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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 Adams | **Today’s Date:**  01/03/2024 | Moved In Date:  12/10/2023 | [Date Completed](#Date_comp" \o "Must be completed within 30 days of admit):  12/31/2023 | | Date Discharged: |
| Resident’s Name: Roxie Doe  Pronouns: She/her | Date of Birth/Age  03/23/1983 – Age: 41 | Primary Language: English  Understands English? Yes  Interpreter Needed? No | | **ALLERGIES**  Lamotrigine; Sulfa medications | |
| Legal Documents:  No  Advanced Directives  POLST Form  Other: DPOA/Sister  Specialty Needs:  No  Yes  Dementia: Other than Alzheimer’s  Mental Health: Anxiety disorder; Depression  Developmental Disability (Autism Spectrum Disorder, Intellectual Disability)  Other: Insulin dependent; poor vision | **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 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.  **EVACUATION INSTRUCTIONS:** Caregiver instructed to cue Roxie to evacuate in any emergency as she often lacks awareness, or at times will freeze in emergencies and be unaware of the need to evacuate. If needed, provider will physically guide Roxie out of the AFH. | | | | |
| **MENTAL/PHYSICAL HEALTH - CURRENT MEDICAL STATUS/DIAGNOSIS** | | | | | |
| **Anxiety, Bipolar disorder, diabetes (IDDM), Epilepsy, Gastroesophageal Reflux Disease (GERD), Intellectual Disability, Autism Spectrum Disorder, ADHD** | | | | | |

[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))

[Falls (Bed)](#Fall_bed2)

[Finances](#fin2)

[Foot Care](#Bod_care2)

[Health Indicators](#health_indicators2)

[Left Alone](#Left_alone2)

[Medication Management](#Med_man2)

[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 | Sister/Guardian-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)* |
| 1. Amy Adams | Amy Adams’s AFH | (123)123-1234 | (987)987-9876 |  |
| 1. John Jobbs | Job Coach - Employment 1st | 253-456-2515 | 253-534-3543 | *John.j@employment1st.org* |

| **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:** Roxie struggles to communicate verbally and mostly makes verbal noises, uses gestures or physically points at what she wants.  Equipment: She is not able to use assistive technology  **Equipment:** None | **How resident makes self-understood:**  Roxie is non-verbal and uses body language like gestures or will point at what she wants. She can shake her head “yes” or “no.”  **How resident understands others:**  Roxie is able to understand what is said to her if people speak clearly and slowly.  [**Strength and Abilities**](#Speech_res)  **Speech:** Roxie is mostly non-verbal but is able to text “help” to 911.  **Hearing:** Roxie hears very well and is aware of sounds  **Vision:** Roxie needs vision correction and wears eyeglasses. Regular vision appointments are needed.  **Phone:** Roxie us unable to use the phone on her own to speak but can text a few words and can use the phone to surf the internet. | **[Assistance Required](#Speech_pro" \o )**  **Speech/Hearing:** CG is instructed to learn and understand Roxie’s gestures and body language. Offer choices and anticipate needs.  **Speech/hearing:** CG will read Roxie’s body language and cues, anticipate needs, and learn Roxie’s gestures to better understand non-verbal communication.  **Vision**: Roxie requires glasses and needs reminders to clean them. AFH provider or staff should ensure that she cleans her glasses regularly and schedule appointments on a yearly basis to check vision.      **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 GU/NSA, medical professionals, etc. The AFH CG or AFH Provider will set up face time/video chats with her GU/Sister. Sister 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:**  **Equipment:** |
| Yes  No **Problems with Vision**  **Describe**:  **Equipment:** Glasses |
| **Ability to Use the Phone**  Independent  Assistance Needed  Dependent  Resident has own phone, number: 206-641-6542 |
| **Preferred Language: English** |

