

## Orchard View Terrace

### Service Plan

**Client Name:** \*Mouse, Minnie

**Date of Admission:** 10/07/2020

<b>Medication Management:</b> cannot obtain/self administer own medications.	<b>Allergies:</b> No Known Drug Allergy	<b>DNR Orders:</b>
<b>Capacity for Self Direction:</b>	<b>Transportation Needs:</b>	<b>Advance Directives:</b>
<b>Nursing Needs:</b> no nursing needs at this time	<b>Adaptive Equipment/Sensory:</b> walker, wheelchair, hears adequately, adequate vision ability, hard of hearing, moderate/mild vision impairment,	<b>Other Notes/Concerns:</b>

## Assisted Living Facility

Client Name: \*Mouse, Minnie

Service Plan			
Need	Service	Person(s) to Provide Service	Desired Outcome
07/29/2024 JMJ I NEED (Bathing): I need assistance in washing my lower body. BECAUSE I: decreased ROM in upper extremities	07/29/2024 JMJ I NEED SERVICES FROM MY ALF: Will assist with showers; I NEED OUTSIDE SERVICES FROM: No needs at this time	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: clean at all times MY OUTCOME TARGET DATE: 07/29/2024
07/29/2024 JMJ I NEED (Transfers): I am independent with transfers. Wheel chair to be placed next to me when I am in my recliner and bed. BECAUSE I: weakness	07/29/2024 JMJ I NEED SERVICES FROM MY ALF: Wheel chair to be placed next to recliner/bed when in bed/recliner I NEED OUTSIDE SERVICES: No needs at this time	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: no decline in functioning MY OUTCOME TARGET DATE: 07/29/2024
07/29/2024 JMJ I NEED (Dressing): I need assist with lower extremity dressing. BECAUSE I: decreased range of motion	07/29/2024 JMJ I NEED SERVICES FROM MY ALF: Assist with dressing I NEED OUTSIDE SERVICES FROM: No needs at this time	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: Will receive assist as needed, MY OUTCOME TARGET DATE: 07/29/2024
07/29/2024 JMJ I NEED (Toileting): I am independent with toileting. I am incontinent of urine and were products. I am able to care for these on my own. BECAUSE I: dribbling urine	07/29/2024 JMJ I NEED SERVICES FROM MY ALF: assist with toileting as needed. I NEED OUTSIDE SERVICES FROM: No needs at this time	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: Will maintain current level of independence, MY OUTCOME TARGET DATE: 07/29/2024
07/29/2024 JMJ I NEED (Ambulation/Mobility): I need 1 assist when walking with my walker outside of my room. I use a wheelchair for longer distances but able to propel myself. BECAUSE I: unsteady gait	07/29/2024 JMJ I NEED SERVICES MY ALF: assist with ambulation to and from meals with walker. I NEED OUTSIDE SERVICES: No needs at this time	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: no decline in functioning MY OUTCOME TARGET DATE: 07/29/2024
04/04/2025 JMJ I NEED (Fall/Safety): I am at risk for falls. I have/has history of falls BECAUSE I: decreased ROM in upper extremities ; weakness	04/04/2025 JMJ I NEED SERVICES FROM MY ALF: Report fall(s) to supervisor promptly, Assist with proper footwear, I NEED OUTSIDE	04/04/2025 JMJ Care Assistant,	04/04/2025 JMJ OUTCOME TARGET DATE: 07/29/2024

Assisted Living Facility

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Need	Service	Person(s) to Provide Service	Desired Outcome
	04/04/2025 JMJ SERVICES: No needs at this time		
07/29/2024 JMJ I NEED (Medication): assist with medication(s)	07/29/2024 JMJ I NEED OUTSIDE SERVICES FROM: No needs at this time I NEED SERVICES FROM MY ALF: Nursing staff med administration, Will recieve meds from Health Direct Pharmacy	07/29/2024 JMJ Care Assistant,	07/29/2024 JMJ MY DESIRED OUTCOME: medications safely administered MY OUTCOME TARGET DATE: 07/29/2024

**Service Plan Signatures**  
**Kitty Rhoades Memory Care / Orchard View Terrace**

**Name:** \*Mouse, Minnie

**Admission Date:** 10/07/2020

	Original/Annual Assess. Date:_____	Quarterly Review Date:_____	6 Month Assessment Date:_____	Quarterly Review Date:_____
Resident's Signature				
Guardian's Signature				
Designated Rep Signature				
Executive Direct. Signature				
Other (a) Signature				
Other (b) Signature				
Other (c) Signature				

**Notes:**