Sunrise Joy Assisted Living LLC

ACTIVITIES OF DAILY LIVING CHART

54445 sun valley lane, Glendale, Arizona 52110
Phone: 6233006581

Name: David Chapman **Month:** July **Year:** 2026 **Date of Birth:** 04/15/1926 **Code Status:** DNR **Level of Care:** Directed Care
Diet: Regular Diet, BS controlled diet **Allergies:** Penicillin, Latex **Elopement Risk Level:** Low **Physician:** Dr George - (646) 666-4545

PERSONAL CARE — Staff initials in each box to confirm task completed

Activity / Task		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bathing (Twice weekly and as needed)																																	
Partial bathing																																	
Dressing (Twice daily and as needed) & PRN		8:00 am																															
		8:00 pm																															
Grooming	Comb hair, wash face, oral care (Twice daily and as needed)	8:00 am																															
		8:00 pm																															
	Nail care (Nails checked daily and trimmed as needed)																																
	Shave (Daily and as needed) (If applicable)																																
Toileting / Elopement Visual Checks / Daily Awareness	Incontinence Check, pericare & Q2hrs daytime &BID @night (Includes skin care, and skin condition as needed)	midnight																															
		4:00 am																															
		8:00 am																															
		10:00 am																															
		noon																															
		2:00 pm																															
		4:00 pm																															
		6:00 pm																															
		8:00 pm																															
Repositioning		every 2 hours																															

NIGHT CHECKS — Elopement Visual Checks

Activity / Task		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Night checks / Elopement Visual Checks		10:00 pm																															
		midnight																															
		2:00 am																															
		5:00 am																															

Name: Carolina Smith	**Initials:**	**Name:** Joy Rogers	**Initials:**	**Name:**	**Initials:**
Name:	**Initials:**	**Name:**	**Initials:**	**Name:**	**Initials:**

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NUTRITION & FLUIDS

Activity / Task	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Diet: Regular Diet, BS controlled diet **Assist:** Independent	Breakfast																															
Special diet needs: Resident is encouraged to drink 6-8 cups of water per day, Resident is encouraged to eat meals and snacks as tolerated Goal: 100%	Lunch																															
	Dinner																															
Snack / food supplements	AM																															
	PM																															
Fluid intake: CG encourage 6-8 cups QD daily	daily																															
Bowel movement (S, M, L)	daily																															

ACTIVITIES, MOBILITY & HOUSEHOLD

Activity / Task	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cognitive stimulation & activities to maximize functioning — from activity calendar	QD																															
Participation in meaningful daily tasks & activities: board games, tailored activities — from activity calendar	AM																															
	PM																															
Linen change, clean room (L/C): CG PRN	PRN																															
Laundry services	PRN																															
Mobility / transfer: Requires repositioning every every 2 hours	AM																															
	PM																															
	PRN																															

CONDITIONAL CARE

Activity / Task	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Catheter care (catheter / urostomy)	PRN																															
Empty bag	AM																															
Empty bag	PM																															

Name: Carolina Smith	**Initials:**	**Name:** Joy Rogers	**Initials:**	**Name:**	**Initials:**
Name:	**Initials:**	**Name:**	**Initials:**	**Name:**	**Initials:**