| **[MEDICATION MANAGEMENT](#Med_man" \o "Medications WAC 388-76-10430 through 388-76-10490) - Overview** | |
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| **MEDICATION ALLERGIES:** Lamotrigine; Sulfa medications.  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 Ander, RND * **Phone:** (123) 222-9000 * **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**  Roxie is willing to take medications and is aware of the need. Roxie is able to swallow pills whole but is unaware of dosages.  If medications are handed to Roxie in a cup, she can take them and swallow them with water.  Requires assistance; has Nurse delegation (RND) in place for orals, diabetic needs, and topical medications.  Unaware of dosing, 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:** Wild is unaware of dosages or of the correct medications to take. Roxie lacks awareness of which medications he took or did not take. Provider will keep a Medi-set and monitor which meds were taken  Aware of the need to take medication but lacks awareness of dosage. He also has poor hand-to-eye coordination and needs support opening the bottle.  **ADMINISTRATION**  Caregiver (CG) will hand medications to Roxie in a cup; f/u with liquid immediately and cue to swallow.  CG monitor her taking pills and will record in a log.  **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. * Roxie refuses to take medications * Roxie complains of pain. * There is a change in/loss of consciousness; dyspnea (SOB). * Roxie expresses hopelessness and desire for end of life. * There is a medication error. * Roxie 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 physician, AFH provider Amy, and guardian, Susan immediately.  at 206-123-1234. |
| **[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 medication and clear instructions to Roxie’s attendant/Guardian** | **Strengths and Abilities**  Roxie can swallow medications | **[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 GU/attendant or NSA |
| **[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 and explaining the need. Attempt 3 x’s in an hour, document refusal in MAR and contact PCP and GUARDIAN.** | **Strengths and Abilities**  Roxie will eventually accept medication if she understands the need. | **Assistance Required**  [Attendant](#attendant" \o "An attendant could be anyone accompanying a resident on an outing outside of the AFH. The attendant could the provider accompanying to a community engagement family member taking the resident out on an outing, a job coach, friend, etc. ) will call AFH provider or guardian if help is needed. CG to monitor Roxie 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:** Roxie occasionally has pain and will express with behavior and gestures  **Health indicators with her current medical status are** edema, history (Hx) of recurrent infections; physical/mental function/abilities fluctuate. | **Assistance Required**  **Pain:** C/g should monitor for changes in Roxie’s behavior or for any deviation from baseline, give PRN OTC meds as needed for pain. If significant pain is evident, contact PCP 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: lamotrigine, sulfa meds** | **Reaction:** sulfa meds – skin irritation  Lamotrigine: Stevens-Johnsons Syndrome |

| **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:** Roxie has insulin dependent diabetes; blood glucose monitoring ordered 4 times daily before meals and once before bedtime; insulin as prescribed.  **Leg wraps:** Roxie is prone to edema; her legs will swell and push fluid. She frequently needs her legs wrapped; 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 AFH provider, Amy/Dr. immediately. Call 911 when there are concerns or if she loses consciousness.  **Eyes:** C  **Leg wraps:** CG is to apply her leg wraps in the morning if legs are swollen, 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 – 206-345-6789) guardian/PCP as needed.** |
| **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 |  |
| **Interventions**  Meaningful Day | **Roxie is participating in AFH Meaningful Day**   * **Roxie enjoys the following:** * **Bowling, gardening, YMCA for swimming & basketball, reading, going to the library, and twice monthly trips to the mall. She enjoys music in her room at a quiet volume when in distress** | AFH provider will use Meaningful Day funds to pay for bowling trips at least 2x/month, to pay for YMCA membership for swimming & basketball, and for gardening supplies. Provider will coordinate ACCESS rides to the library and to the mall and will accompany Roxie to YMCA, the mall, and to bowling to provide support with ADLs and behavior. Provider will assist Roxie with gardening tasks as needed |
| **[Physical Enablers](#physical_enabler" \o "Does the resident use any assistive devices such as bedrails, trapeze, transfer pole, walker, wheelchair, etc.?): Roxie is usually able to engage in most activities w** | **Strengths and Abilities: Roxie enjoys being active and requires minimal support (supervision & behavioral support is needed)** | **[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**  **Roxie requires space when refusals occur.** | **Strengths and Abilities** | **[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 Roxie’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, provider choices for alternate activities or allow her time in her room with quiet music. |

