
| ☐ Reading book and/or magazines  ☐ Listening to audio books and/or podcasts  ☐ Storytelling  ☐ Phone conversation/visiting  ☐ Reminiscing  ☐ Current events  ☐ Discussion group  ☐ Bible study or church  ☐ Visitors | ☐ Gardening  ☐ Outings with family or provider  ☐ Visiting zoos and/ or spending time with pets and animals  ☐ Exercises/range of motion  ☐ Therapeutic Walking  ☐ Cooking or baking  ☐ House chore activities  ☒ Watching TV, movies, or favorite shows | | ☐ Parties and social gatherings  ☐ Arts and crafts  ☐ Table games, Bingo, cards, puzzles  ☐ Beauty time, beautician visit  ☒ Music appreciation/therapy/singing  ☐ Employment support  ☐ Community Integration  ☐ Other:  ☐ Other: | |
| Activity Narrative: | Mary is limited in her activities | | CG is able to set-up activities; turn on favorite movies/shows; play Mary’s favorite music | |
| **SMOKING**  ☐ Resident Smokes  ☐ Safety Concerns:  ☐ Smoking Policy reviewed with resident. Signed by resident and placed in their record  **Storage of Cigarettes/lighter:** | | **[Strengths and Abilities](#smoke_res" \o " Does the resident smoke? If so are they safe to smoke independently?)**  Mary does not smoke | | **[Assistance Required](#smoke_pro" \o " Do caregivers need to provide any assistance or supervision with smoking? )**  The Best AFH is smoke free |
| **CASE MANAGEMENT**  ☒ **Resident receives case management**  **Name/Agency:**  Jenny Penny, CM - HCS  **Phone:** 253-456-0098  **Email:**  **FAX:** | | **[Strengths and Abilities](#CM_res" \o " Does the resident have a case manager? If so, are they with DDA, RSN, HCS?)** | | CM/CRM will be contacted when:   * The resident needs assistive device or other services to meet their needs * When the provider need help with the care plan * Significant changes with the condition/needs that necessitate changes with the care plan |
| **OTHER ISSUES/CONCERNS/PROBLEMS** | | | | |
| **[NEGOTIATED CARE PLAN REVIEW](#NCP_Review" \o "Did you remember to include other topics that may be required, but are not included in the template such planning for: a service dog )** | | The resident will participate in their NCP development/reviews to the extent they are able. | | This NCP will be reviewed/revised:   * After an assessment for a significant change in the resident's physical or mental condition; * When the plan, or parts of the plan, no longer address the resident's needs and preferences; The AFH will update the NCP as things are updated or changed. * At the request of the resident or the resident representative; or * At least every twelve months. |

**Abbreviations used in this NCP:**

|  |  |  |  |
| --- | --- | --- | --- |
| ADL= Activities of Daily Living | DPOA = Durable Power of Attorney | MD = medical doctor | PCP = primary care physician |
| AFH = Adult Family Home | D/t = due to | MHP = mental health provider | PRN = As needed |
| CG = Caregiver | HCS = Home and Community Services | N/A = not applicable | PT = Physical therapy |
| CM/CRM = Case Manager | Hx = history | NCP = negotiated care plan | RND = Register Nurse Delegator |
| Dr. = Doctor | MAR = medication assistance record | OT = occupational therapy | ST = speech therapy  W/c= Wheelchair |

**Negotiated Care Plan Review and Approval**

**DATE OF ORIGINAL PLAN:** 01/31/2021

Dates of Review/

[Revision](#Revision" \o " WAC 388-76-10380Negotiated care plan—Timing of reviews and revisions.The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:(1) After an assessment for a significant change in the resident's physical or mental condition;(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;(3) At the request of the resident or the resident representative; or(4) At least every twelve months): 4/15/2021, 1/30/2022

| **[INVOLVED IN NCP DEVELOPMENT](#Involved_NCP_dev" \o " When developing the NCP, the AFH must: Involve the resident, their family if the resident requests, the resident’s representative if there is one, professionals involved in the care of the resident, other individuals the resident requested, and the CM/CRM for Medicaid clients. WAC 388-76-10370)** | **PERSON SIGNING/APPROVING PLAN** | | **SIGNATURE** | DATE\* |
| --- | --- | --- | --- | --- |
| ☒ Resident  ☒ Resident Representative ☐ Parent ☐ Health Professional  ☒ Other: Case Manager  ☐ Other:  ☐ Other: | [PROVIDER](#Prov_sig" \o "Signature Requreed - WAC 388-76-10375)  Amy Thomas | | Amy Thomas 2/1/2021 | |
|  | Amy Thomas | | Amy Thomas 4/15/2021 | |
|  | Amy Thomas | | Amy Thomas 1/30/2022 | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  | [RESIDENT](#Res_sig" \o "Signature Requreed - WAC 388-76-10375) Mary Resident | | (Mary is unable to sign) | |
|  |  | |  | |
|  | **RESIDENT REPRESENTATIVE**  Susan Doe/ DPOA | | Susan Doe 2/1/2021 | |
|  | Susan Doe/ DPOA | | Susan Doe 4/15/2021 | |
|  | Susan Doe/ DPOA | | Susan Doe 1/30/2022 | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| ☐ Resident verbally agreed to NCP – Date: (Mary is nonverbal) | | **☒** NCP sent to DSHS CM on**: 2/2/2021; 04/16/21; 01/31/22** | | |
| [Resident Recommendations:](#Res_Recommendations_NCP" \o "Document any NCP recommendations the resident has and the plan to address them.) No recommendations made | | | | |

\*Enter the date you **actually read** and agreed to the plan.