

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |            | Position                               | Freq/Resolved |
|---|--|---|--|------------|------------|--|---------------|
| <div>• Alteration in skin integrity with risk for infection or complications related to abrasion on right heel #3.<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |  | <div>• To promote optimal healing of abrasion within 12/31/25.<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Target Date: 01/28/2026</div> | <div>• MONITORING: Utilize holistic perspective of continuous monitoring of Luis with abrasion on right heel for changes to health status and alteration or complications affecting skin integrity.<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>• TREATMENT PLAN: Administer treatment for abrasion on right heel as per skin and wound leads order.<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>• WEEKLY ASSESSMENT: Assess and evaluate skin condition weekly and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |            |            | RN<br>Registered<br>Practical<br>Nurse |               |
|   |  |   |  |            |            | RN<br>Registered<br>Practical<br>Nurse |               |
|   |  |   |  |            |            | Registered<br>Practical<br>Nurse<br>RN |               |
| <div>• SPIRITUAL BELIEFS: Luis is of the Catholic Faith.<br/>Date Initiated: 10/15/2025<br/>Created on: 10/15/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div>   |  | <div>• To provide Luis spiritual support as interested through to the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 10/15/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</div>            | <div>• SPIRITUAL PROGRAMS: Encourage him to attend spiritual programs of his choice including Hymn Sing, Catholic Mass, Church Service, etc.<br/>Date Initiated: 10/15/2025<br/>Created on: 10/15/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>• PERSONAL CHOICE: Respect Luis right to decline participation in Spiritual Program.<br/>Date Initiated: 10/15/2025<br/>Created on: 10/15/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025</div>   |            |            | Recreation<br>Aide                     |               |
| Allergies   | Penicillin   |   | D.O.B.   | 06/18/1930 | Physician  | Nachwa Ghobara                         |               |
| Diagnosis   | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |   |  |            |            |  |               |
| Facility  | Arbour Creek Care Centre   |   |  |            | Print Date | 11/5/2025                              |               |
| Resident  | Barillas, Luis (922141000351)  |   | Admission Date   | 03/26/2025 | Location   | Nash House 120 1                       |               |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |            |            |  |               |

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| Focus  |  | Goal   | Interventions  |                |            | Position        | Freq/Resolved    |
|--|--|--|--|----------------|------------|-----------------|------------------|
| • SPIRITUAL BELIEFS: Luis is of the Catholic Faith.<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)                              |  |  | Revision by: Julie Lambert (Recreation Aide)   |                |            |                 |                  |
| • Luis DECLINES PARTICIPATION in structured programs related to personal choice.<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide) |  | • Luis participates in Independent/Self-Directed activities monthly through to the next review date.<br><br>Luis has ISE Score of 2<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 01/28/2026 | • SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching TV in own room, walking, conversing with peers, etc.<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• FRIENDLY VISIT: Provide him one to one visits as tolerated. Touch base to maintain contact and to converse about topics of interest, identify up-coming special events, etc.<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• INVITATION: Offer friendly invite to structured programs scheduled in the home.<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• FAMILY INVOLVEMENT: Family is supportive and try to come visit on a weekly or bi-weekly basis.<br>Date Initiated: 10/15/2025<br>Created on: 07/16/2025 |                |            | Recreation Aide |                  |
| Allergies  | Penicillin   |  |  | D.O.B.         | 06/18/1930 | Physician       | Nachwa Ghobara   |
| Diagnosis  | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |  |  |                |            |                 |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date      | 11/5/2025        |
| Resident   | Barillas, Luis (922141000351)  |  |  | Admission Date | 03/26/2025 | Location        | Nash House 120 1 |
| Last Care Plan Review Completed:   |  | 10/28/2025   |  |                |            |                 |                  |

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|---|--|---|---|----------------|------------|------------|---|---------------|
| <p>• Luis DECLINES PARTICIPATION in structured programs related to personal choice.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 07/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   |  |   | <p>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> <p>Luis mostly speaks in his native language (Spanish) but does speak a little english.<br/>Does not understand much english.<br/>Luis likes to watch TV before bed<br/>Luis likes all music but prefers spanish music as he understands the words better.<br/>Do not mention his wife to reduce agitation.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 07/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• MUSIC CARE APPROACH: Present Luis with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 07/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |                |            |            | Recreation Aide   |               |
|   |  |   | Recreation Aide   |                |            |            |   |               |
| <p>• Nutrition Risk Level: HIGH r/t significant weight loss, controlled T2D, dysphagia, iron deficiency, dementia dx, fair food and fluid intake, bowels are managed, stable weight, independent at meals.</p> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> |  | <p>• Luis will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</p> <p>• Will weigh within GWR of 55.4-</p> | <p>• Labelled Item: Provide fortified pudding at lunch</p> <p>Date Initiated: 07/14/2025<br/>Created on: 07/04/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 07/04/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• NUTRITION RISK: Luis is HIGH risk level.</p> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• DIET ORDER: Luis will receive Regular diet, Puree texture</p> <p>Date Initiated: 03/28/2025</p>  |                |            |            | PCA Registered Practical Nurse RN<br><br>Dietitian (RD)<br><br>PCA<br>PCA | D             |
| Allergies   | Penicillin   |   |   | D.O.B.         | 06/18/1930 | Physician  | Nachwa Ghobara  |               |
| Diagnosis   | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |   |   |                |            |            |   |               |
| Facility  | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025   |               |
| Resident  | Barillas, Luis (922141000351)  |   |   | Admission Date | 03/26/2025 | Location   | Nash House 120 1  |               |
| Last Care Plan Review Completed:  |  | 10/28/2025  |   |                |            |            |   |               |

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|--|--|--|---|-------------------------------------|
|  | <p>67kg/BMI 24-29 through to next review date. h=152cm<br/>Date Initiated: 04/09/2025<br/>Created on: 04/09/2025<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</p> <p>• Luis will be adequately hydrated aeb drinking at least 90% of total fluid requirement 1238mL @ 25mL/kg, 49.5kg through to next review date.<br/>Date Initiated: 04/09/2025<br/>Created on: 04/09/2025<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/28/2026</p> | <p>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 09/23/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>• FLUID CONSISTENCY: Luis drinks REGULAR/THIN Level 0 Fluids.<br/>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 03/28/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>• FLUID TARGET: Encourage Luis to drink a minimum of 1114mL per day.<br/>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.<br/>Date Initiated: 07/04/2025<br/>Created on: 07/04/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>• FOOD ALLERGY/INTOLERANCE: nka<br/>Date Initiated: 04/09/2025<br/>Created on: 04/09/2025<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 04/09/2025<br/>Revision by: Anika Dhalla (Dietitian (RD))<br/>• FOOD PREFERENCES: Luis enjoys eating all foods.<br/>Date Initiated: 04/09/2025<br/>Created on: 04/09/2025<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 04/09/2025<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> | <p>PCA</p> <p>PCA</p> <p>Dietary aide<br/>PCA</p> <p>PCA<br/>Restorative<br/>Care Aide</p> <p>PCA</p> |                                     |
| • Sleep Patterns; Potential for alteration in sleep patterns related to cognitive decline. | • To promote adequate rest/sleep for Luis based on   | • REST PATTERN: Preferred bedtime 2000, usual wake time 0700 and daytime naps after breakfast or lunch.  | PCA<br>Registered<br>Practical  |                                     |
| <b>Allergies</b>   | Penicillin   | <b>D.O.B.</b>  | 06/18/1930  | <b>Physician</b><br>Nachwa Ghobara  |
| <b>Diagnosis</b>   | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03)   |  |   |                                     |
| <b>Facility</b>  | Arbour Creek Care Centre   |  |   | <b>Print Date</b><br>11/5/2025      |
| <b>Resident</b>  | Barillas, Luis (922141000351)  | <b>Admission Date</b>  | 03/26/2025  | <b>Location</b><br>Nash House 120 1 |
| <b>Last Care Plan Review Completed:</b>  |  | 10/28/2025   |   |                                     |

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| Focus   |  | Goal   | Interventions   |  |  |  | Position   | Freq/Resolved |
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| Date Initiated: 03/27/2025<br>Created on: 03/27/2025<br>Created by: Grace Akah (RN)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | identified sleep patterns/preferences each night through to the next review date.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026                  | Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |  |  |  | Nurse  |               |
| • Altered VISION related to Glaucoma<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)                    |  | • Luis is supported to use eyeglasses for vision correction daily through to the next review date.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Luis/SDM for decision making pertaining to change in visual status as needed.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• HEALTH TEACHING: Engage with Luis/SDM to enhance their knowledge of Glaucoma affecting vision.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• EYEGLASSES: Luis wears eyeglasses. Assist to clean eyeglasses as needed and store it on the night table when sleeping.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  |  |  | Registered Practical Nurse PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            |            | Position                       | Freq/Resolved |
|---|--|--|---|----------------|------------|------------|--------------------------------|---------------|
| Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | period.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Luis for changes to health status, alteration of bowel function.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• BOWEL Continence level is FREQUENTLY Incontinent. Report changes to registered staff.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• BOWEL MOVEMENT: Monitor Luis for bowel movement each shift and document number of occurrences, size and consistency.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• INCONTINENCE PRODUCT: Luis uses medium brief on days, evenings and night.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 04/04/2025<br>Revision by: Grace Akah (RN) |                |            |            | Registered Practical Nurse PCA |               |
| • Increased risk for FALLS related to limited mobility, Limitation of cognitive function/altered judgement due to cognitive decline.<br>Date Initiated: 03/26/2025                |  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 03/26/2025  | • COMMUNICATION: Involve/collaborate with Luis/SDM in decision making in fall prevention Plan of Care.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)   |                |            |            | Registered Practical Nurse PCA |               |
| Allergies   | Penicillin   |  |   | D.O.B.         | 06/18/1930 | Physician  | Nachwa Ghobara                 |               |
| Diagnosis   | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |  |   |                |            |            |                                |               |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025                      |               |
| Resident  | Barillas, Luis (922141000351)  |  |   | Admission Date | 03/26/2025 | Location   | Nash House 120 1               |               |
| Last Care Plan Review Completed:  |  | 10/28/2025   |   |                |            |            |                                |               |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |  | Position  | Freq/Resolved |
|---|--|---|--|--|--|---|---------------|
| Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | Revision on: 10/02/2025<br>Revision by: Sini Palatty Chakkunny (Registered Nurse)<br>• CALL BELL: Place call bell within Luis reach to the LEFT side. Check that it is in working order and remind/encourage to use it.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/02/2025<br>Revision by: Sini Palatty Chakkunny (Registered Nurse)<br>• ADAPTIVE AIDS: Place adaptive aid (walker) within easy reach of Luis.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/24/2025<br>Revision by: Myrna Corpuz (RPN)<br>• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, walker.<br>Date Initiated: 10/08/2025<br>Created on: 10/08/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 10/08/2025<br>Revision by: Myrna Corpuz (RPN)<br>• ENVIRONMENT: Secure environment reduce clutter, night light, quiet environment to reduce fall risk for Luis.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• BED: place bed in lowest position to lower risk for injury.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• FOOTWEAR: Ensure Luis wears appropriate footwear: well-fitting, non-slip |  |  | PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report

| Focus  |  | Goal   | Interventions   |            |           | Position         | Freq/Resolved |
|--|--|--|---|------------|-----------|------------------|---------------|
| <ul style="list-style-type: none"> <li>Increased risk for FALLS related to limited mobility, Limitation of cognitive function/altered judgement due to cognitive decline.</li> </ul> Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  |  | footwear for ambulation.<br>Date Initiated: 03/29/2025<br>Created on: 03/29/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |            |           | PCA              |               |
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to limited mobility and cognitive decline.</li> </ul> Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)                   |  | <ul style="list-style-type: none"> <li>Luis will have ALL ADL care needs met each day through the next review date.</li> </ul> Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | <ul style="list-style-type: none"> <li>BATHING: : Luis prefers shower/bath on monday and thursday morning, luis requires 1 staff assistance total assistance for shower. Nail care to be provided on shower/bath day.</li> </ul> Date Initiated: 07/11/2025<br>Created on: 07/11/2025<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 07/11/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |            |           | PCA              |               |
|  |  |  | <ul style="list-style-type: none"> <li>BED MOBILITY: Luis requires 1 staff member to provide CUES, SUPERVISION, assistance for bed mobility.</li> </ul> Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |            |           | PCA              |               |
|  |  |  | <ul style="list-style-type: none"> <li>DRESSING: Luis requires one person assist to provide EXTENSIVE assistance for</li> </ul>   |            |           | PCA              |               |
| Allergies  | Penicillin   |  | D.O.B.  | 06/18/1930 | Physician | Nachwa Ghobara   |               |
| Diagnosis  | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |  |   |            |           |                  |               |
| Facility   | Arbour Creek Care Centre   |  |   |            |           | Print Date       | 11/5/2025     |
| Resident   | Barillas, Luis (922141000351)  |  | Admission Date  | 03/26/2025 | Location  | Nash House 120 1 |               |
| Last Care Plan Review Completed:   |  | 10/28/2025   |   |            |           |                  |               |



## Care Plan Report

| Focus                                   | Goal   | Interventions   | Position   | Freq/Resolved     |                  |
|---|--|---|------------|-------------------|------------------|
|   |  | dressing upper & lower body.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• EATING: Luis is able to eat on his own with 1 Staff to provide supervision assist with eating.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• LOCOMOTION: 1 staff assist, uses Rollator Walker.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 06/16/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)<br>• PERSONAL HYGIENE: Luis requires one person assist to provide limited to extensive assistance with personal hygiene.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• HAND HYGIENE: 1 staff to provide REMINDER assistance to use soap/water, apply sanitizer, rub hands together, dry hands for hand hygiene.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/29/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• TOILET USE: Luis requires 1 person limited assistance for toilet use.<br>Date Initiated: 03/31/2025<br>Created on: 03/31/2025 | PCA        |                   |                  |
| <b>Allergies</b>                        | Penicillin   | <b>D.O.B.</b>   | 06/18/1930 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |   |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |   |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Barillas, Luis (922141000351)  | <b>Admission Date</b>   | 03/26/2025 | <b>Location</b>   | Nash House 120 1 |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025  |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |                | Position  | Freq/Resolved |                  |
|---|--|---|--|--|----------------|---|---------------|------------------|
| <ul style="list-style-type: none"><li>Altered ability to complete Activities of Daily Living (ADLs) related to limited mobility and cognitive decline.</li></ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirley Nasufi (Registered Nurse)</p>  |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 03/31/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |  |                |   |               |                  |
|   |  |   | <ul style="list-style-type: none"><li>TRANSFERRING: Luis requires extensive assistance from one staff for transferring, PT - uses walker. If weak/tired 2 staff maximal assist (PRN).</li></ul>  |  |                |   |               |                  |
|   |  |   | Date Initiated: 03/31/2025<br>Created on: 03/31/2025   |  |                |   |               |                  |
|   |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)   |  |                |   |               |                  |
|   |  |   | <ul style="list-style-type: none"><li>ORAL CARE: Luis requires 1 person limited assistance for oral care..</li></ul>   |  |                |   |               |                  |
|   |  |   | Date Initiated: 03/31/2025<br>Created on: 03/31/2025   |  |                |   |               |                  |
|   |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 03/31/2025   |  |                |   |               |                  |
|   |  |   | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |  |                |   |               |                  |
|   |  |   | <ul style="list-style-type: none"><li>FOOT CARE: foot care nurse to complete the toe nail care.. Report long toe nails or other abnormalities as noted.</li></ul>  |  |                |   |               |                  |
|   |  |   | Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 03/31/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |  |                |   |               |                  |
| <ul style="list-style-type: none"><li>Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care need nature related to Change in Routine and cognitive decline.</li></ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> |  | <ul style="list-style-type: none"><li>To promote safety for Luis and/or others during each episode of WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care need nature related through to the next review date.</li></ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 06/25/2025</p> | <ul style="list-style-type: none"><li>COMMUNICATION: Involve/collaborate with Luis/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.</li></ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Luis for indications to change in or for escalating expressive behaviour risk.</li></ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)</p> |  |                | BSO - Internal Registered Practical Nurse Social Worker |               |                  |
|   |  |   |  |  |                | Registered Practical Nurse PCA                          |               |                  |
|   |  |   |  |  |                |   |               |                  |
|   |  |   |  |  |                |   |               |                  |
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|   |  |   |  |  |                |   |               |                  |
|   |  |   |  |  |                |   |               |                  |
| Allergies   |  | Penicillin  |  |  | D.O.B.         | 06/18/1930  | Physician     | Nachwa Ghobara   |
| Diagnosis   |  | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03)  |  |  |                |   |               |                  |
| Facility  |  | Arbour Creek Care Centre  |  |  |                |   | Print Date    | 11/5/2025        |
| Resident  |  | Barillas, Luis (922141000351)   |  |  | Admission Date | 03/26/2025  | Location      | Nash House 120 1 |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |  |                |   |               |                  |

## Care Plan Report

| Focus                                   | Goal  | Interventions   | Position   | Freq/Resolved     |                  |
|---|---|---|--|-------------------|------------------|
|   | <p>Revision by: Jason Geerlinks<br/>(Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</p> <p>• Luis will be supported to adjust to his new environment to lower risk of triggering former WANDERING, PHYSICAL inappropriate, VERBALLY inappropriate behaviour episodes through to the next review.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks<br/>(Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</p> | <p>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• TRIGGERS leading to PHYSICAL Hitting as expression of behaviour include anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, hunger, constipation, startling from sleep.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• PHYSICAL Behaviour: If Luis is attempting to strikeout; move back from his reach. Calmly indicate that care will continue when he is calm/ready. Seek Registered Staff assistance.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• PHYSICAL Behaviour: If the resident is physically responsive, Personal care to be provided by 2 staff. Specify what each, one staff provides redirection, cueing and other staff providing care.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• VERBAL Behaviour: If Luis is heard yelling, swearing or calling others names; calmly remind to lower his voice and that chosen words are not appropriate. Attempt to resolve his concern. Report episode to Registered Staff.<br/>Date Initiated: 03/29/2025<br/>Created on: 03/29/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• RESISTANCE to Care Need: If Luis is declining to bathe, change clothes, take medications or eat re-approach in 10-15 minutes. Report episode to Registered Staff.</p> | <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>Registered<br/>Practical</p> |                   |                  |
| <b>Allergies</b>                        | Penicillin  | <b>D.O.B.</b>   | 06/18/1930   | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03)  |   |  |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |   |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Barillas, Luis (922141000351)   | <b>Admission Date</b>   | 03/26/2025   | <b>Location</b>   | Nash House 120 1 |
| <b>Last Care Plan Review Completed:</b> |   | 10/28/2025  |  |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  | Position                       | Freq/Resolved    |
|---|--|--|--|--------------------------------|------------------|
| <ul style="list-style-type: none"> <li>Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care need nature related to Change in Routine and cognitive decline.</li> </ul> <p>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>                          |  |  | <p>Date Initiated: 03/29/2025<br/>Created on: 03/29/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>  | Nurse<br>PCA                   |                  |
| <ul style="list-style-type: none"> <li>-Transfer status: 1 person assistance with RW</li> <li>-Ambulation: 1 person assistance with RW.</li> <li>-Tinetti Balance assessment tool: 18/28 that indicated high risk of fall.</li> </ul> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Revision on: 03/28/2025<br/>Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)</p> |  | <ul style="list-style-type: none"> <li>1.Improve strength of UE and LE</li> <li>2. Improve Tinetti score by 2 points in 3 months.</li> <li>2 Improve walking distance to 100 meters in 3 months.</li> </ul> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</p> | <ul style="list-style-type: none"> <li>1. Strengthening exercises of Bilateral UE and LE with thera band and weight cuffs.</li> <li>2.Balancing exercises-Sit to stand, Marching, Side walking with 1 person assistance</li> <li>3. Ambulation with 1 person assistance with RW</li> </ul> <p>Date Initiated: 03/28/2025<br/>Created on: 03/28/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Revision on: 03/28/2025<br/>Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)</p> | PT -<br>Physiotherapist<br>PTA |                  |
| <ul style="list-style-type: none"> <li>Potential for Persistent PAIN and</li> </ul>   |  | <ul style="list-style-type: none"> <li>To promote resident comfort</li> </ul>  | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Luis/SDM about pain management,</li> </ul>  | Registered<br>Practical        |                  |
| Allergies   | Penicillin   |  |  | D.O.B.                         | 06/18/1930       |
|   |  |  |  | Physician                      | Nachwa Ghobara   |
| Diagnosis   | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |  |  |                                |                  |
| Facility  | Arbour Creek Care Centre   |  |  | Print Date                     | 11/5/2025        |
| Resident  | Barillas, Luis (922141000351)  |  |  | Admission Date                 | 03/26/2025       |
|   |  |  |  | Location                       | Nash House 120 1 |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |                                |                  |

## Care Plan Report

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## Care Plan Report


| Focus  | Goal  | Interventions  | Position   | Freq/Resolved |            |                  |
|--|---|--|--|---------------|------------|------------------|
| <div>• URINARY (select type of: Functional, Stress, Urge, Overflow, Overactive Bladder, Mixed) INCONTINENCE related to Dementia Diagnosis<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/26/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)</div> | <div>optimize urinary continence each shift through to the next review.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</div>            | <div>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 04/04/2025<br/>Revision by: Grace Akah (RN)<br/>• SCHEDULED TOILETING: Toilet Luis between (specify times; example 0800-0830 hrs, etc.) and PRN. (*Reminder; set POC frequency below to identified times.)<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/27/2025<br/>Revision by: Ifeyinwa Onyia (Registered Nurse)<br/>• INCONTINENCE PRODUCT: Luis uses medium brief on days, evenings and night.<br/>Date Initiated: 04/04/2025<br/>Created on: 04/04/2025<br/>Created by: Grace Akah (RN)<br/>Revision on: 04/04/2025<br/>Revision by: Grace Akah (RN)</div> | <div>Nurse<br/>PCA<br/><br/><br/><br/>PCA<br/><br/><br/><br/><br/><br/><br/>PCA</div>              |               |            |                  |
| <div>• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, Excessive Moisture, Incontinence<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)</div>   | <div>• To protect and maintain skin integrity each day through to the next review.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 06/25/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/28/2026</div> | <div>• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>• HEALTH EDUCATION: Engage resident/SDM in health education regarding prevention of skin impairment.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 03/29/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>  | <div>PCA<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>Registered Practical Nurse<br/>PCA</div> |               |            |                  |
| <div>• Expressed Wishes and Beliefs related to Luis' Medical Treatment and End of Life Care<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025</div>  | <div>• To support and honor Luis expressed wishes and beliefs through to the End of Life.<br/>Date Initiated: 03/26/2025<br/>Created on: 03/26/2025</div>   | <div>• CPR: Luis wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.<br/>Date Initiated: 03/27/2025<br/>Created on: 03/27/2025<br/>Created by: Grace Akah (RN)</div>  | <div>Registered Practical Nurse</div>  |               |            |                  |
| Allergies  | Penicillin  |  | D.O.B.   | 06/18/1930    | Physician  | Nachwa Ghobara   |
| Diagnosis  | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03)  |  |  |               |            |                  |
| Facility   | Arbour Creek Care Centre  |  |  |               | Print Date | 11/5/2025        |
| Resident   | Barillas, Luis (922141000351)   |  | Admission Date   | 03/26/2025    | Location   | Nash House 120 1 |
| Last Care Plan Review Completed:   |   | 10/28/2025   |  |               |            |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position  | Freq/Resolved |
|--|---|---|---|---------------|
| Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/26/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) | Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 06/25/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | Revision on: 03/27/2025<br>Revision by: Grace Akah (RN)<br>• COMMUNICATION: Luis expressed wishes indicate that he would like to be included in conversations of prognosis, treatment for end of life.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/27/2025<br>Revision by: Grace Akah (RN)<br>• HEALTH TEACHING: Engage with Luis/SDM to enhance his comprehension of treatment, possible complications associated with END of LIFE CARE.<br>Date Initiated: 03/26/2025<br>Created on: 03/26/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 03/27/2025<br>Revision by: Grace Akah (RN) | Registered<br>Practical<br>Nurse<br>Social Worker<br><br><br><br><br><br><br>RN<br>Registered<br>Practical<br>Nurse |               |
|  |   |   |   |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Penicillin   | <b>D.O.B.</b>         | 06/18/1930 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Type 2 diabetes mellitus with poor control, so described(E11.64), Iron deficiency(E61.1), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Barillas, Luis (922141000351)  | <b>Admission Date</b> | 03/26/2025 | <b>Location</b>   | Nash House 120 1 |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  |            |            |                  | Position  | Freq/Resolved |
|---|--|--|------------|------------|------------------|---|---------------|
| <p>• Increased risk for FALLS related to Altered Physical function , Limitation of cognitive function/altered judgement .</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Target Date: 12/30/2025</p> | <p>• COMMUNICATION: Involve/collaborate with Harvey/SDM in decision making in fall prevention Plan of Care.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• CALL BELL: Place call bell within Harveys reach check that it is in working order and remind/encourage to use it.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• BED: place bed in lowest position, use high/low bed, etc. to lower risk for injury.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• FLOOR MAT: Position floor mat, on floor next to left side of bed to lower risk of injury.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• ALARM: Requires Bed and Chair alarm. Check placement and working order. Staff respond when alarm is heard.</p> <p>Date Initiated: 10/18/2025</p> <p>Created on: 10/18/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |            |            |                  | RN<br>Registered<br>Practical<br>Nurse  |               |
|   |  | PCA<br>RN<br>Registered<br>Practical<br>Nurse  | D/E/N      |            |                  |   |               |
|   |  | PCA<br>RN<br>Registered<br>Practical<br>Nurse  |            |            |                  |   |               |
|   |  | PCA<br>RN<br>Registered<br>Practical<br>Nurse  |            |            |                  |   |               |
|   |  | PCA<br>RN<br>Registered<br>Practical<br>Nurse  | D/E/N      |            |                  |   |               |
| <p>• SPIRITUAL BELIEFS: Harvey does not participate or believe in any Faith.</p>  | <p>• To provide Harvey spiritual support as interested through to</p>  | <p>• PERSONAL CHOICE: Respect Harvey right to decline participation in Spiritual Program.</p>  |            |            |                  | Recreation<br>Aide  |               |
| Allergies   | Eggs   | D.O.B.   | 11/14/1942 | Physician  | Nachwa Ghobara   |  |               |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified(R07.4),...See last page for a complete listing of the Resident's diagnoses                         |  |            |            |                  |   |               |
| Facility  | Arbour Creek Care Centre   |  |            | Print Date | 11/5/2025        |   |               |
| Resident  | Cleaver, Harvey (922141000368)   | Admission Date   | 10/01/2025 | Location   | Nash House 113 1 |   |               |



## Care Plan Report

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## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position         | Freq/Resolved |
|--|--|---|---|------------|------------|------------------|---------------|
| • Harvey DECLINES PARTICIPATION in structured programs related to personal choice.<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide) |  |   | • HELPFUL HINTS:<br>Harvey worked as a Brick Mason (Brick Layer).<br>Harvey is divorced and has 3 kids (1 daughter; Ann Marie, 2 sons; Paul and Jim<br>Harvey does not have any religious affiliations.<br>Harvey enjoys spending time with his children, wheeling himself in the hallways, looking outdoors, watching TV, reading magazines, listening to the radio.<br>Harvey enjoys western music.<br>Harvey likes to be as independent as possible.<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide) |            |            | Recreation Aide  |               |
|  |  |   | • MUSIC CARE APPROACH: Present Harvey with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)  |            |            | Recreation Aide  |               |
| • Temporary - Activities related to Move In<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)  |  | • Harvey will be engaged and invited to participate in all spheres of activities offered during the first days/weeks upon move in.<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/30/2025 | • INVITATION: Invite and Encourage resident to attend scheduled programs. Also extend invite to Spiritual focused programs.<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)   |            |            | Recreation Aide  |               |
|  |  |   | • CALENDAR: Provide program calendar (verbally review if needed).<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)   |            |            | Recreation Aide  |               |
|  |  |   | • SOCIAL Introduction: Introduce him to other residents of similar age, interest,<br>Date Initiated: 10/16/2025<br>Created on: 10/16/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/16/2025<br>Revision by: Julie Lambert (Recreation Aide)   |            |            | Recreation Aide  |               |
| Allergies  | Eggs   |   | D.O.B.  | 11/14/1942 | Physician  | Nachwa Ghobara   |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),....See last page for a complete listing of the Resident's diagnoses |   |   |            |            |                  |               |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025        |               |
| Resident   | Cleaver, Harvey (922141000368)   |   | Admission Date  | 10/01/2025 | Location   | Nash House 113 1 |               |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position  | Freq/Resolved |
|---|---|--|---|---------------|
| <ul style="list-style-type: none"> <li>• Temporary - Activities related to Move In</li> </ul> <p>Date Initiated: 10/16/2025<br/>Created on: 10/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/16/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   |   | <p>language, etc. as he can tolerate.<br/>Date Initiated: 10/16/2025<br/>Created on: 10/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/16/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"> <li>• MUSIC CARE APPROACH: Present Harvey with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br/>Date Initiated: 10/16/2025<br/>Created on: 10/16/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/16/2025<br/>Revision by: Julie Lambert (Recreation Aide)</li> </ul>   | Recreation Aide   |               |
| <ul style="list-style-type: none"> <li>• Potential to experience feeling unwell related to sensitivity to large consumption of eggs.</li> </ul> <p>Date Initiated: 10/11/2025<br/>Created on: 10/11/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> | <ul style="list-style-type: none"> <li>• Harvey will be protected from exposure to large consumption of eggs each day through the next review date.<br/>Date Initiated: 10/11/2025<br/>Created on: 10/11/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 12/30/2025</li> </ul> | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with Harvey/SDM in decision making and health teaching about eggs sensitivity.<br/>Date Initiated: 10/11/2025<br/>Created on: 10/11/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> <li>• MONITORING: Utilize holistic perspective of continuous monitoring of Harvey with eggs sensitivity for changes to health status and complications.<br/>Date Initiated: 10/11/2025<br/>Created on: 10/11/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> <li>• Sensitivity alert: Harvey has sensitivity to large consumption of eggs. Report if noted to experience symptoms feeling unwell, rash, hives, swelling, difficulty breathing.<br/>Date Initiated: 10/11/2025<br/>Created on: 10/11/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> </ul> | <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA<br/>PCA</p> |               |

|                  |   |                       |            |                   |                  |
|------------------|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b> | Eggs  | <b>D.O.B.</b>         | 11/14/1942 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b> | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Cleaver, Harvey (922141000368)  | <b>Admission Date</b> | 10/01/2025 | <b>Location</b>   | Nash House 113 1 |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position  | Freq/Resolved |                  |
|---|---|--|---|---------------|------------------|
| <div>• Potential to experience alteration in CARDIAC FUNCTION related to Hypertension</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div>   | <div>• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>Target Date: 12/30/2025</div> | <div>• COMMUNICATION: Involve/collaborate with Harvey/SDM in decision making of Cardiac Care Management for Hypertension.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Specify cardiac condition) for changes to health status and alteration or complications affecting cardiac function.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>• MEDICATION: Administer medication for (specify Etiology/Diagnosis) as per MD Order and monitor for side effects.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> | <div>Registered Practical Nurse RN</div> <div>Registered Staff</div> <div>Registered Practical Nurse RN</div> |               |                  |
| <div>• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to cognitive impairment secondary to Dementia.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> | <div>• To promote adequate rest/sleep for Harvey preferences each night through to the next review date.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>Target Date: 12/30/2025</div>                   | <div>• REST PATTERN: Preferred bedtime 2000 hrs, usual wake time 0700 hrs.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 10/11/2025</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div>   | PCA   |               |                  |
| <div>• Altered VISION related to advanced age and requiring to wear eyeglasses.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div>   | <div>• Harvey is supported to use eyeglasses for vision correction daily through to the next review date.</div> <div>Date Initiated: 10/11/2025</div>   | <div>• COMMUNICATION: Involve/collaborate with Harvey/SDM for decision making pertaining to change in visual status as needed.</div> <div>Date Initiated: 10/11/2025</div> <div>Created on: 10/11/2025</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div>   | Registered Practical Nurse RN   |               |                  |
| Allergies   | Eggs  | D.O.B.   | 11/14/1942  | Physician     | Nachwa Ghobara   |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),....See last page for a complete listing of the Resident's diagnoses  |  |   |               |                  |
| Facility  | Arbour Creek Care Centre  |  |   | Print Date    | 11/5/2025        |
| Resident  | Cleaver, Harvey (922141000368)  | Admission Date   | 10/01/2025  | Location      | Nash House 113 1 |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |            | Position  | Freq/Resolved    |
|---|--|---|---|------------|---|------------------|
| Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |  | Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/30/2025   | Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• EYEGLASSES: Harvey wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping.<br>Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |            | PCA   |                  |
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by restlessness related to Inability to cope with change</li> </ul> Date Initiated: 10/03/2025<br>Created on: 10/03/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | <ul style="list-style-type: none"> <li>Harvey will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.</li> </ul> Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/30/2025 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Harvey/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.</li> </ul> Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><ul style="list-style-type: none"> <li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Harvey for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</li> </ul> Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><ul style="list-style-type: none"> <li>SLEEP/REST: Promote adequate sleep and rest to the stability of Harvey's mood. Report changes in sleeping habits to Registered Staff as noted.</li> </ul> Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><ul style="list-style-type: none"> <li>SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if Harvey expresses thoughts to harm to self.</li> </ul> Date Initiated: 10/11/2025<br>Created on: 10/11/2025<br>Created by: Shirly Nasufi (Registered Nurse) |            | RN<br>Registered<br>Practical<br>Nurse<br>BSO - Internal<br>Social Worker<br><br>RN<br>Registered<br>Practical<br>Nurse<br>Social Worker<br>BSO - Internal<br><br>Social Worker<br>PCA<br><br>PCA |                  |
| Allergies   | Eggs   |   | D.O.B.  | 11/14/1942 | Physician   | Nachwa Ghobara   |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),....See last page for a complete listing of the Resident's diagnoses |   |   |            |   |                  |
| Facility  | Arbour Creek Care Centre   |   |   |            | Print Date  | 11/5/2025        |
| Resident  | Cleaver, Harvey (922141000368)   |   | Admission Date  | 10/01/2025 | Location  | Nash House 113 1 |

## Care Plan Report

| Focus  |   | Goal  | Interventions  |            | Position       | Freq/Resolved    |
|--|---|---|--|------------|----------------|------------------|
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by restlessness related to Inability to cope with change</li> </ul> Date Initiated: 10/03/2025<br>Created on: 10/03/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |   |   | Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |            |                |                  |
| <ul style="list-style-type: none"> <li>Nutrition Risk Level: MODERATE nutrition risk r/t BMI 30-35, requires supervision/intermittent assist with eating, egg allergy, HFI, fragile skin, HTN, stable weight, good food and fluid intakes</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 10/07/2025<br>Revision by: Alexandra Breau (Dietitian (RD)) |   | <ul style="list-style-type: none"> <li>Harvey will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 10/07/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>Target Date: 12/30/2025 | <ul style="list-style-type: none"> <li>NUTRITION RISK: Harvey is MODERATE risk level.</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 10/07/2025<br>Revision by: Alexandra Breau (Dietitian (RD))                               |            | Dietitian (RD) |                  |
|  |   |   | <ul style="list-style-type: none"> <li>DIET ORDER: Harvey will receive regular diet, regular texture</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 10/06/2025<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager) |            | PCA<br>PCA     |                  |
|  |   | <ul style="list-style-type: none"> <li>Will weigh within GWR of 85-95kg BMI 28-32 through to next review date.</li> </ul> Date Initiated: 10/07/2025<br>Created on: 10/07/2025<br>Created by: Alexandra Breau (Dietitian (RD))<br>Revision on: 10/07/2025   | <ul style="list-style-type: none"> <li>FLUID CONSISTENCY: Harvey drinks REGULAR/THIN Level 0 Fluids.</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 10/06/2025<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager) |            | PCA            |                  |
|  |   |   | <ul style="list-style-type: none"> <li>FLUID TARGET: Encourage Harvey to drink a minimum of 1688 ml per day.</li> </ul> Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)  |            | PCA            |                  |
| Allergies  | Eggs  |   | D.O.B.   | 11/14/1942 | Physician      | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |   |  |            |                |                  |
| Facility   | Arbour Creek Care Centre  |   |  |            | Print Date     | 11/5/2025        |
| Resident   | Cleaver, Harvey (922141000368)  |   | Admission Date   | 10/01/2025 | Location       | Nash House 113 1 |

## Care Plan Report

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## Care Plan Report

| Focus  |   | Goal  | Interventions   |            | Position  | Freq/Resolved    |
|--|---|---|---|------------|---|------------------|
| • Risk for Impaired SKIN INTEGRITY related to Excessive Moisture, Incontinence<br>Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)  |   |   | safeguard against excessive moisture after each incontinence episode<br>Date Initiated: 10/06/2025<br>Created on: 10/06/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/06/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |            |   |                  |
| • Potential for Suicidal Ideation<br>Date Initiated: 10/03/2025<br>Created on: 10/03/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/03/2025<br>Revision by: Crystal Beaudoin (Social Worker)  |   | • Harvey's safety will be monitored through regular assessments and safety checks.<br>Date Initiated: 10/03/2025<br>Created on: 10/03/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Target Date: 12/30/2025   | • The Nurses' Global Assessment of Suicide Risk assessment will be administered once per shift for three days, after which the team will re-assess Harvey's mood. Sharp / unsafe items removed from Harvey's room and stored at the nursing station. MD and POA notified. Harvey monitored closely by staff.<br>Date Initiated: 10/03/2025<br>Created on: 10/03/2025<br>Created by: Crystal Beaudoin (Social Worker)  |            | RCA<br>Registered<br>Practical<br>Nurse<br>RN   |                  |
| • URINARY INCONTINENCE related to altered mobility, Dementia Diagnosis<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |   | • Harvey will have urinary incontinence managed every shift through to the next review period.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/30/2025 | • COMMUNICATION: Involve/collaborate with harvey/SDM for decision making about incontinence management.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Harvey for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• URINARY Continence level is Incontinent. Report change to level as noted.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025 |            | RN<br>Registered<br>Practical<br>Nurse<br><br>RN<br>Registered<br>Practical<br>Nurse<br><br>PCA |                  |
| Allergies  | Eggs  |   | D.O.B.  | 11/14/1942 | Physician   | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |   |   |            |   |                  |
| Facility   | Arbour Creek Care Centre  |   |   |            | Print Date  | 11/5/2025        |
| Resident   | Cleaver, Harvey (922141000368)  |   | Admission Date  | 10/01/2025 | Location  | Nash House 113 1 |



## Care Plan Report

| Focus   |   | Goal  | Interventions  |            |  | Position  | Freq/Resolved    |  |
|---|---|---|--|------------|--|---|------------------|--|
| <ul style="list-style-type: none"><li>• URINARY INCONTINENCE related to altered mobility, Dementia Diagnosis<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 10/01/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</li></ul>   |   |   | <p>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 10/01/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <ul style="list-style-type: none"><li>• INCONTINENCE PRODUCT: Harvey uses a large brief for days, evenings and nights.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 10/14/2025<br/>Revision by: Grace Akah (RN)</li></ul>   |            |  | PCA   |                  |  |
| <ul style="list-style-type: none"><li>• Potential for Expressive Behaviour such as verbal and physical expressions, forgetfulness, suicidal ideation, agitation, attention seeking, mood swings, resisting care, and repetitive calls for help related to Symptom Progression of Dementia/Alzheimer , Sundowning, Delirium, Hallucinations (experienced during delirium)<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Crystal Beaudoin (Social Worker)<br/>Revision on: 10/01/2025<br/>Revision by: Crystal Beaudoin (Social Worker)</li></ul> |   | <ul style="list-style-type: none"><li>• To promote safety for Harvey and/or others during each episode of low mood through to the next review date.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Crystal Beaudoin (Social Worker)<br/>Revision on: 10/06/2025<br/>Revision by: Crystal Beaudoin (Social Worker)<br/>Target Date: 12/30/2025</li><li>• To decrease episodic frequency of suicidal ideation, agitation/restlessness by next review date. ABS score will be less than (state current ABS score).<br/>Date Initiated: 10/01/2025</li></ul> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Harvey about identified risks of low mood, discuss triggering factors, and plan of care needs/options as needed.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Crystal Beaudoin (Social Worker)<br/>Revision on: 10/06/2025<br/>Revision by: Crystal Beaudoin (Social Worker)</li><li>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Harvey for changes in mood (i.e., mood, suicidal ideation)<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Crystal Beaudoin (Social Worker)<br/>Revision on: 10/06/2025<br/>Revision by: Crystal Beaudoin (Social Worker)</li><li>• TRIGGERS leading to PHYSICAL Hitting, Punching, Slapping, Biting, Kicking as expression of behaviour include anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, hunger, constipation, startling from sleep.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Crystal Beaudoin (Social Worker)<br/>Revision on: 10/11/2025</li></ul> |            |  | Registered Practical Nurse<br>RCA<br>Social Worker<br><br>BSO - Internal ST<br>Registered Practical Nurse<br>RCA<br><br>PCA<br>RN<br>Registered Practical Nurse |                  |  |
| Allergies   | Eggs  |   | D.O.B.   | 11/14/1942 |  | Physician   | Nachwa Ghobara   |  |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |   |  |            |  |   |                  |  |
| Facility  | Arbour Creek Care Centre  |   |  |            |  | Print Date  | 11/5/2025        |  |
| Resident  | Cleaver, Harvey (922141000368)  |   | Admission Date   | 10/01/2025 |  | Location  | Nash House 113 1 |  |

