Sample Person-Centered

Care Plans for

Adult Day Services

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# Sample of Person-Centered Care Plans for Activity, Nursing and Social Work Departments

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**Sample Activities Person-Centered Care Plan**

# Self-Directed Activities

Participant prefers to engage in self-directed, activities rather than engaging in organized group activities.

As evidenced by:

* Participant states that he or she is more comfortable in small group settings of own choosing.
* Participant states that he or she is more comfortable engaging in one-on-one activities with another peer of own choosing.
* Participant becomes \_\_\_\_\_\_\_ (restless, distracted, uninvolved, unhappy, etc.) while involved in organized activities \_\_\_\_\_\_\_times per \_\_\_\_\_ or \_\_\_\_% of the time.
* Participant expresses dislike for most organized activity programs, has stated he or she would rather choose his or her own activities.
* Participant is involved in organized activities program \_\_\_\_% of the time due to preference for involvement in activities of own choosing.

INTERVENTIONS:

* Support participant’s self-determination; assess participant’s desire for individualized activity choices \_\_\_times per \_\_\_.
* Honor participant’s right to choose programs of own liking daily while at center, including self-directed, non-organized activities \_\_\_times per \_\_\_\_\_\_.
* Promote participant choice; provide participant with alternative choices for self-directed/non-organized activities that he or she has expressed a liking of including: \_\_\_\_\_\_\_\_\_\_\_\_ (specify what these alternative choices are) \_\_\_times per \_\_\_.
* Maintain positive relationship and ongoing communication with participant, to help ensure that his or her chosen program continues to be therapeutic in nature \_\_\_times per \_\_\_.
* Deepen understanding of participant’s lack of desire to be involved in a group activity program; assess for any other reasons participant does not want to be involved in a group activity program \_\_\_times per \_\_\_\_\_\_.
* Participant choice will be respected, provide the following activity programs identified by participant as those in which he or she would like to be involved: \_\_\_\_\_\_\_\_\_ (specify) \_\_\_\_times per \_\_\_\_.

GOALS:

* Participant will state satisfaction with level of involvement in activity program.
* Participant will state satisfaction with one-on-one activities of own choosing.
* Participant will choose self-directed activities, and engage in these daily.
* Participant will not become \_\_\_\_\_\_\_\_ (restless, distracted, uninvolved, unhappy etc.) during program day due to dissatisfaction with activity choices.
* Participant will be involved in activity program of own choosing.

**Care Plan Example:**

**Problem:**

Mrs. Thocola states she is more comfortable in one-on-one activities with another peer of own choosing rather than engage in organized group activities.

**Interventions:**

1. Honor Mrs. Thocola’s right to choose programs of own liking daily while at center.
2. Participant choice will be respected, provide the following activity programs identified by Mrs. Thocola as those in which she would like to be involved: *horticulture therapy, computer instruction, computer time and art involvement* daily.
3. Maintain positive relationship and ongoing communication with Mrs. Thocoloa, to help ensure that his or her chosen program continues to be therapeutic in nature 1x per week.

**Goal:**

Mrs. Thocola will express satisfaction with level of involvement in activity program and will state satisfaction with chosen activities.

**Sample Nursing Person-Centered Care**

# Self-Care Challenges

Evidenced by:

* Nutrition/feeding challenges;
* Unable to cut food or open packages due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to bring food to mouth due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to prepare a meal due to \_\_\_\_\_\_\_\_\_\_\_ (specify).
	+ Self-bathing challenges;
* Unable or chooses not to wash body or body parts due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to regulate temperature or water flow due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Does not perceive need for hygienic measures due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Self-dressing challenges;
* Impaired ability to put on or take off clothing due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to fasten clothing due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to groom self due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to obtain or replace articles of clothing due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Self-toileting challenges.
* Unable or chooses not to get to toilet or commode due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable or chooses not to carry out proper hygiene due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to transfer to and from toilet or commode due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to handle clothing to accommodate toileting due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Unable to flush toilet or empty commode due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
	+ Instrumental self-care challenges.
* Difficulty using telephone due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Accessing transportation due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Laundering, ironing due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Preparing meals due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Shopping due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Managing money due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).
* Medication administration due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify).

INTERVENTION:

* + Promote participant’s independence and autonomy; instruct in self-care techniques \_\_\_\_\_\_\_\_\_\_\_\_\_ (specify deficit), evaluate effectiveness and comprehension of previous and/or current teaching through monitoring of symptoms and verbal report.
	+ Promote participant’s ability to engage in own self-care and independence; instruct in ways to provide self-care \_\_\_\_\_\_\_\_\_\_\_ (specify), evaluate effectiveness and comprehension of previous and/or current teaching through monitoring of symptoms and verbal report.
	+ Support participant’s desire to be independent and autonomous; praise all attempts at self-care.
	+ Promote participant’s desire to be independent and involved in own self-care; provide prompts and cues when participant is attempting self-care activities.
	+ Promote participant’s independence and dignity; supervise program aide in toileting assistance while encouraging participant to do as much for him or herself while possible while at center.
	+ Promote participant’s independence and dignity; supervise program aide in feeding assistance at meals and snacks while encouraging participant to do as much for him or herself as much as possible.
	+ Promote participant’s dignity and hygiene; supervise program aide in grooming assistance/supervision while encouraging participant to do as much for him or herself as much as possible.
	+ Promote participant’s desire for independence and control; instruct in medication administration \_\_\_ per \_\_\_ as per M.D. order.
	+ Promote participant’s desire for independence and comfort; provide written or pictorial directions for self-care.

