

Health Care / Service Plan for Category A/C Assisted Living Residents **Copy given to resident / legal representative: YES (date):** _____

Resident Name: _____ Emergency Contact Name and Number: _____

Physician (name, telephone, and address): _____

Advanced Directive / Living Will / POLST / DNR (etc): NO YES Type? _____ Date included in resident file: _____

Date of Initial Health Care / Service Plan (within 21 days of admission to Category C status): _____ 60 Day Review: _____

Quarterly Reviews: _____ Change of Condition Reviews: _____

What is the service to be provided?	Who will provide the service?	When will the service be provided?	Where and how often is the service provided?	Changes to the service (with dates), and reasons for those changes.	Desired outcomes, and means to measure them (if appropriate).	Additional information.

In addition to the above Service Plan, the following Health Care Plan issues specific to Category C residents must be addressed:

	Detailed Assessment of:	Therapeutic Management of:	Intervention Techniques for:
MEMORY			
JUDGEMENT			
ABILITY TO CARE FOR SELF			
ABILITY TO SOLVE PROBLEMS			
MOOD AND CHARACTER CHANGES			
BEHAVIORAL PATTERNS			
WANDERING NEEDS			
DIETARY NEEDS			

Caregiver / Staff signatures

Additional Care Notes

(Caregiver orientation to Service Plans may be documented here, or in the Employee File)

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