## Care Plan Report

| Focus                                     |  | Goal   | Interventions  |                |            |  | Position                                | Freq/Resolved    |
|---|--|--|--|----------------|------------|--|---|------------------|
|   |  | Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/30/2025  | Revision by: Shirly Nasufi (Registered Nurse)<br><br>• PHYSICAL Behaviour: If Harvey is attempting to strikeout; move back from his reach. Calmly indicate that care will continue when he/she is calm/ready. Seek Registered Staff assistance.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/06/2025<br>Revision by: Crystal Beaudoin (Social Worker)                        |                |            |  | ST<br>Registered<br>Practical<br>Nurse  |                  |
|   |  | • Harvey will be supported to adjust to his new environment to lower risk of triggering former verbally responsive behaviour episodes through to the next review.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/06/2025<br>Revision by: Crystal Beaudoin (Social Worker)<br>Target Date: 12/30/2025 | • TRIGGERS leading to VERBAL yelling, screaming, calling names as expression of behaviour include loss of control, frustration, limitation in self expression, pain, misunderstanding care intention.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |                |            |  | PCA<br>Registered<br>Practical<br>Nurse |                  |
|   |  |  | • VERBAL Behaviour: If Harvey is heard yelling, swearing or calling others names; calmly remind to lower his voice and that chosen words are not appropriate. Attempt to resolve his concern. Report episode to Registered Staff.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/06/2025<br>Revision by: Crystal Beaudoin (Social Worker)                                      |                |            |  | ST<br>RCA                               |                  |
|   |  |  | • TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat, refusing medication as expression of behaviour include confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process.<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Crystal Beaudoin (Social Worker)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |                |            |  | PCA<br>Registered<br>Practical<br>Nurse |                  |
| • Alteration in skin integrity related to |  | • To promote intact skin integrity   | • MONITORING: Utilize holistic perspective of continuous monitoring of Harvey's  |                |            |  | Registered<br>Practical                 |                  |
| Allergies                                 | Eggs   |  |  | D.O.B.         | 11/14/1942 |  | Physician                               | Nachwa Ghobara   |
| Diagnosis                                 | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),....See last page for a complete listing of the Resident's diagnoses |  |  |                |            |  |   |                  |
| Facility                                  | Arbour Creek Care Centre   |  |  |                |            |  | Print Date                              | 11/5/2025        |
| Resident                                  | Cleaver, Harvey (922141000368)   |  |  | Admission Date | 10/01/2025 |  | Location                                | Nash House 113 1 |

## Care Plan Report

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## Care Plan Report

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## Care Plan Report

| Focus     |  | Goal | Interventions  |            |  |            | Position         | Freq/Resolved |
|-----------|--|------|--|------------|--|------------|------------------|---------------|
|           |  |      | <div>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Hetty Dinguana (Registered Practical Nurse)<br/>Revision on: 10/01/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• EATING: Harvey is able to eat independently with<br/>1 Staff to provide supervision assist for eating.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Hetty Dinguana (Registered Practical Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• LOCOMOTION: Harvey is able to propel his wheelchair with<br/>1 staff to provide supervision to LIMITED assistance for locomotion on the unit.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Hetty Dinguana (Registered Practical Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• PERSONAL HYGIENE: Harvey requires extensive to total assistance by 2 person<br/>for hygiene.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Hetty Dinguana (Registered Practical Nurse)<br/>Revision on: 10/11/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• HAND HYGIENE: 1 staff to provide EXTENSIVE assistance to use soap/water,<br/>apply sanitizer, rub hands together, dry hands for hand hygiene.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025<br/>Created by: Hetty Dinguana (Registered Practical Nurse)<br/>Revision on: 10/01/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• TOILET USE: HARvey requires TOTAL assistance by 2 person for toileting.<br/>Date Initiated: 10/01/2025<br/>Created on: 10/01/2025</div> |            |  |            | PCA              |               |
| Allergies | Eggs   |      | D.O.B.   | 11/14/1942 |  | Physician  | Nachwa Ghobara   |               |
| Diagnosis | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),....See last page for a complete listing of the Resident's diagnoses |      |  |            |  |            |                  |               |
| Facility  | Arbour Creek Care Centre   |      |  |            |  | Print Date | 11/5/2025        |               |
| Resident  | Cleaver, Harvey (922141000368)   |      | Admission Date   | 10/01/2025 |  | Location   | Nash House 113 1 |               |

## Care Plan Report

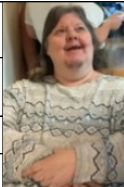
| Focus  |   | Goal | Interventions   |                |            |  | Position   | Freq/Resolved    |
|--|---|------|---|----------------|------------|--|------------|------------------|
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility<br>Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Hetty Dinguana (Registered Practical Nurse) |   |      | Created by: Hetty Dinguana (Registered Practical Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• TRANSFERRING: TOTAL using MECHANICAL LIFT assistance for transferring.   |                |            |  | PCA        |                  |
|  |   |      | Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Hetty Dinguana (Registered Practical Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• TRANSFER LIFT/SLING: Large/comfort sling needed for transfer.                                      |                |            |  | PCA        |                  |
|  |   |      | Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Hetty Dinguana (Registered Practical Nurse)<br>Revision on: 10/11/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• ORAL CARE: Harvey has broken natural TEETH .<br>1 staff to provide EXTENSIVE assistance for oral care. |                |            |  | PCA        |                  |
|  |   |      | Date Initiated: 10/01/2025<br>Created on: 10/01/2025<br>Created by: Hetty Dinguana (Registered Practical Nurse)<br>Revision on: 10/01/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• SHAVING - Harvey prefers shaved .  |                |            |  | PCA        | D                |
|  |   |      |   |                |            |  |            |                  |
| Allergies  | Eggs  |      |   | D.O.B.         | 11/14/1942 |  | Physician  | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |      |   |                |            |  |            |                  |
| Facility   | Arbour Creek Care Centre  |      |   |                |            |  | Print Date | 11/5/2025        |
| Resident   | Cleaver, Harvey (922141000368)  |      |   | Admission Date | 10/01/2025 |  | Location   | Nash House 113 1 |

## Care Plan Report

**Diagnosis** Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified(R07.4), Restlessness and agitation(R45.1), Syncope and collapse(R55)

|                  |   |                       |            |                   |                  |
|------------------|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b> | Eggs  | <b>D.O.B.</b>         | 11/14/1942 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b> | Unspecified dementia(F03), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Chest pain, unspecified (R07.4),...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Cleaver, Harvey (922141000368)  | <b>Admission Date</b> | 10/01/2025 | <b>Location</b>   | Nash House 113 1 |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |            |            | Position                  | Freq/Resolved   |  |                 |  |
|--|--|--|---|------------|------------|---------------------------|---|--|-----------------|--|
| <ul style="list-style-type: none"><li>• SPIRITUAL BELIEFS: Lynn is of the Christian Faith.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>                           |  | <ul style="list-style-type: none"><li>• To provide Lynn spiritual support as interested through to the next review date.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/21/2026</p>   | <ul style="list-style-type: none"><li>• SELF-DIRECTED SPIRITUAL Activities: Lynn engages in reading her bible in her room.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>• PERSONAL CHOICE: Respect Lynn's right to decline participation in Spiritual Program. Lynn does not like to attend church services or hymn sings in home. Currently practices on her own in her room by reading her bible.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>  |            |            | Recreation Aide           |   |  |                 |  |
|  |  |  |   |            |            | Recreation Aide           |   |  |                 |  |
| <ul style="list-style-type: none"><li>• Lynn DECLINES PARTICIPATION in structured programs related to personal choice.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 02/03/2020<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  | <ul style="list-style-type: none"><li>• Lynn participates in Independent/Self-Directed activities monthly through to the next review date.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 02/03/2020<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/21/2026</p> <ul style="list-style-type: none"><li>• Lynn will maintain an ISE score of 2 by the next review date.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 02/03/2020<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert</p> | <ul style="list-style-type: none"><li>• Encourage her to engage in self-directed activities such as walking, looking outdoors, watching t.v, reading, conversing with peers and listening to music.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 02/03/2020<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>• INVITATION: Offer friendly invite to structured programs scheduled in the home such as order in's and bingo.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 04/26/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>• FAMILY INVOLVEMENT: Lynn has two brothers that may visit once a year.</li></ul> <p>Date Initiated: 11/04/2025<br/>Created on: 04/26/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>• HELPFUL HINTS:</li></ul> |            |            | Recreation Aide           |   |  |                 |  |
|  |  |  |   |            |            | Recreation Aide           |   |  |                 |  |
|  |  |  |   |            |            |                           |   |  | Recreation Aide |  |
|  |  |  |   |            |            |                           |   |  | Recreation      |  |
| Allergies  | Opioid Antagonists   |  | D.O.B.  | 07/22/1956 | Physician  | Michael Joseph Schweitzer |  |  |                 |  |
| Diagnosis  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition(U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |   |            |            |                           |   |  |                 |  |
| Facility   | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025                 |   |  |                 |  |
| Resident   | Dennis, Lynn Margaret (228-06)   |  | Admission Date  | 02/20/2006 | Location   | Nash House 123 1          |   |  |                 |  |
| Last Care Plan Review Completed:   |  | 08/25/2025   |   |            |            |                           |   |  |                 |  |



## Care Plan Report

| Focus   |   | Goal   | Interventions  |            |           | Position   | Freq/Resolved |
|---|---|--|--|------------|-----------|--|---------------|
| • Lynn DECLINES PARTICIPATION in structured programs related to personal choice.<br>Date Initiated: 11/04/2025<br>Created on: 02/03/2020<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 11/04/2025<br>Revision by: Julie Lambert (Recreation Aide)  |   | (Recreation Aide)<br>Target Date: 01/21/2026   | Lynn loves to read and enjoys watching romance movies.<br>Lynn was employed for years as a social worker in the community.<br>Lynn has two brothers & two daughters.<br>Lynn is very religious but prefers to practice on her own.<br>Lynn is diabetic so she needs to be provided with the proper portions when being involved in food related programming.<br>Lynn enjoys coming out for ice cream socials.<br>Date Initiated: 11/04/2025<br>Created on: 04/26/2022<br>Created by: Samantha Miller (Recreation Aide)<br>Revision on: 11/04/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• MUSIC CARE APPROACH: Present Lynn with Community music, Music Care Specialists, Musicking, and Music Programming.<br>Date Initiated: 11/04/2025<br>Created on: 02/07/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 11/04/2025<br>Revision by: Julie Lambert (Recreation Aide) |            |           | Aide   |               |
|   |   |  |  |            |           | Recreation Aide  |               |
| • Nutrition Risk Level: HIGH r/t BMI >30, acceptable fluid intake, controlled T1DM, edema, good intake, bowels fairly managed.<br><br>Resident is not engaged to nutrition education r/t diabetes, weight management<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 04/30/2025<br>Revision by: Debora Choi (Dietitian (RD)) |   | • Resident will be adequately nourished aeb consuming >75% at meals and snacks through to next review date..<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026<br><br>• Resident will have minimal weight gain through to next review date.<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021 | • Not open to health education, numerous education session by the care team, however, resident is not interested<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 11/02/2022<br>Revision by: Anika Dhalla (RD - Registered Dietician)<br>• NUTRITION RISK: Resident is HIGH risk level<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 11/02/2022<br>Revision by: Anika Dhalla (RD - Registered Dietician)<br>• DIET ORDER: Resident will receive Regular diet, Regular texture (liberalized dietary approach for DM).<br>Date Initiated: 05/14/2021<br>Created on: 05/14/2021  |            |           | Diet   |               |
|   |   |  |  |            |           | Dietitian (RD)<br>Dietary Manager<br><br>Diet Food Services Aide PCA |               |
| Allergies   | Opioid Antagonists  |  | D.O.B.   | 07/22/1956 | Physician | Michael Joseph Schweitzer  |               |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |  |            |           |  |               |
| Facility  | Arbour Creek Care Centre  |  |  |            |           | Print Date   | 11/5/2025     |
| Resident  | Dennis, Lynn Margaret (228-06)  |  | Admission Date   | 02/20/2006 | Location  | Nash House 123 1   |               |
| Last Care Plan Review Completed:  |   | 08/25/2025   |  |            |           |  |               |

## Care Plan Report

| Focus                            |   | Goal   | Interventions  |            |            | Position                  | Freq/Resolved |
|----------------------------------|---|--|--|------------|------------|---------------------------|---------------|
|                                  |   | <p>Created by: Nadia Malik (Dietitian)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks<br/>(Quality Improvement Coordinator)<br/>Target Date: 01/21/2026</p> <p>• Lynn will be adequately hydrated aeb drinking at least 90% of total fluid requirement @25ml/kg, 80kg ABW CBW 138.3 to next review date.<br/>Date Initiated: 05/14/2021<br/>Created on: 05/14/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 07/02/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/21/2026</p> | <p>Created by: Nadia Malik (Dietitian)<br/>Revision on: 05/19/2021<br/>Revision by: Kamaljit Matharu (RAI Coordinator)<br/>• FLUID CONSISTENCY: Resident drinks REGULAR/THIN Level 0 Fluids.<br/>Date Initiated: 05/14/2021<br/>Created on: 05/14/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 05/19/2021<br/>Revision by: Kamaljit Matharu (RAI Coordinator)<br/>• FLUID TARGET: Encourage Resident to drink a min of 1800mL per day.<br/>Date Initiated: 05/14/2021<br/>Created on: 05/14/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 07/02/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.<br/>Date Initiated: 07/29/2024<br/>Created on: 07/29/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>• ADAPTIVE AIDS:<br/>1. Provide teaspoons (small spoons) for meals and snacks<br/>Date Initiated: 06/19/2024<br/>Created on: 06/19/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 06/19/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))<br/>• HIGH CALORIE/PROTEIN PM SNACK:<br/>alternate between cheese and crackers or pudding for CBG control<br/>Date Initiated: 07/19/2022<br/>Created on: 07/19/2022<br/>Created by: Sasha Sonny (Dietitian)<br/>Revision on: 11/15/2023<br/>Revision by: Anika Dhalla (Dietitian (RD))<br/>• Weight management:<br/>1. Provide skim milk and diet drinks at meals and snacks.</p> |            |            | Diet<br>PCA               |               |
|                                  |   |  |  |            |            | PCA                       |               |
|                                  |   |  |  |            |            | Dietary aide<br>PCA       |               |
|                                  |   |  |  |            |            | PCA                       |               |
|                                  |   |  |  |            |            | PCA                       | D             |
|                                  |   |  |  |            |            |                           |               |
|                                  |   |  |  |            |            |                           |               |
|                                  |   |  |  |            |            |                           |               |
|                                  |   |  |  |            |            |                           |               |
|                                  |   |  |  |            |            |                           |               |
| Allergies                        | Opioid Antagonists  |  | D.O.B.   | 07/22/1956 | Physician  | Michael Joseph Schweitzer |               |
| Diagnosis                        | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |  |            |            |                           |               |
| Facility                         | Arbour Creek Care Centre  |  |  |            | Print Date | 11/5/2025                 |               |
| Resident                         | Dennis, Lynn Margaret (228-06)  |  | Admission Date   | 02/20/2006 | Location   | Nash House 123 1          |               |
| Last Care Plan Review Completed: |   | 08/25/2025   |  |            |            |                           |               |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position                              | Freq/Resolved |           |                           |           |
|---|---|---|---------------------------------------|---------------|-----------|---------------------------|-----------|
| <p>• Nutrition Risk Level: HIGH r/t BMI &gt;30, acceptable fluid intake, controlled T1DM, edema, good intake, bowels fairly managed.</p> <p>Resident is not engaged to nutrition education r/t diabetes, weight management</p> <p>Date Initiated: 05/14/2021<br/>Created on: 05/14/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 04/30/2025<br/>Revision by: Debora Choi (Dietitian (RD))</p> |   | <p>2. Discourage Lynn from taking extra food from servery and other resident's rooms.</p> <p>3. When she demands extra food, PSW to ask RN/RPN if resident can have second helpings, then provide low Carb / fat items such as diet drinks, extra vegetables &amp; fruit.</p> <p>Date Initiated: 05/14/2021<br/>Created on: 05/14/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 11/02/2022<br/>Revision by: Anika Dhalla (RD - Registered Dietician)</p> <p>• DIABETIC CARE: Offer Lynn PRN Juice (of Choice) when CBG 4.0mmol/L</p> <p>-Encourage Lynn to have small snack or beverage if she refuses meals</p> <p>Date Initiated: 07/19/2022<br/>Created on: 07/19/2022<br/>Created by: Sasha Sonny (Dietitian)<br/>Revision on: 10/07/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> | PCA                                   |               |           |                           |           |
| <p>• Increased risk for FALLS related to cognitive impairment and poor judgement due to acquired brain injury, use of psychotropic medication and impaired judgment.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/22/2024</p>  | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> | <p>• COMMUNICATION: Involve/collaborate with Lynn /SDM in decision making in fall prevention Plan of Care.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• CALL BELL: Due to cognitive impairment related to dementia Lynn may forget or not understand how to use the call bell</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p>  | Registered Practical Nurse<br><br>PCA | <br><br>D/E/N |           |                           |           |
| Allergies   | Opioid Antagonists  |   | D.O.B.                                | 07/22/1956    | Physician | Michael Joseph Schweitzer |           |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses   |   |                                       |               |           |                           |           |
| Facility  | Arbour Creek Care Centre  |   |                                       |               |           | Print Date                | 11/5/2025 |
| Resident  | Dennis, Lynn Margaret (228-06)  |   | Admission Date                        | 02/20/2006    | Location  | Nash House 123 1          |           |
| Last Care Plan Review Completed:  |   | 08/25/2025  |                                       |               |           |                           |           |

## Care Plan Report

| Focus                                |   | Goal                    | Interventions   |                |            |            | Position                  | Freq/Resolved |
|--------------------------------------|---|-------------------------|---|----------------|------------|------------|---------------------------|---------------|
| Revision by: Chantelle Walker (ADOC) |   | Target Date: 01/21/2026 | <div>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)</div> <div>Revision on: 03/15/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: walker,high/low bed PCA</div> <div>Date Initiated: 02/15/2025</div> <div>Created on: 02/15/2025</div> <div>Created by: Myrna Corpuz (RPN)</div> <div>Revision on: 11/03/2025</div> <div>Revision by: Myrna Corpuz (RPN)</div> <div>• ENVIRONMENT: Provide secure environment by reducing clutter, creating clear pathway to bathroom to reduce fall risk for Lynn. PCA</div> <div>Date Initiated: 08/26/2019</div> <div>Created on: 08/26/2019</div> <div>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)</div> <div>Revision on: 03/15/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• ACTIVITY: Engage Lynn in meaningful activity to decrease boredom and/or restlessness. Lynn likes to read books, watch old movies. PCA</div> <div>Date Initiated: 08/26/2019</div> <div>Created on: 08/26/2019</div> <div>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)</div> <div>Revision on: 03/15/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• FOOTWEAR: Encourage Lynn to wear non slip, well fitting shoes for ambulation. Sometimes she refuses. PCA</div> <div>Date Initiated: 08/26/2019</div> <div>Created on: 08/26/2019</div> <div>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)</div> <div>Revision on: 03/15/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• SPECIAL CONSIDERATION to PREVENT FALLS: Momo bed sense in place. PCA</div> <div>Date Initiated: 07/28/2025</div> <div>Created on: 07/28/2025</div> <div>Created by: Manpreet Dhaliwal (Registered Nurse)</div> <div>Revision on: 07/28/2025</div> <div>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> |                |            |            |                           |               |
| Allergies                            | Opioid Antagonists  |                         |   | D.O.B.         | 07/22/1956 | Physician  | Michael Joseph Schweitzer |               |
| Diagnosis                            | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |                         |   |                |            |            |                           |               |
| Facility                             | Arbour Creek Care Centre  |                         |   |                |            | Print Date | 11/5/2025                 |               |
| Resident                             | Dennis, Lynn Margaret (228-06)  |                         |   | Admission Date | 02/20/2006 | Location   | Nash House 123 1          |               |
| Last Care Plan Review Completed:     |   | 08/25/2025              |   |                |            |            |                           |               |

## Care Plan Report

| Focus   |   | Goal   | Interventions   |            |                   | Position                   | Freq/Resolved |
|---|---|--|---|------------|-------------------|----------------------------|---------------|
| <p>• Increased risk for FALLS related to cognitive impairment and poor judgement due to acquired brain injury, use of psychotropic medication and impaired judgment.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/22/2024<br/>Revision by: Chantelle Walker (ADOC)</p>                               |   |  | <p>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>  |            |                   | Registered Practical Nurse |               |
| <p>• Sleep Patterns; Potential for alteration in sleep patterns related to acquired brain injury, and sedentary life style as demonstrated by laying in bed all day, coming out almost only for meals</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |   | <p>• To promote adequate rest/sleep for Lynn based on identified sleep patterns/preferences each night through to the next review date.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/21/2026</p> | <p>• PREFERENCE: Lynn does not have a set time that she goes to sleep. She will usually read or watch television late into the evening. Lynn will turn lights and television and settle into bed when she is ready.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• PREFERENCE: Night PCA to monitor Lynn during the night. Lynn usually gets up between 10:00pm or 12:00 midnight, occasionally later, looking for something to eat</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024</p> |            |                   | PCA                        | PCA           |
| <b>Allergies</b>  | Opioid Antagonists  |  | <b>D.O.B.</b>   | 07/22/1956 | <b>Physician</b>  | Michael Joseph Schweitzer  |               |
| <b>Diagnosis</b>  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |   |            |                   |                            |               |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |   |            | <b>Print Date</b> | 11/5/2025                  |               |
| <b>Resident</b>   | Dennis, Lynn Margaret (228-06)  |  | <b>Admission Date</b>   | 02/20/2006 | <b>Location</b>   | Nash House 123 1           |               |
| <b>Last Care Plan Review Completed:</b>   |   | 08/25/2025   |   |            |                   |                            |               |

## Care Plan Report

| Focus   |   | Goal   | Interventions  |            |           | Position                   | Freq/Resolved |
|---|---|--|--|------------|-----------|----------------------------|---------------|
|   |   |  | Revision by: Navpreet Sekhon (RN)<br><br>• REST PATTERN: Lynn requires rest periods throughout the day and prefers to stay in bed all day<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• SLEEPWEAR: Lynn prefers to wear night gown<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)  |            |           | PCA                        |               |
| • Potential for hypo/hyperglycemia and other complications related to medical condition diagnosis of IDDM as evidenced by abnormal FBS and HbA1C values<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   | • To treat and/or minimize episodes of hypo/hyperglycemia and other complications associated with DM through to next review date<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | • COMMUNICATION: Involve/collaborate with Lynn/SDM in decision making of diabetes care management.<br>Date Initiated: 04/16/2023<br>Created on: 04/16/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• HEALTH TEACHING: Engage with Lynn/SDM to enhance his/her comprehension of treatment, possible complications, disease trajectory, etc. associated with DIABETES.<br>Date Initiated: 04/16/2023<br>Created on: 04/16/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA or changes to the health status.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024 |            |           | Registered Practical Nurse |               |
| Allergies   | Opioid Antagonists  |  | D.O.B.   | 07/22/1956 | Physician | Michael Joseph Schweitzer  |               |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |  |            |           |                            |               |
| Facility  | Arbour Creek Care Centre  |  |  |            |           | Print Date                 | 11/5/2025     |
| Resident  | Dennis, Lynn Margaret (228-06)  |  | Admission Date   | 02/20/2006 | Location  | Nash House 123 1           |               |
| Last Care Plan Review Completed:  |   | 08/25/2025   |  |            |           |                            |               |

## Care Plan Report

| Focus  |   | Goal   | Interventions  |            |  | Position                         | Freq/Resolved             |
|--|---|--|--|------------|--|----------------------------------|---------------------------|
| <ul style="list-style-type: none"><li>• Potential for hypo/hyperglycemia and other complications related to medical condition diagnosis of IDDM as evidenced by abnormal FBS and HbA1C values</li></ul> Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   |  | Revision by: Navpreet Sekhon (RN)  |            |  | Registered<br>Practical<br>Nurse |                           |
|  |   |  | • Monitor CBG as ordered and prn(see orders).  |            |  |                                  |                           |
|  |   |  | Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |  |                                  |                           |
|  |   |  | • Administer medications as ordered and monitor for the side effects, effectiveness.   |            |  |                                  |                           |
|  |   |  | Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |  | Registered<br>Practical<br>Nurse |                           |
|  |   |  | • Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated.  |            |  | Registered<br>Practical<br>Nurse |                           |
|  |   |  | Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |  |                                  |                           |
| <ul style="list-style-type: none"><li>• Potential for complications, signs and symptoms like weight gain, confusion related to dx of hypothyroidism.</li></ul> Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)  |   | <ul style="list-style-type: none"><li>• Lynn will remain free from complications related to hypothyroidism through to the next review date.</li></ul> Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | • Administer medications as ordered and monitor for side effects, effectiveness.   |            |  | Registered<br>Practical<br>Nurse |                           |
|  |   |  | Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |  |                                  |                           |
|  |   |  | • Assess/record/report to MD prn symptoms of hypothyroidism such as; weight gain, confusion, altered mental status, feeling of being cold, tongue enlargement                              |            |  | PCA                              |                           |
|  |   |  | Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |  |                                  |                           |
|  |   |  | • Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated.  |            |  | Registered<br>Practical<br>Nurse |                           |
|  |   |  | Date Initiated: 08/26/2019   |            |  |                                  |                           |
| Allergies  | Opioid Antagonists  |  | D.O.B.   | 07/22/1956 |  | Physician                        | Michael Joseph Schweitzer |
| Diagnosis  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |  |            |  |                                  |                           |
| Facility   | Arbour Creek Care Centre  |  |  |            |  | Print Date                       | 11/5/2025                 |
| Resident   | Dennis, Lynn Margaret (228-06)  |  | Admission Date   | 02/20/2006 |  | Location                         | Nash House 123 1          |
| Last Care Plan Review Completed:   |   | 08/25/2025   |  |            |  |                                  |                           |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position  | Freq/Resolved |
|--|---|--|---|---------------|
| <ul style="list-style-type: none"> <li>Potential for complications, signs and symptoms like weight gain, confusion related to dx of hypothyroidism.</li> </ul> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>       |   | <p>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>   |   |               |
| <ul style="list-style-type: none"> <li>Appropriate Medication Use: Psychotropic drug use related to depression as evidence by taking antidepressant daily</li> </ul> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | <ul style="list-style-type: none"> <li>Lynn will continue to tolerate antidepressant medications as prescribed.</li> </ul> <p>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/21/2026</p> | <ul style="list-style-type: none"> <li>Medication preferences: antidepressant</li> </ul> <p>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"> <li>Monitor/document/report to MD prn adverse medication effects: CNS (delirium, memory loss, fatigue, depression, tremors change in cognition); Cardio (hypotension, dizziness, arrhythmias); GI (loss of appetite, weight loss, constipation, diarrhea, nausea and vomiting, bleeding); Urinary (incontinence, retention); change in ADLs; increase in falls; new symptoms</li> </ul> <p>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"> <li>Review use of psychotropics antidepressant on quarterly and as needed.</li> </ul> <p>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | <p>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse</p> |               |

|   |   |                       |            |                   |                           |
|---|---|-----------------------|------------|-------------------|---------------------------|
| <b>Allergies</b>                        | Opioid Antagonists  | <b>D.O.B.</b>         | 07/22/1956 | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Dennis, Lynn Margaret (228-06)  | <b>Admission Date</b> | 02/20/2006 | <b>Location</b>   | Nash House 123 1          |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025            |            |                   |                           |



## Care Plan Report

| Focus   | Goal   | Interventions  | Position                                    | Freq/Resolved |            |                           |
|---|--|--|---|---------------|------------|---------------------------|
| <p>• Potential for BOWEL INCONTINENCE related to Depression and Acquired Brain Injury secondary to DM.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | <p>• Lynn will have bowel incontinence managed every shift through to the next review period<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/21/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Lynn/SDM for decision making about incontinence management.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>  | Registered Practical Nurse                  |               |            |                           |
|   |  | <p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>                              | Registered Practical Nurse                  |               |            |                           |
|   |  | <p>• BOWEL Continence level is FREQUENT Incontinent. Report change to level as noted.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 12/06/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>  | PCA   |               |            |                           |
|   |  | <p>• INCONTINENCE PRODUCT: Lynn uses size XXL brief during days, evenings and nights<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>  | PCA   |               |            |                           |
| <p>• URINARY Overflow INCONTINENCE related to altered mobility, Dementia Diagnosis.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>                    | <p>• Lynn will have urinary incontinence managed every shift through to the next review period<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)</p>  | <p>• COMMUNICATION: Involve/collaborate with Lynn/SDM for decision making about incontinence management.<br/>Date Initiated: 11/09/2021<br/>Created on: 11/09/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Lynn for</p> | Social Worker<br>Registered Practical Nurse | Registered    |            |                           |
| Allergies   | Opioid Antagonists   |  | D.O.B.                                      | 07/22/1956    | Physician  | Michael Joseph Schweitzer |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses  |  |   |               |            |                           |
| Facility  | Arbour Creek Care Centre   |  |   |               | Print Date | 11/5/2025                 |
| Resident  | Dennis, Lynn Margaret (228-06)   |  | Admission Date                              | 02/20/2006    | Location   | Nash House 123 1          |
| Last Care Plan Review Completed:  |  | 08/25/2025   |   |               |            |                           |

## Care Plan Report

| Focus  |   | Goal  | Interventions  |                |            | Position                     | Freq/Resolved             |
|--|---|---|--|----------------|------------|------------------------------|---------------------------|
|  |   | Revision on: 09/09/2024<br>Revision by: Jason Geerlinks<br>(Quality Improvement Coordinator)<br>Target Date: 01/21/2026   | toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 11/09/2021<br>Created on: 11/09/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• URINARY Continence level is TOTAL Incontinent. Report change to level as noted.<br>Date Initiated: 11/09/2021<br>Created on: 11/09/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 12/06/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• INCONTINENCE PRODUCT: Lynn uses size XXL brief during days, evenings and nights<br>Date Initiated: 11/09/2021<br>Created on: 11/09/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |                |            | Practical Nurse              |                           |
| • Risk for/Impaired Skin Integrity r/t Obesity<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   | • To protect and maintain skin integrity each day through to the next review.<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | • HEALTH EDUCATION: Engage Lynn/SDM in health education regarding prevention of skin impairment<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)  |                |            | Registered Practical Nurse   |                           |
| • Potential for Expressive Behaviour of Socially Inappropriate, RESISTANCE to care need nature related to Acquired Brain Injury, impaired insight and judgment.<br>Date Initiated: 10/02/2019                          |   | • To promote safety for Lynn and/or others during each episode of resistance to care through to the next review date.<br>Date Initiated: 10/02/2019   | • COMMUNICATION: Involve/collaborate with Lynn/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.<br>Date Initiated: 10/02/2019<br>Created on: 10/02/2019  |                |            | BSO - Internal Social Worker |                           |
| Allergies  | Opioid Antagonists  |   |  | D.O.B.         | 07/22/1956 | Physician                    | Michael Joseph Schweitzer |
| Diagnosis  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                              |                           |
| Facility   | Arbour Creek Care Centre  |   |  |                |            | Print Date                   | 11/5/2025                 |
| Resident   | Dennis, Lynn Margaret (228-06)  |   |  | Admission Date | 02/20/2006 | Location                     | Nash House 123 1          |
| Last Care Plan Review Completed:   |   | 08/25/2025  |  |                |            |                              |                           |

## Care Plan Report

| Focus  |   | Goal   | Interventions   |            |            | Position                         | Freq/Resolved |
|--|---|--|---|------------|------------|----------------------------------|---------------|
| Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   | Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Lynn for indications to change in or for escalating expressive behaviour risk.<br>Date Initiated: 10/02/2019<br>Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• RESISTANCE to Care Need: If Lynn is refusing to bathe, change clothes, take medications, eat re-approach in 10-15 minutes. Report episode to Registered Staff.<br>Date Initiated: 10/02/2019<br>Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• RESISTANCE to Care Need: If Lynn is refusing to eat, re approach her and ask again. Ensure that she has saved meal as she sometimes comes out of her room looking for food outside of regular meal times. Staff to also tell her what is the food choice to engage her to eat especially the food that she likes.<br>If Lynn is refusing care, encourage Lynn to accept, offer reward to make her look forward to the task.<br>Date Initiated: 10/02/2019<br>Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• SOCIALLY Inappropriate Behaviour: If Lynn is noted to taking food from co-residents and climbing on the kitchen taking food gently redirect her to focus on task at hand or escort to quieter area.<br>Date Initiated: 10/02/2019<br>Created on: 10/02/2019<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |            |            | Registered<br>Practical<br>Nurse |               |
| Allergies  | Opioid Antagonists  |  | D.O.B.  | 07/22/1956 | Physician  | Michael Joseph Schweitzer        |               |
| Diagnosis  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |   |            |            |                                  |               |
| Facility   | Arbour Creek Care Centre  |  |   |            | Print Date | 11/5/2025                        |               |
| Resident   | Dennis, Lynn Margaret (228-06)  |  | Admission Date  | 02/20/2006 | Location   | Nash House 123 1                 |               |
| Last Care Plan Review Completed:   |   | 08/25/2025   |   |            |            |                                  |               |

## Care Plan Report

| Focus   |   | Goal   | Interventions   |                |            | Position                   | Freq/Resolved             |
|---|---|--|---|----------------|------------|----------------------------|---------------------------|
| <p>• Potential for Expressive Behaviour of Socially Inappropriate, RESISTANCE to care need nature related to Acquired Brain Injury, impaired insight and judgment.<br/>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>   |   |  | <p>• SOCIALLY Inappropriate Behaviour: Staff is to monitor Lynn as she goes straight to PCA the kitchen and get food without making the staff aware. Staff to make sure that accordion doors are lock and that the kitchen door is locked. PCA to monitor Lynn's room daily when Lynn is not present. PCA to take food out of her drawers and discard.<br/>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• DIVERSION ACTIVITY: Lynn responds well to watching TV/movie, reading a book, PCA and coloring as method to calm or redirect energy.<br/>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>                             |                |            |                            |                           |
| <p>• Mood problem r/t Cognitive decline, diagnosis of depression as evidenced by isolating self in room with door closed, lights off, not socializing with staff or residents, and history of previous suicide attempts (2001 and 2004) that resulted in acquired brain injury<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |   | <p>• Lynn will maintain their mood as evidenced by Depression Rating Scale (DRS) at a range of 1-2 by the review date.<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 09/09/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 01/21/2026</p> | <p>• Educate Lynn/family/caregivers regarding expectations of treatment, concerns with side effects and potential adverse effects, evaluation, maintenance.<br/>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• Encourage Lynn to express feelings / experiences.<br/>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• Assess/monitor/document report to MD prn risk for harming others: increased anger, labile mood or agitation, feels threatened by others or thoughts of harming someone, posession of weapons or objects that could be used as weapons<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> |                |            | Registered Practical Nurse |                           |
| Allergies   | Opioid Antagonists  |  |   | D.O.B.         | 07/22/1956 | Physician                  | Michael Joseph Schweitzer |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                            |                           |
| Facility  | Arbour Creek Care Centre  |  |   |                |            | Print Date                 | 11/5/2025                 |
| Resident  | Dennis, Lynn Margaret (228-06)  |  |   | Admission Date | 02/20/2006 | Location                   | Nash House 123 1          |
| Last Care Plan Review Completed:  |   | 08/25/2025   |   |                |            |                            |                           |

## Care Plan Report

| Focus | Goal | Interventions   | Position  | Freq/Resolved |
|-------|------|---|---|---------------|
|       |      | <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• Determine hobbies, activities of interest and encourage Lynn to participate.</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• Review medications/treatment regimes with pharmacist/MD for side/adverse effects which could impact mood negatively (new medications, anticonvulsants, corticosteroids, cardiac medications, anticholinergics, glaucoma treatment, antibiotics, chemo, narcotics, antipsychotics</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• Assess/monitor/document report to MD prn risk for harm to self/suicidal ideations/actions: suicidal plan, past attempt at suicide, risky actions (saying goodbye to family, giving away possessions or writing a note, increase isolation), intentionally harmed or tried to harm self, refusing to eat or drink, refusing med or therapies, sense of hopelessness or helplessness, impaired judgment or safety awareness</p> <p>Date Initiated: 10/02/2019<br/>Created on: 10/02/2019</p> <p>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | Recreation Aide<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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## Care Plan Report

| Focus   |   | Goal  | Interventions   |                |            | Position                   | Freq/Resolved              |     |  |
|---|---|---|---|----------------|------------|----------------------------|----------------------------|-----|--|
| Revision by: Navpreet Sekhon (RN)   |   | Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026  | Lynn is feeling lost or in confused state<br>Date Initiated: 08/10/2022<br>Created on: 08/10/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• CUE TASKS: Break tasks into manageable subtasks, Lynn can comprehend and follow 1 step at a time.<br>Date Initiated: 08/10/2022<br>Created on: 08/10/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• ENVIRONMENT: Provide environmental clue to promote Lynn's ability to locate room and navigating home area (i.e. name plate, photo, memory box, etc.) outside of room.<br>Date Initiated: 08/10/2022<br>Created on: 08/10/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |                |            |                            |                            | PCA |  |
| • Potential for PAIN and alteration in comfort level related to obesity and immobility.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   | • To promote resident comfort and effectively manage pain as episode occurs through to the next review.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | • COMMUNICATION: Involve/collaborate with Lynn/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)   |                |            | Registered Practical Nurse | Registered Practical Nurse |     |  |
| Allergies   | Opioid Antagonists  |   |   | D.O.B.         | 07/22/1956 | Physician                  | Michael Joseph Schweitzer  |     |  |
| Diagnosis   | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |   |   |                |            |                            |                            |     |  |
| Facility  | Arbour Creek Care Centre  |   |   |                |            | Print Date                 | 11/5/2025                  |     |  |
| Resident  | Dennis, Lynn Margaret (228-06)  |   |   | Admission Date | 02/20/2006 | Location                   | Nash House 123 1           |     |  |
| Last Care Plan Review Completed:  |   | 08/25/2025  |   |                |            |                            |                            |     |  |

## Care Plan Report

| Focus  |   | Goal   | Interventions   |            |            | Position                   | Freq/Resolved |
|--|---|--|---|------------|------------|----------------------------|---------------|
| • Potential for PAIN and alteration in comfort level related to obesity and immobility.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)                            |   |  | • REST: accommodate Lynn's rest and relaxation preferences, she likes to stay in bed longer in the mornings and spend most of the day in bed<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)  |            |            | Registered Practical Nurse |               |
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation and poor judgement<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) |   | • Lynn will maintain current self sufficiency in ADL abilities in all ADL AREAS through the review date.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | • BATHING: Lynn prefers showers on Sunday Morning and Wednesday Evening. She requires moderate to extensive assistance from 1 staff during bathing. Lynn can be given reward and positive praise when accepting shower to encourage her. Nail care to be provided on shower/bath day.<br>Date Initiated: 08/12/2025<br>Created on: 08/12/2025<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 08/12/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |            |            | PCA                        |               |
|  |   |  | • BED MOBILITY: Lynn is independent.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019<br>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)  |            |            | PCA                        |               |
|  |   |  | • DRESSING: Lynn usually dresses independently but 1 staff provide cueing and Extensive assist as needed. Staff to ensure clean clothes on. Lynn likes to wear night gown throughout the, day but encouraged to wear day clothes if leaving the unit.<br>Date Initiated: 08/26/2019<br>Created on: 08/26/2019   |            |            | PCA                        |               |
| Allergies  | Opioid Antagonists  |  | D.O.B.  | 07/22/1956 | Physician  | Michael Joseph Schweitzer  |               |
| Diagnosis  | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |  |   |            |            |                            |               |
| Facility   | Arbour Creek Care Centre  |  |   |            | Print Date | 11/5/2025                  |               |
| Resident   | Dennis, Lynn Margaret (228-06)  |  | Admission Date  | 02/20/2006 | Location   | Nash House 123 1           |               |
| Last Care Plan Review Completed:   |   | 08/25/2025   |   |            |            |                            |               |

## Care Plan Report

| Focus                            |   | Goal       | Interventions   |            |            | Position                  | Freq/Resolved |
|----------------------------------|---|------------|---|------------|------------|---------------------------|---------------|
|                                  |   |            | <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• EATING: Lynn will eat independently but staff to monitor as she has behavior of eating other people's food or going to the kitchen on her own. Lynn will also refuse to come for meals, but can be persuaded or will come out of the room looking food outside time. Requires set-up help. PCA</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• LOCOMOTION: Lynn is independent when ambulating. She is reminded to use her walker if she feels unsteady on her feet. Supervision is required when Lynn is ambulating. PCA</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 07/31/2025<br/>Revision by: Myrna Corpuz (RPN)</p> <p>• PERSONAL HYGIENE: Lynn can do the task independently but 1 staff to ensure she is washing herself and brushing her teeth properly. Reminders / verbal cues and minimal assist. Ensure that she is changing her pull-ups and changing her clothes as needed. PCA</p> <p>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019</p> <p>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• HAND HYGIENE: Lynn requires 1 staff to provide REMINDERS to apply sanitizer, rub hands together, and dry hands for hand hygiene. PCA</p> <p>Date Initiated: 07/30/2021<br/>Created on: 07/30/2021</p> <p>Created by: Brittany Saini (RN)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |            |            |                           |               |
| Allergies                        | Opioid Antagonists  |            | D.O.B.  | 07/22/1956 | Physician  | Michael Joseph Schweitzer |               |
| Diagnosis                        | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |            |   |            |            |                           |               |
| Facility                         | Arbour Creek Care Centre  |            |   |            | Print Date | 11/5/2025                 |               |
| Resident                         | Dennis, Lynn Margaret (228-06)  |            | Admission Date  | 02/20/2006 | Location   | Nash House 123 1          |               |
| Last Care Plan Review Completed: |   | 08/25/2025 |   |            |            |                           |               |



## Care Plan Report

| Focus  | Goal | Interventions  | Position   | Freq/Resolved |
|--|------|--|--|---------------|
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation and poor judgement<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</div> |      | <div>• TOILET USE: Lynn can toilet self independently but due to requires wearing incontinent brief, Lynn requires 1 staff Extensive assist with applying the brief and ensuring peri-care. Lynn is more incontinent at this time.<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• TRANSFERRING: Lynn can self transfer independently, requires supervision during transfer<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 04/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> <div>• ORAL CARE: Lynn requires reminders, cues and supervision to complete oral care.<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• FOOT CARE: toe nail to be clipped after shower. refer to footcare nurse if necessary<br/>Date Initiated: 08/26/2019<br/>Created on: 08/26/2019<br/>Created by: Christy Kuruvilla (Clinical Best Practice Coordinator)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• HAIR CARE: hair to washed on bath days.</div> | PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report


| Focus   | Goal   | Interventions   | Position  | Freq/Resolved |
|---|--|---|---|---------------|
| <b>Care</b><br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) | <b>through to the End of Life.</b><br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 09/09/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/21/2026 | Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/08/2024<br>Revision by: Grace Akah (RN)<br>• <b>COMMUNICATION:</b> Lynn's expressed wishes indicate that she would like to be included in conversations of prognosis, treatment for end of life<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN) | Registered<br>Practical<br>Nurse<br>Social Worker |               |
|   |  |   |   |               |