| **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:  **Roxie has a history of bipolar disorder and has seen a mental health specialist in the past as needed for medication management.**  **Sleep:** Roxie has/uses medication interventions for insomnia.  **ST/LT memory:** Roxie but appears to remember things that occurred a long time ago. She remembers people she meets but not medications she took.  **Decision making:** Roxie makes poor decisions; unaware of consequences; has made impulsive decisions related to ADL’s and is unaware of consequences.  **Resistive**: Roxie can be resistive to her hygiene, toileting, showering, eating ADL’s. She will stiffen up or sit on the ground, refusing to assist c/g with the task while shaking her head.  **Depression:** Roxie has a history of depression/anxiety which was later diagnosed as bipolar; has/uses medication; dosage just increased 01/25/21.  **Anxiety:** Roxie 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:** N/A  **Repetitive movements:** she will fidget with hands, move objects in front of her and chronically grind her teeth**.**  **Delusions:** NA  **Mood swings:**  she will have outbursts that are not easily altered due to her bipolar. She has become very anxious and will cry.  **Easily irritable/agitated**: due to her bipolar disorder 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, GUARDIAN, 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 Roxie 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 Roxie 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. Roxie likes choices. The Provider will defer to Roxie’s Sister/GUARDIAN for complex decisions and paperwork matters.  **Resistive:** CG is to give gentle cues and reminders; approach Roxie gently; encourage her to cooperate; give her a break when needed then reapproach her. Always offer choices. Report refusal of medications more than one day to Dr. and RND immediately.  **Depression:** CG is to monitor Roxie for signs of depression (in combination or increase): CG is instructed to give medications as prescribed by the Dr.  Watch for instances of **sadness,** 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 AFH provider Amy, to GU, and to Dr. immediately.**  **Anxiety:** CG will try to redirect with conversation or engage Roxie 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. Roxie enjoys quiet music when distressed. If still anxious then give PRN medication and document in MAR. Report concerns and significant changes to the Dr. immediately.    **Repetitive movements:** simplify environment; Give gentle cues/reminders; plan/organize/correct daily routine; extensive assist with all ADL’s if not total assist. Give Roxie activities to redirect behaviors.  **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 Roxie activities to redirect behaviors, offer a quiet space with music.  **CG is instructed to monitor and assist; report concerns and significant changes to AFH Provider Amy (987)987-9876, and Dr. immediately**. **Call or text to report to guardian if needed.** |
| 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))   * Wellbutrin: Depression * clonazepam: anxiety * quetiapine: mood stabilizer * Other:   + Hydroxyzine: Insomnia   Behavioral Health Support Crisis Plan (See attached crisis plan)  Counseling  Mental Health Provider (MHP): Sound Health |  |  |
| **DSHS Specialized Behavioral Programs:**  Meaningful Day  Expanded Community Services  (HCS ONLY)  Specialized Behavior Services (HCS ONLY)  Mental Health Provider/Program  Contact info: | She has qualified for Meaningful Day activities:   * Listen to music (Sinatra/country) * bowling * basketball * Spa Day (manicure/pedicure) * Gardening * Going to the library * reading | AFH provider will use Meaningful Day funds to pay for bowling trips at least 2x/month, to pay for YMCA membership for swimming & basketball, and for gardening supplies. Provider will coordinate ACCESS rides to the library and to the mall. Provider will assist Roxie with gardening tasks as needed |
| **Narrative (optional) – What does a typical day look like?** Roxie enjoys the company of others despite being non-verbal. Roxie prefers to stay fairly active and engaged in physical activities, she loves spending time with her provider. | | |

|  |  |  |
| --- | --- | --- |
| **Left Alone** | **Resident Strengths and Abilities**  **Prefers To Do Independently**  **Preferences and Personal Goals** | **Assistance Required**  **Who Will Provide, When, And How** |
| **What level of monitoring does client require during awake hours?**  [ ] [Monitoring](#Monitoring" \o "Resident can be left unattended for several hours at a time (2-4 hours) to engage in independent activities, but needs access to a support person daily for guidance or personal care assistance.) (half-day, unstructured)  [x ] [Close Proximity](#CloseProx" \o "Resident can be left unattended for short periods of time (1-2 hours), provided that the environmnet is strictly structured and that a support person can respond quickly in an emergency situation.) (1-2 hours, structured)  [ ] [On site](#OnSite) (on property)  [ ] [Line of sight/Earshot](#LineSightEarshot" \o "Resident cannot be left unattended. Requires a support person within the room or within earshot of the resident's location at all times during awake hours.) (close observation) | **Strengths and Abilities**  Roxie can text 911 and get support from people in an emergency and can solve minor issues with remote assistance/texting. | **Assistance Required**  Caregiver should be able to respond quickly and provide familiar instructions. CG should only leave Roxie unattended for up to one hour in a structured environment. CG should be able to respond immediately in an emergency. |

