



Service Plan for:
Carine Schmitt

Printed: 6/28/2010
Richmond - North 1

This Service has been reviewed by the following:

Resident:

Responsible Party:

Administrator:

Health Services Director:

Program Director:

Other:

Date:



ADL Score Summary

Richmond - North 1

AdlNum	AdlName	AdlScore	Last Update	Updated By
01	Communication	0	3/4/2010	Bob Farrier
02a	Mobility	1	5/10/2010	Sydney Farrier
02b	Falls	1	5/10/2010	Sydney Farrier
03	Dressing	1	5/10/2010	Sydney Farrier
04	Grooming	2	5/10/2010	Sydney Farrier
05	Bathing	6	5/10/2010	Sydney Farrier
06	Continence	4	4/19/2010	Julia Morton
07a	Dining	1	5/10/2010	Sydney Farrier
07b	Substances	0	5/10/2010	Sydney Farrier
08	Activities	0	5/10/2010	Sydney Farrier
09	Cognition	2	5/10/2010	Sydney Farrier
10	Housekeeping	0	5/10/2010	Sydney Farrier
11	Health	13	5/10/2010	Sydney Farrier
12	Medication	8	5/10/2010	Sydney Farrier
29	Anxious, worried, agitated	1	5/13/2010	Julia Morton
52	Oxygen Use and care	2	5/10/2010	Sydney Farrier



01 Communication

for Carine Schmitt

What Resident Does	Carine has no hearing or vision loss / functions independently-
What Provider Does	Provide assistance with directions and/or aides as required.-
Hearing Assistance - none (0)	X
Hearing Assistance - Supervision (1)	
Hearing Assistance - Limited (2)	
Hearing Assistance - Extensive (3)	
Hearing Loss - R	
Hearing Loss - L	
Hearing Loss - Mild	
Hearing Loss - Moderate	
Hearing Loss - Severe	
Hearing Aid - R	
Hearing Aid - L	
Hearing Aid - Make	
Hearing Aid - Accommodation Needed	
Wears Glasses	X
Wears Contacts	
Legaly Blind	
Blind R	
Blind L	
Vision Assistance - none (0)	X
Vision Assistance -Supervision (1)	
Assistance Devices	
Assist with Mail Comm.	
Assist with Telephone Comm.	
Assist with Letter Writing Comm.	
No Comm. Assistance required (0)	X
Occasional Comm. Assistance required (1)	
Daily Comm. Assistance required (2)	
Other Comm. Needs	
Other Comm. Tools Needed	
Speech Impaired	
Not Speech Impaired	X
Describe Speech Impairment	



02a Mobility

for Carine Schmitt

What Resident Does	Carine ambulates independently-via walker requires supervision d/t syncope episodes and unsteady gait,
What Provider Does	No assistance required except supervision d/t unsteady gait report any changes in gait to charge nurse.
Assistance Needed - None (0)	
Assistance Needed - Supervision (1)	X
Assistance Needed - Limited (2)	
Assistance Needed - Extensive (4)	
Assistance Needed - Total (6)	
W/C escort	
2PersWeightBearing	
1PersNonWeightBearing	
One Person	
Two Person	
Yes	
No	
Walker	X
Cane	
Prosthesis	
W/C	
Brace	
Other Devices	
Transport / escort Needs	
Preferences	



02b Falls

for Carine Schmitt

What Resident Does	05-01-06 Carine is much more steady on her feet now. No falls since 8/17/05. Changes in medication have reduced episodes of syncope. Fall risk decreased.
What Provider Does	Provide supervision and assistance as needed for transfers and ambulation. Ensure that pathways are clear and resident has appropriate aids.
Fall Risk - Minimal (0)	
Fall Risk - Limited (1)	X
Fall Risk - High (2)	
Has History of Falls	
Date of last fall	8-17-05
Cause of last fall	
Limited Safety Awareness	
Weakness	
Medications	
Urinary urgency	
Foot impairment	
Balance	X
Vision deficit	
Other Factors	



03 Dressing

for Carine Schmitt

What Resident Does	Carine is able to put on clothes, but needs limited assistance with shoes, fasteners and cuing to complete task-
What Provider Does	Select clothing, provide cuing, encourage Carine to participate as able, provide limited hands on assistance to complete task.
Assistance Needed - None (0)	
Assistance Needed - Supervision (1)	X
Assistance Needed - Limited (2)	
Assistance Needed - Extensive (4)	
Assistance Needed - Total (6)	
AM	X
PM	X
Other	
Day Preferences	
Night Preferences	