### Diagnosis

Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia (F03), Post COVID-19 condition(U07.4), Type 2 diabetes mellitus with poor control, so described(E11.64)

|   |   |                       |            |                   |                           |
|---|---|-----------------------|------------|-------------------|---------------------------|
| <b>Allergies</b>                        | Opioid Antagonists  | <b>D.O.B.</b>         | 07/22/1956 | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Depressive episode, unspecified(F32.9), Benign hypertension(I10.0), Obesity, unspecified(E66.9), Thyrotoxicosis, unspecified(E05.9), Unspecified dementia(F03), Post COVID-19 condition (U07.4), Typ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Dennis, Lynn Margaret (228-06)  | <b>Admission Date</b> | 02/20/2006 | <b>Location</b>   | Nash House 123 1          |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025            |            |                   |                           |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved                   |                |   |
|---|--|--|---|---------------------------------|----------------|---|
| <div>• Nutrition Risk Level: MODERATE r/t non-significant weight gain, BMI 24-29, good food and fluid intake, dementia, constipation with HFI, hypothyroidism, independent-limited assist at meals.<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/09/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</div> | <div>• Isabella will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))<br/>Target Date: 12/19/2025</div> | <div>• NUTRITION RISK: Isabella is MODERATE risk level.<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</div>   | Dietitian (RD)  |                                 |                |   |
|   | <div>• Will weigh within IBW of 67-81kg/BMI 24-29 through to next review date. h=167cm<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/09/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 12/19/2025</div>                           | <div>• DIET ORDER: Isabella will receive Regular diet, Regular texture<br/>-May offer softer options if needed as Isabella sometimes complains of pain to her gums<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/30/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</div> | PCA   |                                 |                |   |
|   |  | <div>• FLUID CONSISTENCY: Isabella drinks REGULAR/THIN Level 0 Fluids.<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</div>  | PCA   |                                 |                |   |
|   |  | <div>• FLUID TARGET: Encourage Isabella to drink a minimum of 1558mL per day.<br/><br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/09/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</div>   | PCA   |                                 |                |   |
|   |  | <div>• Isabella will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1948mL @25mL/kg, 77.9kg through to next review date.<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/09/2025<br/>Revision by: Alexandra Breau</div>                               | <div>• FOOD ALLERGY/INTOLERANCE: NKA<br/>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</div> | PCA<br>Restorative<br>Care Aide |                |   |
|   |  |  | <div>• FOOD PREFERENCES: Isabella enjoys eating most foods. Dislikes eating prunes/prune juice.<br/>Date Initiated: 03/25/2024</div>  | PCA                             |                |   |
| Allergies   | No Known Allergies   | D.O.B.   | 07/20/1932  | Physician                       | Nachwa Ghobara |  |
| Diagnosis   | Unspecified dementia(F03), Other hypertrophic osteoarthopathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses  |  |   |                                 |                |   |
| Facility  | Arbour Creek Care Centre   |  |   | Print Date                      | 11/5/2025      |   |
| Resident  | Fox, Isabella (922141000308)   |  | Admission Date  | 03/12/2024                      | Location       |   |
| Last Care Plan Review Completed:  |  | 09/19/2025   |   |                                 |                |   |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position              | Freq/Resolved |                   |                  |  |
|--|---|---|-----------------------|---------------|-------------------|------------------|--|
| <p>• Nutrition Risk Level: MODERATE r/t non-significant weight gain, BMI 24-29, good food and fluid intake, dementia, constipation with HFI, hypothyroidism, independent-limited assist at meals.</p> <p>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 09/09/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> | <p>(Dietitian (RD))<br/>Target Date: 12/19/2025</p>   | <p>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• HIGH FIBRE:</p> <p>1. 1tbsp ground flaxseed @ Breakfast</p> <p>Date Initiated: 03/25/2024<br/>Created on: 03/25/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/25/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</p>   | PCA                   |               |                   |                  |  |
| <p>• SPIRITUAL BELIEFS: Isabella is of the Protestant Faith.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 04/11/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   | <p>• To provide Isabella spiritual support as interested through to the next review date.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 04/11/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 12/19/2025</p> | <p>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing and Church Service.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 04/11/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• PERSONAL CHOICE: Respect Isabella's right to decline participation in Spiritual Program.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 04/11/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | Recreation Aide       |               |                   |                  |  |
| <p>• STRONG PARTICIPATION in Activities of interest</p> <p>Date Initiated: 09/03/2025</p>  | <p>• Isabella will be supported to maintain participation in activities 20-25 times per month</p>   | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; movies, parties, social, exercise, games, walking.</p> <p>Date Initiated: 09/03/2025</p>   | Recreation Aide       |               |                   |                  |  |
| <b>Allergies</b>   | No Known Allergies  |   | <b>D.O.B.</b>         | 07/20/1932    | <b>Physician</b>  | Nachwa Ghobara   |  |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses  |   |                       |               |                   |                  |  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |                       |               | <b>Print Date</b> | 11/5/2025        |  |
| <b>Resident</b>  | Fox, Isabella (922141000308)  |   | <b>Admission Date</b> | 03/12/2024    | <b>Location</b>   | Nash House 119 1 |  |
| <b>Last Care Plan Review Completed:</b>  |   | 09/19/2025  |                       |               |                   |                  |  |

## Care Plan Report

| Focus  |   | Goal   | Interventions  |                |            | Position        | Freq/Resolved    |
|--|---|--|--|----------------|------------|-----------------|------------------|
| Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide) |   | by the next review date.<br>Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/19/2025<br><br>• Isabella will maintain ISE score of 4 by the next review date.<br>Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/19/2025 | Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as walking, conversing with peers, listening to music.<br>Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Accompany in elevator, Walk with and guide to programs by cueing direction, etc.<br>Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• HELPFUL HINTS:<br>Isabella is from a small town call Glenboig in Scotland, UK.<br>The family immigrated with 2 young sons to Montreal, QC in 1967.<br>Isabella can speak english and a little bit of french due to living in Montreal for about 20 years.<br>Isabella was a homemaker<br>Isabella has two sons. Allan and Alec.<br>Isabella retired with husband in Vineland, ON in 1987.<br>Isabella likes babies and stuffed animals.<br>Isabella enjoys sewing, gardening, walking outdoors, reading, socializing, cleaning, and staying busy<br>Speak to Isabella in her right ear, loud and clear for her to hear properly.<br>Meet Isabella in her own reality.<br>Offer Isabella her glasses for reading and colouring.<br>Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide) |                |            | Recreation Aide |                  |
| Allergies  | No Known Allergies  |  |  | D.O.B.         | 07/20/1932 | Physician       | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Other hypertrophic osteoarthopathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                 |                  |
| Facility   | Arbour Creek Care Centre  |  |  |                |            | Print Date      | 11/5/2025        |
| Resident   | Fox, Isabella (922141000308)  |  |  | Admission Date | 03/12/2024 | Location        | Nash House 119 1 |
| Last Care Plan Review Completed:   |   | 09/19/2025   |  |                |            |                 |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                       |            | Position                   | Freq/Resolved    |
|--|--|---|--|-----------------------|------------|----------------------------|------------------|
| <p>• <b>STRONG PARTICIPATION</b> in Activities of interest</p> <p>Date Initiated: 09/03/2025<br/>Created on: 04/11/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>                     |  |   | Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)  |                       |            | Recreation Aide            |                  |
|  |  |   | • <b>ONE to ONE:</b> Provide her with individual visits for conversation and reminiscing.  |                       |            |                            |                  |
|  |  |   | Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)   |                       |            |                            |                  |
|  |  |   | • <b>THERAPIES:</b> Provide him/her with Music Therapy and Aromatherapy when available.  |                       |            |                            |                  |
|  |  |   | Date Initiated: 09/03/2025<br>Created on: 04/11/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)   |                       |            | Recreation Aide            |                  |
|  |  |   | • <b>MUSIC CARE APPROACH:</b> Present Isabella with Community music, Music Care Specialists, Musicking, and Music Programming.   |                       |            |                            |                  |
|  |  |   | Date Initiated: 09/03/2025<br>Created on: 12/08/2024<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/03/2025<br>Revision by: Julie Lambert (Recreation Aide)   |                       |            |                            |                  |
|  |  |   |  |                       |            |                            |                  |
| <p>• <b>URINARY (Overflow) INCONTINENCE</b> related to Dementia Diagnosis and decreased mobility.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> |  | <p>• Isabella will receive support with mobility to use toilet and promote urinary continence each shift through to the next review.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>Target Date: 12/19/2025</p> | <p>• <b>COMMUNICATION:</b> Involve/collaborate with Isabella/SDM for decision making about toileting options or incontinence management.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of Isabella for toileting needs, changes to health status and alteration of continence level.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> |                       |            | Registered Practical Nurse |                  |
| <p>PCA</p>   |  |   |  |                       |            |                            |                  |
| <b>Allergies</b>   | No Known Allergies   |   |  | <b>D.O.B.</b>         | 07/20/1932 | <b>Physician</b>           | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |  |                       |            |                            |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |  |                       |            | <b>Print Date</b>          | 11/5/2025        |
| <b>Resident</b>  | Fox, Isabella (922141000308)   |   |  | <b>Admission Date</b> | 03/12/2024 | <b>Location</b>            | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b>  |  | 09/19/2025  |  |                       |            |                            |                  |

## Care Plan Report

| Focus                                   | Goal   | Interventions   | Position   | Freq/Resolved     |                  |
|---|--|---|------------|-------------------|------------------|
|   |  | <p>• URINARY Continence level is Frequently Incontinent. Report change to level as noted.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 06/20/2024<br/> Revision by: Shirley Nasufi (Registered Nurse)</p> <p>• SCHEDULED SCHEDULED TOILETING:<br/> On Day Shift:<br/> Before breakfast, between 0730-0800<br/> Between breakfast and lunch, between 1030-1130<br/> After lunch, around 1400-1430</p> <p>On Evening Shift:<br/> Before dinner, around 1600-1630<br/> After dinner, between 1930-2000<br/> Before bed, between 2200-2230</p> <p>On Night Shift:<br/> When night shift staff arrive, check Isabella around 2330 and offer her to go to the toilet.<br/> Check Isabella between 0600-0630, if awake, assist to the bathroom if needed or help her change her brief.<br/> Date Initiated: 03/19/2025<br/> Created on: 03/19/2025<br/> Created by: Manpreet Dhaliwal (Registered Nurse)<br/> Revision on: 03/19/2025<br/> Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• CHECK and CHANGE: Isabella experiences incontinence and requires checks every 2 hours and change each time noted to be soiled.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 06/20/2024</p> | PCA        |                   |                  |
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>   | 07/20/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |   |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Fox, Isabella (922141000308)   | <b>Admission Date</b>   | 03/12/2024 | <b>Location</b>   | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/19/2025  |            |                   |                  |

## Care Plan Report

| Focus  |   | Goal  | Interventions   |                       |            | Position                   | Freq/Resolved                  |
|--|---|---|---|-----------------------|------------|----------------------------|--------------------------------|
| <b>• URINARY (Overflow) INCONTINENCE</b><br>related to Dementia Diagnosis and decreased mobility.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)   |   |   | Revision by: Shirley Nasufi (Registered Nurse)<br><b>• INCONTINENCE PRODUCT:</b> Isabella uses Large brief for days, evenings and night.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/17/2025<br>Revision by: Grace Akah (RN)   |                       |            | PCA                        |                                |
| <b>• Altered VISION</b> related to age related macular degeneration as evidenced by limited vision and unable to see newspaper headlines.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |   | <b>• To treat and minimize</b> complications of macular degeneration through to next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | <b>• COMMUNICATION:</b> Involve/collaborate with Isabella /SDM for decision making pertaining to change in visual status as needed.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br><b>• HEALTH TEACHING:</b> Engage with Isabella/SDM to enhance their knowledge of macular degeneration affecting vision.<br>Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br><b>• READING:</b> Assist Isabella with providing large print material, and audio books to aid with reading.<br>Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Chantelle Walker (ADOC) |                       |            | Registered Practical Nurse | Registered Practical Nurse PCA |
| <b>Allergies</b>   | No Known Allergies  |   |   | <b>D.O.B.</b>         | 07/20/1932 | <b>Physician</b>           | Nachwa Ghobara                 |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35.....See last page for a complete listing of the Resident's diagnoses |   |   |                       |            |                            |                                |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |   |                       |            | <b>Print Date</b>          | 11/5/2025                      |
| <b>Resident</b>  | Fox, Isabella (922141000308)  |   |   | <b>Admission Date</b> | 03/12/2024 | <b>Location</b>            | Nash House 119 1               |
| <b>Last Care Plan Review Completed:</b>  |   | 09/19/2025  |   |                       |            |                            |                                |



## Care Plan Report

| Focus   |  | Goal  | Interventions   |            |            | Position                   | Freq/Resolved |
|---|--|---|---|------------|------------|----------------------------|---------------|
| <ul style="list-style-type: none"> <li>Altered VISION related to age related macular degeneration as evidenced by limited vision and unable to see newspaper headlines.</li> </ul> Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)  |  |   | Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)   |            |            |                            |               |
| <ul style="list-style-type: none"> <li>Altered COMMUNICATION as exhibited by limitations to self expression, comprehension, finishing her thoughts, and missing parts of the message related to Expressive Aphasia, Receptive Aphasia</li> </ul> Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |  | <ul style="list-style-type: none"> <li>Isabella will be supported to make basic needs known each day through to the review date.</li> </ul> Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Isabella/SDM for decision making about strategies needed to support effective communication.</li> </ul> Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) <ul style="list-style-type: none"> <li>HEALTH TEACHING: Engage with Isabella/SDM to enhance their knowledge of change in health status, etc affecting communication ability.</li> </ul> Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) <ul style="list-style-type: none"> <li>PRIMARY LANGUAGE: Isabella primary language is English. She is able to speak/understand English.</li> </ul> Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) <ul style="list-style-type: none"> <li>SUPPORTIVE TECHNIQUES: Allow Isabella time to respond, repeat as needed,</li> </ul> |            |            | Registered Practical Nurse |               |
|   |  |   |   |            |            | Registered Practical Nurse |               |
|   |  |   |   |            |            | PCA                        |               |
|   |  |   |   |            |            | PCA Registered             |               |
| Allergies   | No Known Allergies   |   | D.O.B.  | 07/20/1932 | Physician  | Nachwa Ghobara             |               |
| Diagnosis   | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |   |            |            |                            |               |
| Facility  | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025                  |               |
| Resident  | Fox, Isabella (922141000308)   |   | Admission Date  | 03/12/2024 | Location   | Nash House 119 1           |               |
| Last Care Plan Review Completed:  |  | 09/19/2025  |   |            |            |                            |               |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position  | Freq/Resolved |
|--|--|---|---|------------|------------|---|---------------|
| • Altered COMMUNICATION as exhibited by limitations to self expression, comprehension, finishing her thoughts, and missing parts of the message related to Expressive Aphasia, Receptive Aphasia<br>Date Initiated: 03/21/2024<br>Created on: 03/21/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)                   |  |   | ask yes/no questions, uses simple words/phrases, etc.).<br>Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)   |            |            | Practical Nurse<br>RCA  |               |
| • COGNITIVE LOSS; alteration in thought processes as evidenced by short and long term memory loss, difficulty with decision making/ concentrating, missing parts or intent of message and altered judgement related to progression of Dementia.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |  | • Isabella will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 3.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | • COMMUNICATION: Involve/collaborate with Isabella/SDM in decision making of Cognitive Loss for dementia<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• ORIENTATION: Gently reorient to person, place, time as needed when Isabella is feeling lost or in confused state.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• CUE TASKS: Break personal care tasks into manageable subtasks, so Isabella can comprehend and follow (specify # of) steps at a time.<br>Date Initiated: 03/31/2025<br>Created on: 03/31/2025 |            |            | Registered Practical Nurse<br><br>PCA Registered Practical Nurse RN<br><br>PCA Registered Practical Nurse |               |
| Allergies  | No Known Allergies   |   | D.O.B.  | 07/20/1932 | Physician  | Nachwa Ghobara  |               |
| Diagnosis  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |   |            |            |   |               |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025   |               |
| Resident   | Fox, Isabella (922141000308)   |   | Admission Date  | 03/12/2024 | Location   | Nash House 119 1  |               |
| Last Care Plan Review Completed:   |  | 09/19/2025  |   |            |            |   |               |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position   | Freq/Resolved     |                  |
|---|--|--|--|-------------------|------------------|
|   |  | <p>Created by: Chantelle Walker (ADOC)<br/> Revision on: 03/31/2025<br/> Revision by: Chantelle Walker (ADOC)</p> <p>• <b>COGNITIVE STIMULATION:</b> Guide Isabella in activities to stimulate cognitive function such as bingo or chair exercises.<br/> Date Initiated: 03/31/2025<br/> Created on: 03/31/2025</p> <p>Created by: Chantelle Walker (ADOC)<br/> Revision on: 03/31/2025<br/> Revision by: Chantelle Walker (ADOC)</p> <p>• <b>MEDICATION:</b> Administer medication (Cholinesterase Inhibitor) as per MD order. Monitor effectiveness and for side effects.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024</p> <p>Created by: Navpreet Sekhon (RN)<br/> • <b>ENVIRONMENT:</b> Provide environmental clue to promote Isabella's ability to locate room and navigating home area name plate, photo, outside of room.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024</p> <p>Created by: Navpreet Sekhon (RN)<br/> Revision on: 03/21/2024<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> | <p>RCA<br/>PCA</p> <p>Registered Staff</p> <p>Registered Practical Nurse<br/>PCA<br/>Recreation Aide</p> |                   |                  |
| <p>• Increased risk for FALLS related to gait imbalance, decreased vision. Altered Physical function with dressing and toileting and Limitation of cognitive function/altered judgement,impaired mobility related to dementia.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 03/31/2025<br/> Revision by: Chantelle Walker (ADOC)</p> | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/> Target Date: 12/19/2025</p> | <p>• <b>COMMUNICATION:</b> Involve/collaborate with Isabella/SDM in decision making in fall prevention Plan of Care.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 03/21/2024<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• <b>CALL BELL:</b> Place call bell within Isabella's reach RIGHT or LEFT side, check that it is in working order and remind/encourage to use it for all the time she needs assistance.<br/> Date Initiated: 03/12/2024<br/> Created on: 03/12/2024<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 10/03/2024</p>  | <p>Registered Practical Nurse</p> <p>PCA</p>   | D/E/N             |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>  | 07/20/1932   | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses   |  |  |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Fox, Isabella (922141000308)   | <b>Admission Date</b>  | 03/12/2024   | <b>Location</b>   | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/19/2025   |  |                   |                  |

## Care Plan Report

| Focus |  | Goal | Interventions  |  |  | Position | Freq/Resolved |
|-------|--|------|--|--|--|----------|---------------|
|       |  |      | <div>Revision by: Natalia Ilic (Registered Practical Nurse)</div> <div><div>• ADAPTIVE EQUIPMENT: Isabella needs adaptive equipment:walker to ambulate. Make Isabella has her walker present asks for assistance from staff when needed.</div><div>Date Initiated: 03/12/2024</div><div>Created on: 03/12/2024</div><div>Created by: Navpreet Sekhon (RN)</div><div>Revision on: 06/07/2025</div><div>Revision by: Myrna Corpuz (RPN)</div><div>• ENVIRONMENT: Secure environment reduce clutter, quiet environment to reduce fall risk for Isabella</div><div>Date Initiated: 03/12/2024</div><div>Created on: 03/12/2024</div><div>Created by: Navpreet Sekhon (RN)</div><div>Revision on: 03/21/2024</div><div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div><div>• BED:place bed in lowest position to lower risk for injury.</div><div>Date Initiated: 03/12/2024</div><div>Created on: 03/12/2024</div><div>Created by: Navpreet Sekhon (RN)</div><div>Revision on: 06/20/2024</div><div>Revision by: Shirly Nasufi (Registered Nurse)</div><div>• ACTIVITY: Engage Isabella in meaningful activity to decrease boredom and or restlessness.</div><div>Date Initiated: 03/12/2024</div><div>Created on: 03/12/2024</div><div>Created by: Navpreet Sekhon (RN)</div><div>Revision on: 03/21/2024</div><div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div><div>• FOOTWEAR: Ensure Isabella wears appropriate footwear: well-fitting, non-slip footwear for ambulation.</div><div>Date Initiated: 09/08/2024</div><div>Created on: 09/08/2024</div><div>Created by: Shirly Nasufi (Registered Nurse)</div><div>Revision on: 09/08/2024</div><div>Revision by: Shirly Nasufi (Registered Nurse)</div><div>• HIP PROTECTORS: Isabella wears hip protectors at all times to safeguard against</div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> 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## Care Plan Report

| Focus   | Goal  | Interventions   | Position                   | Freq/Resolved    |
|---|---|---|----------------------------|------------------|
| <p>• Increased risk for FALLS related to gait imbalance, decreased vision. Altered Physical function with dressing and toileting and Limitation of cognitive function/altered judgement,impaired mobility related to dementia.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> |   | <p>injury. Report immediately to Registered Staff if not wearing.</p> <p>Date Initiated: 09/08/2024<br/>Created on: 09/08/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 09/08/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS: Momo bed sense in place.</p> <p>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• FLOOR MAT: Position floor mat on floor next to left side of bed to lower risk of injury.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 09/12/2025<br/>Revision by: Myrna Corpuz (RPN)</p> <p>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)</p> | PCA                        |                  |
| <p>• Risk for Impaired SKIN INTEGRITY related to Frailty and incontinence.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 06/20/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>  | <p>• To protect and maintain skin integrity each day through to the next review.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/19/2025</p> | <p>• HEALTH EDUCATION: Engage Isabella/SDM in health education regarding prevention of skin impairment.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>  | Registered Practical Nurse |                  |
| • Sleep Patterns; Potential for alteration in   | • To promote adequate   | • REST PATTERN: Preferred bedtime 2100, usual wake time 0700.   | PCA                        |                  |
| <b>Allergies</b>  | No Known Allergies  |   | <b>D.O.B.</b>              | 07/20/1932       |
|   |   |   | <b>Physician</b>           | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses  |   |                            |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |   | <b>Print Date</b>          | 11/5/2025        |
| <b>Resident</b>   | Fox, Isabella (922141000308)  |   | <b>Admission Date</b>      | 03/12/2024       |
|   |   |   | <b>Location</b>            | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 09/19/2025  |                            |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |  |  | Position  | Freq/Resolved |
|---|--|--|--|--|--|---|---------------|
| sleep patterns<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)   |  | rest/sleep for Isabella based on identified sleep patterns/preferences each night through to the next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |  |  |   |               |
| • Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |  | • To treat and/or minimize complications associated with ANEMIA each day through to the next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/14/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025          | • COMMUNICATION: Involve/collaborate with Isabella/SDM in decision making of hematologic care management for Anemia.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• HEALTH TEACHING: Engage with Isabella/SDM to enhance her comprehension of treatment, possible complications, disease trajectory associated with anemia.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Isabella with ANEMIA for complications or changes to health status.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated.<br>Date Initiated: 03/12/2024 |  |  | Registered Practical Nurse<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br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## Care Plan Report

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## Care Plan Report

| Focus   | Goal   | Interventions   | Position  | Freq/Resolved     |                  |
|---|--|---|---|-------------------|------------------|
| <p>• Potential for (Persistent) PAIN and alteration in comfort level related to osteoarthritis, m Most Current MDS Pain Score is 0</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> |  | <p>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>  |   |                   |                  |
| <p>• Potential for BOWEL INCONTINENCE related to dementia diagnosis</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p>   | <p>• Isabella will have bowel incontinence managed every shift through to the next review period.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/19/2025</p> | <p>• COMMUNICATION: Involve/collaborate with Isabella/SDM for decision making about bowel function, toileting options, incontinence.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Isabella for changes to health status, alteration of continence level or bowel function.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• BOWEL Continence level is USUALLY Continent. Report change to level as noted.</p> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/21/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• BOWEL MOVEMENT: Monitor Isabella for bowel movement each shift and document number of occurrences, size and consistency.</p> | <p>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA</p> <p>PCA</p> |                   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 07/20/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Other hypertrophic osteoarthritis, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses   |   |   |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Fox, Isabella (922141000308)   | <b>Admission Date</b>   | 03/12/2024  | <b>Location</b>   | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/19/2025  |   |                   |                  |



## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            | Position                      | Freq/Resolved                 |
|--|--|--|---|----------------|------------|-------------------------------|-------------------------------|
| • Potential for BOWEL INCONTINENCE related to dementia diagnosis<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/15/2024<br>Revision by: Navpreet Sekhon (RN)                 |  |  | Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• INCONTINENCE PRODUCT: Isabella uses large brief for days, evenings and nights.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/17/2025<br>Revision by: Grace Akah (RN)  |                |            | PCA                           |                               |
| • Expressed Wishes and Beliefs related to Medical Treatment and End of Life Care<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To support and honor Isabella expressed wishes and beliefs through to the End of Life.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/14/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | • CPR: Isabella wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024<br>Revision by: Navpreet Sekhon (RN)<br>• HEALTH TEACHING: Engage with Isabella/SDM to enhance his/her comprehension of treatment, possible complications, disease trajectoryassociated with END of LIFE CARE.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |                |            | RN Registered Practical Nurse | RN Registered Practical Nurse |
| • Potential for muscular dysfunction, contractures and bone deformity related to OSTEOARTHRITIS<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)  |  | • To treat and minimize signs/symptoms or complications associated with Osteoarthritis through to the next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024  | • COMMUNICATION: Involve/ collaborate with Isabella/SDM in decision making of musculoskeletal care management.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)   |                |            | Registered Practical Nurse    |                               |
| Allergies  | No Known Allergies   |  |   | D.O.B.         | 07/20/1932 | Physician                     | Nachwa Ghobara                |
| Diagnosis  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                               |                               |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date                    | 11/5/2025                     |
| Resident   | Fox, Isabella (922141000308)   |  |   | Admission Date | 03/12/2024 | Location                      | Nash House 119 1              |
| Last Care Plan Review Completed:   |  | 09/19/2025   |   |                |            |                               |                               |

## Care Plan Report

| Focus                            |  | Goal  | Interventions  |                |            |            | Position                   | Freq/Resolved |
|----------------------------------|--|---|--|----------------|------------|------------|----------------------------|---------------|
|                                  |  | Created by: Navpreet Sekhon (RN)<br>Revision on: 06/20/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/19/2025 | • HEALTH EDUCATION: Engage with Isabella/SDM to enhance her comprehension of treatment, possible complications, disease trajectory associated with osteoarthritis<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)           |                |            |            | Registered Practical Nurse |               |
|                                  |  |   | • LAB WORK: Monitor lab and diagnostic results for and report results to MD as needed. Follow up as indicated.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |                |            |            | Registered Practical Nurse |               |
|                                  |  |   | • MEDICATION: Administer medication for management of osteoarthritis as per MD order. Monitor effectiveness and for side effects.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)   |                |            |            | Registered Practical Nurse |               |
|                                  |  |   | • MONITORING: Utilize holistic perspective of continuous monitoring of Isabella for management of osteoarthritis for discomfort/ complications or changes to health status.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |                |            |            | Registered Practical Nurse |               |
|                                  |  |   | • PAIN MANAGEMENT for osteoarthritis prescribed and in place; refer to Pain Care Plan.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |                |            |            | Registered Practical Nurse |               |
| Allergies                        | No Known Allergies   |   |  | D.O.B.         | 07/20/1932 | Physician  | Nachwa Ghobara             |               |
| Diagnosis                        | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                            |               |
| Facility                         | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025                  |               |
| Resident                         | Fox, Isabella (922141000308)   |   |  | Admission Date | 03/12/2024 | Location   | Nash House 119 1           |               |
| Last Care Plan Review Completed: |  | 09/19/2025  |  |                |            |            |                            |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |            | Position   | Freq/Resolved |
|---|--|--|---|------------|------------|--|---------------|
| • Potential for muscular dysfunction, contractures and bone deformity related to OSTEOARTHRITIS<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN) |  |  | • PHYSIOTHERAPY evaluation and treatment in place; refer to Physiotherapy Care Plan.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)  |            |            | PT - Physiotherapist<br>Physical Therapy Assistant   |               |
| • Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)            |  | • To treat and/or minimize signs/symptoms of HYPOTHYROIDISM through to the next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | • COMMUNICATION: Involve/ collaborate with Isabella /SDM in decision making of thyroid care management.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• HEALTH TEACHING: Engage with Isabella)/SDM to enhance her comprehension of treatment, possible complications, disease trajectory, associated with HYPOTHYROIDISM<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Isabella with HYPOTHYROIDISM for changes to health status and alteration or complications affecting endocrine function.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN) |            |            | Registered Practical Nurse<br><br><br><br><br><br><br><br><br><br>RN Registered Practical Nurse<br><br><br><br>PCA |               |
| Allergies   | No Known Allergies   |  | D.O.B.  | 07/20/1932 | Physician  | Nachwa Ghobara   |               |
| Diagnosis   | Unspecified dementia(F03), Other hypertrophic osteoarthopathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35.....See last page for a complete listing of the Resident's diagnoses |  |   |            |            |  |               |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025  |               |
| Resident  | Fox, Isabella (922141000308)   |  | Admission Date  | 03/12/2024 | Location   | Nash House 119 1   |               |
| Last Care Plan Review Completed:  |  | 09/19/2025   |   |            |            |  |               |

## Care Plan Report

| Focus  |   | Goal   | Interventions  |            | Position                         | Freq/Resolved    |
|--|---|--|--|------------|----------------------------------|------------------|
| • Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)   |   |  | Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• MEDICATION: Administer medication for HYPOTHYROIDISM as per MD order. Monitor effectiveness and for side effects.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• LAB WORK: Monitor lab and diagnostic results for and report results to MD as needed. Follow up as indicated.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)   |            | Registered<br>Practical<br>Nurse |                  |
|  |   |  |  |            | Registered<br>Practical<br>Nurse |                  |
| • Potential to experience complications and side effects impacting quality of life related to use of ( multi-pharmacy)<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024<br>Revision by: Navpreet Sekhon (RN) |   | • To monitor effectiveness and for side effects of medication used each day through to the next review date.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/14/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025 | • COMMUNICATION: Involve/collaborate with Isabella /SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Isabella using poly-pharmacy,for changes to health status and alteration or complications affecting functioning or quality of life.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN) |            | Registered<br>Practical<br>Nurse |                  |
|  |   |  |  |            | Registered<br>Practical<br>Nurse |                  |
| Allergies  | No Known Allergies  |  | D.O.B.   | 07/20/1932 | Physician                        | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35.....See last page for a complete listing of the Resident's diagnoses |  |  |            |                                  |                  |
| Facility   | Arbour Creek Care Centre  |  |  |            | Print Date                       | 11/5/2025        |
| Resident   | Fox, Isabella (922141000308)  |  | Admission Date   | 03/12/2024 | Location                         | Nash House 119 1 |
| Last Care Plan Review Completed:   |   | 09/19/2025   |  |            |                                  |                  |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position                                     | Freq/Resolved |                   |                  |
|---|---|--|--|---------------|-------------------|------------------|
| <div>• Potential to experience complications and side effects impacting quality of life related to use of ( multi-pharmacy)</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/12/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> |   | <div>Revision on: 03/21/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div> <div>• PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate.</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/21/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div>   | Registered Practical Nurse                   |               |                   |                  |
| <div>• Isabella is at high risk for ELOPEMENT related to cognitive impairment</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/12/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div>   | <div>• To promote Isabella safety and minimize risk for episode of elopement each day through next review date.</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/21/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div> <div>Target Date: 12/19/2025</div> | <div>• ALERT: Isabella has potential to attempt elopement. If heard making requests to leave the building or seen attempting to use exit doors report to Supervisor immediately.</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/21/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div> <div>• ELOPEMENT ALERT: Redirect Isabella away from elevator or exit doors as needed.</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/21/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div> | Registered Practical Nurse<br>PCA<br><br>PCA |               |                   |                  |
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Activity Intolerance, Cognitive Limitation, Fatigue, Limited ROM</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div>  | <div>• Isabella will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date.</div> <div>Date Initiated: 03/12/2024</div>  | <div>• BATHING: Isabella prefers showers on Wednesday and Sunday Evenings.</div> <div>1 Staff to provide EXTENSIVE ASSISTANCE with bathing.</div> <div>Nail care to be provided on shower/bath day.</div> <div>Date Initiated: 08/12/2025</div> <div>Created on: 08/12/2025</div> <div>Created by: Jason Geerlinks (Quality Improvement Coordinator)</div>   | PCA  |               |                   |                  |
| <b>Allergies</b>  | No Known Allergies  |  | <b>D.O.B.</b>                                | 07/20/1932    | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses  |  |  |               |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |  |               | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Fox, Isabella (922141000308)  |  | <b>Admission Date</b>                        | 03/12/2024    | <b>Location</b>   | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 09/19/2025   |  |               |                   |                  |

## Care Plan Report

| Focus                            |  | Goal   | Interventions   |  |                |            | Position   | Freq/Resolved    |     |  |
|----------------------------------|--|--|---|--|----------------|------------|------------|------------------|-----|--|
| Created by: Navpreet Sekhon (RN) |  | Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/21/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/19/2025   | Revision on: 08/12/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>• BED MOBILITY: Isabella requires 1 staff member to provide CUES, SUPERVISION, assistance for bed mobility.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024<br>Revision by: Navpreet Sekhon (RN)<br>• DRESSING: Isabella requires 1 staff to provide EXTENSIVE assistance for dressing.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024<br>Revision by: Navpreet Sekhon (RN)<br>• EATING: Isabella is able to eat Independently. 1 Staff to provide set up and SUPERVISION assist for eating.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• LOCOMOTION: Isabella uses a rollator walker and requires I staff supervision and verbal cuing.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 06/05/2025<br>Revision by: Chantelle Walker (ADOC)<br>• PERSONAL HYGIENE: Isabella requires 1 staff to provide EXTENSIVE assistance for hygiene.<br>Date Initiated: 03/12/2024<br>Created on: 03/12/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/12/2024 |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
|                                  |  |  |   |  |                |            |            |                  | PCA |  |
| Allergies                        |  | No Known Allergies   |   |  | D.O.B.         | 07/20/1932 | Physician  | Nachwa Ghobara   |     |  |
| Diagnosis                        |  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                  |     |  |
| Facility                         |  | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025        |     |  |
| Resident                         |  | Fox, Isabella (922141000308)   |   |  | Admission Date | 03/12/2024 | Location   | Nash House 119 1 |     |  |
| Last Care Plan Review Completed: |  | 09/19/2025   |   |  |                |            |            |                  |     |  |

## Care Plan Report

| Focus  |  | Goal       | Interventions   |            |  | Position   | Freq/Resolved    |
|--|--|------------|---|------------|--|------------|------------------|
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Activity Intolerance, Cognitive Limitation, Fatigue, Limited ROM</div> <div>Date Initiated: 03/12/2024</div> <div>Created on: 03/12/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> |  |            | Revision by: Navpreet Sekhon (RN)   |            |  |            |                  |
|  |  |            | • HAND HYGIENE: 1 staff to provide assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. |            |  |            |                  |
|  |  |            | Date Initiated: 03/12/2024  |            |  |            |                  |
|  |  |            | Created on: 03/12/2024  |            |  |            |                  |
|  |  |            | Created by: Navpreet Sekhon (RN)  |            |  |            |                  |
|  |  |            | Revision on: 03/31/2025   |            |  |            |                  |
|  |  |            | Revision by: Chantelle Walker (ADOC)  |            |  |            |                  |
|  |  |            | • TOILET USE: Isabella requires 1 staff member to provide EXTENSIVE assistance for toileting.   |            |  |            |                  |
|  |  |            | Date Initiated: 03/12/2024  |            |  |            |                  |
|  |  |            | Created on: 03/12/2024  |            |  |            |                  |
|  |  |            | Created by: Navpreet Sekhon (RN)  |            |  |            |                  |
|  |  |            | Revision on: 03/12/2024   |            |  |            |                  |
|  |  |            | Revision by: Navpreet Sekhon (RN)   |            |  |            |                  |
|  |  |            | • TRANSFERRING: Isabella is able to transfer Independently with one person assistance and walker.                                       |            |  |            |                  |
|  |  |            | Date Initiated: 03/12/2024  |            |  |            |                  |
|  |  |            | Created on: 03/12/2024  |            |  |            |                  |
|  |  |            | Created by: Navpreet Sekhon (RN)  |            |  |            |                  |
|  |  |            | Revision on: 04/05/2025   |            |  |            |                  |
|  |  |            | Revision by: Manpreet Dhaliwal (Registered Nurse)   |            |  |            |                  |
|  |  |            | • ORAL CARE: Isabella has DENTURES both top and bottom and requires 1 staff to provide EXTENSIVE assistance for oral care.              |            |  |            |                  |
|  |  |            | Date Initiated: 03/12/2024  |            |  |            |                  |
|  |  |            | Created on: 03/12/2024  |            |  |            |                  |
|  |  |            | Created by: Navpreet Sekhon (RN)  |            |  |            |                  |
|  |  |            | Revision on: 03/12/2024   |            |  |            |                  |
|  |  |            | Revision by: Navpreet Sekhon (RN)   |            |  |            |                  |
|  |  |            | • FOOT CARE: PSW, Registered staff to complete toenail care. Report long toe nails or other abnormalities as noted.                     |            |  |            |                  |
|  |  |            | Date Initiated: 03/12/2024  |            |  |            |                  |
|  |  |            | Created on: 03/12/2024  |            |  |            |                  |
|  |  |            | Created by: Navpreet Sekhon (RN)  |            |  |            |                  |
|  |  |            | Revision on: 03/12/2024   |            |  |            |                  |
|  |  |            | Revision by: Navpreet Sekhon (RN)   |            |  |            |                  |
| Allergies  | No Known Allergies   |            | D.O.B.  | 07/20/1932 |  | Physician  | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |            |   |            |  |            |                  |
| Facility   | Arbour Creek Care Centre   |            |   |            |  | Print Date | 11/5/2025        |
| Resident   | Fox, Isabella (922141000308)   |            | Admission Date  | 03/12/2024 |  | Location   | Nash House 119 1 |
| Last Care Plan Review Completed:   |  | 09/19/2025 |   |            |  |            |                  |

## Care Plan Report

| Focus   | Goal | Interventions  | Position | Freq/Resolved |
|---|------|--|----------|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Activity Intolerance, Cognitive Limitation, Fatigue, Limited ROM</li> </ul> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)</p> |      | <ul style="list-style-type: none"> <li>HAIR CARE: Hair to be washed on shower day</li> </ul> <p>Date Initiated: 03/12/2024<br/>Created on: 03/12/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 03/12/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | PCA      |               |
|   |      |  |          |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 07/20/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Fox, Isabella (922141000308)   | <b>Admission Date</b> | 03/12/2024 | <b>Location</b>   | Nash House 119 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/19/2025            |            |                   |                  |