| **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**  Roxie can wash hands with encouragement and gentle cues/reminders.  **Roxie has had all COVID-19 vaccinations and boosters and had a flu shot in 2023**  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. |

| **CTIVITIES 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 Roxie is wearing no-skid socks, if she isn’t wearing shoes.  **Is resident safe to have a lock on the door?**  ☒ No  ☐ Yes  No door lock: a door lock may impede rapid access to the resident by the CG in the case of an emergency. Roxie and GUARDIAN agree that a lock on the door would be unsafe.  **Equipment/Supplies:** Eyeglasses  **Vendor:**  **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. )**  Roxie . When walking in the room, Roxie can be unsteady and may need reminders to watch where she is going.  **(Reference AFH Evacuation Plan)**  Roxie.  Roxie often trips and falls and benefits from physical support if she falls (CG will ensure she is wearing non-skid socks and that shoes are tied).  **Deterioration:** Roxie has limited visual abilities and needs glasses. Roxie has an unsteady gait and may fall while trying to exit, especially if nervous.  Roxie has poor balance, poor hand/eye coordination, unsteady gait. | **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 GUARDIAN, 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 assist with maneuvering with limbs if needed.  CG will keep pathways clear, clutter free and well lit.  CG will ensure Roxie 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 (987)987-9876 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 – n/a.  Roxie is independent in this area.  ☒ Safety assessment, alternatives explored; how to keep resident safe:  ☒ Risks for falls: Moderate  ☒ Fall prevention plan: keep her night 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)**  Roxie has a nightlight in her room at night. It helps her see if she needs to get up.  **Transfer**: Roxie occasionally requires assistance with standing, balance, steadying and transfer. She has an unsteady gait and general weakness.  **Repositioning:** N/A. Roxie can turn/reposition independently | **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 GUARDIAN, 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.  **Nighttime Care Needs:** Roxie is fairly independent at night but does have a call button.  **Bed:** CG is instructed to cue Roxie to change into night clothing; provide weight-bearing support for balance if needed as Roxie sometimes struggles with balance while changing clothing. C/g will do skin checks. Offer her additional blankets as needed and when the weather changes/per her request.  **Transfer:** C/g to monitor Roxie when transferring and provide occasional weight-bearing support if needed while gaining balance; ensure she is steady, assist in transferring to ensure safety; do clothing adjustment and reposition PRN.  **Repositioning:** N/a  **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 (987)987-9876 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:** Roxie requires cues to eat slowly & should be monitored for choking. No physical assistance with eating is required, but caregivers must cut her food for her and cue her to slow down. | **[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? )**  Roxie **prefers to** wear a shirt protector  Roxie can feed herself but eats very quickly and lacks coordination. High rim plates are beneficial and assist with keeping food on the plate.  Cues are needed to chew food thoroughly to prevent choking.  She will not drink water or clear liquid and prefers soda, reminders/encouragement is needed to drink water.  **Anytime Home Health -** Speech Therapy; (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, GUARDIAN, 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 cut into bite-sized pieces.  CG will prepare meal; use a shirt protector, cut food into small pieces, cue to chew food thoroughly, monitor for choking, remind her to slow down if eating too quickly. Ensure Roxie swallows in between bites by cueing her to chew/eat;  CG to use high rim plate or bowels.  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 water if tolerated. Color liquid with juice is preferred to encourage her to drink. Otherwise, she would only drink soda.  Monitor Roxie for pace of eating, 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 monitor Roxie. Report any concerns or significant changes to the AFH Provider Amy at (987)987-9876.** |
| **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 assistance with 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, Roxie is resistive to toileting tasks and cleaning up incontinent episodes.  Roxie requires peri-care assistance after a bowel or bladder movement. She has bladder incontinence and is resistant to wearing attends.  Roxie currently uses the toilet. Her incontinence has increased, and she is resistive to assistance although there is a need.  She has a history of chronic UTIs (urinary tract infections).  **Roxie can use the toilet and is aware of the need to eliminate her bowel.** | **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, GUARDIAN, CM, etc.)  [**Assistance Required**](file:///C:\Users\CaryD\Documents\Custom%20Office%20Templates\do#toilet_pro)  Roxie requires a 1-person assist with toileting and incontinence needs, mostly around peri-care.  CG is to call, and report concerns to AFH Provider **Amy at (987)987-9876.** If major changes occur, callDr. immediately. Give medications as prescribed and encourage fluids.  CGs to assist Roxie 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 AFH Provider Amy at (987)987-9876 or the Guardian, and/or PCP immediately.** |