04 Grooming

for Carine Schmitt

What Resident Does	Carine requires cuing and limited hands on assistances to complete all grooming tasks- Enjoys wearing jewelry and make-up.
What Provider Does	Provide cuing and limited hands on assistance for Carine to complete task.- Assist with make-up as needed
Assistance Needed - None (0)	
Assistance Needed - Supervision (1)	
Assistance Needed - Limited (2)	X
Assistance Needed - Extensive (3)	
Assistance Needed - Total (4)	
AM	X
PM	X
Other	
Oral Care: Own teeth	
Dentures: Upper	X
Dentures: Lower	
Dentures: Partial	
Preferences	Prefers slacks and wants to look well coordinated.
Nail care provided by	caregiver
Hair care provided by	salon
Salon Frequency	weekly
Shaving	



05 Bathing

for Carine Schmitt

What Resident Does	Carine is able to bathe arms, legs, private areas when cued. She needs limited assistance in getting in and out of the whirlpool and assistance in bathing back, lower extremities and drying. Carine has very oily hair which must be shampooed with special shampoo with each bath.
What Provider Does	Provide limited assistance of one in and out of the whirlpool. Give Carine a washcloth and encourage/cure her to accomplish as much of the bathing task as she can. Assist her in completing the task, bathing lower extremities, back, and shampooing hair with the Selsum Blue shampoo. Monitor skin and report any skin concerns to charge nurse. Apply lotion to damp skin .
Assistance Needed - None (0)	
Assistance Needed - Supervision (1x)	
Assistance Needed - Limited (2x)	X
Assistance Needed - Extensive (3x)	
Assistance Needed - Total (4x)	
Shower	
Bath	X
AM	X
PM	
Baths per Week	3
Preferences	Selsum Blue shampoo Advanced skin care lotion
Shower bench	
Hand held shower	
Grab bars	X
Lotion	X



06 Continence

for Carine Schmitt

What Resident Does	Carine requires cueing, reminders, and directions to toilet. Able to manage hygiene and clothing independently most of the time.
What Provider Does	Provide reminders, cuing and supervision with toileting for Carine. Assiste with hygiene as needed.
Assistance Needed - None (0)	
Assistance Needed - Supervision (2)	
Assistance Needed - Limited (4)	X
Assistance Needed - Extensive (6)	
Assistance Needed - Total (8)	
Assist Only at Night	
Bowel Incontinence	
Bladder Incontinence	X
Frequency of Care	prn
Toileting Schedule	2
Equipment/Supplies	pull-ups provided per creekside
Preferences	



07a Dining

for Carine Schmitt

What Resident Does	Carine is independent with dining, Requires set-up.
What Provider Does	Set up only. Monitor for adequate nutrition and hydration. Report less than 50% eaten.-
Assistance Needed - None (0)	
Assistance Needed - Supervision (1)	X
Assistance Needed - Limited (3)	
Assistance Needed - Extensive (6)	
Assistance Needed - Total (9)	
Diet: Regular	X
Diet: Renal	
No Added Salt	
Mech. Soft	
Low Conc. Sugar	
Choking Risk	
Other diet requirements	
General Appetite	good
Weight	154
Food Allergies	nka
Special Equipment	none
Preferences	likes everything
Dislikes	none

Carine Schmitt



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07b Substances

for Carine Schmitt

What Resident Does	Not applicable-
What Provider Does	Not applicable-
Smokes	
Does not Smokes	X
Frequency	
Smoking Assistance - None	X
Smoking Assistance - Supervision	
Smoking Assistance - Limited	
Smoking Assistance - Extensive	
Smoking Safety Concerns	
Uses Alcohol	
does not Use Alcohol	
Alcohol frequency	



08 Activities

for Carine Schmitt

What Resident Does	Carine needs reminders and escorting to activities, but able to participate independently. She enjoys most any activities
What Provider Does	Provide reminders and escort Carine to activities.
Assistance Needed - None (0)	
Assistance Needed - Supervision (0)	X
Assistance Needed - Limited (1)	
Assistance Needed - Extensive (2)	
Assistance Needed - Total (3)	
Preferences	crafts, painting- was an accomplished artist
Dislikes	
Lifes Work	owned employment service
Pets	cat named Mojo
Medical Appts	son
Shopping	son
Other Transp Needs	son