Care Plan Report

**Diagnosis**                      Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35.3), Haemorrhoids, unspecified(K64.9), Malignant neoplasm of central portion of breast, unspecified side (C50.19), Pericardial effusion (noninflammatory)(I31.3)

|                                  |  |                |            |            |                  |
|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 07/20/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis                        | Unspecified dementia(F03), Other hypertrophic osteoarthropathy, other site(M89.48), Anaemia, unspecified(D64.9), Hypothyroidism, unspecified(E03.9), Degeneration of macula and posterior pole(H35....See last page for a complete listing of the Resident's diagnoses |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Fox, Isabella (922141000308)   | Admission Date | 03/12/2024 | Location   | Nash House 119 1 |
| Last Care Plan Review Completed: |  | 09/19/2025     |            |            |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |            |                  | Position        | Freq/Resolved   |
|---|--|--|---|------------|------------|------------------|-----------------|---|
| <p>• STRONG PARTICIPATION in Activities</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>• Barbara will be supported to maintain participation in activities 25-30 times per month by the next review date.</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 01/06/2026</p> | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; bingo, concerts, games, movies, socials, trivia, exercise, etc.</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching TV in own room, walking, conversing with peers, etc.</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Accompany in elevator, Walk with and Guide to and from programs.</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> <p>Likes word searches and colouring to pass time but cannot see very well and bring up how she wishes she had her glasses.</p> <p>Enjoys spending time with her family.</p> <p>Loves animals, especially cats. She had 3 of her own.</p> <p>Enjoys helping others.</p> <p>Enjoys watching TV.</p> <p>Likes getting her nails and hair done.</p> <p>Barbara has an attention span of 15-20 minutes.</p> <p>Date Initiated: 07/31/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |            |            |                  | Recreation Aide |   |
| Allergies   | No Known Allergies   |  | D.O.B.  | 06/01/1949 | Physician  | Nghi Truong Phan |                 |  |
| Diagnosis   | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |   |            |            |                  |                 |   |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025        |                 |   |
| Resident  | Hastings, Barbara Anne (922141000361)  |  | Admission Date  | 06/16/2025 | Location   | Nash House 122 2 |                 |   |
| Last Care Plan Review Completed:  |  | 10/06/2025   |   |            |            |                  |                 |   |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                       |            | Position          | Freq/Resolved    |
|---|--|---|--|-----------------------|------------|-------------------|------------------|
| <b>• STRONG PARTICIPATION in Activities</b><br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)                       |  |   | <b>• THERAPIES:</b> Present Barbara with music therapy to improve comfort, identity, inclusion, occupation, and fun.<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)<br><b>• FAMILY INVOLVEMENT:</b> Family has high involvement<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)<br><b>• MUSIC CARE APPROACH:</b> Present Barbara with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide) |                       |            | Recreation Aide   |                  |
| <b>• SPIRITUAL BELIEFS:</b> Barbara is of the Presbyterian Faith.<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide) |  | <b>• To provide Barbara spiritual support as interested through to the next review date.</b><br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 01/06/2026 | <b>• SPIRITUAL PROGRAMS:</b> Encourage her to attend spiritual programs of her choice including Hymn Sing and Presbyterian Church Service.<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)<br><b>• PERSONAL CHOICE:</b> Respect Barbara's right to decline participation in Spiritual Program.<br>Date Initiated: 07/31/2025<br>Created on: 07/31/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 07/31/2025<br>Revision by: Julie Lambert (Recreation Aide)   |                       |            | Recreation Aide   |                  |
| <b>• Risk for Impaired SKIN INTEGRITY</b>   |  | <b>• To protect and maintain skin</b>   | <b>• SKIN OBSERVATION:</b> Observe skin condition with AM and PM care. Report any  |                       |            | PCA               | D/E/N/PRN        |
| <b>Allergies</b>  | No Known Allergies   |   |  | <b>D.O.B.</b>         | 06/01/1949 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |   |  |                       |            |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Hastings, Barbara Anne (922141000361)  |   |  | <b>Admission Date</b> | 06/16/2025 | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/06/2025  |  |                       |            |                   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |            | Position  | Freq/Resolved    |
|--|--|--|--|------------|---|------------------|
| related to Frailty, Incontinence<br>Date Initiated: 07/23/2025<br>Created on: 07/23/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)  |  | integrity each day through to the next review.<br>Date Initiated: 07/23/2025<br>Created on: 07/23/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Target Date: 01/06/2026   | new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 07/23/2025<br>Created on: 07/23/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/23/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |            | Registered<br>Practical<br>Nurse<br>RN                              |                  |
|  |  |  | • HEALTH EDUCATION: Engage Barbara /POA in health education regarding prevention of skin impairment and management of the same<br>Date Initiated: 07/23/2025<br>Created on: 07/23/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/23/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |            |   |                  |
|  |  |  | • BARRIER CREAM: Apply skin barrier silicone blue cream to perineal area to safeguard against excessive moisture after incontinence episode<br>Date Initiated: 07/23/2025<br>Created on: 07/23/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/23/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |            | PCA   | D/E/N/PRN        |
| • Potential for Expressive Behaviour of WANDERING, HALLUCINATION, nature related to Symptom Progression of Dementia.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/26/2025<br>Revision by: Monika Musan (Social Services Worker) |  | • To promote safety for Barbara and/or others during each episode of Expressive Behaviour of wandering through to the next review date.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026 | • COMMUNICATION: Involve/collaborate with Barbara and her poa about identified Risk of Expressive Behaviour of wandering , discuss triggering factors, and plan of care needs/options as needed.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |            | Registered<br>Practical<br>Nurse<br>BSO - Internal<br>Social Worker |                  |
|  |  |  | • WANDERING: Permit Barbara to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |            | RN<br>Registered<br>Practical<br>Nurse<br>PCA                       |                  |
| Allergies  | No Known Allergies   |  | D.O.B.   | 06/01/1949 | Physician   | Nghi Truong Phan |
| Diagnosis  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |            |   |                  |
| Facility   | Arbour Creek Care Centre   |  |  |            | Print Date  | 11/5/2025        |
| Resident   | Hastings, Barbara Anne (922141000361)  |  | Admission Date   | 06/16/2025 | Location  | Nash House 122 2 |
| Last Care Plan Review Completed:   |  | 10/06/2025   |  |            |   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |  |            | Position  | Freq/Resolved    |
|--|--|--|--|--|------------|---|------------------|
|  |  |  | <ul style="list-style-type: none"><li>• APPROACH: Use Gentle Persuasive Approach to re direct Barbara.<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li><li>• HALLUCINATION: If Barb is verbalizing hallucinations DO NOT contradict her. Meet her in her reality by validating her and gently reassuring her if needed. Report each episode to registered staff.<br/>Date Initiated: 06/26/2025<br/>Created on: 06/26/2025<br/>Created by: Monika Musan (Social Services Worker)<br/>Revision on: 06/26/2025<br/>Revision by: Monika Musan (Social Services Worker)</li></ul>   |  |            | RN<br>Registered<br>Practical<br>Nurse<br>PCA<br><br>Registered<br>Practical<br>Nurse<br>RN<br>PCA<br>Social Worker |                  |
| <ul style="list-style-type: none"><li>• Nutrition Risk Level: MODERATE nutrition risk rt; BMI 18-23, fair intakes, hx supplement use (Vanilla Ensure), edema, dementia, GERD, adequate hydration, regular BMs, weight stable<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</li></ul> |  | <ul style="list-style-type: none"><li>• Barb will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/06/2026</li><li>• Will weigh within GWR of 58-68kg/BMI 21-25 through to next review date.<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau</li></ul> | <ul style="list-style-type: none"><li>• NUTRITION RISK: Barbara is at MODERATE risk level.<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</li><li>• DIET ORDER: Barbara will receive regular diet, regular texture<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</li><li>• FLUID CONSISTENCY: Barbara drinks REGULAR/THIN Level 0 Fluids.<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</li><li>• FLUID TARGET: Encourage Barbara to drink a minimum of 1240 ml per day.<br/><br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025</li></ul> | Dietitian (RD)<br><br>PCA<br>PCA<br><br>PCA<br><br>PCA |            |   |                  |
| Allergies  | No Known Allergies   |  |  | D.O.B.   | 06/01/1949 | Physician   | Nghi Truong Phan |
| Diagnosis  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |  |            |   |                  |
| Facility   | Arbour Creek Care Centre   |  |  |  |            | Print Date  | 11/5/2025        |
| Resident   | Hastings, Barbara Anne (922141000361)  |  |  | Admission Date   | 06/16/2025 | Location  | Nash House 122 2 |
| Last Care Plan Review Completed:   |  | 10/06/2025   |  |  |            |   |                  |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position   | Freq/Resolved     |                  |
|---|---|---|--|-------------------|------------------|
| <p>• Nutrition Risk Level: MODERATE<br/>nutrition risk rt; BMI 18-23, fair intakes, hx supplement use (Vanilla Ensure), edema, dementia, GERD, adequate hydration, regular BMs, weight stable<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> | <p>(Dietitian (RD))<br/>Target Date: 01/06/2026</p> <p>• Barb will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1550mL @25 ml/kg, 62kg through to next review date.<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/06/2026</p> | <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• DINING INSTRUCTIONS: Barbara has reported she avoids red meat, but she is able to eat it if requesting per POA<br/>Date Initiated: 06/20/2025<br/>Created on: 06/20/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 06/20/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• PORTION SIZE: Barbara prefers small portions for meals.<br/>Date Initiated: 09/26/2025<br/>Created on: 09/26/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 09/26/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> | <p>Registered<br/>Practical<br/>Nurse</p> <p>PCA</p> |                   |                  |
| <p>• Balance and strengthening exercises transfer status: supervision, if weak/tired one person assist (PRN)<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Rujuta Thakkar (PT - Physiotherapist)<br/>Revision on: 06/16/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p>   | <p>• - Improve/ maintain current physical status<br/>Prevent falls<br/>- In next 3 months<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Rujuta Thakkar (PT - Physiotherapist)<br/>Revision on: 06/16/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)<br/>Target Date: 01/06/2026</p>  | <p>• 1. Standing balance exercises: One leg stance, tandem stance, stance with feet together, 3-5 reps, 30-60 sec hold, twice a week</p> <p>2. Strengthening exercises: Mini squats holding a grab bar, Shoulder flexion, abduction, hip flexion, abduction, Knee extension, hams curl exercises with 2-3 lbs of weight</p> <p>Rest as needed, has emphysema gets SOB, monitor her and if gets SOB stop exercises.</p> <p>x 2 week<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Rujuta Thakkar (PT - Physiotherapist)<br/>Revision on: 06/16/2025</p>  | <p>PT -<br/>Physiotherapist<br/>PTA</p>              |                   |                  |
| <b>Allergies</b>  | No Known Allergies  | <b>D.O.B.</b>   | 06/01/1949   | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0)  |   |  |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |   |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Hastings, Barbara Anne (922141000361)   | <b>Admission Date</b>   | 06/16/2025   | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b>   |   | 10/06/2025  |  |                   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |            |           | Position                      | Freq/Resolved                  |
|--|--|--|--|------------|-----------|-------------------------------|--------------------------------|
| • Balance and strengthening exercises<br>transfer status: supervision, if weak/tired one person assist (PRN)<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Rujuta Thakkar (PT - Physiotherapist)<br>Revision on: 06/16/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist) |  |  | Revision by: Rujuta Thakkar (PT - Physiotherapist)   |            |           |                               |                                |
| • URINARY INCONTINENCE related to Dementia Diagnosis<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)                                 |  | • Barbara will have urinary incontinence managed every shift through to the next review period.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026 | • COMMUNICATION: Involve/collaborate with Barbara and her poa for decision making about toileting options or incontinence management, etc<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Barbara for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• URINARY Continenace level is OCCASIONALLY Incontinent, Report change to level as noted.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• TOILETING PREFERENCE:Barbara indicates personal choice to get toileting done at washroom all the time.<br>Date Initiated: 06/16/2025 |            |           | Registered Practical Nurse RN | PCA Registered Practical Nurse |
| Allergies  | No Known Allergies   |  | D.O.B.   | 06/01/1949 | Physician | Nghị Truong Phan              |                                |
| Diagnosis  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |            |           |                               |                                |
| Facility   | Arbour Creek Care Centre   |  |  |            |           | Print Date                    | 11/5/2025                      |
| Resident   | Hastings, Barbara Anne (922141000361)  |  | Admission Date   | 06/16/2025 | Location  | Nash House 122 2              |                                |
| Last Care Plan Review Completed:   |  | 10/06/2025   |  |            |           |                               |                                |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position                               | Freq/Resolved |            |                  |  |
|--|--|--|--|---------------|------------|------------------|--|
| <div>• URINARY INCONTINENCE related to Dementia Diagnosis<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |  | <div>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>• SCHEDULED TOILETING: Toilet barabara between 0730-0800<br/>Between breakfast and lunch, between 1030-1130<br/>After lunch, around 1400-1430<br/><br/>On Evening Shift:<br/>Before dinner, around 1600-1630<br/>After dinner, between 1930-2000<br/>Before bed, between 2200-2230<br/><br/>On Night Shift:<br/>When night shift staff arrive, check Barbara around 2330 and offer her to go to the toilet.<br/>Check Barbara between 0400-0430, if awake, assist to the bathroom if needed<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 08/14/2025<br/>Revision by: Rupinder Yogi (Nurse Clinician)<br/>• INCONTINENCE PRODUCT: Resident not using any incontinent product at the time of admission, monitor and report any changes .<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> | PCA                                    |               |            |                  |  |
| <div>• Expressed Wishes and Beliefs related to Barbara's Medical Treatment and End of Life Care<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025</div>  | <div>• To support and honor Barbara's expressed wishes and beliefs through to the End of Life.<br/>Date Initiated: 06/16/2025</div>                    | <div>• CPR: Barbara wishes to have CPR and TRANSFER to hospital.<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025</div>   | RN<br>Registered<br>Practical<br>Nurse |               |            |                  |  |
| Allergies  | No Known Allergies   |  | D.O.B.                                 | 06/01/1949    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |  |               | Print Date | 11/5/2025        |  |
| Resident   | Hastings, Barbara Anne (922141000361)  |  | Admission Date                         | 06/16/2025    | Location   | Nash House 122 2 |  |
| Last Care Plan Review Completed:   |  | 10/06/2025   |  |               |            |                  |  |



## Care Plan Report

| Focus   |  | Goal   | Interventions  |            | Position         | Freq/Resolved    |
|---|--|--|--|------------|------------------|------------------|
| Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |  | Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026  | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |            |                  |                  |
| • BOWEL Continence - Barbara is continent and has self recognition of urge to defecate.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  | • Barbara to remain continent of bowels through next review date<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026  | • BOWEL Continence level is CONTINENT. Report change to level as noted.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |            | PCA              |                  |
| • Sleep Patterns;<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |  | • To promote adequate rest/sleep for Barbara based on identified sleep patterns/preferences each night through to the next review date.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026 | • REST PATTERN: Preferred bedtime 2200-2300 HRS but get up in between and wanders some times., usual wake time IS 0700 HRS AND Barbara takes naps during day ,<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |            | PCA              |                  |
| • Potential to experience alteration in RESPIRATORY FUNCTION related to ,   |  | • To treat and minimize signs/symptoms or  | • COMMUNICATION: Involve/collaborate with Barbara and her poa in decision making of Respiratory Management for emphysema diagnosis.  |            | RN<br>Registered |                  |
| Allergies   | No Known Allergies   |  | D.O.B.   | 06/01/1949 | Physician        | Nghi Truong Phan |
| Diagnosis   | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |            |                  |                  |
| Facility  | Arbour Creek Care Centre   |  |  |            | Print Date       | 11/5/2025        |
| Resident  | Hastings, Barbara Anne (922141000361)  |  | Admission Date   | 06/16/2025 | Location         | Nash House 122 2 |
| Last Care Plan Review Completed:  |  | 10/06/2025   |  |            |                  |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |  |                   | Position                                | Freq/Resolved |
|---|--|--|---|------------|--|-------------------|---|---------------|
| <b>Emphysema.</b><br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  | complications associated with Emphysema each day through to next review date.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026 | Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• <b>HEALTH EDUCATION:</b> Engage with Barbara and her poa to enhance his/her comprehension of treatment, possible complications, etc.associated with emphysema diagnosis.                                    |            |  |                   | RN<br>Registered<br>Practical<br>Nurse  |               |
|   |  |  | Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of Barbara with respiratory condition for changes to health status and alteration or complications affecting respiratory function. |            |  |                   | RN<br>Registered<br>Practical<br>Nurse  |               |
|   |  |  | Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• <b>POSITIONING:</b> To manage shortness of breath (SOB) elevate head of the bed to improve breathing.   |            |  |                   | Registered<br>Practical<br>Nurse<br>PCA |               |
|   |  |  | Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• <b>VITAL SIGNS:</b> Monitor vital signs as ordered by MD AND Notify MD of any significant abnormalities.  |            |  |                   | RN<br>Registered<br>Practical<br>Nurse  |               |
|   |  |  | Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |            |  |                   |   |               |
| <b>Allergies</b>  | No Known Allergies   |  | <b>D.O.B.</b>   | 06/01/1949 |  | <b>Physician</b>  | Nghi Truong Phan                        |               |
| <b>Diagnosis</b>  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |   |            |  |                   |   |               |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |   |            |  | <b>Print Date</b> | 11/5/2025                               |               |
| <b>Resident</b>   | Hastings, Barbara Anne (922141000361)  |  | <b>Admission Date</b>   | 06/16/2025 |  | <b>Location</b>   | Nash House 122 2                        |               |
| <b>Last Care Plan Review Completed:</b>   |  | 10/06/2025   |   |            |  |                   |   |               |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position   | Freq/Resolved |                   |                  |  |
|---|---|--|--|---------------|-------------------|------------------|--|
| <p>• Potential to experience alteration in RESPIRATORY FUNCTION related to , Emphysema.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>                             |   | <p>• MEDICATION: Administer medication inhalers, for EMPHYSEMA diagnosis as per MD order and monitor for side effects.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>   | Registered<br>Practical<br>Nurse<br>RN   |               |                   |                  |  |
| <p>• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD).</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• To treat and/or minimize complications associated with GERD each day through to the next review date.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Target Date: 01/06/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Barbara and her poa in decision making for GERD Management.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• HEALTH TEACHING: Engage with Barbara and her poa to enhance his/her comprehension of treatment, possible complications, disease trajectory, etc. associated with GERD.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Barbara for management of GERD for discomfort/ complications or changes to health status.</p> | <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>RN<br/>Registered</p> |               |                   |                  |  |
| <b>Allergies</b>  | No Known Allergies  |  | <b>D.O.B.</b>  | 06/01/1949    | <b>Physician</b>  | Nghi Truong Phan |  |
| <b>Diagnosis</b>  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0)  |  |  |               |                   |                  |  |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |  |               | <b>Print Date</b> | 11/5/2025        |  |
| <b>Resident</b>   | Hastings, Barbara Anne (922141000361)   |  | <b>Admission Date</b>  | 06/16/2025    | <b>Location</b>   | Nash House 122 2 |  |
| <b>Last Care Plan Review Completed:</b>   |   | 10/06/2025   |  |               |                   |                  |  |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|--|---|--|--|-------------------|------------------|
| <p>• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD).</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>                                    |   | <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• POSITIONING: Encourage Barbara to avoid lying down for at least one hour after eating; elevate head of bed, encourage Barbara to sit/stand upright after meals.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>   | <p>Practical Nurse<br/>PCA</p> <p>PCA<br/>Registered<br/>Practical Nurse</p>   |                   |                  |
| <p>• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement, etc. related to progression of Dementia</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• Barbara will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is (SPECIFY; 2, 3, or 4).</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Target Date: 01/06/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Barbara and her poa in decision making of Cognitive Loss for Dementia diagnosis.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• HEALTH TEACHING: Engage with Barbara and her poa to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of dementia diagnosis.</p> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• ORIENTATION: Gently reorient Barbara to person, place, time as needed when Barbara is feeling lost or in confused state.</p> <p>Date Initiated: 06/16/2025</p> | <p>RN<br/>Registered<br/>Practical Nurse</p> <p>RN<br/>Social Worker<br/>Registered<br/>Practical Nurse</p> <p>RN<br/>Registered<br/>Practical Nurse</p> |                   |                  |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>  | 06/01/1949   | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>   | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0)  |  |  |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Hastings, Barbara Anne (922141000361)   | <b>Admission Date</b>  | 06/16/2025   | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b>  | 10/06/2025  |  |  |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            | Position  | Freq/Resolved    |
|---|--|--|--|------------|---|------------------|
| • COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement, etc. related to progression of Dementia<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  |  | Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• PERSONAL ROUTINE: Provide consistency in care routine and activities<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• CUE TASKS: Break tasks into manageable subtasks, Barbara can comprehend and follow 1 steps at a time.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |            | PCA   |                  |
| • Potential for altered bone density related to diagnosis of OSTEOPENIA.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |  | • To treat and minimize complications associated with OSTEOPENIA through to the next review date.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 01/06/2026 | • COMMUNICATION: Involve/ collaborate with Barbara and her poa in decision making of osteopenia care management.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• EXERCISE: To help maintain bone mass, encourage weight bearing and/or exercise as tolerated/ therapeutically suggested by the physiotherapist.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 06/16/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• HEALTH EDUCATION: Engage with Barbara and her poa to enhance his/her comprehension of treatment, possible complications, etc associated with osteopenia.<br>Date Initiated: 06/16/2025<br>Created on: 06/16/2025 |            | RN<br>Registered<br>Practical<br>Nurse<br><br>PT -<br>Physiotherapist<br>Registered<br>Practical<br>Nurse<br><br>RN<br>Registered<br>Practical<br>Nurse |                  |
| Allergies   | No Known Allergies   |  | D.O.B.   | 06/01/1949 | Physician   | Nghi Truong Phan |
| Diagnosis   | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |  |  |            |   |                  |
| Facility  | Arbour Creek Care Centre   |  |  |            | Print Date  | 11/5/2025        |
| Resident  | Hastings, Barbara Anne (922141000361)  |  | Admission Date   | 06/16/2025 | Location  | Nash House 122 2 |
| Last Care Plan Review Completed:  |  | 10/06/2025   |  |            |   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position   | Freq/Resolved     |                  |
|---|--|---|--|-------------------|------------------|
| <p>• Potential for altered bone density related to diagnosis of OSTEOPENIA.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  | <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Barbara for management of osteopenia for discomfort/ complications or changes to health status.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>   | RN<br>Registered<br>Practical<br>Nurse                       |                   |                  |
| <p>• Increased risk for FALLS related to (Specify etiology and possible factors). Limitation of cognitive function/altered judgement (specify cause)</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>                             | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Target Date: 01/06/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Barbara and her poa in decision making in fall prevention Plan of Care.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• CALL BELL: Place call bell within Barbara's reach, check that it is in working order and remind/encourage to use it.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• ENVIRONMENT: Secure environment reduce clutter to reduce fall risk for Barbara.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• BED: place bed in lowest position, use high/low bed, to lower risk for injury.</p> | RN<br>Registered<br>Practical<br>Nurse<br><br>PCA<br><br>PCA | D/E/N             |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 06/01/1949   | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0)   |   |  |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Hastings, Barbara Anne (922141000361)  | <b>Admission Date</b>   | 06/16/2025   | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b>   | 10/06/2025   |   |  |                   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position              | Freq/Resolved |                   |                  |
|--|---|---|-----------------------|---------------|-------------------|------------------|
| <p>• Increased risk for FALLS related to (Specify etiology and possible factors).<br/>Limitation of cognitive function/altered judgement (specify cause)<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |   | <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• FOOTWEAR: Ensure Barbara wears appropriate footwear for transfers, ambulation etc.<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.<br/>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 10/04/2025<br/>Created on: 10/04/2025<br/>Created by: Myrna Corpuz (RPN)</p> | PCA                   |               |                   |                  |
| <p>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>   | <p>• Barbara will be supported to cope with changing functional abilities related to cognitive decline and have ADL care needs met each day through to the next review date.<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• BATHING: Barbara prefers shower/bath on thursday morning and sunday evening shift.<br/>Nail care to be provided on shower/bath day.<br/>Date Initiated: 08/12/2025<br/>Created on: 08/12/2025<br/>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Revision on: 08/12/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• BED MOBILITY:Barbara is able to independently move in her bed.<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025</p>   | PCA                   |               |                   |                  |
| <b>Allergies</b>   | No Known Allergies  |   | <b>D.O.B.</b>         | 06/01/1949    | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>   | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0)  |   |                       |               |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |                       |               | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Hastings, Barbara Anne (922141000361)   |   | <b>Admission Date</b> | 06/16/2025    | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b>  |   | 10/06/2025  |                       |               |                   |                  |

## Care Plan Report

| Focus                            |  | Goal                    | Interventions   |                |            | Position   | Freq/Resolved    |
|----------------------------------|--|-------------------------|---|----------------|------------|------------|------------------|
|                                  |  | Target Date: 01/06/2026 | <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• DRESSING: Barbara requires 1 person limited assistance to complete dressing. PCA</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• EATING: Barbara is able to feed herself independently. PCA</p> <p>1 Staff to provide supervision during meal time and set up help required.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• LOCOMOTION: Barbara is able to ambulate independently PCA</p> <p>1 staff to provide cues and supervision assistance for locomotion due to her new environment</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• PERSONAL HYGIENE: Barbara requires 1 person limited assistance to complete personal hygiene tasks daily. PCA</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• HAND HYGIENE: Barbara is able to independently complete task of Hand Hygiene PCA</p> <p>each day. requires supervision and queuing from one staff.</p> <p>Date Initiated: 06/16/2025</p> <p>Created on: 06/16/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/16/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |                |            |            |                  |
| Allergies                        | No Known Allergies   |                         |   | D.O.B.         | 06/01/1949 | Physician  | Nghi Truong Phan |
| Diagnosis                        | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |                         |   |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                         |   |                |            | Print Date | 11/5/2025        |
| Resident                         | Hastings, Barbara Anne (922141000361)  |                         |   | Admission Date | 06/16/2025 | Location   | Nash House 122 2 |
| Last Care Plan Review Completed: |  | 10/06/2025              |   |                |            |            |                  |



## Care Plan Report

| Focus  | Goal | Interventions   | Position | Freq/Resolved |
|--|------|---|----------|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation</li> </ul> <p>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |      | <ul style="list-style-type: none"> <li><b>TOILET USE:</b> Barbara requires 1 person limited assistance for toilet use. PCA<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> <li><b>TRANSFERRING:</b> Barbara is able to transfer independently, one staff to supervise to ensure resident safety. Please provide 1 person assist if weak or tired. PCA<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 09/23/2025<br/>Revision by: Grace Akah (RN)</li> <li><b>ORAL CARE:</b> Barbara has DENTURES ( upper and lower) and is able to complete oral care with 1 staff limited assistance.. PCA<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> <li><b>FOOT CARE:</b> Foot Care Nurse to complete toenail care. Report long toe nails or other abnormalities as noted. PCA<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> <li><b>HAIR CARE:</b> Resident and her poa wish to wash hair during shower days. PCA<br/>Date Initiated: 06/16/2025<br/>Created on: 06/16/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 06/16/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> </ul> |          |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 06/01/1949 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Hastings, Barbara Anne (922141000361)  | <b>Admission Date</b> | 06/16/2025 | <b>Location</b>   | Nash House 122 2 |
| <b>Last Care Plan Review Completed:</b> |  | 10/06/2025            |            |                   |                  |

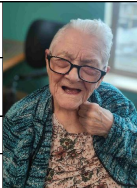
Care Plan Report

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|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 06/01/1949 | Physician  | Nghi Truong Phan |
| Diagnosis                        | Emphysema, unspecified(J43.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Unspecified dementia(F03), Carpal tunnel syndrome(G56.0) |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Hastings, Barbara Anne (922141000361)  | Admission Date | 06/16/2025 | Location   | Nash House 122 2 |
| Last Care Plan Review Completed: |  | 10/06/2025     |            |            |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position         | Freq/Resolved |
|--|--|---|---|------------|------------|------------------|---------------|
| <p>• SPIRITUAL BELIEFS: Shirley is of the United Religion.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/13/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   |  | <p>• To provide Shirley spiritual support as interested through to the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/13/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p>  | <p>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Catholic Mass, Church Service<br/>Date Initiated: 10/15/2025<br/>Created on: 04/13/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• PERSONAL CHOICE: Respect Shirley right to decline participation in Spiritual Program.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/13/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   |            |            | Recreation Aide  |               |
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation.</p> <p>Shirley has an ISE Score of 3/6.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/14/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>• Team members will support Shirley in decreasing social isolation by participating in activities of personal choice for 1-3 times per week by the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/14/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest such as Music Appreciation, Pet Visits, Hydration Station, Outdoor Strolls, Reading Club, Entertainment, and Socials.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/14/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as family visits, watching TV, conversing with peers, and looking outdoors.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/14/2022<br/>Created by: Dean Whittle (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS: Shirley enjoys being in peoples company. Shirley also enjoys animals as she had a farm!</p> <p>Shirley at times needs encouragement or helpful reminders to fully participate in group programming.</p> <p>Shirley's sleeping patterns vary throughout the day but when Shirley's awake she</p> |            |            | Recreation Aide  |               |
| Allergies  | Oxycodone, Ramipril  |   | D.O.B.  | 10/22/1937 | Physician  | Nghi Truong Phan |               |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |   |            |            |                  |               |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025        |               |
| Resident   | Leeson, Shirley (922141000127)   |   | Admission Date  | 07/08/2020 | Location   | Nash House 127 1 |               |
| Last Care Plan Review Completed:   |  | 10/28/2025  |   |            |            |                  |               |



## Care Plan Report

| Focus   | Goal   | Interventions  | Position   | Freq/Resolved     |                  |
|---|--|--|--|-------------------|------------------|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation.</p> <p>Shirley has an ISE Score of 3/6.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 04/14/2022</p> <p>Created by: Dean Whittle (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>participates in group programming of interest or self directed activities such as looking outdoors or watching tv.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 04/14/2022</p> <p>Created by: Dean Whittle (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for music, hand massage, multisensory activities, reading, reminiscing, etc.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 10/15/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SENSORY STIMULATION: Provide her with Sensory Stimulation for Hand Massage, Snoezelen Activity, Music, Reading Aloud, etc.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 10/15/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• THERAPIES: Present Shirley with music therapy, aromatherapy, massage therapy, and animal therapy to improve comfort, identity, inclusion, occupation, and fun.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 10/15/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: Shirley has family members who come and visit about once a week.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 04/14/2022</p> <p>Created by: Dean Whittle (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> |                   |                  |
| <b>Allergies</b>  | Oxycodone, Ramipril  | <b>D.O.B.</b>  | 10/22/1937   | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |  |  |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Leeson, Shirley (922141000127)   | <b>Admission Date</b>  | 07/08/2020   | <b>Location</b>   | Nash House 127 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |  |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                    | Freq/Resolved     |                  |
|---|--|---|-----------------------------|-------------------|------------------|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation.</p> <p>Shirley has an ISE Score of 3/6.<br/> Date Initiated: 10/15/2025<br/> Created on: 04/14/2022<br/> Created by: Dean Whittle (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p>                     |  | <p>• MUSIC CARE APPROACH: Present Shirley with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.</p> <p>Date Initiated: 10/15/2025<br/> Created on: 10/15/2025<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p>                                      | Recreation Aide             |                   |                  |
| <p>• Physiotherapy :<br/> -The resident declined weight bearing.<br/> -Transfer status: Mechanical Hoyer lift with 2 person assistance and WC for locomotion.<br/> Date Initiated: 03/31/2025<br/> Created on: 09/03/2024<br/> Created by: Sujit James (PT - Physiotherapist)<br/> Revision on: 03/31/2025<br/> Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)</p> | <p>• -Maintain and improve ROM of bilateral UE &amp; LE<br/> Date Initiated: 09/03/2024<br/> Created on: 09/03/2024<br/> Created by: Sujit James (PT - Physiotherapist)<br/> Revision on: 03/31/2025<br/> Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/> Target Date: 01/28/2026</p> | <p>• AAROM/PROM exercises for B/L UE &amp; LE, if cooperates.<br/> 5-10 reps, 2 sets, 2*/week</p> <p>Gentle end range stretching of B/L UE and LE, 3-5 reps, several sec hold as tolerated<br/> Date Initiated: 07/10/2025<br/> Created on: 09/03/2024<br/> Created by: Sujit James (PT - Physiotherapist)<br/> Revision on: 07/10/2025<br/> Revision by: Rujuta Thakkar (PT - Physiotherapist)</p> | PT - Physiotherapist<br>PTA |                   |                  |
| <p>• Nutrition Risk Level: HIGH r/t Dementia</p>  | <p>• Resident will be adequately</p>   | <p>• NUTRITION RISK: Resident is HIGH risk level.<br/> Date Initiated: 04/16/2021</p>   | Dietitian (RD)              |                   |                  |
| <b>Allergies</b>  | Oxycodone, Ramipril  | <b>D.O.B.</b>   | 10/22/1937                  | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses                             |   |                             |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |                             | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Leeson, Shirley (922141000127)   | <b>Admission Date</b>   | 07/08/2020                  | <b>Location</b>   | Nash House 127 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025  |                             |                   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |  | Position | Freq/Resolved |
|---|--|---|--|--|--|----------|---------------|
| <p>with potential for effects on intake, sundowning syndrome, fair intake, dysphagia, good fluid intake, nutritional supplementation</p> <p>Date Initiated: 04/16/2021</p> <p>Created on: 04/16/2021</p> <p>Created by: Nadia Sarwar (Dietitian)</p> <p>Revision on: 10/02/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> |  | <p>nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 04/16/2021</p> <p>Created on: 04/16/2021</p> <p>Created by: Nadia Sarwar (Dietitian)</p> <p>Revision on: 10/02/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>Target Date: 01/28/2026</p> | <p>Created on: 04/16/2021</p> <p>Created by: Nadia Sarwar (Dietitian)</p> <p>Revision on: 10/02/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• DIET ORDER: Resident will receive Regular diet, Puree texture</p> <p>Date Initiated: 04/16/2021</p> <p>Created on: 04/16/2021</p> <p>Created by: Nadia Sarwar (Dietitian)</p> <p>Revision on: 09/16/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• THICKENED FLUIDS: Shirley drinks thickened fluids at Nectar-thickened (MT2) fluid consistency.</p> <p>*family does bring regular fluids and are aware of the risks*</p> <p>Date Initiated: 01/29/2024</p> <p>Created on: 01/29/2024</p> <p>Created by: Anika Dhalla (Dietitian (RD))</p> <p>Revision on: 01/29/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• FLUID TARGET: Encourage Resident to drink a at least minimum of 1036mL per day.</p> <p>Date Initiated: 04/16/2021</p> <p>Created on: 04/16/2021</p> <p>Created by: Nadia Sarwar (Dietitian)</p> <p>Revision on: 10/03/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml fluid QID @ medpass daily.</p> <p>Date Initiated: 10/15/2021</p> <p>Created on: 10/15/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 01/03/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• DINING INSTRUCTIONS:</p> <p>1. Ensure the use of TEASPOONS for total feeding assistance</p> <p>2. Ensure that staff are SEATED while feeding resident meals (eye level)</p> <p>Date Initiated: 07/17/2024</p> |  |  | PCA      |               |
|   |  | • Will weigh within Realistic weight range of 59.9-72.4kg kg/ BMI 24-29 through to next review date. h=158cm  |  |  |  |          |               |
|   |  | Date Initiated: 04/16/2021  |  |  |  |          |               |
|   |  | Created on: 04/16/2021  |  |  |  |          |               |
|   |  | Created by: Nadia Sarwar (Dietitian)  |  |  |  |          |               |
| Revision on: 04/24/2024   |  |   |  |  |  |          |               |
| Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |  |   |  |  |  |          |               |
| Target Date: 01/28/2026   |  |   |  |  |  |          |               |
| • Shirley will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1295mL @ 25mL/kg, 51.8kg through to next review date.  |  |   |  |  |  |          |               |
| Date Initiated: 04/16/2021  |  |   |  |  |  |          |               |
| Created on: 04/16/2021  |  |   |  |  |  |          |               |
| Created by: Nadia Sarwar (Dietitian)  |  |   |  |  |  |          |               |
| Revision on: 10/03/2025   |  |   |  |  |  |          |               |
| Revision by: Alexandra Breau (Dietitian (RD))   |  |   |  |  |  |          |               |
| Target Date: 01/28/2026   |  |   |  |  |  |          |               |
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## Care Plan Report

| Focus   | Goal   | Interventions  | Position   | Freq/Resolved                    |
|---|--|--|--|----------------------------------|
| <p>• Nutrition Risk Level: HIGH r/t Dementia with potential for effects on intake, sundowning syndrome, fair intake, dysphagia, good fluid intake, nutritional supplementation</p> <p>Date Initiated: 04/16/2021<br/>Created on: 04/16/2021<br/>Created by: Nadia Sarwar (Dietitian)<br/>Revision on: 10/02/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> | <p>• Will meet estimated nutritional requirements of 1295kCal @ 25kCal/kg, 52g protein @ 1.0 g/kg through to next review date.</p> <p>Date Initiated: 04/16/2021<br/>Created on: 04/16/2021<br/>Created by: Nadia Sarwar (Dietitian)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/28/2026</p> | <p>Created on: 07/17/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• ENHANCED HYDRATION: Provide minimum 125ml high moisture food/fluids (ex. jello, popsicle, water, ice cream) during hot weather protocol which is in addition to standard menu offerings.</p> <p>Date Initiated: 04/16/2021<br/>Created on: 04/16/2021<br/>Created by: Nadia Sarwar (Dietitian)<br/>Revision on: 07/04/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• FOOD PREFERENCES:</p> <p>1. Family has requested that fruits are offered at meals and snacks for dessert</p> <p>*Respect the resident's right to choose*</p> <p>Date Initiated: 02/08/2023<br/>Created on: 02/08/2023<br/>Created by: Anika Dhalla (RD - Registered Dietician)<br/>Revision on: 02/08/2023<br/>Revision by: Anika Dhalla (RD - Registered Dietician)</p> <p>• MEDPASS SUPPLEMENTS: Provide 90ml Resource 2.0 TID (540kCal and 21.6g PRO) at medpass.</p> <p>Date Initiated: 10/15/2021<br/>Created on: 10/15/2021<br/>Created by: Nadia Malik (Dietitian)<br/>Revision on: 01/02/2023<br/>Revision by: Anika Dhalla (RD - Registered Dietician)</p> <p>• HIGH FIBRE: Provide 125ml Prune juice q2days at breakfast</p> <p>Date Initiated: 04/16/2021<br/>Created on: 04/16/2021<br/>Created by: Nadia Sarwar (Dietitian)<br/>Revision on: 06/30/2023<br/>Revision by: Anika Dhalla (RD - Registered Dietician)</p> | <p>PCA</p> <p>Diet<br/>PCA</p> <p>Diet<br/>PCA</p> | <p>D</p>                         |
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement r/t dementia, and taking</p>  | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the</p>   | <p>• COMMUNICATION: Involve/collaborate with Shirley/SDM in decision making in fall prevention Plan of Care.</p> <p>Date Initiated: 02/03/2023</p>   | <p>Registered<br/>Practical<br/>Nurse</p>          |                                  |
| <b>Allergies</b>  | Oxycodone, Ramipril  |  | <b>D.O.B.</b>                                      | 10/22/1937                       |
| <b>Diagnosis</b>  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses   |  | <b>Physician</b>                                   | Nghi Truong Phan                 |
| <b>Facility</b>   | Arbour Creek Care Centre   |  | <b>Print Date</b>                                  | 11/5/2025                        |
| <b>Resident</b>   | Leeson, Shirley (922141000127)   | <b>Admission Date</b>  | 07/08/2020   | <b>Location</b> Nash House 127 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |  |                                  |

