**Chart Note – Mrs. Jones**

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| **Bright Days Assisted Living** |
| CARE PLANResident Name: EMMA JONESDate 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.**
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**Chart Note – Mrs. Jones**

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| **Bright Days Assisted Living** |
| CARE PLANResident Name: EMMA JONESDate 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.**
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