**Chart Note – Mrs. Jones**

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| **Bright Days Assisted Living** |
| CARE PLAN  Resident Name: EMMA JONES  Date of Birth: **08/01/1939**  Power of Attorney (POA): **Wife**  Has this resident has any medical or cognitive issues?   * **Resident diagnosed with dementia. Significant cognitive issues understanding instructions. Concern for wandering.**   Standing orders for the patient.   * **Resident requires regular medication for dementia.**   ADL (Activities of Daily Living) function.   * **Resident mobile. Physically able to stand up and walk. Enjoys physical activities and often sings with others when encouraged. Requires assistance when toileting. Needs some assistance when feeding.** |

**Chart Note – Mrs. Jones**

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| **Bright Days Assisted Living** |
| CARE PLAN  Resident Name: EMMA JONES  Date of Birth: **04/28/1943**  Power of Attorney (POA): **Husband**  Has this resident has any medical or cognitive issues?   * **No cognitive issues. Resident diagnosed with hypertension and diabetes.**   Standing orders for the patient.   * **Regular blood pressure medication. Diabetes controlled.**   ADL (Activities of Daily Living) function.   * **No significant concerns. Requires a cane for stability. Able to toilet self without assistance. Enjoys walking on own but is not particularly sociable. Prefers independent activities such as puzzles and crosswords.** |