



**Lawrence Mccomb**

## Resident Face Sheet

### Important Details

**Initiation Date**  
11/26/2018

**Physician**  
Lorraine Mccomb - 6201234567


**Move in Date**  
11/30/2018


**Last Chest X-Ray Test**  
12/26/2018

**Resident Representative**  
Jodi Sugarman - 6201234568

**Emergency Contact**  
Jodi Sugarman - 6201234568

**Date of Birth**  
12/13/1943

**Code Status**   
Full Code

**Allergies**   
NKDA

**Level of Care**  
Personal Care (Must renew every 6 months)

**Resident Service Plan**  
Initial Service Plan

**Next Service Plan Due**  
05/26/2019

**Advanced Directives on file**  
No


**Evacuation Plan**  
No

### Vital Signs and Diagnosis

Temperature	98.2
Blood Pressure	123/60
Pulse	73
Pulse Ox	74

 **Height**  
5 ft 7 in

 **Weight**  
100 Lbs

 **Medical Diagnosis and History**  
Congestive Heart Failure

## Activities of Daily Living and Contracted Services

Activity of Daily Living	Level Of Care Required
Eating	Independent
Oral Care	Independent
Nail Care	Requires Supervision
Hair Care/Shaving	Requires Supervision
Dressing	Requires total care
Bathing	Requires assistance
Toileting	Requires assistance
Transferring	Requires assistance
Walking/Mobility	Requires total care
Transportation to Appointments	Requires total care
Finances	Requires total care
Supplies	Independent



### Home Health Services

#### Arizona State Home Health

- **Physical Therapy** Visits for 15 minutes, 1 time per Week and as needed
- **RN** Visits for 60 minutes, 2 times per Month and as needed
- **CNA** Visits for 45 minutes, 4 times per Week and as needed



### Hospice Services

**No services rendered at this time**



### Hygiene

Caregiver help with showers 2 time(s) per week

**Important Note:** All ADLs occur daily and as needed except nail care, transportation to appointments, finances, bathing, and supplies; which occur only as needed.

# Body Assessment



## Vision

**Normal for age**  
Comments: None



## Cardiovascular

**Pacemaker, Cardiac Hx**



## Mental Status

**Awake/Alert, Bipolar, Manic/Depressive, Impaired Cognition**



## Speech

**Normal for age**  
Comments: None



## Gastrointestinal

**Vomiting, Incontinent**



## Pain

**Occasional**  
Location: Head  
Method of relief: Rest



## Hearing

**Normal for age**  
Comments: None



## Urinary

**Urostomy, Pull up - Night**  
Comments: None



## Respiratory

**No Issues**  
Comments: None



## Mobility

**Bed Bound**  
**Requires Positioning:** Yes, 1  
Hour(s)  
**Transfer Assistance:** No  
Comments: None



## Musculoskeletal

**Unsteady Gait, History of falls**  
Comments: None



## Integumentary

**Rash (Location), Precaution-thin skin**  
**The following are performed to prevent, & treat bruises, injuries, pressure ulcers, and infections:**

- Apply hydrating lotion

Comments: None

## Nutrition and Medication Administration



### Medication Administration

**(Please see resident's MAR for current medications)**

- Medications administered following Doctor's Orders
- Doctor delegation to caregivers to administer medications
- Medications are stored in the residential facility
- Resident receives staff assistance in the self administration of medication



### Diabetes Management

- Insulin inject (staff)
- BS check not required



### Nutrition

**Diet: No caffeine, No dairy, Ensure/Boost**

- Resident eats 100% of his food
- Resident drinks 5 cups of water per day

**Resident is encouraged to drink 6-8 cups of water per day**

**Resident is encouraged to eat meals and snacks as tolerated**

# Additional Information, Notes, and Signatures



## Strategies to ensure resident's personal Safety

- Resident has bell at bedside to call for assistance/ safety
- Doors are alarmed



## Activities (Cognitive stimulation and activities to maximize function)

- Socialize with other residents
- Encouraged to participate in group activities
- Exercises as tolerated



## Coordination of communication with resident's representative

- Monthly & as needed through phone calls, visits, text messages and or email



## Assistive Devices

- Dentures, Wheelchair (self-propel), Glasses, Air bed, Glucose meter, Hoyer lift, Walker



## Signatures

RN

David Lup

12/03/2019

Resident/Representative

Lorraine Mccomb

11/30/2018

Manager/Delegate

Jodi Sugarman

11/30/2018

## Disclaimers

The resident's needs may change at any time and the service plan will be reviewed and changed as required by Arizona Department of Health Services.

R&D Health Services is relying on Facility and Facility's owners, employees, agents, subcontractors, residents, and residents' personal representatives to provide Contractor with complete and accurate information. Facility agrees that Contractor will not be liable for any Claim (defined in Section 8 of contractor agreement) arising out of incomplete or inaccurate information provided to Contractor by Facility or Facility's owners, directors, officers, employees, agents, subcontractors, residents, or residents' personal representative.

Arizona Department of Health Services rules require Assisted Living Facilities to evaluate a resident before acceptance and every 6 months for personal care, every 3 months for directed care, and every 1 year for supervisory care throughout the duration of the resident's stay.