## Care Plan Report

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## Care Plan Report

| Focus  | Goal  | Interventions   | Position   | Freq/Resolved         |                       |                             |
|--|---|---|--|-----------------------|-----------------------|-----------------------------|
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement r/t dementia, and taking antidepressant on daily basis.<br/>Date Initiated: 07/21/2020<br/>Created on: 07/21/2020<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 03/22/2024<br/>Revision by: Chantelle Walker (ADOC)</div> |   | <div>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/04/2023<br/>Revision by: Brooklyne Dennis (ADOC)<br/>• TOILETING: Follow individual toileting plan (refer to Continence Plan of Care) to minimize unsafe self attempts to use toilet.<br/>Date Initiated: 02/03/2023<br/>Created on: 02/03/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>• FOOTWEAR: Ensure Shirley wears appropriate, well-fitting, non-slip footwear for ambulation.<br/>Date Initiated: 04/13/2021<br/>Created on: 04/13/2021<br/>Created by: Myrna Corpuz (Registered Practical Nurse)<br/>Revision on: 06/23/2022<br/>Revision by: Gabrielle Wolfe (RN)<br/>• PROGRAMS: Offer Shirley to participate in Programs which encourage physical activity, gentle muscle strengthening exercises, balance exercises, Walk with Me<br/>Date Initiated: 02/03/2023<br/>Created on: 02/03/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/08/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.<br/>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 01/16/2023<br/>Created on: 01/16/2023<br/>Created by: Navpreet Sekhon (RN)</div> | <div>PCA<br/>Registered<br/>Staff</div> <div>PCA</div> <div>PCA</div> <div>PCA</div> <div>Registered<br/>Staff</div> |                       |                       |                             |
| <div>• Risk for/Impaired SKIN INTEGRITY related to Frailty, Thin fragile Skin and incontinence.</div>  | <div>• To protect and maintain skin integrity each day through to the next review.</div>  | <div>• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.</div>  | PCA  |                       |                       |                             |
| <div>Allergies</div>   | <div>Oxycodone, Ramipril</div>  |   | <div>D.O.B.</div>  | <div>10/22/1937</div> | <div>Physician</div>  | <div>Nghi Truong Phan</div> |
| <div>Diagnosis</div>   | <div>Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses</div> |   |  |                       |                       |                             |
| <div>Facility</div>  | <div>Arbour Creek Care Centre</div>   |   |  |                       | <div>Print Date</div> | <div>11/5/2025</div>        |
| <div>Resident</div>  | <div>Leeson, Shirley (922141000127)</div>   |   | <div>Admission Date</div>  | <div>07/08/2020</div> | <div>Location</div>   | <div>Nash House 127 1</div> |
| <div>Last Care Plan Review Completed:</div>  |   | <div>10/28/2025</div>   |  |                       |                       |                             |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |                |            |            | Position  | Freq/Resolved            |
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| Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 01/15/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)   |  | Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026   | Date Initiated: 02/08/2025<br>Created on: 02/08/2025<br>Created by: Joanne Mae Nava (Nurse Clinician)<br>• HEALTH EDUCATION: Engage resident/SDM in health education regarding prevention of skin impairment and management.<br>Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 07/15/2021<br>Revision by: Kamaljit Matharu (RAI Coordinator)<br>• EQUIPMENT: Shirley requires Roho cushion to offload pressure.<br>Date Initiated: 07/18/2025<br>Created on: 07/18/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/18/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• POSITIONING: Shirley has Turn, reposition every 2 hours ( when in bed/wheelchair to offload pressure.<br>Date Initiated: 07/18/2025<br>Created on: 07/18/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/18/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |                |            |            | Registered Practical Nurse<br><br>PCA<br><br>PCA Registered Practical Nurse | D/E/N/PRN<br><br><br>Q2h |
| • Potential to experience alteration in MOOD as exhibited by repetitive questions, sand, anxious, worried expression and repetitive physical movements (wandering, fidgeting, etc.) related to Depression, Dementia.<br>Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/15/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |  | • Shirley will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.<br>Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Shirley/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.<br>Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• HEALTH EDUCATION: Provide education and support to Shirley/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.<br>Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)  |                |            |            | Registered Practical Nurse<br><br>RN Registered Practical Nurse             |                          |
| Allergies  | Oxycodone, Ramipril  |   |   | D.O.B.         | 10/22/1937 | Physician  | Nghi Truong Phan  |                          |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |   |                |            |            |   |                          |
| Facility   | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025   |                          |
| Resident   | Leeson, Shirley (922141000127)   |   |   | Admission Date | 07/08/2020 | Location   | Nash House 127 1  |                          |
| Last Care Plan Review Completed:   |  | 10/28/2025  |   |                |            |            |   |                          |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position  | Freq/Resolved    |
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|  |  | <ul style="list-style-type: none"><li>To decrease episodic frequency of negative Mood symptoms by next review date.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026                    | Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) <ul style="list-style-type: none"><li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Shirley for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)  |                |            | Registered<br>Practical<br>Nurse  |                  |
| <ul style="list-style-type: none"><li>Altered VISION related to advanced age and requiring glasses.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)                                       |  | <ul style="list-style-type: none"><li>Shirley supported to use eyeglasses for vision correction daily through to the next review date.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | <ul style="list-style-type: none"><li>COMMUNICATION: Involve/collaborate with Shirley/SDM for decision making pertaining to change in visual status as needed.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) <ul style="list-style-type: none"><li>EYEGLASSES: Shirley wears eyeglasses. Assist to clean eyeglasses as needed and store them in the appropriate place when sleeping.</li></ul> Date Initiated: 10/09/2023<br>Created on: 10/09/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 10/09/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |                |            | Registered<br>Practical<br>Nurse<br><br>PCA                                 |                  |
| <ul style="list-style-type: none"><li>Altered COMMUNICATION as exhibited by limitations to self expression, comprehension, related to Expressive Aphasia, Receptive Aphasia</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN) |  | <ul style="list-style-type: none"><li>Shirley will be able to make basic needs known each day through to the review date.</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026                               | <ul style="list-style-type: none"><li>COMMUNICATION: Involve/collaborate with Shirley/SDM for decision making about strategies needed to support effective communication.</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN) <ul style="list-style-type: none"><li>HEALTH TEACHING: Engage with Shirley/SDM to enhance their knowledge of communication devices, hearing aids, change in health status, etc. affecting communication ability.</li></ul>  |                |            | Registered<br>Practical<br>Nurse<br>RN<br><br>RN<br>Registered<br>Practical |                  |
| Allergies  | Oxycodone, Ramipril  |  |  | D.O.B.         | 10/22/1937 | Physician   | Nghi Truong Phan |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |   |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date  | 11/5/2025        |
| Resident   | Leeson, Shirley (922141000127)   |  |  | Admission Date | 07/08/2020 | Location  | Nash House 127 1 |
| Last Care Plan Review Completed:   |  | 10/28/2025   |  |                |            |   |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position   | Freq/Resolved    |
|--|--|---|--|----------------|------------|--|------------------|
|  |  |   | Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)<br>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, use simple words/phrases, speak calmly and clearly.<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)<br>• INSTRUCTION GUIDANCE: Shirley needs intermittent cueing or demonstrative instruction in tasks and activities.<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)   |                |            | Nurse<br><br><br><br>Registered Practical Nurse<br>PCA<br><br><br><br><br>ACT                                |                  |
| • Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN) |  | • To monitor effectiveness and for side effects of medication used each day through to the next review date<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Shirley/SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Shirley using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life.<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)<br>• DE-PRESCRIBING MEDICATION; Monitor Shirley for signs/symptoms during period when medications are titrated. |                |            | RN<br>Registered Practical Nurse<br><br><br>RN<br>Registered Practical Nurse<br><br><br>Registered Practical |                  |
| Allergies  | Oxycodone, Ramipril  |   |  | D.O.B.         | 10/22/1937 | Physician  | Nghi Truong Phan |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |  |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date   | 11/5/2025        |
| Resident   | Leeson, Shirley (922141000127)   |   |  | Admission Date | 07/08/2020 | Location   | Nash House 127 1 |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |  |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |            |  |            | Position                                    | Freq/Resolved |
|--|--|---|--|------------|--|------------|---|---------------|
| • Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN) |  |   | Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)   |            |  |            | Nurse                                       |               |
|  |  |   | • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.  |            |  |            | Registered Staff                            |               |
|  |  |   | Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)   |            |  |            |   |               |
|  |  |   | • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate   |            |  |            | Registered Practical Nurse                  |               |
| • COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, poor judgement, etc.) related to Dementia<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)    |  | • Shirley will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 4<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Shirley/SDM in decision making of Cognitive Loss for dementia<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)  |            |  |            | Registered Practical Nurse                  |               |
|  |  |   | • HEALTH TEACHING: Engage with Shirley/SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of dementia<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN) |            |  |            | Registered Practical Nurse<br>Social Worker |               |
|  |  |   | • ORIENTATION: Gently reorient to person, place, time as needed when Shirley is feeling lost or in confused state. Provide validation and verbal reassurance<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)   |            |  |            | PCA<br>Registered Practical Nurse           |               |
|  |  |   |  |            |  |            |   |               |
| Allergies  | Oxycodone, Ramipril  |   | D.O.B.   | 10/22/1937 |  | Physician  | Nghi Truong Phan                            |               |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |  |            |  |            |   |               |
| Facility   | Arbour Creek Care Centre   |   |  |            |  | Print Date | 11/5/2025                                   |               |
| Resident   | Leeson, Shirley (922141000127)   |   | Admission Date   | 07/08/2020 |  | Location   | Nash House 127 1                            |               |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |            |  |            |   |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                       |            | Position          | Freq/Resolved    |                            |
|---|--|--|--|-----------------------|------------|-------------------|------------------|----------------------------|
| <p>• <b>COGNITIVE LOSS</b>; alteration in thought processes (memory loss, difficulty concentrating, poor judgement, etc.) related to Dementia</p> <p>Date Initiated: 01/24/2023</p> <p>Created on: 01/24/2023</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 01/24/2023</p> <p>Revision by: Gabrielle Wolfe (RN)</p> |  |  | Revision on: 01/24/2023  |                       |            |                   |                  |                            |
|   |  |  | Revision by: Gabrielle Wolfe (RN)  |                       |            |                   |                  |                            |
|   |  |  | • <b>PERSONAL ROUTINE</b> : Provide consistency in care routine and activities.  |                       |            |                   |                  |                            |
|   |  |  | Date Initiated: 01/24/2023   |                       |            |                   |                  |                            |
|   |  |  | Created on: 01/24/2023   |                       |            |                   |                  |                            |
|   |  |  | Created by: Gabrielle Wolfe (RN)   |                       |            |                   |                  |                            |
|   |  |  | Revision on: 04/10/2024  |                       |            |                   |                  |                            |
|   |  |  | Revision by: Shirly Nasufi (Registered Nurse)  |                       |            |                   |                  |                            |
|   |  |  | • <b>CUE TASKS</b> : Break tasks into manageable subtasks, Shirley can comprehend and follow 1 step at a time with direct supervision and support from staff   |                       |            |                   |                  |                            |
|   |  |  | Date Initiated: 01/24/2023   |                       |            |                   |                  |                            |
|   |  |  | Created on: 01/24/2023   |                       |            |                   |                  |                            |
|   |  |  | Created by: Gabrielle Wolfe (RN)   |                       |            |                   |                  |                            |
|   |  |  | Revision on: 01/24/2023  |                       |            |                   |                  |                            |
|   |  |  | Revision by: Gabrielle Wolfe (RN)  |                       |            |                   |                  |                            |
| <p>• Potential for <b>BOWEL INCONTINENCE</b> related to cognitive impairment, impaired control</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 12/14/2022</p> <p>Revision by: Gabrielle Wolfe (RN)</p>  |  | <p>• Shirley will receive support to use toilet, and promote optimal bowel continence each day through to the next review.</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 04/24/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 01/28/2026</p> | <p>• <b>COMMUNICATION</b>: Involve/collaborate with Shirley/SDM for decision making about bowel function, toileting options, incontinence management</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 12/14/2022</p> <p>Revision by: Gabrielle Wolfe (RN)</p> |                       |            |                   |                  | Registered Practical Nurse |
|   |  |  |  |                       |            |                   |                  |                            |
|   |  |  |  |                       |            |                   |                  |                            |
|   |  |  | • <b>MONITORING</b> : Utilize holistic perspective of continuous monitoring of Shirley for changes to health status, alteration of continence level or bowel function.   |                       |            |                   |                  | Registered Practical Nurse |
|   |  |  | Date Initiated: 12/14/2022   |                       |            |                   |                  |                            |
|   |  |  | Created on: 12/14/2022   |                       |            |                   |                  |                            |
|   |  |  | Created by: Gabrielle Wolfe (RN)   |                       |            |                   |                  |                            |
|   |  |  | Revision on: 12/14/2022  |                       |            |                   |                  |                            |
|   |  |  | Revision by: Gabrielle Wolfe (RN)  |                       |            |                   |                  |                            |
|   |  |  | • <b>BOWEL</b> Continence level is <b>TOTALLY Incontinent</b> . Report change to level as noted.   |                       |            |                   |                  | PCA                        |
|   |  |  | Date Initiated: 12/14/2022   |                       |            |                   |                  |                            |
|   |  |  | Created on: 12/14/2022   |                       |            |                   |                  |                            |
|   |  |  | Created by: Gabrielle Wolfe (RN)   |                       |            |                   |                  |                            |
|   |  |  | Revision on: 10/04/2024  |                       |            |                   |                  |                            |
|   |  |  | Revision by: Myrna Corpuz (RPN)  |                       |            |                   |                  |                            |
| <b>Allergies</b>  | Oxycodone, Ramipril  |  |  | <b>D.O.B.</b>         | 10/22/1937 | <b>Physician</b>  | Nghi Truong Phan |                            |
| <b>Diagnosis</b>  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |  |  |                       |            |                   |                  |                            |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |  |                       |            | <b>Print Date</b> | 11/5/2025        |                            |
| <b>Resident</b>   | Leeson, Shirley (922141000127)   |  |  | <b>Admission Date</b> | 07/08/2020 | <b>Location</b>   | Nash House 127 1 |                            |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |  |                       |            |                   |                  |                            |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position                   | Freq/Resolved    |
|--|--|--|--|----------------|------------|----------------------------|------------------|
| <p>• Potential for BOWEL INCONTINENCE related to cognitive impairment, impaired control</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 12/14/2022</p> <p>Revision by: Gabrielle Wolfe (RN)</p>                      |  | <p>Revision on: 05/23/2025</p> <p>Revision by: Ifeyinwa Onyia (Registered Nurse)</p> <p>Target Date: 01/28/2026</p>  | <p>• BOWEL MOVEMENT: Monitor Shirley for bowel movement each shift and document number of occurrences, size and consistency.</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 12/14/2022</p> <p>Revision by: Gabrielle Wolfe (RN)</p> <p>• INCONTINENCE PRODUCT: Shirley will wear/use size medium white briefs during the day, evening and night.</p> <p>Date Initiated: 12/14/2022</p> <p>Created on: 12/14/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 07/09/2025</p> <p>Revision by: Ifeyinwa Onyia (Registered Nurse)</p> |                |            | PCA                        |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
| <p>• Sleep Patterns;</p> <p>Date Initiated: 07/19/2022</p> <p>Created on: 07/19/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 07/19/2022</p> <p>Revision by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> |  | <p>• To promote adequate rest/sleep for Shirley based on identified sleep patterns/preferences each night through to the next review date.</p> <p>Date Initiated: 07/19/2022</p> <p>Created on: 07/19/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 04/24/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 01/28/2026</p> | <p>• REST PATTERN: Preferred bedtime 9 PM, usual wake time 10 AM. Please get Shirley up out of bed and dressed by 10 AM every day if she is not already awake. Daughters have requested for Shirley to have an afternoon nap, preferably after lunch. Shirley to be up before supper.</p> <p>Date Initiated: 07/19/2022</p> <p>Created on: 07/19/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 09/23/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p>  |                |            | PCA                        |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
| <p>• URINARY Overflow INCONTINENCE related to Dementia Diagnosis</p> <p>Date Initiated: 10/05/2021</p> <p>Created on: 10/05/2021</p> <p>Created by: Myrna Corpuz (Registered Practical Nurse)</p>  |  | <p>• Shirley will have urinary incontinence managed every shift through to the next review period.</p> <p>Date Initiated: 10/05/2021</p> <p>Created on: 10/05/2021</p>   | <p>• COMMUNICATION: Involve/collaborate with Shirely/SDM for decision making about toileting options or incontinence management.</p> <p>Date Initiated: 06/23/2022</p> <p>Created on: 06/23/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 06/23/2022</p>  |                |            | Registered Practical Nurse |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
|  |  |  |  |                |            |                            |                  |
| Allergies  | Oxycodone, Ramipril  |  |  | D.O.B.         | 10/22/1937 | Physician                  | Nghi Truong Phan |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                            |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date                 | 11/5/2025        |
| Resident   | Leeson, Shirley (922141000127)   |  |  | Admission Date | 07/08/2020 | Location                   | Nash House 127 1 |
| Last Care Plan Review Completed:   |  | 10/28/2025   |  |                |            |                            |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position                   | Freq/Resolved              |
|--|--|---|--|----------------|------------|----------------------------|----------------------------|
| Revision on: 10/05/2021<br>Revision by: Myrna Corpuz (Registered Practical Nurse)  |  | Created by: Myrna Corpuz (Registered Practical Nurse)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026<br><br>• Shirley will receive support to follow their individualized TOILETING SCHEDULE to optimize urinary continence each shift through to the next review.<br>Date Initiated: 12/23/2022<br>Created on: 12/23/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026 | Revision by: Gabrielle Wolfe (RN)<br><br>• MONITORING: Utilize holistic perspective of continuous monitoring of Shirley for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 06/23/2022<br>Created on: 06/23/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 06/23/2022<br>Revision by: Gabrielle Wolfe (RN)<br><br>• URINARY Continence level is totally Incontinent. Report change to level as noted.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Myrna Corpuz (Registered Practical Nurse)<br>Revision on: 10/04/2024<br>Revision by: Myrna Corpuz (RPN)<br><br>• INCONTINENCE PRODUCT: Shirley will wear size medium white briefs during the day, evening and night.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Myrna Corpuz (Registered Practical Nurse)<br>Revision on: 07/09/2025<br>Revision by: ANISH MURALEEDHARAN PILLAI (Registered Practical Nurse) |                |            | Registered Practical Nurse |                            |
| • Potential for PAIN and alteration in comfort level related to age process and HX if left hip fracture. Most Current MDS Pain Score is 0..<br>Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 07/15/2021<br>Revision by: Kamaljit Matharu (RAI Coordinator) |  | • Promote MDS Pain Score of 0 through to the next review.<br>Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 04/24/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026  | • COMMUNICATION: Involve/collaborate with Shirley/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options.<br>Date Initiated: 07/09/2023<br>Created on: 07/09/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 07/09/2023<br>Revision by: Gabrielle Wolfe (RN)<br><br>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control.<br>Date Initiated: 07/21/2020<br>Created on: 07/21/2020<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 07/15/2021<br>Revision by: Kamaljit Matharu (RAI Coordinator)   |                |            | Registered Practical Nurse | Registered Practical Nurse |
| Allergies  | Oxycodone, Ramipril  |   |  | D.O.B.         | 10/22/1937 | Physician                  | Nghi Truong Phan           |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                            |                            |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date                 | 11/5/2025                  |
| Resident   | Leeson, Shirley (922141000127)   |   |  | Admission Date | 07/08/2020 | Location                   | Nash House 127 1           |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |                            |                            |



## Care Plan Report

| Focus  | Goal   | Interventions   | Position   | Freq/Resolved |                   |                  |  |
|--|--|---|--|---------------|-------------------|------------------|--|
|  |  | <p>• REST: accommodate Shirley's rest and relaxation preference (afternoon nap after lunch and to be up for supper)<br/> Date Initiated: 07/09/2023<br/> Created on: 07/09/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 09/23/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.<br/> Date Initiated: 07/09/2023<br/> Created on: 07/09/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 07/09/2023<br/> Revision by: Gabrielle Wolfe (RN)</p>  | <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse<br/>RN</p> |               |                   |                  |  |
| <p>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 07/15/2021<br/> Revision by: Kamaljit Matharu (RAI Coordinator)</p> | <p>• Shirley will have ALL ADL care tasks met each day through the next review date.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 04/24/2024<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/> Target Date: 01/28/2026</p> | <p>• BATHING: Shirley prefers bath on Friday mornings and Tuesday Evenings. One or two staff staff to provide assistance in the bathing activity, depending on her behaviours/restlessness.<br/> Nail care to be provided on shower/bath day.<br/> Do not put Shirley into her pajamas right after her bath if it is still early in the evening.<br/> Put her back into regular clothing and pajamas only in the evening, preferably sometime after dinner.<br/> Date Initiated: 07/10/2025<br/> Created on: 07/10/2025<br/> Created by: Jason Geerlinks (Quality Improvement Coordinator)<br/> Revision on: 07/10/2025<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>• BED MOBILITY: Shirley needs TWO staff TOTAL assistance to roll from one side to another side while in bed.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 04/12/2025<br/> Revision by: Myrna Corpuz (RPN)</p> <p>• DRESSING: Shirley requires 2 person total assistance for dressing. Evening shift</p> | <p>PCA</p> <p>PCA</p> <p>PCA</p>   |               |                   |                  |  |
| <b>Allergies</b>   | Oxycodone, Ramipril  |   | <b>D.O.B.</b>  | 10/22/1937    | <b>Physician</b>  | Nghi Truong Phan |  |
| <b>Diagnosis</b>   | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses   |   |  |               |                   |                  |  |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |  |               | <b>Print Date</b> | 11/5/2025        |  |
| <b>Resident</b>  | Leeson, Shirley (922141000127)   |   | <b>Admission Date</b>  | 07/08/2020    | <b>Location</b>   | Nash House 127 1 |  |
| <b>Last Care Plan Review Completed:</b>  |  | 10/28/2025  |  |               |                   |                  |  |

## Care Plan Report

| Focus                            |  | Goal       | Interventions   |            |            | Position         | Freq/Resolved |
|----------------------------------|--|------------|---|------------|------------|------------------|---------------|
|                                  |  |            | <p>please put bra in black mesh bag before sending to laundry.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 04/30/2025<br/> Revision by: Chantelle Walker (ADOC)</p>   |            |            |                  |               |
|                                  |  |            | <p>• EATING: Shirley Requires 1 staff to provide total assist for eating. Shirley likes a small bowl of cereal or oatmeal for breakfast, she usually has breakfast later in the morning, around 1030.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 10/04/2024<br/> Revision by: Myrna Corpuz (RPN)</p>   |            |            |                  |               |
|                                  |  |            | <p>• LOCOMOTION: Shirley uses a wheelchair for locomotion.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 03/20/2025<br/> Revision by: Chantelle Walker (ADOC)</p>   |            |            |                  |               |
|                                  |  |            | <p>• PERSONAL hygiene: Shirley requires 2 person total assistance for personal hygiene.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 03/19/2025<br/> Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>  |            |            |                  |               |
|                                  |  |            | <p>• TOILET USE: Shirley requires 2 person TOTAL assistance to use the toilet, depending on her behaviours and willingness to accept assistance. Follow toileting schedule as outlined in Urinary care plan focus. Assist with toileting even when family are present and visiting.<br/> Date Initiated: 07/08/2020<br/> Created on: 07/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 10/04/2024<br/> Revision by: Myrna Corpuz (RPN)</p> |            |            |                  |               |
| Allergies                        | Oxycodone, Ramipril  |            | D.O.B.  | 10/22/1937 | Physician  | Nghi Truong Phan |               |
| Diagnosis                        | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |            |   |            |            |                  |               |
| Facility                         | Arbour Creek Care Centre   |            |   |            | Print Date | 11/5/2025        |               |
| Resident                         | Leeson, Shirley (922141000127)   |            | Admission Date  | 07/08/2020 | Location   | Nash House 127 1 |               |
| Last Care Plan Review Completed: |  | 10/28/2025 |   |            |            |                  |               |

## Care Plan Report

| Focus   |  | Goal       | Interventions   |            |  |            | Position                                | Freq/Resolved |
|---|--|------------|---|------------|--|------------|---|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation</li> <li>Date Initiated: 07/08/2020</li> <li>Created on: 07/08/2020</li> <li>Created by: Liberty Looy (RAI Coordinator)</li> <li>Revision on: 07/15/2021</li> <li>Revision by: Kamaljit Matharu (RAI Coordinator)</li> </ul> |  |            | <ul style="list-style-type: none"> <li><b>TRANSFERRING:</b> Shirley requires Mechanical Hoyer lift with 2 person assistance</li> <li>Date Initiated: 07/08/2020</li> <li>Created on: 07/08/2020</li> <li>Created by: Liberty Looy (RAI Coordinator)</li> <li>Revision on: 04/05/2025</li> <li>Revision by: Manpreet Dhaliwal (Registered Nurse)</li> </ul>  |            |  |            | PCA                                     |               |
|   |  |            | <ul style="list-style-type: none"> <li><b>TRANSFER LIFT/SLING:</b> Hoyer lift and medium size sling needed for transfer.</li> <li>Date Initiated: 09/23/2024</li> <li>Created on: 09/23/2024</li> <li>Created by: Navpreet Sekhon (RN)</li> <li>Revision on: 09/23/2024</li> <li>Revision by: Navpreet Sekhon (RN)</li> </ul>   |            |  |            | PCA<br>Registered<br>Practical<br>Nurse |               |
|   |  |            | <ul style="list-style-type: none"> <li><b>ORAL CARE:</b> Shirley is missing her dentures and family aware. shirley is on puree texture food and she needs one person assistance for oral hygiene.</li> <li>Date Initiated: 07/08/2020</li> <li>Created on: 07/08/2020</li> <li>Created by: Liberty Looy (RAI Coordinator)</li> <li>Revision on: 07/05/2025</li> <li>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> </ul> |            |  |            | PCA                                     |               |
|   |  |            | <ul style="list-style-type: none"> <li><b>FOOT CARE:</b> PSW or Foot Care Nurse to complete toenail care on bath days and as needed.. Report long toe nails or other abnormalities as noted.</li> <li>Date Initiated: 07/08/2020</li> <li>Created on: 07/08/2020</li> <li>Created by: Liberty Looy (RAI Coordinator)</li> <li>Revision on: 07/15/2021</li> <li>Revision by: Kamaljit Matharu (RAI Coordinator)</li> </ul>                     |            |  |            | PCA                                     |               |
|   |  |            | <ul style="list-style-type: none"> <li><b>HAIR CARE:</b> PCA staff to wash hair on bath days. DO NOT use hairspray for Shirley, it makes her itchy.</li> <li>Date Initiated: 07/08/2020</li> <li>Created on: 07/08/2020</li> <li>Created by: Liberty Looy (RAI Coordinator)</li> <li>Revision on: 07/04/2023</li> <li>Revision by: Brooklyne Dennis (ADOC)</li> </ul>   |            |  |            | PCA                                     |               |
|   |  |            | <ul style="list-style-type: none"> <li><b>Ensure that both upper and lower dentures are in for all meals.</b></li> <li>Date Initiated: 11/26/2022</li> <li>Created on: 11/26/2022</li> </ul>  |            |  |            | PCA                                     |               |
| Allergies   | Oxycodone, Ramipril  |            | D.O.B.  | 10/22/1937 |  | Physician  | Nghi Truong Phan                        |               |
| Diagnosis   | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |            |   |            |  |            |   |               |
| Facility  | Arbour Creek Care Centre   |            |   |            |  | Print Date | 11/5/2025                               |               |
| Resident  | Leeson, Shirley (922141000127)   |            | Admission Date  | 07/08/2020 |  | Location   | Nash House 127 1                        |               |
| Last Care Plan Review Completed:  |  | 10/28/2025 |   |            |  |            |   |               |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position   | Freq/Resolved    |
|--|--|---|--|----------------|------------|------------|------------------|
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation</div> <div>Date Initiated: 07/08/2020</div> <div>Created on: 07/08/2020</div> <div>Created by: Liberty Looy (RAI Coordinator)</div> <div>Revision on: 07/15/2021</div> <div>Revision by: Kamaljit Matharu (RAI Coordinator)</div>         |  |   | <div>Created by: Brittany Saini (RN)</div> <div>Revision on: 01/15/2024</div> <div>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</div> <div>• SPECIAL FAMILY REQUEST: Daughters have requested that Shirley does not go to bed to sleep with socks on, instead assist her to settle in bed without socks on. She may not settle like that, so then trial the use of the "gripper" non-skid socks.</div> <div>Daughters have requested for Shirley to have an afternoon nap, preferably after lunch for only 1 hour. Shirley will usually wake up on her own after around that time but if she doesn't, please wake her. If there are recreation activities going on during that time that she usually participates in, please wake her or delay her nap.</div> <div>Date Initiated: 01/04/2023</div> <div>Created on: 01/04/2023</div> <div>Created by: Gabrielle Wolfe (RN)</div> <div>Revision on: 07/04/2023</div> <div>Revision by: Brooklyne Dennis (ADOC)</div> |                |            | PCA        |                  |
| <div>• Expressed Wishes and Beliefs related to Shirley Medical Treatment and End of Life Care</div> <div>Date Initiated: 07/21/2020</div> <div>Created on: 07/21/2020</div> <div>Created by: Kamaljit Matharu (Registered Practical Nurse)</div> <div>Revision on: 07/15/2021</div> <div>Revision by: Kamaljit Matharu (RAI Coordinator)</div> |  | <div>• To support and honor Shirley expressed wishes and beliefs through to the End of Life.</div> <div>Date Initiated: 07/21/2020</div> <div>Created on: 07/21/2020</div> <div>Created by: Kamaljit Matharu (Registered Practical Nurse)</div> <div>Revision on: 04/24/2024</div> <div>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</div> <div>Target Date: 01/28/2026</div> | <div>• CPR: Shirley wishes express NO CPR and NO TRANSFER to hospital.</div> <div>As per the care conference held today July 9th/2025. advanced directives signed by the POA include, comfort measures at the home.</div> <div>Date Initiated: 07/21/2020</div> <div>Created on: 07/21/2020</div> <div>Created by: Kamaljit Matharu (Registered Practical Nurse)</div> <div>Revision on: 07/09/2025</div> <div>Revision by: Ifeyinwa Onyia (Registered Nurse)</div>  |                |            | RN         |                  |
| Allergies  | Oxycodone, Ramipril  |   |  | D.O.B.         | 10/22/1937 | Physician  | Nghi Truong Phan |
| Diagnosis  | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025        |
| Resident   | Leeson, Shirley (922141000127)   |   |  | Admission Date | 07/08/2020 | Location   | Nash House 127 1 |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |            |                  |

## Care Plan Report

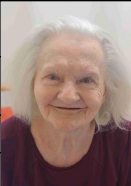
| Focus | Goal | Interventions | Position | Freq/Resolved |
|-------|------|---------------|----------|---------------|
|       |      |               |          |               |
|       |      |               |          |               |

### Diagnosis

Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J45.91), Cardiovascular disease, unspecified(I51.6), Dysphasia and aphasia(R47.0)

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Oxycodone, Ramipril  | <b>D.O.B.</b>         | 10/22/1937 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Vascular dementia, unspecified(F01.9), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Carcinoma in situ of colon(D01.0), Asthma, unspecified, with stated status asthmaticus(J...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Leeson, Shirley (922141000127)   | <b>Admission Date</b> | 07/08/2020 | <b>Location</b>   | Nash House 127 1 |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved     |                 |   |
|---|--|--|---|-------------------|-----------------|---|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Cognitive Limitation, Rest/Sleep Patterns, Language Barrier (Polish is language spoken)</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | <p>• Team members will support Irena in decreasing social isolation by participating in activities of personal choice for 2-3 times per week by the next review date.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> <p>• Irena will maintain ISE score of 2 by the next review date.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> | <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as walking, watching t.v, looking outdoors, and listening to music.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 04/11/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get Irena to scheduled activities by walking and guiding to the program.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> <p>Speak Polish (understands little English)<br/>Enjoys walking<br/>Needs encouragement to remain seated for activities</p> <p>Date Initiated: 10/15/2025<br/>Created on: 04/11/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ONE to ONE: Provide Irena with individual visits for conversation, reading, reminiscing, and Montessori based programming.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SENSORY STIMULATION: Provide her with Sensory Stimulation for such as hand massages, sensory pictures, reading aloud and snoezelen activities.</p> <p>Date Initiated: 10/15/2025<br/>Created on: 04/11/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 10/15/2025</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> |                   |                 |   |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>  | 06/07/1941  | <b>Physician</b>  | Nachwa Ghobara  |  |
| <b>Diagnosis</b>  | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses   |  |   |                   |                 |   |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |   | <b>Print Date</b> | 11/5/2025       |   |
| <b>Resident</b>   | Lipski, Irena (922141000110)   |  | <b>Admission Date</b>   | 01/06/2020        | <b>Location</b> |   |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |   |                   |                 |   |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position        | Freq/Resolved    |
|---|--|---|--|----------------|------------|-----------------|------------------|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Cognitive Limitation, Rest/Sleep Patterns, Language Barrier (Polish is language spoken)</p> <p>Date Initiated: 10/15/2025<br/>Created on: 01/04/2021<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  |   | <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• THERAPIES: Provide her with music therapy and massage therapy.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/11/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: Family visits occasionally.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/11/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• MUSIC CARE APPROACH: Present Irena with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br/>Date Initiated: 10/15/2025<br/>Created on: 10/15/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |                |            | Recreation Aide |                  |
| <p>• SPIRITUAL BELIEFS: Irena is of the Catholic Faith.<br/>Date Initiated: 10/15/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>  |  | <p>• To provide Irena spiritual support as interested through to the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> | <p>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Catholic Mass, Church Service, etc. Irena's religion is Catholic. Irena enjoys Church services that are held on the unit<br/>Date Initiated: 10/15/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• PERSONAL CHOICE: Respect Irena's right to decline participation in Spiritual Program.<br/>Date Initiated: 10/15/2025<br/>Created on: 07/28/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025</p>  |                |            | Recreation Aide |                  |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 06/07/1941 | Physician       | Nachwa Ghobara   |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(110.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                 |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date      | 11/5/2025        |
| Resident  | Lipski, Irena (922141000110)   |   |  | Admission Date | 01/06/2020 | Location        | Nash House 124 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |                |            |                 |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position   | Freq/Resolved     |                  |
|--|---|---|--|-------------------|------------------|
| <p>• SPIRITUAL BELIEFS: Irena is of the Catholic Faith.<br/> Date Initiated: 10/15/2025<br/> Created on: 07/28/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p>  |   | <p>Revision by: Julie Lambert (Recreation Aide)</p>   |  |                   |                  |
| <p>• Behavior of WANDERING, RESISTANCE to care nature ,Potential for Expressive Behavior of VERBAL, nature related to to Symptom Progression of Dementia/Alzheimer.<br/> Date Initiated: 01/08/2020<br/> Created on: 01/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 03/09/2025<br/> Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• To promote safety for Irena and/or others during each episode of WANDERING, RESISTANCE to care ,verbally expressive behavior through to the next review date<br/> Date Initiated: 01/08/2020<br/> Created on: 01/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 03/09/2025<br/> Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/> Target Date: 01/28/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Irena/SDM about identified Risk of Expressive Behaviours, discuss/elevate triggering factors such as co-resident A.T. rummaging through her clothes,explain what happened and adjust plan of care based on needs/options. Use GPA in these circumstances.<br/> Date Initiated: 01/08/2020<br/> Created on: 01/08/2020<br/> Created by: Liberty Looy (RAI Coordinator)<br/> Revision on: 03/18/2025<br/> Revision by: Chantelle Walker (ADOC)</p> <p>• PHYSICAL Behaviour: Calmly redirect resident or use distraction<br/> Date Initiated: 08/01/2025<br/> Created on: 08/01/2025<br/> Created by: Lauren Bonomo (Registered Practical Nurse)<br/> Revision on: 08/01/2025<br/> Revision by: Lauren Bonomo (Registered Practical Nurse)</p> <p>• VERBAL Behaviour: If irtena is heard yelling, swearing or calling others names; calmly remind to lower his/her voice and that chosen words are not appropriate. Attempt to resolve his/her concern. Report episode to Registered Staff.<br/> Date Initiated: 03/09/2025<br/> Created on: 03/09/2025<br/> Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/> Revision on: 03/09/2025<br/> Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, PCA</p> | <p>Registered<br/>Practical<br/>Nurse<br/>PCA<br/>Social Worker</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA<br/>RN</p> <p>PCA</p> |                   |                  |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>   | 06/07/1941   | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(110.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses  |   |  |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Lipski, Irena (922141000110)  | <b>Admission Date</b>   | 01/06/2020   | <b>Location</b>   | Nash House 124 2 |
| <b>Last Care Plan Review Completed:</b>  |   | 10/28/2025  |  |                   |                  |



## Care Plan Report

| Focus  | Goal   | Interventions  | Position          | Freq/Resolved                       |
|--|--|--|-------------------|-------------------------------------|
| <p>• Behavior of WANDERING, RESISTANCE to care nature ,Potential for Expressive Behavior of VERBAL, nature related to to Symptom Progression of Dementia/Alzheimer.</p> <p>Date Initiated: 01/08/2020<br/>Created on: 01/08/2020<br/>Created by: Liberty Looy (RAI Coordinator)<br/>Revision on: 03/09/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  | <p>refusal to bathe, refusing medication as expression of behaviour include confusion, misunderstanding care needs, poor judgement, paranoid thought process</p> <p>Date Initiated: 01/21/2020<br/>Created on: 01/21/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• RESISTANCE to Care Need: If Irena is refusing to bathe, change clothes, take medications re-approach in 10-15 minutes. Report episode to Registered Staff.</p> <p>Date Initiated: 01/21/2020<br/>Created on: 01/21/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• WANDERING: Permit Irena to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed.</p> <p>Date Initiated: 01/08/2020<br/>Created on: 01/08/2020<br/>Created by: Liberty Looy (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• MEDICATION: Administer medication for therapeutic treatment of restlessness as per MD Order. Monitor effectiveness and for side effects</p> <p>Date Initiated: 01/08/2020<br/>Created on: 01/08/2020<br/>Created by: Liberty Looy (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• SPECIAL CONSIDERATIONS due to delusional thoughts: 2 staff (always with female)to provide care at all times.</p> <p>Date Initiated: 01/08/2020<br/>Created on: 01/08/2020<br/>Created by: Liberty Looy (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> | PCA               |                                     |
| • Sleep Patterns.  | • To promote adequate  | • REST PATTERN: Preferred bedtime 2100, usual wake time 0800   | PCA               |                                     |
| <b>Allergies</b>   | No Known Allergies   |  | <b>D.O.B.</b>     | 06/07/1941                          |
| <b>Physician</b>   | Nachwa Ghobara   |  |                   |                                     |
| <b>Diagnosis</b>   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |                   |                                     |
| <b>Facility</b>  | Arbour Creek Care Centre   |  | <b>Print Date</b> | 11/5/2025                           |
| <b>Resident</b>  | Lipski, Irena (922141000110)   | <b>Admission Date</b>  | 01/06/2020        | <b>Location</b><br>Nash House 124 2 |
| <b>Last Care Plan Review Completed:</b>  |  | 10/28/2025   |                   |                                     |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |           | Position                   | Freq/Resolved |
|---|--|--|--|------------|-----------|----------------------------|---------------|
| Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |  | rest/sleep for Irena based on identified sleep patterns/preferences each night through to the next review date.<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |            |           |                            |               |
| • Potential to experience alteration in NEUROLOGICAL FUNCTION related to: SEIZURE disorder.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |  | • To treat and minimize signs/symptoms or complications associated with SEIZURE Disorder through to the next review date.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026                       | • COMMUNICATION: Involve/ collaborate with Irena/ SDM in decision making of neurological care management for SEIZURE Disorders.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)              |            |           | PCA                        |               |
|   |  |  | • HEALTH EDUCATION: Engage with Irena/SDM to enhance her comprehension of treatment, possible complications associated with SEIZURE disorder<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |            |           | Registered Practical Nurse |               |
|   |  |  | • MEDICATION: Administer medication for SEIZURE Disorder as per MD order. Monitor effectiveness and for side effects.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)                        |            |           | Registered Practical Nurse |               |
|   |  |  | • MONITORING: Utilize holistic perspective of continuous monitoring of resident with SEIZURE Disorder for changes to health status and alteration or complications   |            |           | Registered Practical       |               |
| Allergies   | No Known Allergies   |  | D.O.B.   | 06/07/1941 | Physician | Nachwa Ghobara             |               |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(110.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |  |            |           |                            |               |
| Facility  | Arbour Creek Care Centre   |  |  |            |           | Print Date                 | 11/5/2025     |
| Resident  | Lipski, Irena (922141000110)   |  | Admission Date   | 01/06/2020 | Location  | Nash House 124 2           |               |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |            |           |                            |               |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |                       | Position                   | Freq/Resolved              |                  |
|---|--|---|--|--|-----------------------|----------------------------|----------------------------|------------------|
| <ul style="list-style-type: none"><li>• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: SEIZURE disorder.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> |  |   | affecting neurological function.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |  |                       | Nurse                      |                            |                  |
|   |  |   |  |  |                       |                            |                            |                  |
|   |  |   |  |  |                       |                            |                            |                  |
| <ul style="list-style-type: none"><li>• Potential to experience alteration in CARDIAC FUNCTION related to; hypertension.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p>          |  | <ul style="list-style-type: none"><li>• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 01/28/2026</p> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Irena/SDM in decision making of Cardiac Care Management for hypertension.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>• MONITORING: Utilize holistic perspective of continuous monitoring of Irena with hypertension for changes to health status and alteration or complications affecting cardiac function.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>• MEDICATION: Administer medication for Hypertension as per MD Order and monitor for side effects.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025</p> |  |                       | Registered Practical Nurse | Registered Practical Nurse |                  |
|   |  |   |  |  |                       |                            |                            |                  |
|   |  |   |  |  |                       |                            |                            |                  |
| <b>Allergies</b>  |  | No Known Allergies  |  |  | <b>D.O.B.</b>         | 06/07/1941                 | <b>Physician</b>           | Nachwa Ghobara   |
| <b>Diagnosis</b>  |  | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses  |  |  |                       |                            |                            |                  |
| <b>Facility</b>   |  | Arbour Creek Care Centre  |  |  |                       |                            | <b>Print Date</b>          | 11/5/2025        |
| <b>Resident</b>   |  | Lipski, Irena (922141000110)  |  |  | <b>Admission Date</b> | 01/06/2020                 | <b>Location</b>            | Nash House 124 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |  |                       |                            |                            |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            |            | Position                   | Freq/Resolved |
|---|--|---|--|----------------|------------|------------|----------------------------|---------------|
| • Potential to experience alteration in CARDIAC FUNCTION related to; hypertension.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |  |   | Revision by: Navpreet Sekhon (RN)  |                |            |            |                            |               |
| • Potential to experience complications and side effects impacting quality of life related to use of antidepressants daily<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |  | • To monitor the effectiveness and for side effects of medication used each day through to the next review date<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Irena/SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of resident using antidepressant for changes to health status and alteration or complications affecting functioning or quality of life.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |                |            |            | Registered Practical Nurse |               |
| • BOWEL Continence - Irena is continent   |  | • Irena to remain continent of  | • BOWEL Continence level is occasionally incontinent. Report changes to level as   |                |            |            | PCA                        |               |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 06/07/1941 | Physician  | Nachwa Ghobara             |               |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(110.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                            |               |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025                  |               |
| Resident  | Lipski, Irena (922141000110)   |   |  | Admission Date | 01/06/2020 | Location   | Nash House 124 2           |               |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |                |            |            |                            |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position                   | Freq/Resolved              |
|---|--|--|---|----------------|------------|----------------------------|----------------------------|
| and has self recognition of urge to defecate.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)               |  | bowels through to the next review date.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026   | noted. Irena uses insert, sometimes pull up<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/23/2025<br>Revision by: Ifeyinwa Onyia (Registered Nurse)<br>• SELF TOILETING: Irena sometimes toilets self for bowel movements. Irena requires 1 staff assistance with hygiene after toileting. Each shift ask if she had BOWEL MOVEMENT and if there has been any changes to continence level. Try to ask Irena when she is seen coming out from the washroom due to impaired memory recall. Report changes to Registered Staff.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |                |            | PCA                        |                            |
| • URINARY Stress INCONTINENCE related to Dementia Diagnosis<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |  | • Irena will have urinary incontinence managed every shift through to the next review period.<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Irena/SDM for decision making about incontinence management.<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Irena for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>• URINARY Continence level is FREQUENTLY continent. Report change to level as noted.<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025 |                |            | Registered Practical Nurse | Registered Practical Nurse |
| Allergies   | No Known Allergies   |  |   | D.O.B.         | 06/07/1941 | Physician                  | Nachwa Ghobara             |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                            |                            |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date                 | 11/5/2025                  |
| Resident  | Lipski, Irena (922141000110)   |  |   | Admission Date | 01/06/2020 | Location                   | Nash House 124 2           |
| Last Care Plan Review Completed:  |  | 10/28/2025   |   |                |            |                            |                            |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position   | Freq/Resolved |            |                  |  |
|---|---|--|--|---------------|------------|------------------|--|
| • URINARY Stress INCONTINENCE related to Dementia Diagnosis<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |   | Revision by: Navpreet Sekhon (RN)<br><br>• INCONTINENCE PRODUCT: Irena uses white insert pad for day, and sometimes pull up evening and night.<br>Date Initiated: 10/16/2021<br>Created on: 10/16/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/23/2025<br>Revision by: Ifeyinwa Onyia (Registered Nurse)  | PCA  |               |            |                  |  |
| • Risk for Impaired Skin Integrity related to frailty and some urinary incontinence.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)                                    | • To protect and maintain skin integrity each day through to the next review date.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | • SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 01/12/2025<br>Created on: 01/12/2025<br>Created by: Navpreet Sekhon (RN)<br><br>• HEALTH EDUCATION: Engage Irena/SDM in health education regarding preventing skin impairment<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) | PCA<br><br><br><br><br><br><br><br><br><br>Registered Practical Nurse                  |               |            |                  |  |
| • Potential to experience alteration in MOOD as exhibited by restlessness and sad, pained, worried expression related to Alzheimer's Disease, Dementia.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025 | • Irena will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025                           | • COMMUNICATION: Involve/collaborate with Irena/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br><br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Irena for indications to change in MOOD including labile mood or increase of symptoms   | Registered Practical Nurse<br><br><br><br><br><br><br><br><br><br>Registered Practical |               |            |                  |  |
| Allergies   | No Known Allergies  |  | D.O.B.   | 06/07/1941    | Physician  | Nachwa Ghobara   |  |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses                |  |  |               |            |                  |  |
| Facility  | Arbour Creek Care Centre  |  |  |               | Print Date | 11/5/2025        |  |
| Resident  | Lipski, Irena (922141000110)  |  | Admission Date   | 01/06/2020    | Location   | Nash House 124 2 |  |
| Last Care Plan Review Completed:  |   | 10/28/2025   |  |               |            |                  |  |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |                |            |            | Position                         | Freq/Resolved |
|---|--|---|---|----------------|------------|------------|----------------------------------|---------------|
| Revision by: Navpreet Sekhon (RN)   |  | Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026  | that negatively impact residents quality of life.<br>Date Initiated: 01/15/2024<br>Created on: 01/15/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |                |            |            | Nurse                            |               |
| <ul style="list-style-type: none"> <li>Altered COMMUNICATION as exhibited by limitations to self expression, comprehension, trouble word finding related to global aphasia.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |  | <ul style="list-style-type: none"> <li>Irena will be able to make basic needs known each day through to the review date.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Irena/SDM for decision making about strategies needed to support effective communication.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>HEALTH TEACHING: Engage with Irena/SDM to enhance their knowledge of change in health status, progressive decline due to dementia, affecting communication ability.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>PRIMARY LANGUAGE: Irena's primary language is Polish. She is also able to speak/understand some English.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases.</li> </ul> Date Initiated: 10/12/2022<br>Created on: 10/12/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |                |            |            | Registered<br>Practical<br>Nurse |               |
| • COGNITIVE LOSS; alteration in thought   |  | • Irena will cope with progressive  | • COMMUNICATION: Involve/collaborate with Irena/SDM in decision making of   |                |            |            | Registered                       |               |
| Allergies   | No Known Allergies   |   |   | D.O.B.         | 06/07/1941 | Physician  | Nachwa Ghobara                   |               |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |   |   |                |            |            |                                  |               |
| Facility  | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025                        |               |
| Resident  | Lipski, Irena (922141000110)   |   |   | Admission Date | 01/06/2020 | Location   | Nash House 124 2                 |               |
| Last Care Plan Review Completed:  |  | 10/28/2025  |   |                |            |            |                                  |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |           | Position                   | Freq/Resolved |
|---|--|--|--|------------|-----------|----------------------------|---------------|
| processes memory loss, difficulty concentrating, poor judgement related to dementia.<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |  | cognitive decline and be supported to maintain safety each day through to the next review date. Current CPS score is 4.<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026                 | Cognitive Loss for dementia<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |            |           | Practical Nurse            |               |
|   |  |  | • HEALTH TEACHING: Engage with Irena/SDM to enhance their knowledge on the importance of geriatric health including progressive cognitive loss of Dementia<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |            |           | Social Worker              |               |
|   |  |  | • ORIENTATION: Gently reorient to person, place, time as needed when Irena is feeling lost or in confused state<br>Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |            |           | PCA                        |               |
|   |  |  | Date Initiated: 01/21/2020<br>Created on: 01/21/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |            |           |                            |               |
| • Increased risk for FALLS related to Medical condition: Anxiety Disorder, Alzheimer's, OA; Medication use: antidepressant and antipsychotic medication<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN) |  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/09/2025<br>Revision by: Yusung Kang (Registered Practical Nurse)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve and collaborate with Irena/SDM in decision making in fall prevention Plan of Care<br>Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |            |           | Registered Practical Nurse |               |
|   |  |  | • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed<br>Date Initiated: 07/20/2025<br>Created on: 07/20/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 07/20/2025<br>Revision by: Myrna Corpuz (RPN)  |            |           | PCA                        |               |
|   |  |  | • ENVIRONMENT: Secure environment by reducing clutter, having clear path to bathroom and keeping dim light on at night to reduce fall risk for Irena.<br>Date Initiated: 01/20/2020  |            |           | PCA                        |               |
|   |  |  | Date Initiated: 01/20/2020<br>Created on: 01/20/2020<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 07/20/2025<br>Revision by: Myrna Corpuz (RPN)   |            |           |                            |               |
| Allergies   | No Known Allergies   |  | D.O.B.   | 06/07/1941 | Physician | Nachwa Ghobara             |               |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |  |            |           |                            |               |
| Facility  | Arbour Creek Care Centre   |  |  |            |           | Print Date                 | 11/5/2025     |
| Resident  | Lipski, Irena (922141000110)   |  | Admission Date   | 01/06/2020 | Location  | Nash House 124 2           |               |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |            |           |                            |               |