GOALS:

* + Participant’s toileting needs will be met with dignity and participant will have no episodes of incontinence.
	+ Participant’s nutritional intake will be satisfactory.
	+ Participant’s grooming needs will be met while at center.
	+ Participant will express satisfaction with grooming.
	+ Participant will be adequately groomed.
	+ Participant will be able to administer medication according to instructions.
	+ Participant will be able to better provide self-care in \_\_\_\_\_\_\_\_\_\_(specify area of deficit) through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe how participant will be better able to provide self-care).
	+ Participant will demonstrate improved self-care in (specify area of deficit) as evidenced by ability to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or improved ability to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Care plans, symptoms, and/or interventions related to “Self-Care Deficit” to be considered by other disciplines:

Personal Care: Supervision and assistance with ADLs.

OT/PT: Instruction, training and guidance in relation to ADLs and IADLs.

Social Work: Support and instruction regarding accessing and involvement in IADLs.

**Sample Social Services Person-Centered Care Plan**

# Caregiver Role-Strain

Related to:

(Choose as many as apply)

* Financial difficulties \_\_\_\_\_\_\_\_\_\_\_\_ (describe).
* Physical difficulties \_\_\_\_\_\_\_\_\_\_\_\_\_(describe).
* Emotional difficulties \_\_\_\_\_\_\_\_\_\_\_(describe).
* Multiple stressors \_\_\_\_\_\_\_\_\_ (list).
* Decreased social interactions.

(It is important to list as many stressors as possible which contribute to caregiver role strain, as caregiver role strain is often caused by multiple factors.)

As evidenced by:

* Caregiver states he or she has feelings of extreme stress \_\_\_times per \_\_\_.
* Caregiver expresses feelings of “not being able to handle it” occur \_\_\_times per \_\_\_.
* Caregiver has no outside or free time available does not leave house for any leisure time activities.
* Caregiver states he or she feels guilt about leaving family member/spouse/ etc. alone \_\_\_times per \_\_\_.
* Caregiver states he or she feels emotional strain, difficulty coping (explain) \_\_\_times per \_\_\_.
* Caregiver states he or she feels as if things don’t get better he or she will admit participant to skilled nursing facility.
* Poor sleep, caregiver sleeps \_\_\_\_ hours per night.
* Caregiver worries about own health suffering because of care-giving responsibilities \_\_\_times per \_\_\_.

INTERVENTIONS:

* Assess caregiver’s abilities; provide; \_\_\_\_\_\_\_\_\_\_ (specify services that will be provided) \_\_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; assess and evaluate support systems, reinforce systems that support caregiver and encourage their use \_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; assess and evaluate financial resources and provide counseling \_\_\_times per \_\_\_.
* Support caregiver’s ongoing emotional and physical health; provide one-on-one counseling to allow for the venting of feelings and to provide support\_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; provide supportive phone call to caregiver \_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; refer to community support services and provide follow-up and evaluation of services and support \_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; explore with participant/caregiver other sources of support e.g. family, friends, place of worship, etc. \_\_\_\_ times per \_\_\_\_\_ .
* Support caregiver’s ongoing emotional and physical health; provide caregiver support group \_\_\_\_ times per \_\_\_\_\_ and invite caregiver to attend.
* Support caregiver’s ongoing emotional and physical health; monitor and validate feelings and affirm caregiver’s right to express emotional pain or frustration during one-on-one counseling sessions \_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; monitor feelings of extreme stress through caregiver’s verbal report; provide emotional support and normalization of feelings \_\_\_\_ times per \_\_\_\_\_.
* Support caregiver’s ongoing emotional and physical health; teach coping skills to caregiver \_\_\_\_ times per \_\_\_\_\_.

**GOALS:**

* Caregiver will express feelings of extreme stress have decreased to\_\_\_\_ times per \_\_\_\_\_or less.
* Caregiver will express increased ability to cope with care-giving duties.
* Caregiver will state that he or she is leaving home \_\_\_\_ times per \_\_\_\_\_for leisure activities and will state she or he is more satisfied with free time available.
* Caregiver will state decreased feelings of guilt about leaving participant alone.
* Caregiver will state decreased emotional strain, and increased coping abilities.
* Caregiver will state that he or she no longer feels as if a nursing home is his or her only choice for loved one.
* Caregiver will report improved sleep; sleep will improve to \_\_\_\_ hours per night or more.

**EXAMPLE:**

**Problem:**

Mr. Cole’s wife is experiencing caregiver role strain related to financial, physical and emotional stressors as evidenced by feelings of extreme stress 2x per day, and poor sleep, sleeps 4 hours a night. She states that she’s considering SNF placement for Mr. Cole.

**Interventions:**

* Support caregiver’s ongoing emotional and physical health; refer to community support services and provide follow-up and evaluation of services and support 1-2 times per month.
* Support caregiver’s ongoing emotional and physical health; explore with participant/caregiver other sources of support e.g. family, friends, place of worship, etc. 1-2x per month during counseling sessions.
* Support caregiver’s ongoing emotional and physical health; provide caregiver support group 4 times per month and invite caregiver to attend.

**Goal:**

Ms. Cole will experience decreased caregiver role strain as evidenced by she will state feelings of extreme stress have decreased to 1x per day or less, and will sleep 6 hours per night or more and will state she is no longer considering SNF placement for Mr. Cole.