09 Cognition

for Carine Schmitt

What Resident Does	Carine has moderate memory loss. Occasionally needs reminders, reorienting to person, place, time. Decreased performance in tasks and social settings. . Needs frequent reminders and reorienting. Needs supervision on outings, routine assistance to make safe choices.-
What Provider Does	Provide routine supervision, reminders, and orientation, and limited assistance to make safe choices.-
Assistance Needed - None (0)	
Assistance Needed - Supervision (1)	
Assistance Needed - Limited (2)	X
Assistance Needed - Extensive (4)	
Disoriented	X
Depressed	
Impaired Judgement	X
Can safely use appliances	
Independent	
Needs Supervision	X
Needs Extensive Assistance	

Carine Schmitt



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10 Housekeeping

for Carine Schmitt

What Resident Does	Does not participate
What Provider Does	Provide regular housekeeping, maintenance and laundry services.
No Housekeeping	X
Housekeeping: 1-3x per week (1)	
Housekeeping: > 3x per week	
no Laundry	X
Laundry: > 1x per week (2): 0	
no Maintenance	X
Maintenance: > 1x per week (1): 0	
Housekeeping Preferences	
Laundry Preferences	
Maintenance Preferences	



11 Health

for Carine Schmitt

What Resident Does	Carine has diagnosis of: memory loss, CHF, chronic lower extremity edema ; Diabetes;Asthma Carine is unable to manage own health conditions RESIDENT HAS ALLERGIC REACTION TO;Penicillin Resident was hospitalized within last six month: ___no ___X___yes- date__1-14-10_____location: Baylor UMC Dallas
What Provider Does	Routine observation, weights and vital signs provided.- Daily monitoring by licensed nurse needed due to diabetes; and nebulizer treatments for diagnosis of asthma.
Care Management: None	
Care Management: 1-3x per month	X
Care Management: Weekly (2): 0	
Care Management: >1x per week	
Skin Care: None	
Skin Care: Weekly asses	
Skin Care: Daily asses	
Skin Care: Frequent Lotion	X
Dermal Ulcers: None	X
Dermal Ulcers: Stage I	
Dermal Ulcers: Stage II	
Diabetic Care: None	
Diabetic Care: Independent	
Diabetic Care: Reminders	
Diabetic Care: Pre-filled syringes reqd	
Diabetic Care: Assists per day:	
Diabetic Care: Admin per day:	3
Special Services	PT provided by Sovereign Home Care as needed.
Routine Labwork	as orderd by physician
Interventions: None	
Interventions: Weekly	
Interventions: > 1x per week	
Interventions: Treatments by Nurse	



12 Medication

for Carine Schmitt

What Resident Does	Carine is unable to participate. She is cooperative with taking medication
What Provider Does	Physician/nursing staff provide ovresite of medications. nurse/med-aide administer and observe for changes from baseline.
no Medication Provided	
Medication Provided by Family	
Staff orders-maintains Medication	X
Medication from non-preferred provider	
Medication self administered	
Medication Administered: > 8	X
nurse monitored medication	X
crush medications	
med pass per day	2
injections per month	
Daily Treatments: eye drops	
Daily Treatments: ear drops	
Daily Treatments: inhaler / spray	
Daily Treatments: ointments	



29 Anxious, worried, agitated

for Carine Schmitt

What Resident Does	Resident anxious/agitated as exhibited by: constant pacing, wringing of hands, worried facial expressions
What Provider Does	Approach resident in calm manner providing reassurance and redirection. Offer a diversional activity such as a walk, something to eat. etc/ Assess for symptoms of pain and provide repositioning, or pain medication as prescribed. If anxiety, agitation is unrelieved by previous interventions, medicate for anxiety/agitation as prescribed by physician.
no Intervention Needed	
Intervention Needed 1-3x per week	X
Intervention Needed 4-7x per week	
Intervention Needed more than once per day	
easily managed	X
not easily managed	



52 Oxygen Use and care

for Carine Schmitt

What Resident Does	Carine uses O2 when in bed. Oxygen supplies are provided by: Air Supply, 214-555-5550
What Provider Does	Ensure that Carine has nasal cannula in proper placement. Ensure that equipment is in proper working condition and setting is correct. Monitor resident for shortness of breath. Notify oxygen company and responsible party if there is equipment problems or needs,
no Intervention Needed	
Intervention Needed 1-3x per week	
Intervention Needed 4-7x per week	X
Intervention Needed more than once per day	
easily managed	X
not easily managed	