## Care Plan Report

| Focus                            |  | Goal       | Interventions   |                |            | Position  | Freq/Resolved    |
|----------------------------------|--|------------|---|----------------|------------|---|------------------|
|                                  |  |            | Created on: 01/20/2020<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |                |            | PCA   |                  |
|                                  |  |            | • BED:place bed in lowest position, use high/low bed to lower risk for injury.  |                |            |   |                  |
|                                  |  |            | Date Initiated: 10/08/2025<br>Created on: 10/08/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 10/08/2025<br>Revision by: Myrna Corpuz (RPN)  |                |            |   |                  |
|                                  |  |            | • ACTIVITY: Engage Irena in meaningful activity to decrease boredom and/or restlessness. Irena likes to: listen to music, take a walk with staff (especially when restless), and look at pictures.  |                |            |   |                  |
|                                  |  |            | Date Initiated: 04/15/2023<br>Created on: 04/15/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 04/12/2025<br>Revision by: Myrna Corpuz (RPN)  |                |            | PCA<br>Registered<br>Practical<br>Nurse<br>Recreation<br>Aide |                  |
|                                  |  |            | • FOOTWEAR: Encourage Irena to wear appropriate footwear that is well-fitting and non-slip when ambulating. Irena will forget to wear shoes when ambulating, or will take them off and be resistive by putting them back on. Trial to see if Irena will wear non-skid socks |                |            | PCA   |                  |
|                                  |  |            | Date Initiated: 07/12/2022<br>Created on: 07/12/2022<br>Created by: Vinnie Noriega (Registered Practical Nurse)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)   |                |            |   |                  |
|                                  |  |            | • HIP PROTECTORS: Irena wears hip protectors all the time to safeguard against injury. Report immediately to Registered Staff if not wearing.<br>Resident may refuse to wear hip protectors   |                |            | PCA   | D/E/N            |
|                                  |  |            | Date Initiated: 02/25/2024<br>Created on: 02/25/2024<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 01/12/2025<br>Revision by: Navpreet Sekhon (RN)  |                |            |   |                  |
|                                  |  |            | • SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.   |                |            | PCA   |                  |
| Allergies                        | No Known Allergies   |            |   | D.O.B.         | 06/07/1941 | Physician   | Nachwa Ghobara   |
| Diagnosis                        | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |            |   |                |            |   |                  |
| Facility                         | Arbour Creek Care Centre   |            |   |                |            | Print Date  | 11/5/2025        |
| Resident                         | Lipski, Irena (922141000110)   |            |   | Admission Date | 01/06/2020 | Location  | Nash House 124 2 |
| Last Care Plan Review Completed: |  | 10/28/2025 |   |                |            |   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                |            | Position                         | Freq/Resolved                    |
|---|--|--|--|----------------|------------|----------------------------------|----------------------------------|
| <ul style="list-style-type: none"><li>Increased risk for FALLS related to Medical condition: Anxiety Disorder, Alzheimer's, OA; Medication use: antidepressant and antipsychotic medication</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> |  |  | <p>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 10/22/2025<br/>Revision by: Rupinder Yogi (Nurse Clinician)</p> <ul style="list-style-type: none"><li>SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density and to prevent injuries.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p>  |                |            | Registered<br>Practical<br>Nurse |                                  |
| <ul style="list-style-type: none"><li>Potential for Persistent PAIN and alteration in comfort level related to Arthritis. Most Current MDS Pain Score is 0</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p>                                  |  | <ul style="list-style-type: none"><li>To promote resident comfort and effectively manage Persistent pain as episode occurs through to the next review.</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 01/28/2026</p> <ul style="list-style-type: none"><li>Promote MDS Pain Score of 0 through to the next review.</li></ul> | <ul style="list-style-type: none"><li>COMMUNICATION: Involve and collaborate with Irena/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal satisfactions for pain control</li></ul> <p>Date Initiated: 01/20/2020<br/>Created on: 01/20/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> |                |            | Registered<br>Practical<br>Nurse | Registered<br>Practical<br>Nurse |
| Allergies   | No Known Allergies   |  |  | D.O.B.         | 06/07/1941 | Physician                        | Nachwa Ghobara                   |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                                  |                                  |
| Facility  | Arbour Creek Care Centre   |  |  |                |            | Print Date                       | 11/5/2025                        |
| Resident  | Lipski, Irena (922141000110)   |  |  | Admission Date | 01/06/2020 | Location                         | Nash House 124 2                 |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |                |            |                                  |                                  |

## Care Plan Report

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## Care Plan Report

| Focus   | Goal   | Interventions  | Position   | Freq/Resolved     |                  |
|---|--|--|------------|-------------------|------------------|
| <p>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation.</p> <p>Date Initiated: 01/06/2020<br/>Created on: 01/06/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/12/2025<br/>Revision by: Navpreet Sekhon (RN)</p> |  | <p>• EATING: Irena is able to eat independently with some cueing and encouragement. PCA<br/>Irena will leave the dining table before a meal has been placed in front of her. Staff to ensure that Irena is redirected and encouraged to wait for her meal.<br/>Date Initiated: 01/06/2020<br/>Created on: 01/06/2020<br/>Created by: Zoe Wickson (Registered Nurse)<br/>Revision on: 01/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• LOCOMOTION: Irena can walk with no assistive device. PCA<br/>Staff to provide SUPERVISION as needed for locomotion on and off the unit due to cognitive impairment.<br/>Date Initiated: 01/06/2020<br/>Created on: 01/06/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/15/2024<br/>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</p> <p>• PERSONAL HYGIENE: Irena requires EXTENSIVE assistance with personal hygiene. She is able to wash her face when 1 staff member provides cueing and physical assistance (hand over hand instruction). PCA<br/>Date Initiated: 01/06/2020<br/>Created on: 01/06/2020<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 01/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• HAND HYGIENE: Irena requires 1 staff to provide LIMITED assistance to apply sanitizer, rub hands together, and dry hands for hand hygiene. PCA<br/>Date Initiated: 07/30/2021<br/>Created on: 07/30/2021<br/>Created by: Brittany Saini (RN)<br/>Revision on: 01/15/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• TOILET USE: Irena requires EXTENSIVE assistance with toileting. 1 Staff member PCA<br/>to provide cueing and physical assistance when needed.<br/>Date Initiated: 01/06/2020<br/>Created on: 01/06/2020<br/>Created by: Melissa Pascua (RAI Coordinator)</p> |            |                   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>  | 06/07/1941 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |  |            |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Lipski, Irena (922141000110)   | <b>Admission Date</b>  | 01/06/2020 | <b>Location</b>   | Nash House 124 2 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position                          | Freq/Resolved |            |                  |
|---|--|--|-----------------------------------|---------------|------------|------------------|
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation.</div> <div>Date Initiated: 01/06/2020</div> <div>Created on: 01/06/2020</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 01/12/2025</div> <div>Revision by: Navpreet Sekhon (RN)</div> |  | <div>Revision on: 01/15/2024</div> <div>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</div> <div>• TRANSFERRING: Irena is able to self transfer and full weight bear with no assistance for transferring requires.</div> <div>Date Initiated: 01/06/2020</div> <div>Created on: 01/06/2020</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 04/05/2025</div> <div>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> <div>• ORAL CARE: Irena has DENTURES and requires EXTENSIVE assistance from 1 staff for oral care.</div> <div>Date Initiated: 01/06/2020</div> <div>Created on: 01/06/2020</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 01/15/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> | PCA                               |               |            |                  |
| <div>• Expressed Wishes and Beliefs related to Irena Medical Treatment and End of Life Care.</div> <div>Date Initiated: 04/17/2020</div> <div>Created on: 04/17/2020</div> <div>Created by: Melissa Pacaldo (RAI Coordinator)</div> <div>Revision on: 01/12/2025</div> <div>Revision by: Navpreet Sekhon (RN)</div>         | <div>• To support and honor Irena's expressed wishes and beliefs through to the End of Life.</div> <div>Date Initiated: 04/17/2020</div> <div>Created on: 04/17/2020</div> <div>Created by: Melissa Pacaldo (RAI Coordinator)</div> <div>Revision on: 01/12/2025</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>Target Date: 01/28/2026</div> | <div>• CPR: Irena wishes to express NO CPR, however TRANSFER to hospital decision will be made at the time</div> <div>Date Initiated: 04/17/2020</div> <div>Created on: 04/17/2020</div> <div>Created by: Melissa Pacaldo (RAI Coordinator)</div> <div>Revision on: 01/12/2025</div> <div>Revision by: Navpreet Sekhon (RN)</div>  | Registered Practical Nurse RN     |               |            |                  |
| <div>• Nutrition Risk Level: MODERATE r/t Good food and fluid intake, bowels managed w/ fibre intervention, encouragement at meals, stable</div>  | <div>• Will weigh within GWR of 55-65kg BMI 22-26 through to next review date. h=158cm</div> <div>Date Initiated: 01/13/2020</div>   | <div>• NUTRITION RISK: Irena is MODERATE risk level.</div> <div>Date Initiated: 01/13/2020</div> <div>Created on: 01/13/2020</div> <div>Created by: Alia Arif (Dietitian)</div>  | Dietitian (RD)<br>Dietary Manager |               |            |                  |
| Allergies   | No Known Allergies   |  | D.O.B.                            | 06/07/1941    | Physician  | Nachwa Ghobara   |
| Diagnosis   | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses   |  |                                   |               |            |                  |
| Facility  | Arbour Creek Care Centre   |  |                                   |               | Print Date | 11/5/2025        |
| Resident  | Lipski, Irena (922141000110)   |  | Admission Date                    | 01/06/2020    | Location   | Nash House 124 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025   |                                   |               |            |                  |

## Care Plan Report

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## Care Plan Report

| Focus  | Goal | Interventions   | Position | Freq/Resolved |
|--|------|---|----------|---------------|
| <ul style="list-style-type: none"> <li>Nutrition Risk Level: MODERATE r/t Good food and fluid intake, bowels managed w/ fibre intervention, encouragement at meals, stable dysphagia, dementia dx, HTN, stable weight.</li> </ul> Date Initiated: 01/13/2020<br>Created on: 01/13/2020<br>Created by: Alia Arif (Dietitian)<br>Revision on: 01/03/2024<br>Revision by: Anika Dhalla (Dietitian (RD)) |      | Date Initiated: 07/09/2021<br>Created on: 07/09/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 06/30/2023<br>Revision by: Anika Dhalla (RD - Registered Dietician) | PCA      |               |
|  |      |   |          |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 06/07/1941 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(110.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Lipski, Irena (922141000110)   | <b>Admission Date</b> | 01/06/2020 | <b>Location</b>   | Nash House 124 2 |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025            |            |                   |                  |

## Care Plan Report


### Diagnosis

Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's disease, unspecified(G30.9), Dysphasia and aphasia(R47.0)

|                                  |  |                |            |            |                  |
|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 06/07/1941 | Physician  | Nachwa Ghobara   |
| Diagnosis                        | Arthritis, unspecified, unspecified site(M13.99), Anxiety disorder, unspecified(F41.9), Seizure disorder, so described(R56.80), Benign hypertension(I10.0), Unspecified dementia(F03), Alzheimer's ...See last page for a complete listing of the Resident's diagnoses |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Lipski, Irena (922141000110)   | Admission Date | 01/06/2020 | Location   | Nash House 124 2 |
| Last Care Plan Review Completed: |  | 10/28/2025     |            |            |                  |



## Care Plan Report

| Focus   | Goal   | Interventions   | Position  | Freq/Resolved                   |                  |   |
|---|--|---|---|---------------------------------|------------------|---|
| <p>• Program and Activity consideration related to Palliative Status/END of LIFE.<br/> Date Initiated: 11/04/2025<br/> Created on: 07/27/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> | <p>• To provide comfort measures to Jennifer through to End of Life.</p> <p>Jennifer has an ISE score of 1.<br/> Date Initiated: 11/04/2025<br/> Created on: 07/27/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)<br/> Target Date: 02/04/2026</p> | <p>• PALLIATIVE VISITS: DAILY 1 to 1 Palliative visits focusing on Music Therapy, Hand Massages, Reminiscing, Reading Books, Doll Therapy, etc.).<br/> Date Initiated: 11/04/2025<br/> Created on: 07/27/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• PALLIATIVE SPIRITUAL: Jennifer expresses need for spiritual support of Last Rites, and Hymn sing, at bedside.<br/> Date Initiated: 11/04/2025<br/> Created on: 07/27/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• PALLIATIVE CART: Jennifer and family indicate desire to have radio at bedside for Jennifer to listen to music throughout the day. They also indicate desire to have a doll in bedroom for Doll therapy and a book to read and go through pictures with Jennifer.<br/> Date Initiated: 11/04/2025<br/> Created on: 07/27/2023<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• End of Life Comfort THERAPIES: Present Jennifer with music therapy and aromatherapy.<br/> Date Initiated: 11/04/2025<br/> Created on: 11/07/2024<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• End of Life Comfort MUSIC CARE APPROACH: Present Jennifer with palliative visits focusing on 1:1 utilizing musicking, music care specialists, and environmental sounds.<br/> Date Initiated: 11/04/2025<br/> Created on: 11/07/2024<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 11/04/2025</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> | <p></p> <p></p> <p></p> <p></p> |                  |   |
| <b>Allergies</b>  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   | <b>D.O.B.</b>   | 08/28/1930  | <b>Physician</b>                | Nghi Truong Phan |  |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses   |   |   |                                 |                  |   |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   | <b>Print Date</b>               | 11/5/2025        |   |
| <b>Resident</b>   | Prohaszka, Jennifer (922141000189)   | <b>Admission Date</b>   | 09/16/2021  | <b>Location</b>                 | Nash House 118 1 |   |
| <b>Last Care Plan Review Completed:</b>   |  | 08/20/2025  |   |                                 |                  |   |

## Care Plan Report

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## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            |            | Position                   | Freq/Resolved              |
|---|--|--|---|----------------|------------|------------|----------------------------|----------------------------|
|   |  | Campbell (Registered Practical Nurse)<br>Target Date: 02/04/2026   | (MASD to Coccyx) for changes to health status and alteration or complications affecting skin integrity.<br>Date Initiated: 10/21/2025<br>Created on: 10/21/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/21/2025<br>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>• WEEKLY ASSESSMENT: Assess and evaluate Jennifer's MASD to Coccyx weekly and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.<br>Date Initiated: 10/21/2025<br>Created on: 10/21/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/21/2025<br>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>• TREATMENT: Administer treatment For Jennifer's MASD to coccyx as per MD order/wound care lead.<br>Date Initiated: 10/22/2025<br>Created on: 10/22/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/22/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |                |            |            | Practical Nurse            |                            |
| • Alteration in skin integrity related to open blister to right shin.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • To promote intact skin integrity through healing of blister to right shin in 4-6 weeks.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with SDM in decision making for treatment of blister to right shin.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer with blister to right shin for changes to health status and alteration or complications affecting skin integrity.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025  |                |            |            | Registered Practical Nurse | Registered Practical Nurse |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  |   | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan           |                            |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |                            |                            |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025                  |                            |
| Resident  | Prohaszka, Jennifer (922141000189)   |  |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1           |                            |
| Last Care Plan Review Completed:  |  | 08/20/2025   |   |                |            |            |                            |                            |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position                             | Freq/Resolved    |
|---|--|--|---|----------------|------------|--------------------------------------|------------------|
| • Alteration in skin integrity related to open blister to right shin.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |  |  | Revision by: Shirly Nasufi (Registered Nurse)<br><br>• WEEKLY ASSESSMENT: Assess and evaluate skin condition weekly every Saturday and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.<br>Date Initiated: 08/09/2025<br>Created on: 08/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |                |            | Registered<br>Practical<br>Nurse     |                  |
|   |  |  |   |                |            |                                      |                  |
| • Nutrition Risk Level: HIGH r/t good food and fluid intake, advancing condition, improving stage III pressure injury (R. buttock),stable dysphagia, fibre interventions, nutritional supplementation, comfort/palliative measures<br>Date Initiated: 09/17/2021<br>Created on: 09/17/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 08/08/2025<br>Revision by: Alexandra Breau (Dietitian (RD)) |  | • Resident will be adequately nourished aeb consuming >50% at meals and snacks through to next review date.<br>Date Initiated: 09/17/2021<br>Created on: 09/17/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 02/03/2023<br>Revision by: Anika Dhalla (RD - Registered Dietician)<br>Target Date: 02/04/2026<br><br>• Will weigh within GWR of 60-70kg/BMI 22-27 (165cm) through to next review date.<br>Date Initiated: 09/17/2021<br>Created on: 09/17/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 08/08/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>Target Date: 02/04/2026<br><br>• Resident will be adequately hydrated aeb drinking at least | • NUTRITION RISK: Resident is HIGH risk level.<br>Date Initiated: 09/17/2021<br>Created on: 09/17/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 12/21/2022<br>Revision by: Anika Dhalla (RD - Registered Dietician)   |                |            | Dietitian (RD)<br>Dietary<br>Manager |                  |
|   |  |  | • DIET ORDER: Resident will receive Regular diet, Puree texture<br>Date Initiated: 09/17/2021<br>Created on: 09/17/2021<br>Created by: Nadia Malik (Dietitian)<br>Revision on: 02/03/2023<br>Revision by: Anika Dhalla (RD - Registered Dietician)  |                |            |                                      |                  |
|   |  |  | • THICKENED FLUIDS: Jennifer drinks thickened fluids at Nectar-thickened/Mildly thickened MT2(level 2) consistency.<br>Date Initiated: 05/03/2023<br>Created on: 05/03/2023<br>Created by: Anika Dhalla (RD - Registered Dietician)<br>Revision on: 05/03/2023<br>Revision by: Anika Dhalla (RD - Registered Dietician)   |                |            | Diet<br>PCA                          |                  |
|   |  |  | • FLUID TARGET: Encourage Jennifer to drink a minimum of 1570mL per day.<br>*Puree texture will provide additional fluids<br>Date Initiated: 09/21/2022<br>Created on: 09/21/2022<br>Created by: Anika Dhalla (RD - Registered Dietician)<br>Revision on: 08/08/2025  |                |            |                                      | PCA              |
| Allergies   |  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.         | 08/28/1930 | Physician                            |                  |
| Diagnosis   |  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses   |   |                |            |                                      |                  |
| Facility  |  | Arbour Creek Care Centre   |   |                |            | Print Date                           | 11/5/2025        |
| Resident  |  | Prohaszka, Jennifer (922141000189)   |   | Admission Date | 09/16/2021 | Location                             | Nash House 118 1 |
| Last Care Plan Review Completed:  |  | 08/20/2025   |   |                |            |                                      |                  |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position   | Freq/Resolved |            |                  |  |
|--|--|--|--|---------------|------------|------------------|--|
| <p>• Nutrition Risk Level: HIGH r/t good food and fluid intake, advancing condition, improving stage III pressure injury (R. buttock),stable dysphagia, fibre interventions, nutritional supplementation, comfort/palliative measures</p> <p>Date Initiated: 09/17/2021</p> <p>Created on: 09/17/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 08/08/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> | <p>80% of total fluid requirement 1962mL @ 30mL/kg, 65.4kg through to next review date.</p> <p>*Increased r/t skin</p> <p>Date Initiated: 09/17/2021</p> <p>Created on: 09/17/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 08/08/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>Target Date: 02/04/2026</p> <p>• Will meet estimated nutritional requirements of 1962-2289kCal @ 30-35kCal/kg, 82-98g protein @ 1.25-1.5g/kg through to next review date.</p> <p>*increased needs for stage III pressure injury</p> <p>Date Initiated: 09/17/2021</p> <p>Created on: 09/17/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 08/08/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>Target Date: 02/04/2026</p> | <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>Date Initiated: 08/08/2025</p> <p>Created on: 08/08/2025</p> <p>Created by: Alexandra Breau (Dietitian (RD))</p> <p>• MEDPASS SUPPLEMENTS:</p> <p>1. 90mL Resource 2.0 TID @ medpass (540kCal and 21.6g PRO)</p> <p>Date Initiated: 12/24/2021</p> <p>Created on: 12/24/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 05/01/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• HIGH FIBRE:</p> <p>(1) Provide 125ml prune juice at breakfast</p> <p>Date Initiated: 12/24/2021</p> <p>Created on: 12/24/2021</p> <p>Created by: Nadia Malik (Dietitian)</p> <p>Revision on: 07/28/2023</p> <p>Revision by: Anika Dhalla (Registered Dietitian)</p> <p>• FIBRE:</p> <p>(1) Fruitrite at breakfast</p> <p>Date Initiated: 07/28/2023</p> <p>Created on: 07/28/2023</p> <p>Created by: Anika Dhalla (Registered Dietitian)</p> <p>Revision on: 05/01/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> | <p>Dietary aide<br/>PCA</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>PCA</p> <p>PCA</p> |               |            |                  |  |
| <p>• Alteration in skin integrity related to the Mole to right side of neck.</p> <p>Date Initiated: 07/22/2025</p> <p>Created on: 04/01/2025</p> <p>Created by: Mihaela Devic (RAI Coord Back-up)</p> <p>Revision on: 07/22/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>  | <p>• To promote intact skin integrity through healing of Jennifer's mole on right side of neck by target date.</p> <p>Date Initiated: 07/22/2025</p> <p>Created on: 04/01/2025</p> <p>Created by: Mihaela Devic (RAI Coord Back-up)</p> <p>Revision on: 07/22/2025</p>   | <p>• MONITORING: Utilize holistic perspective of continuous monitoring of jennifer with mole on the right side of neck for changes to health status and alteration or complications affecting skin integrity.</p> <p>Date Initiated: 07/22/2025</p> <p>Created on: 04/01/2025</p> <p>Created by: Mihaela Devic (RAI Coord Back-up)</p> <p>Revision on: 07/22/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>   | <p>Registered<br/>Practical<br/>Nurse<br/>RN</p>   |               |            |                  |  |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  | D.O.B.   | 08/28/1930    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses   |  |  |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |  |               | Print Date | 11/5/2025        |  |
| Resident   | Prohaszka, Jennifer (922141000189)   |  | Admission Date   | 09/16/2021    | Location   | Nash House 118 1 |  |
| Last Care Plan Review Completed:   |  | 08/20/2025   |  |               |            |                  |  |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |                |            |            | Position   | Freq/Resolved |
|---|--|---|---|----------------|------------|------------|--|---------------|
|   |  | Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 02/04/2026  | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with jennifers POA in decision making for treatment of skin issues.<br/>Date Initiated: 07/22/2025<br/>Created on: 04/01/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 07/22/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</li><li>• WEEKLY ASSESSMENT: Assess and evaluate skin condition weekly every tuesday and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.<br/>Date Initiated: 07/22/2025<br/>Created on: 04/01/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 07/22/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</li></ul>  |                |            |            | RN<br>Registered<br>Practical<br>Nurse<br><br>RN<br>Registered<br>Practical<br>Nurse                                   |               |
| <ul style="list-style-type: none"><li>• Alteration in skin integrity stage 3 pressure injury on the right buttock secondary to Immobility, Incontinence, Impaired Circulation, and frail skin<br/>Date Initiated: 12/12/2022<br/>Created on: 12/12/2022<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 04/08/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)</li></ul> |  | <ul style="list-style-type: none"><li>• To promote optimal healing of WOUND Stage 3 on right buttock within next review period.<br/>Date Initiated: 12/12/2022<br/>Created on: 12/12/2022<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 04/08/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)<br/>Target Date: 02/04/2026</li></ul> | <ul style="list-style-type: none"><li>• TREATMENT PLAN: Stage 3 pressure injury to her right buttock. Clean the wound with a wound cleanser Protect the periwound with sureprep wipe Use calcium alginate as a contact layer, cut to fit the size of the wound bed only. Cover with a foam dressing, every 2 days Promote offloading from affected area as tolerated<br/>Date Initiated: 12/12/2022<br/>Created on: 12/12/2022<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 04/08/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)</li><li>• HEALTH EDUCATION: Engage with Jennifer/POA to enhance her comprehension of suggested treatment and possible complications associated with Jennifer's pressure injury stage 3 to right buttock<br/>Date Initiated: 07/16/2025<br/>Created on: 07/16/2025<br/>Created by: Mihaela Devic (RAI Coord Back-up)<br/>Revision on: 07/16/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)</li><li>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer's stage 3 right buttock pressure injury area for changes to health status, wound infection and alteration or complications affecting skin integrity.<br/>Date Initiated: 12/12/2022</li></ul> |                |            |            | Registered<br>Practical<br>Nurse<br><br>RN<br>Registered<br>Practical<br>Nurse<br><br>Registered<br>Practical<br>Nurse |               |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   |   | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan   |               |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |   |                |            |            |  |               |
| Facility  | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025  |               |
| Resident  | Prohaszka, Jennifer (922141000189)   |   |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1   |               |
| Last Care Plan Review Completed:  |  | 08/20/2025  |   |                |            |            |  |               |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            |            | Position                                      | Freq/Resolved |                                  |  |
|--|--|--|---|----------------|------------|------------|---|---------------|----------------------------------|--|
| <div>• Alteration in skin integrity stage 3 pressure injury on the right buttock secondary to Immobility, Incontinence, Impaired Circulation, and frail skin<br/>Date Initiated: 12/12/2022<br/>Created on: 12/12/2022<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 04/08/2025<br/>Revision by: Mihaela Devic (RAI Coord Back-up)</div> |  |  | Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• WEEKLY ASSESSMENT: Assess and evaluate skin condition weekly q Tuesday and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.<br>Date Initiated: 12/12/2022<br>Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |                |            |            | Registered<br>Practical<br>Nurse              |               |                                  |  |
|  |  |  | • POSITIONING: Has Turning/Repositioning to off load pressure intervention in place; see Skin Impairment Risk Care Plan<br>Date Initiated: 12/12/2022<br>Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |                |            |            |   |               | Registered<br>Practical<br>Nurse |  |
|  |  |  | • EQUIPMENT: Jennifer requires Roho cushion, positioning device(long wedges)), air mattress to offload pressure.<br>Date Initiated: 12/12/2022<br>Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 07/16/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |                |            |            |   |               |                                  |  |
|  |  |  | • AIR MATTRESS: Jennifer has air mattress for pressure relief. The PSI SETTING should be Alternate 15 minutes cycle time and comfort adjusted on 3. Report issue with inflation to Registered Staff immediately as noted.<br>Date Initiated: 07/16/2025<br>Created on: 07/16/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/16/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |                |            |            | PCA<br>RN<br>Registered<br>Practical<br>Nurse | D/E/N/PRN     |                                  |  |
|  |  |  | • NUTRITIONAL SUPPLEMENT for Skin Healing in place; refer to Dietary Care Plan<br>Date Initiated: 12/12/2022  |                |            |            |   |               | Dietitian (RD)                   |  |
|  |  |  |   |                |            |            |   |               |                                  |  |
|  |  |  |   |                |            |            |   |               |                                  |  |
|  |  |  |   |                |            |            |   |               |                                  |  |
|  |  |  |   |                |            |            |   |               |                                  |  |
|  |  |  |   |                |            |            |   |               |                                  |  |
| Allergies  |  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.         | 08/28/1930 | Physician  |   |               | Nghi Truong Phan                 |  |
| Diagnosis  |  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |                |            |            |   |               |                                  |  |
| Facility   |  | Arbour Creek Care Centre   |   |                |            | Print Date | 11/5/2025                                     |               |                                  |  |
| Resident   |  | Prohaszka, Jennifer (922141000189)   |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1                              |               |                                  |  |
| Last Care Plan Review Completed:   |  | 08/20/2025   |   |                |            |            |   |               |                                  |  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |            | Position                      | Freq/Resolved |
|---|--|---|--|------------|------------|-------------------------------|---------------|
| <ul style="list-style-type: none"> <li>Alteration in skin integrity stage 3 pressure injury on the right buttock secondary to Immobility, Incontinence, Impaired Circulation, and frail skin</li> </ul> Date Initiated: 12/12/2022<br>Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |  |   | Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |            |            |                               |               |
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by sad facial expressions related to Decline in Health Condition</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 05/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |  | <ul style="list-style-type: none"> <li>Jennifer will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 05/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Jennifer about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 05/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |            |            | Registered Practical Nurse    |               |
|   |  |   | <ul style="list-style-type: none"> <li>HEALTH EDUCATION: Provide education and support to Jennifer SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br>Revision on: 05/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator) |            |            | RN Registered Practical Nurse |               |
|   |  |   | <ul style="list-style-type: none"> <li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jennifer</li> </ul> Registered   |            |            |                               |               |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.   | 08/28/1930 | Physician  | Nghi Truong Phan              |               |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |  |            |            |                               |               |
| Facility  | Arbour Creek Care Centre   |   |  |            | Print Date | 11/5/2025                     |               |
| Resident  | Prohaszka, Jennifer (922141000189)   |   | Admission Date   | 09/16/2021 | Location   | Nash House 118 1              |               |
| Last Care Plan Review Completed:  |  | 08/20/2025  |  |            |            |                               |               |



## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position   | Freq/Resolved    |
|---|--|---|--|----------------|------------|--|------------------|
| <p>• Potential to experience alteration in MOOD as exhibited by sad facial expressions related to Decline in Health Condition</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Revision on: 05/17/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>           |  |   | <p>for indications to change in MOOD including labile mood or increase of symptoms that negatively impact Jennifer quality of life.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Revision on: 08/03/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p>   |                |            | Practical Nurse                                      |                  |
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement r/t dementia, gait imbalance, general weakness, advanced age. Jennifer is at fall risk.</p> <p>Date Initiated: 09/16/2021</p> <p>Created on: 09/16/2021</p> <p>Created by: Kamaljit Matharu (RAI Coordinator)</p> <p>Revision on: 03/23/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> |  | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.</p> <p>Date Initiated: 09/16/2021</p> <p>Created on: 09/16/2021</p> <p>Created by: Kamaljit Matharu (RAI Coordinator)</p> <p>Revision on: 03/14/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>Target Date: 02/04/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Jennifer/SDM in decision making in fall prevention Plan of Care</p> <p>Date Initiated: 05/13/2023</p> <p>Created on: 05/13/2023</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 03/14/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• CALL BELL: Jennifer does not remember or understand how to use call bell due to cognitive impairment related to dementia</p> <p>Date Initiated: 09/16/2021</p> <p>Created on: 09/16/2021</p> <p>Created by: Liberty Looy (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 03/14/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• ADAPTIVE EQUIPMENT: Jennifer needs adaptive equipment: wheelchair.</p> <p>Date Initiated: 03/22/2022</p> <p>Created on: 03/22/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 03/14/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• BED: place bed in lowest position to lower risk for injury.</p> |                |            | Registered Practical Nurse<br><br>PCA<br><br><br>PCA | D/E/N            |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   |  | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |  |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date   | 11/5/2025        |
| Resident  | Prohaszka, Jennifer (922141000189)   |   |  | Admission Date | 09/16/2021 | Location   | Nash House 118 1 |
| Last Care Plan Review Completed:  |  | 08/20/2025  |  |                |            |  |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position                               | Freq/Resolved                       |
|---|--|--|--|-------------------------------------|
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement r/t dementia, gait imbalance, general weakness, advanced age. Jennifer is at fall risk.</p> <p>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/23/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |  | <p>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Liberty Looy (Staff Development and Quality Lead Coordinator)<br/>Revision on: 02/15/2025<br/>Revision by: Myrna Corpuz (RPN)</p> <p>• ACTIVITY: Engage Jennifer in meaningful activity to decrease boredom and/or restlessness.</p> <p>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Liberty Looy (Staff Development and Quality Lead Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• FOOTWEAR: Ensure Jennifer wears appropriate, well-fitting, non-slip footwear for transfers.</p> <p>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Liberty Looy (Staff Development and Quality Lead Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.</p> <p>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• FLOOR MAT: Position floor mat on floor next to right side of bed to lower risk of injury.</p> <p>Date Initiated: 03/22/2022<br/>Created on: 03/22/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</p> | Registered<br>Practical<br>Nurse       |                                     |
| <p>• Potential forersistent PAIN and alteration in comfort level related to right hip fracture and impaired mobility. Most Current MDS Pain Score is 0</p>  | <p>• Promote MDS Pain Score of 0 through to the next review.</p> <p>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021</p>  | <p>• MONITORING: Utilize a holistic perspective to continually assess the appropriateness of the pain management regime and collaborate with the Interdisciplinary Team to attain optimal satisfaction for pain control.</p> <p>Date Initiated: 09/16/2021</p>   | RN<br>Registered<br>Practical<br>Nurse |                                     |
| <b>Allergies</b>  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  | <b>D.O.B.</b>                          | 08/28/1930                          |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  | <b>Physician</b>                       | Nghi Truong Phan                    |
| <b>Facility</b>   | Arbour Creek Care Centre   |  | <b>Print Date</b>                      | 11/5/2025                           |
| <b>Resident</b>   | Prohaszka, Jennifer (922141000189)   | <b>Admission Date</b>  | 09/16/2021                             | <b>Location</b><br>Nash House 118 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 08/20/2025   |  |                                     |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            |            | Position                   | Freq/Resolved              |
|--|--|--|---|----------------|------------|------------|----------------------------|----------------------------|
| Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/23/2024<br>Revision by: Navpreet Sekhon (RN)   |  | Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/23/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026  | Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 08/03/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• REST: accommodate Jennifer's rest and relaxation preference (waking up early in the morning)<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |                |            |            | PCA                        | Registered Practical Nurse |
| • Sleep Patterns<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To promote adequate rest/sleep for Jennifer based on identified sleep patterns/preferences each night through to the next review date<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | • REST PATTERN: Preferred bedtime 2000, usual wake time 0800<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |                |            |            | PCA                        |                            |
| • Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidemia , Hypertension   |  | • To treat and minimize signs/symptoms or complications associated with  | • COMMUNICATION: Involve/collaborate with Jennifer/SDM in decision making of Cardiac Care Management for Hyperlipidemia , Hypertension.<br>Date Initiated: 12/29/2021   |                |            |            | Registered Practical Nurse |                            |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  |   | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan           |                            |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |                            |                            |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025                  |                            |
| Resident   | Prohaszka, Jennifer (922141000189)   |  |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1           |                            |
| Last Care Plan Review Completed:   |  | 08/20/2025   |   |                |            |            |                            |                            |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                |            |            | Position                   | Freq/Resolved           |
|---|--|--|--|----------------|------------|------------|----------------------------|-------------------------|
| Date Initiated: 12/29/2021<br>Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |  | Hyperlipidemia , Hypertension through to the next review date<br>Date Initiated: 12/29/2021<br>Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026                               | Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer with Hyperlipidemia, Hypertension for changes to health status and alteration or complications affecting cardiac function.<br>Date Initiated: 12/29/2021<br>Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• MEDICATION: Administer medication for Hyperlipidemia , Hypertension as per MD Order and monitor for side effects<br>Date Initiated: 12/29/2021<br>Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• VITAL SIGNS: Monitor vital signs as ordered monthly and as needed. Notify MD of any significant abnormalities.<br>Date Initiated: 12/29/2021<br>Created on: 12/29/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |                |            |            | Registered Practical Nurse |                         |
| • Potential for CONSTIPATION related to daily use of medication with binding effect, decreased mobility<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To minimize the potential for episodes/complications of constipation through to the next review date.<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 11/05/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Jennifer/SDM for decision making regarding constipation management<br>Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer for constipation management and changes to health status and symptoms/ complications of constipation.  |                |            |            | Registered Practical Nurse | RN Registered Practical |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  |  | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan           |                         |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |            |                            |                         |
| Facility  | Arbour Creek Care Centre   |  |  |                |            | Print Date | 11/5/2025                  |                         |
| Resident  | Prohaszka, Jennifer (922141000189)   |  |  | Admission Date | 09/16/2021 | Location   | Nash House 118 1           |                         |
| Last Care Plan Review Completed:  |  | 08/20/2025   |  |                |            |            |                            |                         |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |            | Position                   | Freq/Resolved |
|---|--|---|--|------------|------------|----------------------------|---------------|
|   |  | <ul style="list-style-type: none"><li>Jennifer will have regular soft formed bowel movements minimum every 2 days through to the next review.</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026   | Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><ul style="list-style-type: none"><li>FLUIDS: Encourage Jennifer to meet daily beverage minimums. See Nutrition Care Plan</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><ul style="list-style-type: none"><li>NUTRITION increased fibre intervention in place. See Nutrition Care Plan</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><ul style="list-style-type: none"><li>BOWEL PROTOCOL: In place as per MD order</li></ul> Date Initiated: 01/24/2023<br>Created on: 01/24/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |            |            | Nurse                      |               |
| <ul style="list-style-type: none"><li>Potential for BOWEL INCONTINENCE related to dementia</li></ul> Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |  | <ul style="list-style-type: none"><li>Jennifer will have bowel incontinence managed every shift through to the next review period</li></ul> Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | <ul style="list-style-type: none"><li>MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer for changes to health status, alteration of continence level or bowel function.</li></ul> Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><ul style="list-style-type: none"><li>BOWEL Continence level is Total Incontinence</li></ul> Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |            |            | Registered Practical Nurse | PCA           |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.   | 08/28/1930 | Physician  | Nghi Truong Phan           |               |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |  |            |            |                            |               |
| Facility  | Arbour Creek Care Centre   |   |  |            | Print Date | 11/5/2025                  |               |
| Resident  | Prohaszka, Jennifer (922141000189)   |   | Admission Date   | 09/16/2021 | Location   | Nash House 118 1           |               |
| Last Care Plan Review Completed:  |  | 08/20/2025  |  |            |            |                            |               |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            |            | Position                         | Freq/Resolved |
|---|--|---|--|----------------|------------|------------|----------------------------------|---------------|
|   |  |   | <ul style="list-style-type: none"><li>• BOWEL MOVEMENT: Monitor Jennifer for bowel movement each shift and document number of occurrences, size and consistency.<br/>Date Initiated: 03/22/2022<br/>Created on: 03/22/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li><li>• INCONTINENCE PRODUCT: Jennifer uses size medium briefs during the day and evening and size medium extended-wear briefs at night<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li></ul>   |                |            |            | PCA                              |               |
| <ul style="list-style-type: none"><li>• URINARY Mixed INCONTINENCE related to altered mobility, Dementia<br/>Diagnosis<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li></ul> |  | <ul style="list-style-type: none"><li>• Jennifer will have urinary incontinence managed every shift through to the next review period.<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 02/04/2026</li></ul> | <ul style="list-style-type: none"><li>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer for toileting needs, changes to health status and alteration of continence level<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li><li>• URINARY Continence level is TOTAL Incontinent. Report change to level as noted.<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li><li>• CHECK and CHANGE: Jennifer experiences TOTAL incontinence and requires checks every 2-3 hours and change each time noted to be soiled.<br/>Date Initiated: 03/22/2022<br/>Created on: 03/22/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</li><li>• INCONTINENCE PRODUCT: Jennifer uses size medium briefs during the day and evening and size medium extended-wear briefs at night</li></ul> |                |            |            | Registered<br>Practical<br>Nurse |               |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   |  | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan                 |               |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                                  |               |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025                        |               |
| Resident  | Prohaszka, Jennifer (922141000189)   |   |  | Admission Date | 09/16/2021 | Location   | Nash House 118 1                 |               |
| Last Care Plan Review Completed:  |  | 08/20/2025  |  |                |            |            |                                  |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |  |  | Position  | Freq/Resolved |
|---|--|--|--|--|--|---|---------------|
| • URINARY Mixed INCONTINENCE related to altered mobility, Dementia<br>Diagnosis<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)             |  |  | Date Initiated: 09/23/2021<br>Created on: 09/23/2021<br>Created by: Vinnie Noriega (Registered Practical Nurse)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |  |  |   |               |
| • Risk for Impaired SKIN INTEGRITY related to Frailty, Thin fragile Skin, Impaired Mobility<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To protect and maintain skin integrity each day through to the next review.<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | • SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 07/16/2025<br>Created on: 07/16/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>• HEALTH EDUCATION: Engage Jennifer/POA in health education regarding prevention of skin impairment and management of the same<br>Date Initiated: 07/16/2025<br>Created on: 07/16/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 07/16/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• EQUIPMENT: Jennifer requires air mattress for pressure relief. positioning devices (x2 short wedges) and Roho cushion to offload pressure.<br>Date Initiated: 01/09/2023<br>Created on: 01/09/2023<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 07/16/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• AIR MATTRESS:Jennifer has air mattress for pressure relief. The PSI SETTING |  |  | PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position                     | Freq/Resolved |
|--|--|---|---|------------|------------|------------------------------|---------------|
| <div>• Risk for Impaired SKIN INTEGRITY related to Frailty, Thin fragile Skin, Impaired Mobility</div> <div>Date Initiated: 09/16/2021</div> <div>Created on: 09/16/2021</div> <div>Created by: Kamaljit Matharu (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div>                               |  |   | should be Alternate 5 minutes cycle time and comfort adjusted on 1. Report issue with inflation to Registered Staff immediately as noted.   |            |            | RN                           |               |
|  |  |   | Date Initiated: 07/16/2025<br>Created on: 07/16/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 09/19/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |            |            | Registered Practical Nurse   |               |
|  |  |   | • POSITIONING: Turn, reposition at least every 2 hours or as needed when in bed/wheelchair as per Jennifer preference to offload pressure. Allow bedrest after lunch and reposition according to repositioning schedule. At this time, Jennifer remains in bed for the most comfort due to skin impairment. |            |            | PCA                          | Q2h           |
|  |  |   | Date Initiated: 12/12/2022<br>Created on: 12/12/2022<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 04/05/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)   |            |            | Registered Practical Nurse   |               |
|  |  |   | • BARRIER CREAM: Apply skin barrier to perineal area to safeguard against excessive moisture, after each incontinence episode.  |            |            | PCA                          |               |
|  |  |   | Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |            |            |                              |               |
| <div>• Potential for Expressive Behaviour of RESISTANCE to care need nature related to Symptom Progression of Dementia/Alzheimer</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> |  | <div>• To promote safety for Jennifer and/or others during each episode of RESISTANCE to care through to the next review date.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>Target Date: 02/04/2026</div> | • COMMUNICATION: Involve/collaborate with Jennifer/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed  |            |            | Registered Practical Nurse   |               |
|  |  |   | Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |            |            | BSO - Internal Social Worker |               |
|  |  |   | • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jennifer for indications to change in or for escalating expressive behaviour risk.   |            |            | Registered Practical Nurse   |               |
|  |  |   | Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)  |            |            |                              |               |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.  | 08/28/1930 | Physician  | Nghi Truong Phan             |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |   |            |            |                              |               |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025                    |               |
| Resident   | Prohaszka, Jennifer (922141000189)   |   | Admission Date  | 09/16/2021 | Location   | Nash House 118 1             |               |
| Last Care Plan Review Completed:   |  | 08/20/2025  |   |            |            |                              |               |