| **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:**  **Limitations:** Roxie is unaware of how to dress for the weather and requires physical assistance with buttons, zippers, and clasps on her bra. | **[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?)**  Roxie prefers to try to dress herself but is often unaware of how to dress for the weather and needs prompts/cues to wear weather appropriate clothing. Roxie needs physical assistance from c/g when fastening her bra, putting on shirts with buttons, and can lose her balance when tying shoes and may need c/g to steady her balance.  Dependent on dressing tasks; 1-person assist due to limited fine motor skills. She has right, poor hand/eye coordination and issues with balance when tying her shoes. Velcro shoes or slip on are preferred. | **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 GUARDIAN, 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 Roxie to pick out appropriate clothing, always offer 2 choices and physically assist with zippers, clasps, buttons, and assist with balance when tying her shoes.  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 is instructed to perform dressing tasks; report any concerns or significant changes to the GU/GUARDIAN 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: Roxie can put on her own sanitary napkins bur benefits from reminders to change & properly dispose of used napkins.**  **When/how often:** Twice daily and PRN  **Equipment/Supplies/Procedures:**  **Limitations:** Roxie does notopen her mouth wide for oral hygiene tasks and can be resistant to oral hygiene tasks, particularly flossing. | **[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?)**  Roxie is unaware of hygiene needs 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 resistive to Support with hygiene tasks although she benefits from reminders to regularly change her sanitary napkins and properly dispose of them. She prefers female caregivers when it comes to menses care. | **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 GUARDIAN, 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 Roxie’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 model how to wash her face.  Keep a routine; give choices to Roxie about which hygiene task to perform next. Encourage Roxie to wash face/armpits and perineum area. Provide reminders and occasionally physical assistance with combing hair. allows assistance to keep her nails trim.  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 (987)987-9876 immediately, and guardian.** |
| **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:** Roxie showers every other day.  **Equipment/Supplies/Procedures:** Hand-held shower, grab bars.  **Limitations:** Requires 1 person assist, occasionally resistive to showers, unaware of the need to clean certain body parts, unable to reach certain body parts | **[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 balance issues, inability to reach certain areas, and occasional unwillingness.  Roxie cannot reach certain areas of her body, lacks awareness of the need to clean certain areas of her body and requires physical assistance from c/g. | **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 GUARDIAN, 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.  C/g will remind Roxie that it’s time to shower and provide encouragement. C/g to ensure Roxie’s preferred shampoo is available to prevent resistance. C/g will allow Roxie to perform tasks independently as able, will encourage Roxie to wash private areas as Roxie lacks awareness, then will wash areas Roxie cannot reach. C/g will encourage Roxie to dry, apply lotion from head to toe and will then assist Roxie to dress.  Assess skin during shower; full body check; report concerns and significant changes to the Dr. immediately.  CG will apply lotion to Roxie daily.  **CG is instructed to cue; monitor; perform tasks and report any concerns or significant changes to the AFH Provider Amy at (987)987-9876 and Guardian/ PCP as needed.** |
| **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?)**  Roxie 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 GUARDIAN, 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 Roxie’s feet daily and report to GUARDIAN 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 | Roxie did not indicate any preferences; she is unaware of needs.  Roxie will get periodic yeast/red rashes under her breasts and skin folds. | CG is instructed to apply lotion to Roxie 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 AFH Provider Amy at (987)987-9876 and guardian/ /PCP immediately.** |