## Care Plan Report

| Focus                            |  | Goal       | Interventions   |            |            | Position                   | Freq/Resolved |
|----------------------------------|--|------------|---|------------|------------|----------------------------|---------------|
|                                  |  |            | Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• TRIGGERS leading to PHYSICAL Hitting, Punching, Slapping, Biting, Kicking as expression of behaviour include anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, hunger.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• PHYSICAL Behaviour: If Jennifer is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• TRIGGERS leading to VERBAL yelling, screaming, calling names as expression of behaviour include loss of control, frustration, limitation in self expression, pain, misunderstanding care intention<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• VERBAL Behaviour: If Jennifer is heard yelling, swearing or calling others names; calmly remind to lower her voice and that chosen words are not appropriate. Attempt to resolve her concern. Report episode to Registered Staff.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat, refusing medication as expression of behaviour |            |            | Registered Practical Nurse |               |
|                                  |  |            | Registered Practical Nurse  |            |            |                            |               |
|                                  |  |            | Registered Practical Nurse  |            |            |                            |               |
|                                  |  |            | Registered Practical Nurse  |            |            |                            |               |
|                                  |  |            | Registered Practical Nurse  |            |            |                            |               |
| Allergies                        | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |            | D.O.B.  | 08/28/1930 | Physician  | Nghi Truong Phan           |               |
| Diagnosis                        | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |            |   |            |            |                            |               |
| Facility                         | Arbour Creek Care Centre   |            |   |            | Print Date | 11/5/2025                  |               |
| Resident                         | Prohaszka, Jennifer (922141000189)   |            | Admission Date  | 09/16/2021 | Location   | Nash House 118 1           |               |
| Last Care Plan Review Completed: |  | 08/20/2025 |   |            |            |                            |               |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position   | Freq/Resolved |            |                  |  |
|--|--|--|--|---------------|------------|------------------|--|
| <div>• Potential for Expressive Behaviour of RESISTANCE to care need nature related to Symptom Progression of Dementia/Alzheimer</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> |  | <div>include confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• RESISTANCE to Care Need: If Jennifer is refusing to bathe, change clothes, take medications, eat re-approach in 10-15 minutes. Report episode to Registered Staff.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• TRIGGERS leading to SOCIALLY Inappropriate disruptive vocalizations as expression of behaviour include confusion, decreased insight, poor judgement, limitation in communication, over stimulation</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>• SOCIALLY Inappropriate Behaviour: If Jennifer is noted to make loud disruptive noises in dining room/program gently redirect her to focus on task at hand or escort to quieter area.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> | <div>Nurse</div> <div>Registered Practical Nurse</div> <div>Registered Practical Nurse</div> <div>Registered Practical Nurse</div> |               |            |                  |  |
| <div>• Altered COMMUNICATION as exhibited by limitations to comprehension related to Receptive Aphasia.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div>  | <div>• Jennifer will be able to make basic needs known each day through to the review date.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI</div>   | <div>• COMMUNICATION: Involve/collaborate with Jennifer/SDM for decision making about strategies needed to support effective communication.</div> <div>Date Initiated: 10/05/2021</div> <div>Created on: 10/05/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/14/2024</div>   | <div>Registered Practical Nurse</div>  |               |            |                  |  |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  | D.O.B.   | 08/28/1930    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |  |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |  |               | Print Date | 11/5/2025        |  |
| Resident   | Prohaszka, Jennifer (922141000189)   |  | Admission Date   | 09/16/2021    | Location   | Nash House 118 1 |  |
| Last Care Plan Review Completed:   |  | 08/20/2025   |  |               |            |                  |  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position                         | Freq/Resolved |
|---|--|--|----------------------------------|---------------|
| Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  | Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026  | Revision by: Navpreet Sekhon (RN)<br><br>• HEALTH TEACHING: Engage with Jennifer/SDM to enhance their knowledge of change in health status affecting communication ability.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  | Registered<br>Practical<br>Nurse |               |
| • COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement related to Dementia<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) | • Jennifer will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 4.<br>Date Initiated: 10/05/2021<br>Created on: 10/05/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Jennifer/SDM in decision making of Cognitive Loss.<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• ORIENTATION: Gently reorient to person, place, time as needed when Jennifer is feeling lost or in confused state<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br><br>• PERSONAL ROUTINE: Provide consistency in care routine and activities to avoid confusion.<br>Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) | Registered<br>Practical<br>Nurse |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   | <b>D.O.B.</b>         | 08/28/1930 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Prohaszka, Jennifer (922141000189)   | <b>Admission Date</b> | 09/16/2021 | <b>Location</b>   | Nash House 118 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/20/2025            |            |                   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            |            | Position  | Freq/Resolved |
|--|--|--|---|----------------|------------|------------|---|---------------|
| <ul style="list-style-type: none"><li>• Need for PAIN and Symptom Management related to End of Life</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul> |  | <ul style="list-style-type: none"><li>• Jennifer to be comfortable and have pain managed each day through to her end of life.</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li><li>Target Date: 02/04/2026</li></ul> <ul style="list-style-type: none"><li>• To provide Jennifer with End of Life symptom management each day through to the End of Life.</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li><li>Target Date: 02/04/2026</li></ul> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Jennifer/SDM in decision making for Palliative and End of Life Care</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul>  |                |            |            | Registered<br>Practical<br>Nurse<br>Social Worker |               |
|  |  |  | <ul style="list-style-type: none"><li>• MONITORING: Utilize holistic perspective of continuous monitoring of Jennifer in Palliative/End of Life phase for Pain/change to comfort level and symptoms of impending death</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul> |                |            |            | Registered<br>Practical<br>Nurse                  |               |
|  |  |  | <ul style="list-style-type: none"><li>• HYDRATION: Provide fluid as tolerated.</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul>   |                |            |            | PCA   |               |
|  |  |  | <ul style="list-style-type: none"><li>• ENVIRONMENT:Jennifer prefers a quiet environment, adequate lighting with some natural light during the day.</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul>  |                |            |            | PCA   |               |
|  |  |  | <ul style="list-style-type: none"><li>• DYSPNEA Management: Position head of bed 35 degrees as needed</li><li>Date Initiated: 05/13/2023</li><li>Created on: 05/13/2023</li><li>Created by: Gabrielle Wolfe (RN)</li><li>Revision on: 03/14/2024</li><li>Revision by: Navpreet Sekhon (RN)</li></ul>  |                |            |            | PCA   |               |
|  |  |  | <ul style="list-style-type: none"><li>• MEDICATION: Administer medications for SOB, secretion management, pain, etc. as per MD order. Monitor effectiveness and seek re-assessment if clinically needed.</li></ul>  |                |            |            | Registered<br>Practical                           |               |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  |   | D.O.B.         | 08/28/1930 | Physician  | Nghị Truong Phan                                  |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |   |               |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025   |               |
| Resident   | Prohaszka, Jennifer (922141000189)   |  |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1                                  |               |
| Last Care Plan Review Completed:   |  | 08/20/2025   |   |                |            |            |   |               |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |  |            | Position         | Freq/Resolved |
|--|--|---|---|------------|--|------------|------------------|---------------|
| • Need for PAIN and Symptom Management related to End of Life<br>Date Initiated: 05/13/2023<br>Created on: 05/13/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)                                  |  |   | Date Initiated: 05/13/2023<br>Created on: 05/13/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• POSITIONING: Turn and reposition Q2h and PRN. While repositioning monitor for PCA moaning, facial grimacing, guarding, rigidity and obvious discomfort. If symptoms are noted; report to Registered Staff immediately after repositioning Jennifer<br>Date Initiated: 05/13/2023<br>Created on: 05/13/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)  |            |  |            | Nurse            |               |
| • Decline in ADL functions and increased dependency for ADL care related to End of Life phase.<br>Date Initiated: 02/02/2023<br>Created on: 02/02/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To ensure Jennifer's dignity and care needs are met each day through to the End of Life.<br>Date Initiated: 02/02/2023<br>Created on: 02/02/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 02/04/2026 | • BED MOBILITY - 2 staff TOTAL care to turn and re-position Jennifer every 2 hours and PRN to promote comfort.<br>Date Initiated: 02/02/2023<br>Created on: 02/02/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• BATHING - 2 staff provide TOTAL care with bed/sponge bath on Saturday days and Tuesday Evenings.<br>Date Initiated: 07/11/2025<br>Created on: 07/11/2025<br>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br>Revision on: 07/11/2025<br>Revision by: Harwinder Kaur (Clinical Practice Coordinator)<br>• EATING - Meal service provided at bedside. 1 staff member to feed Jennifer snacks/meals/fluids as tolerated. Monitor swallowing and notify Nurse if difficulty noted.<br>Date Initiated: 02/02/2023<br>Created on: 02/02/2023<br>Created by: Gabrielle Wolfe (RN) |            |  |            | PCA              | Q2h           |
| Allergies  | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |   | D.O.B.  | 08/28/1930 |  | Physician  | Nghi Truong Phan |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |   |   |            |  |            |                  |               |
| Facility   | Arbour Creek Care Centre   |   |   |            |  | Print Date | 11/5/2025        |               |
| Resident   | Prohaszka, Jennifer (922141000189)   |   | Admission Date  | 09/16/2021 |  | Location   | Nash House 118 1 |               |
| Last Care Plan Review Completed:   |  | 08/20/2025  |   |            |  |            |                  |               |

## Care Plan Report

| Focus                            |  | Goal       | Interventions   |                |            |            | Position         | Freq/Resolved |
|----------------------------------|--|------------|---|----------------|------------|------------|------------------|---------------|
|                                  |  |            | <p>Revision on: 08/08/2025<br/> Revision by: Myrna Corpuz (RPN)<br/> • HYGIENE - 2 staff members to provide TOTAL assistance with hygiene needs every shift and as needed<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>PCA</p> <p>• HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc.for hand hygiene.<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>PCA</p> <p>• ORAL HYGIENE: 1 staff to complete oral care every 4 hours, or as needed<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>PCA</p> <p>• EYE CARE: 1 staff to complete eye care every shift and as needed.<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>PCA Registered Practical Nurse RN</p> <p>• DRESSING - 2 staff TOTAL care to dress Jennifer in (pajamas) per identified preference.<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 03/14/2024<br/> Revision by: Navpreet Sekhon (RN)</p> <p>PCA</p> <p>• TOILETING: 2 staff TOTAL care for management of elimination needs. Check every PCA</p> |                |            |            |                  |               |
| Allergies                        | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |            |   | D.O.B.         | 08/28/1930 | Physician  | Nghi Truong Phan |               |
| Diagnosis                        | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |            |   |                |            |            |                  |               |
| Facility                         | Arbour Creek Care Centre   |            |   |                |            | Print Date | 11/5/2025        |               |
| Resident                         | Prohaszka, Jennifer (922141000189)   |            |   | Admission Date | 09/16/2021 | Location   | Nash House 118 1 |               |
| Last Care Plan Review Completed: |  | 08/20/2025 |   |                |            |            |                  |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position                               | Freq/Resolved    |  |
|---|--|--|---|----------------|------------|--|------------------|--|
| <div>• Decline in ADL functions and increased dependency for ADL care related to End of Life phase.<br/>Date Initiated: 02/02/2023<br/>Created on: 02/02/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</div>          |  |  | <div>2 hours and change if soiled.<br/>Date Initiated: 02/02/2023<br/>Created on: 02/02/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>• TRANSFER - Jennifer prefers to remain in bed. If transfer required/requested; 2 staff TOTAL care for transfer using Mechanical Lift.<br/>Date Initiated: 02/02/2023<br/>Created on: 02/02/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/04/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>• TRANSFER LIFT/SLING: Hoyer Lift and Medium size sling needed for transfer.<br/>Date Initiated: 02/02/2023<br/>Created on: 02/02/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>• LOCOMOTION (in/out of room): 1 staff member to porter to/from destination as needed per Jennifer preference.<br/>Date Initiated: 02/02/2023<br/>Created on: 02/02/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 08/03/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div> |                |            | PCA                                    |                  |  |
| <div>• Expressed Wishes and Beliefs related to Jennifer Medical Treatment and End of Life Care<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</div> |  | <div>• To support and honor Jennifer expressed wishes and beliefs through to the End of Life.<br/>Date Initiated: 09/16/2021<br/>Created on: 09/16/2021<br/>Created by: Kamaljit Matharu (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 02/04/2026</div> | <div>• CPR: Jennifer wishes express NO CPR, goal of care: Comfort measures<br/>No transfer to the hospital<br/>Date Initiated: 10/05/2021<br/>Created on: 10/05/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/14/2024<br/>Revision by: Navpreet Sekhon (RN)</div>   |                |            | Registered<br>Practical<br>Nurse<br>RN |                  |  |
| Allergies   | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   |  |   | D.O.B.         | 08/28/1930 | Physician                              | Nghi Truong Phan |  |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |  |                  |  |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date                             | 11/5/2025        |  |
| Resident  | Prohaszka, Jennifer (922141000189)   |  |   | Admission Date | 09/16/2021 | Location                               | Nash House 118 1 |  |
| Last Care Plan Review Completed:  |  | 08/20/2025   |   |                |            |  |                  |  |

## Care Plan Report

| Focus  | Goal | Interventions | Position | Freq/Resolved |
|--|------|---------------|----------|---------------|
| <ul style="list-style-type: none"> <li>Expressed Wishes and Beliefs related to Jennifer Medical Treatment and End of Life Care</li> </ul> Date Initiated: 09/16/2021<br>Created on: 09/16/2021<br>Created by: Kamaljit Matharu (RAI Coordinator)<br>Revision on: 03/14/2024<br>Revision by: Navpreet Sekhon (RN) |      |               |          |               |
|  |      |               |          |               |

### Diagnosis

Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspecified, other site(M10.98), Hyperlipidaemia, unspecified(E78.5), Dysphasia and aphasia(R47.0), Post-traumatic wound infection, not elsewhere classified(T79.3), Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site (M13.99)

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Codeine, Ibuprofen, Meperidine, Morphine, Naproxen   | <b>D.O.B.</b>         | 08/28/1930 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Gout, unspeci...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Prohaszka, Jennifer (922141000189)   | <b>Admission Date</b> | 09/16/2021 | <b>Location</b>   | Nash House 118 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/20/2025            |            |                   |                  |



## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |  |  | Position  | Freq/Resolved |
|---|--|---|--|--|--|--|---|---------------|
| <p>• SPIRITUAL BELIEFS: Manuel is of the Catholic Faith but does not currently practice.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p>                                      |  | <p>• To provide Manuel spiritual support as interested through to the next review date.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 01/28/2026</p>  | <p>• PERSONAL CHOICE: Respect Manuel's right to decline participation in Spiritual Program.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p>  |  |  |  | Recreation Aide   |               |
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Altered Mood, Cognitive Limitation</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>• Team members will support Manuel in decreasing social isolation by participating in activities of personal choice for 10-15 times per month by the next review date.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 01/28/2026</p> <p>• Manuel will maintain an ISE score of 4 by the next review date.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert</p> | <p>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; walk and talk, garden club, exercise, montessori, helping hands, etc.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching TV in own room, walking, conversing with peers, etc.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Bring Manuel to programs last right before we get started. Manuel does not like waiting and will leave program if its not ready at the time he gets there. Walk with him to programs.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 05/08/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> |  |  |  | Recreation Aide<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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## Care Plan Report

| Focus   | Goal   | Interventions  | Position   | Freq/Resolved |
|---|--|--|--|---------------|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Altered Mood, Cognitive Limitation</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | <p>(Recreation Aide)<br/>Target Date: 01/28/2026</p> <p>• To support Manuel Psycho-Social well being through to the next review.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> | <p>Manuel is from Portugal. Manuel understands and speaks more portuguese and speaks little english<br/>Manuel loves soccer and watching portuguese shows.<br/>Manuel enjoys spending time with his family.<br/>Manuel prefers small group programming.<br/>Manuel does not like loud noises.<br/>Manuel loves to go outside and garden.<br/>Manuel likes his personal space. Please knock on his door and wait for his reply and permission before entering. Same goes for touching any of his belongings.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ONE to ONE: Provide him with individual visits for conversation, walking, and reminiscing.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: Family come to visit often and are supportive.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• MUSIC CARE APPROACH: Present Manuel with Community music, Music Care Specialists, Musicking, Music Programming, and Music Technology such as his TV in his bedroom.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 05/08/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | <p>Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 12/02/1954 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Raposo, Manuel (922141000354)  | <b>Admission Date</b> | 04/23/2025 | <b>Location</b>   | Nash House 125 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/26/2025            |            |                   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |            |  |            | Position                                     | Freq/Resolved |
|--|--|--|--|------------|--|------------|--|---------------|
| <p>• Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, sexual, RESISTANCE to care, related to Symptom Progression of Dementia/Alzheimer</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 08/24/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  | <p>• To promote safety for Manuel's and/or others during each episode of Expressive behaviour through to the next review date.</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 07/23/2025</p> <p>Revision by: Myrna Corpuz (RPN)</p> <p>Target Date: 01/28/2026</p> | <p>• Intervention related to invasion of personal space as a trigger: YELLOW WANDERGUARD has been placed on Manuel's door to mitigate other residents entering his room without his permission.</p> <p>Date Initiated: 07/11/2025</p> <p>Created on: 07/11/2025</p> <p>Created by: Monika Musan (Social Services Worker)</p>   |            |  |            | PCA  |               |
|  |  |  | <p>• COMMUNICATION: Involve/collaborate with Manuel, POA or son Nelson for identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 07/11/2025</p> <p>Revision by: Monika Musan (Social Services Worker)</p>  |            |  |            | Registered Practical Nurse                   |               |
|  |  |  | <p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Manuel for indications to change in or for escalating expressive behaviour risk.</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/04/2025</p> <p>Revision by: Sini Palatty Chakkunny (Registered Nurse)</p>   |            |  |            | BSO - Internal PCA                           |               |
|  |  |  | <p>• TRIGGERS leading to PHYSICAL &amp; VERBAL expression of behaviour include asking too many questions, engaging in long conversations, anger, frustration, confusion, invasion of his personal space (entering his room without permission is a big one), excessive NOISE, CROWDs, medication administration (witnessing other residents receive medication prompts him to seek his own regardless if already taken), GETTING IN THE WAY OF HIS PACING, thinking others are looking at or talking about him, residents with higher capacity</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 06/05/2025</p> <p>Revision by: Chantelle Walker (ADOC)</p> |            |  |            | Registered Practical Nurse Social Worker PCA |               |
|  |  |  | <p>• PHYSICAL Behaviour: If Manuel is attempting to strikeout, move back from his reach. Calmly indicate that care will continue when he is calm/ready. Seek</p>   |            |  |            | PCA Registered Practical                     |               |
| Allergies  | No Known Allergies   |  | D.O.B.   | 12/02/1954 |  | Physician  | Nghi Truong Phan                             |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |  |  |            |  |            |  |               |
| Facility   | Arbour Creek Care Centre   |  |  |            |  | Print Date | 11/5/2025                                    |               |
| Resident   | Raposo, Manuel (922141000354)  |  | Admission Date   | 04/23/2025 |  | Location   | Nash House 125 1                             |               |
| Last Care Plan Review Completed:   |  | 08/26/2025   |  |            |  |            |  |               |

## Care Plan Report

| Focus  |  | Goal       | Interventions   |            |  |            | Position   | Freq/Resolved |
|--|--|------------|---|------------|--|------------|--|---------------|
| <p>• Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, sexual, RESISTANCE to care, related to Symptom Progression of Dementia/Alzheimer</p> <p>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 08/24/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  |            | Registered Staff assistance.<br>Date Initiated: 05/01/2025<br>Created on: 05/01/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 06/05/2025<br>Revision by: Chantelle Walker (ADOC)  |            |  |            | Nurse<br>PCA   |               |
|  |  |            | • PHYSICAL Violent Behaviour: Initiate Code White if Manuel becomes physically violent and staff are unable to intervene. Call MD and family to notify and assist to help Manuel calm down.) If unable to diffuse violent behaviours call 911 for emergency response and then notify physician regarding possible Form 1. Notify substitute decision maker, family, Director of Care/Executive Director/Manager on Call. Initiate Critical Incident report.<br>Date Initiated: 05/01/2025<br>Created on: 05/01/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 06/05/2025<br>Revision by: Chantelle Walker (ADOC) |            |  |            | Registered<br>Practical<br>Nurse<br>RCA<br>Social Worker<br>RN |               |
|  |  |            | • TRIGGERS leading to VERBAL yelling, screaming, swearing as expression of behaviour include invading Manuel's personal space, entering bedroom without permission, asking personal questions, memory issues, loss of control, frustration with co-resident's or staff, limitation in self expression, pain, misunderstanding care intention, etc.<br>Date Initiated: 05/01/2025<br>Created on: 05/01/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 05/01/2025<br>Revision by: Chantelle Walker (ADOC)  |            |  |            | RCA<br>Social Worker   |               |
|  |  |            | • TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat, refusing medication as expression of behaviour include confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process<br>Date Initiated: 06/05/2025<br>Created on: 06/05/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 07/31/2025<br>Revision by: Myrna Corpuz (RPN)  |            |  |            |  |               |
|  |  |            |   |            |  |            |  |               |
| Allergies  | No Known Allergies   |            | D.O.B.  | 12/02/1954 |  | Physician  | Nghi Truong Phan   |               |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |            |   |            |  |            |  |               |
| Facility   | Arbour Creek Care Centre   |            |   |            |  | Print Date | 11/5/2025  |               |
| Resident   | Raposo, Manuel (922141000354)  |            | Admission Date  | 04/23/2025 |  | Location   | Nash House 125 1   |               |
| Last Care Plan Review Completed:   |  | 08/26/2025 |   |            |  |            |  |               |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |  |                |            | Position   | Freq/Resolved    |
|--|--|--|---|--|----------------|------------|------------|------------------|
| <p>• Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, sexual, RESISTANCE to care, related to Symptom Progression of Dementia/Alzheimer</p> <p>Date Initiated: 04/23/2025</p> <p>Created on: 04/23/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 08/24/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  |  | <p>• RESISTANCE to Care Need: If Manuel is declining to bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Call POA Nelson for support.</p> <p>Date Initiated: 06/05/2025</p> <p>Created on: 06/05/2025</p> <p>Created by: Chantelle Walker (ADOC)</p> <p>Revision on: 06/06/2025</p> <p>Revision by: Monika Musan (Social Services Worker)</p>        |  |                |            | PCA        |                  |
|  |  |  | <p>• WANDERING: Permit Manuel to safely roam/ pace in common area/ hallways. Redirect away from exit doors, elevator or other resident rooms as needed.</p> <p>Date Initiated: 06/06/2025</p> <p>Created on: 06/06/2025</p> <p>Created by: Monika Musan (Social Services Worker)</p> <p>Revision on: 06/06/2025</p> <p>Revision by: Monika Musan (Social Services Worker)</p>   |  |                |            | PCA        |                  |
|  |  |  | <p>• SEXUAL Behaviour: in appropriate sexual behaviour reported during shower ( resident touching his private part), 2psw staff be present while giving shower to resident.</p> <p>Date Initiated: 08/24/2025</p> <p>Created on: 08/24/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 08/24/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  |                |            | RN         |                  |
|  |  |  | <p>• ENVIRONMENT: Manuel is most calm with no one entering his room without his permission. Ensure yellow wanderguard is on his door to prevent co-resident's from entering his room.</p> <p>Date Initiated: 06/05/2025</p> <p>Created on: 06/05/2025</p> <p>Created by: Chantelle Walker (ADOC)</p> <p>Revision on: 06/05/2025</p> <p>Revision by: Chantelle Walker (ADOC)</p>   |  |                |            | PCA        |                  |
|  |  |  | <p>• APPROACH: Use Gentle Persuasive Approach; Talk in calm manner; Avoid too many questions at once; Avoid noise and crowd when resident is agitated, and escort out of the area, call family for support if needed- Manuel appears to calm when they are present.</p> <p>Date Initiated: 04/24/2025</p>   |  |                |            | Registered |                  |
| Allergies  |  | No Known Allergies   |   |  | D.O.B.         | 12/02/1954 | Physician  | Nghi Truong Phan |
| Diagnosis  |  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                  |
| Facility   |  | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025        |
| Resident   |  | Raposo, Manuel (922141000354)  |   |  | Admission Date | 04/23/2025 | Location   | Nash House 125 1 |
| Last Care Plan Review Completed:   |  | 08/26/2025   |   |  |                |            |            |                  |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position       | Freq/Resolved |            |                  |  |
|--|--|--|----------------|---------------|------------|------------------|--|
| <div>• Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, sexual, RESISTANCE to care, related to Symptom Progression of Dementia/Alzheimer</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 08/24/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |  | <div>Created on: 04/24/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 06/06/2025</div> <div>Revision by: Monika Musan (Social Services Worker)</div> <div>• SPECIAL CONSIDERATIONS: if resident refuses the care give him some time to settle and re approach him again. If still resistant call son Nelson for assistance.</div> <div>Date Initiated: 04/24/2025</div> <div>Created on: 04/24/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 05/01/2025</div> <div>Revision by: Chantelle Walker (ADOC)</div> | PCA            |               |            |                  |  |
| <div>• Risk for Impaired SKIN INTEGRITY related to Medical Condition Diabetes</div> <div>Date Initiated: 05/29/2025</div> <div>Created on: 05/29/2025</div> <div>Created by: Mihaela Devic (RAI Coord Back-up)</div> <div>Revision on: 05/29/2025</div> <div>Revision by: Mihaela Devic (RAI Coord Back-up)</div>  | <div>• To protect and maintain Manuel's skin integrity each day through to the next review.</div> <div>Date Initiated: 05/29/2025</div> <div>Created on: 05/29/2025</div> <div>Created by: Mihaela Devic (RAI Coord Back-up)</div>                                     | <div>• SKIN OBSERVATION: Observe Manuel's skin condition with AM and PM care. Report any new or different observance than the Manuel's usual skin condition to Registered Staff as noted.</div> <div>Date Initiated: 05/29/2025</div> <div>Created on: 05/29/2025</div> <div>Created by: Mihaela Devic (RAI Coord Back-up)</div>   | PCA            | D/E/N/PRN     |            |                  |  |
| Allergies  | No Known Allergies   |  | D.O.B.         | 12/02/1954    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |  |                |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |                |               | Print Date | 11/5/2025        |  |
| Resident   | Raposo, Manuel (922141000354)  |  | Admission Date | 04/23/2025    | Location   | Nash House 125 1 |  |
| Last Care Plan Review Completed:   |  | 08/26/2025   |                |               |            |                  |  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position   | Freq/Resolved    |
|--|--|--|--|----------------|------------|--|------------------|
|  |  | Coord Back-up)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026  | Revision on: 05/29/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• HEALTH EDUCATION: Engage Manuel/POA in health education regarding prevention of skin impairment and management of the skin integrity.<br>Date Initiated: 05/29/2025<br>Created on: 05/29/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 05/29/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• BARRIER CREAM: Apply skin barrier (silicone ) to perineal area to safeguard against excessive moisture. Apply skin protectant barrier cream at am and pm care after each peri care.<br>Date Initiated: 05/29/2025<br>Created on: 05/29/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 05/29/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)  |                |            | RN<br>Registered<br>Practical<br>Nurse<br><br><br><br><br><br><br>PCA  |                  |
| • Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES type 2, non insulin dependent.<br>Date Initiated: 05/06/2025<br>Created on: 05/06/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 05/06/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  | • To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date.<br>Date Initiated: 05/06/2025<br>Created on: 05/06/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/ collaborate with Manuel's POA in decision making of diabetes care management.<br>Date Initiated: 05/06/2025<br>Created on: 05/06/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 05/06/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• HEALTH TEACHING: Engage with manuel and his POA to enhance his/her comprehension of diabetes treatment, possible complications, disease trajectory, etc. associated with DIABETES.<br>Date Initiated: 05/06/2025<br>Created on: 05/06/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 05/06/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Manuel for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status.<br>Date Initiated: 05/06/2025<br>Created on: 05/06/2025 |                |            | Registered<br>Practical<br>Nurse<br>RN<br><br><br><br><br><br><br>RN<br>Registered<br>Practical<br>Nurse<br><br><br><br>Registered<br>Practical<br>Nurse |                  |
| Allergies  | No Known Allergies   |  |  | D.O.B.         | 12/02/1954 | Physician  | Nghi Truong Phan |
| Diagnosis  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |  |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date   | 11/5/2025        |
| Resident   | Raposo, Manuel (922141000354)  |  |  | Admission Date | 04/23/2025 | Location   | Nash House 125 1 |
| Last Care Plan Review Completed:   |  | 08/26/2025   |  |                |            |  |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position                               | Freq/Resolved    |
|---|--|---|--|----------------|------------|--|------------------|
| <p>• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES type 2, non insulin dependent.</p> <p>Date Initiated: 05/06/2025</p> <p>Created on: 05/06/2025</p> <p>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>Revision on: 05/06/2025</p> <p>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |                |            | RN<br>Registered<br>Practical<br>Nurse |                  |
|   |  |   | Revision on: 05/06/2025  |                |            |  |                  |
|   |  |   | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |                |            |  |                  |
|   |  |   | • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD order  |                |            |  |                  |
|   |  |   | Date Initiated: 05/06/2025   |                |            |  |                  |
|   |  |   | Created on: 05/06/2025   |                |            |  |                  |
|   |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |                |            |  |                  |
|   |  |   | Revision on: 05/06/2025  |                |            |  |                  |
|   |  |   | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |                |            |  |                  |
|   |  |   | • MEDICATION: Administer medication for DIABETES as per MD order. Monitor effectiveness and for side effects.                                      |                |            | Registered<br>Practical<br>Nurse<br>RN |                  |
|   |  |   | Date Initiated: 05/06/2025   |                |            |  |                  |
|   |  |   | Created on: 05/06/2025   |                |            |  |                  |
|   |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |                |            |  |                  |
|   |  |   | Revision on: 05/06/2025  |                |            |  |                  |
|   |  |   | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |                |            |  |                  |
|   |  |   | • LAB WORK: Monitor lab and diagnostic results for fasting blood glucose and/or HbA1c) and report results to MD as needed. Follow up as indicated. |                |            | Registered<br>Practical<br>Nurse<br>RN |                  |
|   |  |   | Date Initiated: 05/06/2025   |                |            |  |                  |
|   |  |   | Created on: 05/06/2025   |                |            |  |                  |
|   |  |   | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  |                |            |  |                  |
|   |  |   | Revision on: 05/06/2025  |                |            |  |                  |
|   |  |   | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |                |            |  |                  |
| <p>• Nutrition Risk Level MODERATE r/t dementia, Type 2 Diabetes, behaviours occasionally affecting intake, declines dentures most often</p> <p>Date Initiated: 04/24/2025</p> <p>Created on: 04/24/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 05/05/2025</p> <p>Revision by: Stephanie Isaak (Dietitian (RD))</p>         |  | <p>• Manuel will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 04/24/2025</p> <p>Created on: 04/24/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 07/23/2025</p> <p>Revision by: Myrna Corpuz (RPN)</p> <p>Target Date: 01/28/2026</p> | • Dislikes include tea and peanut butter and jam sandwiches  |                |            | PCA                                    |                  |
|   |  |   | Date Initiated: 04/29/2025   |                |            |  |                  |
|   |  |   | Created on: 04/29/2025   |                |            |  |                  |
|   |  |   | Created by: Sylwia Jawornicki (FSM - Food Services Manager)  |                |            |  |                  |
|   |  |   | Revision on: 04/29/2025  |                |            |  |                  |
|   |  |   | Revision by: Sylwia Jawornicki (FSM - Food Services Manager)   |                |            |  |                  |
|   |  |   | • NUTRITION RISK: Manuel is Moderate risk level.   |                |            | Dietitian (RD)                         |                  |
|   |  |   | Date Initiated: 04/24/2025   |                |            |  |                  |
|   |  |   | Created on: 04/24/2025   |                |            |  |                  |
|   |  |   | Created by: Sylwia Jawornicki (FSM - Food Services Manager)  |                |            |  |                  |
|   |  |   | Revision on: 05/05/2025  |                |            |  |                  |
|   |  |   | Revision by: Stephanie Isaak (Dietitian (RD))  |                |            |  |                  |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 12/02/1954 | Physician                              | Nghi Truong Phan |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |  |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date                             | 11/5/2025        |
| Resident  | Raposo, Manuel (922141000354)  |   |  | Admission Date | 04/23/2025 | Location                               | Nash House 125 1 |
| Last Care Plan Review Completed:  |  | 08/26/2025  |  |                |            |  |                  |