| **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:** GUARDIAN  ☒ **Who Manages** **Financial Records:** GUARDIAN  ☒ Payee Name and Contact information: Susan Doe – sister/guardian - 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:** Roxie is unable to manage her finances, refer to her Sister/GUARDIAN 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 GUARDIAN 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. )**  Roxie enjoys shopping but requires full support making purchases with cash. Roxie has a debit card but GUARDIAN oversees management of the card. Roxie needs assistance making purchases with the debit card. | | **[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/CG to accompany Roxie while shopping and will oversee purchases made with debit card. Roxie typically doesn’t have cash. |
| **TRANSPORTATION**  ☐ Independent ☐ Assistance Needed ☒ Dependent  ☒ **Medical services:** AFH provider – Amy Poppins  ☒ [**Special transportation needs**](#Trans_Special_needs)**:** Sister/GUARDIAN  ☒ Escort Required  **How often/when:** As needed  **Equipment/Supplies/Procedures:**  **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? )**  Roxie is dependent on others for transportation.  AFH provider sets-up ACCESS rides or will transports Roxie to appointments. GUARDIAN will transport Roxie for special outings & will coordinate dates/times with AFH 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 GUARDIAN  AFH provider is instructed to get Roxie ready for appointments PRN, and coordinate with ACCESS for transportation if AFH provider is not providing transportation. |
| **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: Sister, 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?  )**  Roxie participates in Meaningful Day activities.  Roxie enjoys the following:  Bowling, gardening, YMCA for swimming & basketball, reading, going to the library, and twice monthly trips to the mall. She enjoys music in her room at a quiet volume when in distress  She also likes Disney and Pixar movies (Soul, Ants, Little Mermaid) | | **[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, ):  AFH provider will use Meaningful Day funds to pay for bowling trips at least 2x/month, to pay for YMCA membership for swimming & basketball, and for gardening supplies. Provider will coordinate ACCESS rides to the library and to the mall. Provider will assist Roxie with gardening tasks as needed.  \*\*Encourage providers to discuss who is paying for what (if activity or any part of the activity costs money\*  Use person centered activities to identify resident goals, interests and redirect undesired behaviors.  Provider will help Roxie access her country music that she enjoys.    CG is instructed to cue; monitor; assist and report any concerns or significant changes to guardian. |
| **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:  CG can set-up activities; turn on favorite movies/shows; play Roxie 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?)**  Roxie does not smoke | | **[Assistance Required](#smoke_pro" \o " Do caregivers need to provide any assistance or supervision with smoking? )** |
| **CASE MANAGEMENT**  ☒ **Resident receives case management**  **Name/Agency:**  Jenny Penny, CM - DDA  **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  CG = Caregiver | D/t = due to  GU = Guardian | MHP = mental health provider  N/A = not applicable | PRN = As needed  PT = Physical therapy |
| CM/CRM = Case Manager  Dr. = Doctor | HCS = Home and Community Services  Hx = history  MAR = medication assistance record | NCP = negotiated care plan  NSA = Necessary Supplemental Accommodation | RND = Register Nurse Delegator  ST = speech therapy  W/c= Wheelchair |
|  |  | OT = occupational therapy |  |

**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 Adams | | Amy Adams 2/1/2021 | |
|  | Amy Adams | | Amy Adams 4/15/2021 | |
|  | Amy Adams | | Amy Adams 1/30/2022 | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  | [RESIDENT](#Res_sig" \o "Signature Requreed - WAC 388-76-10375) Roxie Doe | | (Roxie is unable to sign) | |
|  |  | |  | |
|  | **RESIDENT REPRESENTATIVE**  Susan Doe/ Guardian | | Susan Doe 2/1/2021 | |
|  | Susan Doe/ Guardian | | Susan Doe 4/15/2021 | |
|  | Susan Doe/ Guardian | | Susan Doe 1/30/2022 | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| ☐ Resident verbally agreed to NCP – Date: (Roxie 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.