## Care Plan Report

| Focus                            | Goal  | Interventions   | Position  | Freq/Resolved                                  |            |                  |
|----------------------------------|---|---|---|--|------------|------------------|
|                                  | <ul style="list-style-type: none"><li>• Will weigh within Realistic weight range of 70-79kg (BMI 24-27) through to next review date.<br/>Date Initiated: 05/05/2025<br/>Created on: 05/05/2025<br/>Created by: Stephanie Isaak (Dietitian (RD))<br/>Revision on: 10/27/2025<br/>Revision by: Stephanie Isaak (Dietitian (RD))<br/>Target Date: 01/28/2026</li><li>• Manuel will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1790mL @25ml/kg, 71.6kg through to next review date.<br/>Date Initiated: 05/05/2025<br/>Created on: 05/05/2025<br/>Created by: Stephanie Isaak (Dietitian (RD))<br/>Revision on: 10/27/2025<br/>Revision by: Stephanie Isaak (Dietitian (RD))<br/>Target Date: 01/28/2026</li></ul> | <ul style="list-style-type: none"><li>• DIET ORDER: Manuel will receive regular diet, regular texture<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 04/24/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</li><li>• FLUID CONSISTENCY: Manuel drinks REGULAR/THIN Level 0 Fluids.<br/>Date Initiated: 05/05/2025<br/>Created on: 05/05/2025<br/>Created by: Stephanie Isaak (Dietitian (RD))<br/>Revision on: 05/05/2025<br/>Revision by: Stephanie Isaak (Dietitian (RD))</li><li>• FLUID TARGET: Encourage Manuel to drink a minimum of 1432ml per day.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 10/27/2025<br/>Revision by: Stephanie Isaak (Dietitian (RD))</li><li>• FOOD PREFERENCES: Manuel enjoys eating sandwiches,donuts and bananas.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 04/29/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</li><li>• HIGH FIBRE: Offer 125mL prune juice with BF<br/>Date Initiated: 08/01/2025<br/>Created on: 08/01/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 08/01/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</li><li>• LABELLED SNACK: Manuel receives a yogurt at BF/0800 (to mix his medications into)<br/>Date Initiated: 09/23/2025<br/>Created on: 09/23/2025<br/>Created by: Alexandra Breau (Dietitian (RD))<br/>Revision on: 09/23/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</li></ul> | PCA<br>PCA<br><br>PCA<br><br>PCA<br><br>PCA<br><br>PCA<br><br>PCA | D/E<br><br><br><br><br><br><br><br><br><br>D/E |            |                  |
| Allergies                        | No Known Allergies  |   | D.O.B.  | 12/02/1954                                     | Physician  | Nghi Truong Phan |
| Diagnosis                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses  |   |   |  |            |                  |
| Facility                         | Arbour Creek Care Centre  |   |   |  | Print Date | 11/5/2025        |
| Resident                         | Raposo, Manuel (922141000354)   |   | Admission Date  | 04/23/2025                                     | Location   | Nash House 125 1 |
| Last Care Plan Review Completed: |   | 08/26/2025  |   |  |            |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved |                  |                   |           |
|---|--|--|---|---------------|------------------|-------------------|-----------|
| <p>• <b>COGNITIVE LOSS</b>; alteration in thought processes memory loss, difficulty concentrating, altered judgement, etc related to progression of Dementia<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• Manuel will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is (SPECIFY; 2, 3, or 4).<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/23/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>Target Date: 01/28/2026</p> | <p>• <b>COMMUNICATION</b>: Involve/collaborate with Manuel's poa in decision making of Cognitive Loss related to dementia.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• <b>HEALTH TEACHING</b>: Engage with Manuel's POA to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of dementia diagnosis.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• <b>PERSONAL ROUTINE</b>: Provide consistency in care routine and activities, give resident clear explanation of anything about to occur, avoid information overload.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• <b>CUE TASKS</b>: Break tasks into manageable subtasks, Manuel can comprehend and follow one steps at a time.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> <p>• <b>MEDICATION</b>: Administer medication (Cholinesterase Inhibitor) as per MD order. Monitor effectiveness and for side effects.<br/>Date Initiated: 04/24/2025<br/>Created on: 04/24/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>Registered<br/>Practical<br/>Nurse</p> <p>Social Worker</p> <p>PCA</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Staff</p> |               |                  |                   |           |
| <p>• Manuel is at high risk for <b>ELOPEMENT</b> related to knowing the code of exit doors.</p>   | <p>• To promote manucls safety and minimize risk for episode of</p>  | <p>• <b>ALERT</b>: Elopement risk care plan updated due to resident knows exit door codes, POA sheree confirmed that resident never had history of elopement before.</p>   | <p>Registered<br/>Practical</p>   |               |                  |                   |           |
| <b>Allergies</b>  | No Known Allergies   |  | <b>D.O.B.</b>   | 12/02/1954    | <b>Physician</b> | Nghi Truong Phan  |           |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses   |  |   |               |                  |                   |           |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |   |               |                  | <b>Print Date</b> | 11/5/2025 |
| <b>Resident</b>   | Raposo, Manuel (922141000354)  |  | <b>Admission Date</b>   | 04/23/2025    | <b>Location</b>  | Nash House 125 1  |           |
| <b>Last Care Plan Review Completed:</b>   |  | 08/26/2025   |   |               |                  |                   |           |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |  |  |  | Position                       | Freq/Resolved  |
|--|--|--|--|--|--|--|--------------------------------|--|
| Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  | elopement each day through next review date.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026 | Date Initiated: 04/24/2025<br>Created on: 04/24/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/24/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• ELOPEMENT ALERT: Redirect Manuel away from elevator or exit doors as needed.<br>Date Initiated: 05/08/2025<br>Created on: 05/08/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 05/08/2025<br>Revision by: Myrna Corpuz (RPN)<br>• ELOPEMENT MONITORING: Check Manuel's location every 15 minutes for safety.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  |  |  | Nurse<br>PCA<br><br>PCA<br>PCA | 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## Care Plan Report

| Focus   | Goal  | Interventions  | Position | Freq/Resolved |
|---|---|--|----------|---------------|
| Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)  | Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026  | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |          |               |
| <b>• URINARY Continence - manuel is continent and has self recognition of urge to void.</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   | <b>• Manuel will maintain continence level through next review date</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026 | <b>• URINARY Continence Level is: CONTINENT</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br><b>• SELF TOILETING: Manuel toilets self sometimes . Each shift ask if he/she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted.</b><br>Date Initiated: 05/05/2025<br>Created on: 05/05/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 05/05/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   | PCA      |               |
| <b>• BOWEL Continence - MANUEL is continent and has self recognition of urge to defecate.</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) | <b>• MANUEL to remain continent of bowels through next review date</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026  | <b>• BOWEL Continence level is CONTINENT. Manuel doesn't use any incontinent product. Report change to level as noted.</b><br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br><b>• SELF TOILETING: Manuel toilets self for bowel movements sometimes . Each shift ask if he/she had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted.</b><br>Date Initiated: 05/05/2025<br>Created on: 05/05/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 05/05/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) | PCA      |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 12/02/1954 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Raposo, Manuel (922141000354)  | <b>Admission Date</b> | 04/23/2025 | <b>Location</b>   | Nash House 125 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/26/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                      | Freq/Resolved |            |                  |  |
|---|--|---|-------------------------------|---------------|------------|------------------|--|
| <p>• Potential for Acute, Persistent PAIN and alteration in comfort level related to Diagnosis of pain in lower limb<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | <p>• To promote resident comfort and effectively manage ACUTE pain as episode occurs through to the next review.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/23/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>Target Date: 01/28/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Manuel's POA about pain management, goals of treatment, plan of care, prognosis and treatment options.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>  | Registered Practical Nurse    |               |            |                  |  |
|   |  | <p>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regimeN and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p> | RN Registered Practical Nurse |               |            |                  |  |
|   |  | <p>• REST: accommodate manuels rest and relaxation preference breaks between activities, remaining in bed, etc.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>  | Registered Practical Nurse    |               |            |                  |  |
|   |  | <p>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</p>   | Registered Practical Nurse RN |               |            |                  |  |
| <p>• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose</p>   | <p>• To treat and minimize signs/symptoms or complications associated with hypertension through to the next review date.<br/>Date Initiated: 04/23/2025</p>  | <p>• COMMUNICATION: Involve/collaborate with Manuel's POA in decision making of Cardiac Care Management for hypertension..<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/28/2025</p>  | Registered Practical Nurse    |               |            |                  |  |
| Allergies   | No Known Allergies   |   | D.O.B.                        | 12/02/1954    | Physician  | Nghi Truong Phan |  |
| Diagnosis   | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses   |   |                               |               |            |                  |  |
| Facility  | Arbour Creek Care Centre   |   |                               |               | Print Date | 11/5/2025        |  |
| Resident  | Raposo, Manuel (922141000354)  |   | Admission Date                | 04/23/2025    | Location   | Nash House 125 1 |  |
| Last Care Plan Review Completed:  |  | 08/26/2025  |                               |               |            |                  |  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |                | Position                               | Freq/Resolved |                  |
|---|--|---|--|--|----------------|--|---------------|------------------|
| (Registered Nurse)  |  | Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026  | Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)   |  |                | Registered<br>Practical<br>Nurse<br>RN |               |                  |
|   |  |   | • MEDICATION: Administer medication for hypertension as per MD Order and monitor for side effects.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/28/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)                   |  |                |  |               |                  |
|   |  |   | • VITAL SIGNS: Monitor vital signs as ordered , Notify MD of any significant abnormalities.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/28/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)                          |  |                |  |               |                  |
|   |  |   | • LAB WORK: Monitor lab and diagnostic results ,and report results to MD as needed. Follow up as indicated.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/28/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)          |  |                |  |               |                  |
| • Increased risk for FALLS related to (Specify etiology and possible factors).<br>Limitation of cognitive function/altered judgement (specify cause)<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 07/23/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Manuels POA in decision making in fall prevention Plan of Care.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)            |  |                | Registered<br>Practical<br>Nurse       |               |                  |
|   |  |   | • CALL BELL: Place call bell within Manuel's reach check that it is in working order and remind/encourage to use it.<br>Date Initiated: 04/23/2025<br>Created on: 04/23/2025<br>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Revision on: 04/23/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  |                |  |               |                  |
|   |  |   |  |  |                |  |               |                  |
|   |  |   |  |  |                |  |               |                  |
| Allergies   |  | No Known Allergies  |  |  | D.O.B.         | 12/02/1954                             | Physician     | Nghi Truong Phan |
| Diagnosis   |  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses  |  |  |                |  |               |                  |
| Facility  |  | Arbour Creek Care Centre  |  |  |                |  | Print Date    | 11/5/2025        |
| Resident  |  | Raposo, Manuel (922141000354)   |  |  | Admission Date | 04/23/2025                             | Location      | Nash House 125 1 |
| Last Care Plan Review Completed:  |  | 08/26/2025  |  |  |                |  |               |                  |

## Care Plan Report

| Focus                            |  | Goal   | Interventions  |       |                |            | Position   | Freq/Resolved    |
|----------------------------------|--|--|--|-------|----------------|------------|------------|------------------|
|                                  |  |  | <ul style="list-style-type: none"><li>• ENVIRONMENT: Secure environment reduce clutter, quiet environment to reduce fall risk for Manuel<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/31/2025<br/>Revision by: Myrna Corpuz (RPN)</li><li>• BED: place bed in lowest position, use high/low bed to lower risk for injury.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/31/2025<br/>Revision by: Myrna Corpuz (RPN)</li><li>• FOOTWEAR: Ensure Raposo wears appropriate footwear for (specify; transfers, ambulation.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/21/2025<br/>Revision by: Grace Akah (RN)</li><li>• FLOOR MAT: Position floor mat, on floor next right side of bed to lower risk of injury.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/23/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li><li>• ALARMS: Manuel using momo app Staff respond when alarm is heard.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 04/24/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li><li>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 07/20/2025</li></ul> |       |                |            |            |                  |
|                                  |  |  | PCA  |       |                |            |            |                  |
|                                  |  |  | PCA  |       |                |            |            |                  |
|                                  |  |  | PCA  |       |                |            |            |                  |
|                                  |  |  | PCA  |       |                |            |            |                  |
|                                  |  |  | PCA  | D/E/N |                |            |            |                  |
| Allergies                        |  | No Known Allergies   |  |       | D.O.B.         | 12/02/1954 | Physician  | Nghi Truong Phan |
| Diagnosis                        |  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |  |       |                |            |            |                  |
| Facility                         |  | Arbour Creek Care Centre   |  |       |                |            | Print Date | 11/5/2025        |
| Resident                         |  | Raposo, Manuel (922141000354)  |  |       | Admission Date | 04/23/2025 | Location   | Nash House 125 1 |
| Last Care Plan Review Completed: |  | 08/26/2025   |  |       |                |            |            |                  |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|---|---|--|------------|-------------------|------------------|
| <ul style="list-style-type: none"> <li>Increased risk for FALLS related to (Specify etiology and possible factors).<br/>Limitation of cognitive function/altered judgement (specify cause)<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> </ul> |   | Created on: 07/20/2025<br>Created by: Myrna Corpuz (RPN)   |            |                   |                  |
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> </ul>   | <ul style="list-style-type: none"> <li>Manuel will be supported to maintain current self participation in ADL care and assisted to ensure all ADL care needs are met each day through to the next review date.<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br/>Revision on: 07/23/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>Target Date: 01/28/2026</li> </ul> | <ul style="list-style-type: none"> <li>BATHING: Manuel prefers shower on Monday and Thursday evening shift. 1 staff to PCA provide extensive assistance for shower. ( 2 psw staff to be present at the shower room related to residents inappropriate sexual behaviour)Staff can call Nelson POA for support if Manuel is resistive to shower to come on site and encourage Manuel.<br/><br/>Nail care to be provided on shower/bath day.<br/>Date Initiated: 07/11/2025<br/>Created on: 07/11/2025<br/>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br/>Revision on: 08/24/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> <li>BED MOBILITY: MANUEL REQUIRES 1 PERSON ASSISTANCE FOR BED PCA MOBILITY WITH SUPERVISION /SET UP QUES REQUIRED,(REACH FOR SIDE RAILS, FLEX KNEES, HELPS TO TURN TO SIDES)<br/>Date Initiated: 04/23/2025<br/>Created on: 04/23/2025<br/>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</li> </ul> |            |                   |                  |
| <b>Allergies</b>  | No Known Allergies  | <b>D.O.B.</b>  | 12/02/1954 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses  |  |            |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Raposo, Manuel (922141000354)   | <b>Admission Date</b>  | 04/23/2025 | <b>Location</b>   | Nash House 125 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 08/26/2025   |            |                   |                  |



## Care Plan Report

| Focus                            |  | Goal       | Interventions   |                |            |  | Position   | Freq/Resolved    |     |  |
|----------------------------------|--|------------|---|----------------|------------|--|------------|------------------|-----|--|
|                                  |  |            | <div>Revision on: 04/23/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>• DRESSING: Manuel requires 1 person limited assistance for dressing</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 04/23/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>• EATING: Manuel requires 1 person assistance with minimal set up /assistance.(cut food, opening of containers etc).</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 04/23/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>• LOCOMOTION: Manuel mobilises without any mobility aids requires 1 person minimal assistance</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 04/30/2025</div> <div>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</div> <div>• PERSONAL HYGIENE: Manuel requires extensive 1 person assistance for personal hygiene.</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 04/23/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>• HAND HYGIENE:Manuel is able to independently complete task of Hand Hygiene each day. requires 1 person assistance for supervision and queuing.</div> <div>Date Initiated: 04/23/2025</div> <div>Created on: 04/23/2025</div> <div>Created by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> <div>Revision on: 04/23/2025</div> <div>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |                |            |  |            |                  | PCA |  |
| Allergies                        | No Known Allergies   |            |   | D.O.B.         | 12/02/1954 |  | Physician  | Nghi Truong Phan |     |  |
| Diagnosis                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |            |   |                |            |  |            |                  |     |  |
| Facility                         | Arbour Creek Care Centre   |            |   |                |            |  | Print Date | 11/5/2025        |     |  |
| Resident                         | Raposo, Manuel (922141000354)  |            |   | Admission Date | 04/23/2025 |  | Location   | Nash House 125 1 |     |  |
| Last Care Plan Review Completed: |  | 08/26/2025 |   |                |            |  |            |                  |     |  |

## Care Plan Report

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|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 12/02/1954 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Raposo, Manuel (922141000354)  | <b>Admission Date</b> | 04/23/2025 | <b>Location</b>   | Nash House 125 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/26/2025            |            |                   |                  |

## Care Plan Report

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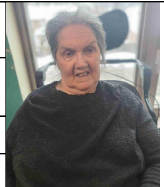
**Diagnosis**

Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E78.5), Other symptoms and signs involving appearance and behaviour(R46.88), Type 2 diabetes mellitus without (mention of) complications(E11.9), Alcohol use(Z72.1), Psychological and behavioural factors associated with disorders or diseases classified elsewhere(F54), Pain in lower limb(M79.61)

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 12/02/1954 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Anaemia due to enzyme disorder, unspecified(D55.9), Hyperlipidaemia, unspecified(E7...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Raposo, Manuel (922141000354)  | <b>Admission Date</b> | 04/23/2025 | <b>Location</b>   | Nash House 125 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/26/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                    | Freq/Resolved     |                  |
|---|--|---|-----------------------------|-------------------|------------------|
| <p>• Focus: Functional mobility and prevent contracture</p> <p>Locomotion : wheelchair, transfer: hoyer lift</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 09/10/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p> | <p>• Maintain the B/L UE &amp; LE ROM in the next 2 quarters.</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 09/10/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)<br/>Target Date: 12/22/2025</p>                 | <p>• 1. AAROM/PROM exs to B/L UE &amp; LE - 10 reps x 2 sets</p> <p>2. Gentle end range stretches of UE and LE: 3-5 reps x several sec hold</p> <p>(If the resident co-operates)</p> <p>Date Initiated: 08/28/2024<br/>Created on: 11/28/2022<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 09/10/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p>   | PT - Physiotherapist<br>PTA |                   |                  |
| <p>• SPIRITUAL BELIEFS: Luisa is of the Catholic Faith.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 12/04/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   | <p>• To provide Luisa spiritual support as interested through to the next review date.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 12/04/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 12/22/2025</p> | <p>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Catholic Mass, Church Service, etc.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 12/04/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• PERSONAL CHOICE: Respect Luisa's right to decline participation in Spiritual Program.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 12/04/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | Recreation Aide             |                   |                  |
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 12/04/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>      | <p>• Team members will support Luisa in decreasing social isolation by participating in activities 10-15 times per month by the next review date, as tolerated</p> <p>Date Initiated: 09/03/2025</p>   | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Music appreciation, Movie Matinee, Exercise, Order In, Montessori, etc.</p> <p>Date Initiated: 09/03/2025<br/>Created on: 06/02/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 09/03/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>  | Recreation Aide             |                   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 04/28/1950                  | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia(R47.0)  |   |                             |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |                             | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Rebelo, Maria Luisa Moniz (922141000243)   | <b>Admission Date</b>   | 11/28/2022                  | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/22/2025  |                             |                   |                  |



## Care Plan Report

| Focus                                   | Goal   | Interventions  | Position  | Freq/Resolved     |                  |
|---|--|--|---|-------------------|------------------|
|   | <p>Created on: 12/04/2022<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)<br/>           Target Date: 12/22/2025</p> <p>• To support Luisa's Psycho-Social well being through to the next review.</p> <p>Luisa has an ISE score of 2.<br/>           Date Initiated: 09/03/2025<br/>           Created on: 12/04/2022<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)<br/>           Target Date: 12/22/2025</p> | <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as family visits, listening to music, doll therapy, etc.<br/>           Date Initiated: 09/03/2025<br/>           Created on: 06/02/2025<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance for her to scheduled activities - Accompany in elevator and Porter to and from programs.<br/>           Date Initiated: 09/03/2025<br/>           Created on: 06/02/2025<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:<br/>           Luisa was born in Portugal and moved to North America at 17.<br/>           Luisa loves children. She used to work in Child Care.<br/>           Luisa has an attention span of less than 5 minutes and can understand simple commands.<br/>           Luisa likes soft, classical music.<br/>           Luisa likes animals. She loves birds and dogs the best.<br/>           Luisa enjoyed going on vacation.<br/>           Luisa never married and has no children.<br/>           Luisa has 2 sisters, and 1 brother that passed away.<br/>           Date Initiated: 09/03/2025<br/>           Created on: 12/04/2022<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for reading, socialization, reminiscing.<br/>           Date Initiated: 09/03/2025<br/>           Created on: 12/04/2022<br/>           Created by: Julie Lambert (Recreation Aide)<br/>           Revision on: 09/03/2025<br/>           Revision by: Julie Lambert (Recreation Aide)</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> |                   |                  |
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>  | 04/28/1950  | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0)   |  |   |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |  |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Rebelo, Maria Luisa Moniz (922141000243)   | <b>Admission Date</b>  | 11/28/2022  | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/22/2025   |   |                   |                  |

## Care Plan Report

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## Care Plan Report

| Focus  |  | Goal   | Interventions  |            |                   | Position         | Freq/Resolved |
|--|--|--|--|------------|-------------------|------------------|---------------|
| Revision by: Chantelle Walker (ADOC)   |  | Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/22/2025  | <ul style="list-style-type: none"> <li>• REST PATTERN: Preferred bedtime 2000hrs., usual wake time 0700 and daytime naps<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</li> </ul>  |            |                   | PCA              |               |
| <ul style="list-style-type: none"> <li>• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</li> </ul> |  | <ul style="list-style-type: none"> <li>• To monitor effectiveness and for side effects of medication used each day through to the next review date.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</li> </ul> | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with Maria/SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</li> <li>• MONITORING: Utilize holistic perspective of continuous monitoring of Maria Luisa using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> <li>• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</li> <li>• PHARMACY MEDICATION REVIEW: Will Request Pharmacy Medication Review when clinically appropriate.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023</li> </ul> |            |                   | RN               |               |
| <b>Allergies</b>   | No Known Allergies   |  | <b>D.O.B.</b>  | 04/28/1950 | <b>Physician</b>  | Kevin Velicaria  |               |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |  |            |                   |                  |               |
| <b>Facility</b>  | Arbour Creek Care Centre   |  |  |            | <b>Print Date</b> | 11/5/2025        |               |
| <b>Resident</b>  | Rebelo, Maria Luisa Moniz (922141000243)   |  | <b>Admission Date</b>  | 11/28/2022 | <b>Location</b>   | Nash House 121 1 |               |
| <b>Last Care Plan Review Completed:</b>  |  | 09/22/2025   |  |            |                   |                  |               |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            | Position                               | Freq/Resolved    |
|--|--|--|---|----------------|------------|--|------------------|
| <ul style="list-style-type: none"> <li>Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications.</li> </ul> Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/31/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)                     |  |  | Revision by: Navpreet Sekhon (RN)   |                |            |  |                  |
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by repetitive verbalizations, restlessness and sad, worried, pained expression related to Dementia.</li> </ul> Date Initiated: 12/07/2023<br>Created on: 12/07/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |  | <ul style="list-style-type: none"> <li>Maria Luisa will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.</li> </ul> Date Initiated: 12/07/2023<br>Created on: 12/07/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/22/2025 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Maria Luisa/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.</li> </ul> Date Initiated: 12/07/2023<br>Created on: 12/07/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)         |                |            | Registered<br>Practical<br>Nurse       |                  |
|  |  |  | <ul style="list-style-type: none"> <li>HEALTH EDUCATION: Provide education and support to Luisa/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.</li> </ul> Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |                |            | RN<br>Registered<br>Practical<br>Nurse |                  |
|  |  |  | <ul style="list-style-type: none"> <li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Maria Luisa for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</li> </ul> Date Initiated: 12/07/2023<br>Created on: 12/07/2023   |                |            | Registered<br>Practical<br>Nurse       |                  |
| Allergies  | No Known Allergies   |  |   | D.O.B.         | 04/28/1950 | Physician                              | Kevin Velicaria  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |   |                |            |  |                  |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date                             | 11/5/2025        |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |  |   | Admission Date | 11/28/2022 | Location                               | Nash House 121 1 |
| Last Care Plan Review Completed:   |  | 09/22/2025   |   |                |            |  |                  |



## Care Plan Report

| Focus   | Goal  | Interventions   | Position  | Freq/Resolved     |                  |
|---|---|---|---|-------------------|------------------|
| <p>• Potential to experience alteration in MOOD as exhibited by repetitive verbalizations, restlessness and sad, worried, pained expression related to Dementia.</p> <p>Date Initiated: 12/07/2023<br/>Created on: 12/07/2023<br/>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p>  |   | <p>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• RESIDENT STRENGTHS: Build on Maria's effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities.</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> <p>• ENVIRONMENT: Modify Maria's environment to support MOOD STABILITY: reduce noise, open curtains, ambient lighting, preferred music, aroma therapy.</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p>   | <p>PCA<br/>Registered<br/>Practical<br/>Nurse<br/>Recreation<br/>Aide</p> <p>PCA<br/>Recreation<br/>Aide</p>                        |                   |                  |
| <p>• Potential Risk for Delirium, OR Acute Change in Cognitive Functioning related to DELIRIUM OR Episode of Psychosis related to DELIRIUM secondary to antidepressant toxicity, infection, dehydration, sleep deprivation.</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> | <p>• To promote early identification of changes in Maria's condition and prevent onset of Delirium through to the next review date.</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>Target Date: 12/22/2025</p> | <p>• COMMUNICATION &amp; EDUCATION: Involve/collaborate with Maria/SDM about episodic DELIRIUM, discuss contributing factors, possible treatment, and plan of care needs/options as needed.</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> <p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Maria for indications of DELIRIUM including dehydration, poor appetite, vomiting, diarrhea, blood loss, acute flare up of chronic condition- CHF, DM, infection, etc..</p> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> <p>• MEDICATION REVIEW: Request MD and/or Pharmacist review of medication as needed.</p> | <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>RN<br/>Registered</p> |                   |                  |
| <b>Allergies</b>  | No Known Allergies  | <b>D.O.B.</b>   | 04/28/1950  | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0)  |   |   |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Rebelo, Maria Luisa Moniz (922141000243)  | <b>Admission Date</b>   | 11/28/2022  | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 09/22/2025  |   |                   |                  |

## Care Plan Report

| Focus  | Goal   | Interventions   | Position                   | Freq/Resolved |            |                  |
|--|--|---|----------------------------|---------------|------------|------------------|
| <ul style="list-style-type: none"><li>• Potential Risk for Delirium, OR Acute Change in Cognitive Functioning related to DELIRIUM OR Episode of Psychosis related to DELIRIUM secondary to antidepressant toxicity, infection, dehydration, sleep deprivation.</li></ul> <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> |  | <p>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 03/31/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>   | Practical Nurse            |               |            |                  |
| <ul style="list-style-type: none"><li>• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension, slurred speech, mumbled speech, related to Expressive Aphasia.</li></ul> <p>Date Initiated: 12/01/2024<br/>Created on: 12/01/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>  | <ul style="list-style-type: none"><li>• Maria Luisa is unable to express self and will be supported to have needs interpreted each day through the next review.</li></ul> <p>Date Initiated: 12/01/2024<br/>Created on: 12/01/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</p> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Maria Luisa/SDM for decision making about strategies needed to support effective communication.</li></ul> <p>Date Initiated: 12/01/2024<br/>Created on: 12/01/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, use simple words/phrases.</li></ul> <p>Date Initiated: 12/01/2024<br/>Created on: 12/01/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> | RN<br>PCA                  |               |            |                  |
| <ul style="list-style-type: none"><li>• URINARY mixed INCONTINENCE related to altered mobility, Dementia Diagnosis.</li></ul> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Nurse)</p>   | <ul style="list-style-type: none"><li>• Maria Luisa will have urinary incontinence managed every shift through to the next review period</li></ul> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022</p>  | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Maria Luisa/SDM for decision making about incontinence management</li></ul> <p>Date Initiated: 03/23/2023<br/>Created on: 03/23/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024</p>   | Registered Practical Nurse |               |            |                  |
| Allergies  | No Known Allergies   |   | D.O.B.                     | 04/28/1950    | Physician  | Kevin Velicaria  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0)   |   |                            |               |            |                  |
| Facility   | Arbour Creek Care Centre   |   |                            |               | Print Date | 11/5/2025        |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |   | Admission Date             | 11/28/2022    | Location   | Nash House 121 1 |
| Last Care Plan Review Completed:   |  | 09/22/2025  |                            |               |            |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position                               | Freq/Resolved    |
|---|--|---|--|----------------|------------|--|------------------|
| Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)  |  | Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/22/2025   | Revision by: Shirly Nasufi (Registered Nurse)<br><br>• MONITORING: Utilize holistic perspective of continuous monitoring of Maria Luisa for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br><br>• URINARY Continence level is TOTAL Incontinent. Report change to level as noted.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><br>• CHECK and CHANGE: Maria Luisa experiences TOTAL incontinence and requires checks every 2-3 hours and change each time noted to be soiled.<br>Date Initiated: 03/23/2023<br>Created on: 03/23/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br><br>• INCONTINENCE PRODUCT: Maria Luisa uses Large brief all the time for containment.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |                |            | PCA                                    |                  |
| • Expressed Wishes and Beliefs related to Maria Luisa Medical Treatment and End of Life care.<br>Date Initiated: 12/01/2022<br>Created on: 12/01/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • To support and honor Maria Luisa's expressed wishes and beliefs through to the End of Life<br>Date Initiated: 12/01/2022<br>Created on: 12/01/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks | • CPR: Maria Luisa wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.<br>Date Initiated: 12/10/2022<br>Created on: 12/10/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)  |                |            | RN<br>Registered<br>Practical<br>Nurse |                  |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 04/28/1950 | Physician                              | Kevin Velicaria  |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |   |  |                |            |  |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date                             | 11/5/2025        |
| Resident  | Rebelo, Maria Luisa Moniz (922141000243)   |   |  | Admission Date | 11/28/2022 | Location                               | Nash House 121 1 |
| Last Care Plan Review Completed:  |  | 09/22/2025  |  |                |            |  |                  |

## Care Plan Report

| Focus  | Goal   | Interventions   | Position   | Freq/Resolved     |                  |
|--|--|---|--|-------------------|------------------|
|  | (Quality Improvement Coordinator)<br>Target Date: 12/22/2025   |   |  |                   |                  |
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement dementia diagnosis, unsteady gait.</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 04/29/2024<br/>Revision by: Grace Akah (RN)</p> | <p>• To promote safety, minimize risk for falls and fall related injury each day through to the next review period</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</p> | <p>• COMMUNICATION: Involve/collaborate with Maria Luisa/SDM Matilde in decision making in fall prevention Plan of Care.</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Tiago Oliveria (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> <p>• BED:Apply bed wedges on the left and right side of bed.</p> <p>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• ADAPTIVE EQUIPMENT: Maria Luisa needs adaptive equipment: Wheelchair for ambulation and hip protectors on at all times</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Tiago Oliveria (RN)<br/>Revision on: 09/20/2025<br/>Revision by: Myrna Corpuz (RPN)</p> <p>• ENVIRONMENT: Provide secure environment by reducing clutter, having dim light on at night, quiet environment to reduce fall risk for Maria Luisa.</p> <p>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.</p> <p>Date Initiated: 09/16/2023<br/>Created on: 09/16/2023<br/>Created by: Shirley Nasufi (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> | <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> |                   |                  |
| <b>Allergies</b>   | No Known Allergies   | <b>D.O.B.</b>   | 04/28/1950   | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0)   |   |  |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Rebelo, Maria Luisa Moniz (922141000243)   | <b>Admission Date</b>   | 11/28/2022   | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b>  |  | 09/22/2025  |  |                   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position                               | Freq/Resolved |
|--|---|--|--|---------------|
| <ul style="list-style-type: none"> <li>Increased risk for FALLS related to Limitation of cognitive function/altered judgement dementia diagnosis, unsteady gait.</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>Revision on: 04/29/2024</li> <li>Revision by: Grace Akah (RN)</li> </ul>  |   | <ul style="list-style-type: none"> <li>FLOOR MAT: Position floor mat on floor next to the right side of bed to lower risk of injury.</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Tiago Oliveria (RN)</li> <li>Revision on: 04/19/2024</li> <li>Revision by: Shihana Rumzi (Nurse Clinician)</li> <li>SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Tiago Oliveria (RN)</li> <li>Revision on: 06/26/2023</li> <li>Revision by: Navpreet Sekhon (RN)</li> </ul>   | PCA                                    |               |
| <ul style="list-style-type: none"> <li>Potential for Persistent PAIN and alteration in comfort level related to aging process, lyme disease, osteoporosis.</li> <li>Current MDS Pain Score is 0</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>Revision on: 03/18/2024</li> <li>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</li> </ul> | <ul style="list-style-type: none"> <li>Promote MDS Pain Score of 0 through to the next review</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>Revision on: 12/17/2024</li> <li>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</li> <li>Target Date: 12/22/2025</li> </ul> | <ul style="list-style-type: none"> <li>MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control.</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>Revision on: 06/26/2023</li> <li>Revision by: Navpreet Sekhon (RN)</li> <li>REST: accommodate Maria Luisa rest and relaxation preference breaks between activities.</li> <li>Date Initiated: 11/28/2022</li> <li>Created on: 11/28/2022</li> <li>Created by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>Revision on: 12/01/2024</li> <li>Revision by: Shirley Nasufi (Registered Nurse)</li> </ul> | RN<br>Registered<br>Practical<br>Nurse | PCA           |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 04/28/1950 | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Rebelo, Maria Luisa Moniz (922141000243)   | <b>Admission Date</b> | 11/28/2022 | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/22/2025            |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |            | Position              | Freq/Resolved |
|---|--|--|---|------------|------------|-----------------------|---------------|
| <p>• Nutrition Risk Level: MODERATE r/t weight stable, good food and fluid intake, total assistance, dementia dx, bowels managed with fibre interventions, fragile skin</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 11/29/2023</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> |  | <p>• Maria will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 12/17/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 12/22/2025</p>              | <p>• NUTRITION RISK: Maria is MODERATE risk level.</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 12/09/2022</p> <p>Revision by: Anika Dhalla (RD - Registered Dietician)</p>                     |            |            | Dietitian (RD)        |               |
|   |  |  | <p>• DIET ORDER: Maria will receive Regular diet, Regular texture</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 11/23/2022</p> <p>Revision by: Patrick Howarth (FSM - Food Services Manager)</p> |            |            | Diet                  |               |
|   |  |  | <p>• FLUID CONSISTENCY: Maria drinks REGULAR/THIN Level 0 Fluids.</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 11/23/2022</p> <p>Revision by: Patrick Howarth (FSM - Food Services Manager)</p> |            |            | Diet                  |               |
|   |  |  | <p>• FLUID TARGET: Encourage Maria to drink a minimum of 1594mL per day.</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 08/29/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p>       |            |            | PCA                   |               |
|   |  |  | <p>• PORTION SIZE: Maria prefers smaller portions for meals.</p> <p>Date Initiated: 12/09/2022</p> <p>Created on: 12/09/2022</p> <p>Created by: Anika Dhalla (RD - Registered Dietician)</p> <p>Revision on: 12/09/2022</p> <p>Revision by: Anika Dhalla (RD - Registered Dietician)</p>                |            |            | Diet                  |               |
|   |  | <p>• Will weigh within Realistic weight range of 67.7-81.2kg based on BMI 24-29kg/m2 through to next review date.</p> <p>h=168cm</p> <p>Date Initiated: 12/09/2022</p> <p>Created on: 12/09/2022</p> <p>Created by: Anika Dhalla (RD - Registered Dietician)</p> <p>Revision on: 12/17/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 12/22/2025</p> | <p>• FOOD ALLERGY/INTOLERANCE: N/A</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 11/23/2022</p> <p>Revision by: Patrick Howarth (FSM - Food Services Manager)</p>                                |            |            | PCA                   |               |
|   |  | <p>• Maria will be adequately hydrated aeb drinking at least 75% of total fluid requirement 2125mL @ 25mL/kg, 85kg through to next review date.</p> <p>Date Initiated: 12/09/2022</p> <p>Created on: 12/09/2022</p> <p>Created by: Anika Dhalla (RD - Registered Dietician)</p>  |   |            |            | Restorative Care Aide |               |
| Allergies   | No Known Allergies   |  | D.O.B.  | 04/28/1950 | Physician  | Kevin Velicaria       |               |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |   |            |            |                       |               |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025             |               |
| Resident  | Rebelo, Maria Luisa Moniz (922141000243)   |  | Admission Date  | 11/28/2022 | Location   | Nash House 121 1      |               |
| Last Care Plan Review Completed:  |  | 09/22/2025   |   |            |            |                       |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                |            | Position                               | Freq/Resolved                    |
|---|--|--|--|----------------|------------|--|----------------------------------|
| <p>• Nutrition Risk Level: MODERATE r/t weight stable, good food and fluid intake, total assistance, dementia dx, bowels managed with fibre interventions, fragile skin</p> <p>Date Initiated: 11/23/2022</p> <p>Created on: 11/23/2022</p> <p>Created by: Patrick Howarth (FSM - Food Services Manager)</p> <p>Revision on: 11/29/2023</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> |  | <p>Revision on: 08/29/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>Target Date: 12/22/2025</p>   | <p>• HIGH FIBRE:</p> <p>1. 125mL Prune Juice @ Breakfast</p> <p>Date Initiated: 08/29/2023</p> <p>Created on: 08/29/2023</p> <p>Created by: Victoria Verhaeghe (Registered Dietitian)</p> <p>Revision on: 11/29/2023</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p>   |                |            | PCA                                    |                                  |
| <p>• Potential for altered bone density related to diagnosis of OSTEOPOROSIS</p> <p>Date Initiated: 11/28/2022</p> <p>Created on: 11/28/2022</p> <p>Created by: Kamaljit Matharu (Registered Practical Nurse)</p> <p>Revision on: 06/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p>   |  | <p>• To treat and minimize complications associated with OSTEOPOROSIS through to the next review date</p> <p>Date Initiated: 11/28/2022</p> <p>Created on: 11/28/2022</p> <p>Created by: Kamaljit Matharu (Registered Practical Nurse)</p> <p>Revision on: 12/17/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 12/22/2025</p> | <p>• COMMUNICATION: Involve/ collaborate with Maria Luisa /SDM in decision making of osteoporosis care management.</p> <p>Date Initiated: 11/28/2022</p> <p>Created on: 11/28/2022</p> <p>Created by: Kamaljit Matharu (Registered Practical Nurse)</p> <p>Revision on: 12/01/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• MEDICATION: Administer medication(Prolia) for osteoporosis management. Monitor effectiveness and for side effects.</p> <p>Date Initiated: 11/28/2022</p> <p>Created on: 11/28/2022</p> <p>Created by: Kamaljit Matharu (Registered Practical Nurse)</p> <p>Revision on: 06/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Maria Luisa for management of osteoporosis for discomfort/ complications or changes to health</p> |                |            | RN<br>Registered<br>Practical<br>Nurse | Registered<br>Practical<br>Nurse |
| Allergies   | No Known Allergies   |  |  | D.O.B.         | 04/28/1950 | Physician                              | Kevin Velicaria                  |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |  |                |            |  |                                  |
| Facility  | Arbour Creek Care Centre   |  |  |                |            | Print Date                             | 11/5/2025                        |
| Resident  | Rebelo, Maria Luisa Moniz (922141000243)   |  |  | Admission Date | 11/28/2022 | Location                               | Nash House 121 1                 |
| Last Care Plan Review Completed:  |  | 09/22/2025   |  |                |            |  |                                  |

## Care Plan Report

| Focus  | Goal   | Interventions   | Position                      | Freq/Resolved |            |                  |
|--|--|---|-------------------------------|---------------|------------|------------------|
| <div>• Potential for altered bone density related to diagnosis of OSTEOPOROSIS<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> |  | <div>status.<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• PHYSIOTHERAPY evaluation and treatment in place; refer to Physiotherapy Care Plan.<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div>   | Practical Nurse               |               |            |                  |
| <div>• Potential for gastric discomfort/complications related to gastritis.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div>                             | <div>• To treat and/or minimize complications associated with Gastritis through to the next review date.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</div> | <div>• HEALTH TEACHING: Engage with Maria Luisa/SDM to enhance their comprehension of treatment, possible complications, disease trajectory, etc. associated with Gastritis<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• MONITORING: Utilize holistic perspective of continuous monitoring of Maria Luisa for management of Gastritis or changes to health status.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div> | RN Registered Practical Nurse |               |            |                  |
| <div>• BOWEL INCONTINENCE related to Dementia.<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Tiago Oliveria (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div>   | <div>• Maria Luisa will have bowel incontinence managed every shift through to the next review period<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022</div>  | <div>• COMMUNICATION: Involve/collaborate with Maria Luisa/SDM for decision making about bowel function, incontinence management<br/>Date Initiated: 03/23/2023<br/>Created on: 03/23/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>   | Registered Practical Nurse    |               |            |                  |
| Allergies  | No Known Allergies   |   | D.O.B.                        | 04/28/1950    | Physician  | Kevin Velicaria  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0)   |   |                               |               |            |                  |
| Facility   | Arbour Creek Care Centre   |   |                               |               | Print Date | 11/5/2025        |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |   | Admission Date                | 11/28/2022    | Location   | Nash House 121 1 |
| Last Care Plan Review Completed:   |  | 09/22/2025  |                               |               |            |                  |



## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            |  | Position                               | Freq/Resolved    |  |
|--|--|--|---|----------------|------------|--|--|------------------|--|
|  |  | Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/22/2025  | • MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)  |                |            |  | RN<br>Registered<br>Practical<br>Nurse |                  |  |
|  |  |  | • BOWEL Continence level is Total Incontinence.<br>Date Initiated: 03/23/2023<br>Created on: 03/23/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)   |                |            |  | PCA                                    |                  |  |
|  |  |  | • BOWEL MOVEMENT: Monitor Maria Luisa for bowel movement each shift and document number of occurrences, size and consistency.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirley Nasufi (Registered Nurse)   |                |            |  | PCA                                    |                  |  |
|  |  |  | • INCONTINENCE PRODUCT: Maria Luisa uses Large brief for containment on days, evenings and nights.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirley Nasufi (Registered Nurse)  |                |            |  | PCA                                    |                  |  |
| • Risk for Impaired SKIN INTEGRITY related to Frailty, Thin fragile Skin.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN) |  | • To protect and maintain skin integrity each day through to the next review<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks | • EQUIPMENT: Maria Luisa requires Roho cushion to offload pressure. Ensure cushion is inflated appropriately.<br>Date Initiated: 12/07/2023<br>Created on: 12/07/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 12/01/2024<br>Revision by: Shirley Nasufi (Registered Nurse)<br><br>• POSITIONING: Make sure the bed mattress is inflated when Maria Luisa is in bed, turn, reposition at least every 2 hours. |                |            |  | PCA<br><br>PCA<br>Registered           | Q2h              |  |
| Allergies  | No Known Allergies   |  |   | D.O.B.         | 04/28/1950 |  | Physician                              | Kevin Velicaria  |  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |   |                |            |  |  |                  |  |
| Facility   | Arbour Creek Care Centre   |  |   |                |            |  | Print Date                             | 11/5/2025        |  |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |  |   | Admission Date | 11/28/2022 |  | Location                               | Nash House 121 1 |  |
| Last Care Plan Review Completed:   |  | 09/22/2025   |   |                |            |  |  |                  |  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                | Position  | Freq/Resolved |                  |
|--|--|--|--|----------------|---|---------------|------------------|
|  |  | (Quality Improvement Coordinator)<br>Target Date: 12/22/2025   | Date Initiated: 11/01/2023<br>Created on: 11/01/2023<br>Created by: Janja Kulizic (RPN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• SHEAR FRICTION: Adjust foot and head of the bed to reduce shear friction.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)  |                | Practical Nurse<br><br>PCA  |               |                  |
| • Potential for Expressive Behaviour of PHYSICAL, RESISTANCE to care need nature related to Sundowning, Symptom Progression of Dementia/Alzheimer.<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN) |  | • To promote safety for Maria Luisa and/or others during each episode of Physically responsive behaviors and/or resistance to care through to the next review date.<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 12/22/2025<br><br>• To decrease episodic frequency of physically responsive behaviors and resistance to care by next review date. ABS score will remain at 0<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/17/2024<br>Revision by: Jason Geerlinks | • COMMUNICATION: Involve/collaborate with Maria Luisa/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Maria luisa for indications to change in or for escalating expressive behaviour risk.<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• TRIGGERS leading to PHYSICAL :Hitting, Punching, Slapping, Biting, Kicking, as expression of behaviour include anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, hunger, startling from sleep<br>Date Initiated: 12/05/2022<br>Created on: 12/05/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• PHYSICAL Behaviour: If Maria Luisa is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek |                | Registered Practical Nurse<br>BSO - Internal Social Worker<br><br>Registered Practical Nurse RN<br><br>PCA<br><br>PCA |               |                  |
| Allergies  | No Known Allergies   |  |  | D.O.B.         | 04/28/1950  | Physician     | Kevin Velicaria  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |  |                |   |               |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |   | Print Date    | 11/5/2025        |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |  |  | Admission Date | 11/28/2022  | Location      | Nash House 121 1 |
| Last Care Plan Review Completed:   |  | 09/22/2025   |  |                |   |               |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            | Position   | Freq/Resolved    |
|--|--|--|---|----------------|------------|------------|------------------|
| <ul style="list-style-type: none"><li>• Potential for Expressive Behaviour of PHYSICAL, RESISTANCE to care need nature related to Sundowning, Symptom Progression of Dementia/Alzheimer.</li></ul> <p>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> |  | <p>(Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</p> | <p>Registered Staff assistance.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, PCA refusal to bathe, refusal to eat, refusing medication, as expression of behaviour include confusion, misunderstanding care needs, poor judgement, fearfulness</li></ul> <p>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>• RESISTANCE to Care Need: If Maria Luisa is refusing to bathe, change clothes, PCA take medications, re-approach in 10-15 minutes. Report episode to Registered Staff.</li></ul> <p>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• DIVERSION ACTIVITY: If Maria Luisa shows frustration (clenching of fits or grimacing of face) Luisa response to gentle touch on her arm, responds well to watching TV, listening to music as method to calm or redirect energy.</li></ul> <p>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• ENVIRONMENT: Maria Luisa is most calm with dim lighting, door closed, quiet area, small groups.</li></ul> <p>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
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|  |  |  |   |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
|  |  |  |   |                |            |            |                  |
| Allergies  | No Known Allergies   |  |   | D.O.B.         | 04/28/1950 | Physician  | Kevin Velicaria  |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |   |                |            |            |                  |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025        |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |  |   | Admission Date | 11/28/2022 | Location   | Nash House 121 1 |
| Last Care Plan Review Completed:   |  | 09/22/2025   |   |                |            |            |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position                                      | Freq/Resolved       |
|--|--|---|---|------------|------------|---|---------------------|
| <div>• Potential for Expressive Behaviour of PHYSICAL, RESISTANCE to care need nature related to Sundowning, Symptom Progression of Dementia/Alzheimer.<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> |  |   | <div>• MEDICATION: Administer medication for therapeutic treatment of expressed Behaviour as per MD Order. Monitor effectiveness and for side effects.<br/>Do not administer tylenol unless resident has fever or signs of pain<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 04/19/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)<br/>• APPROACH: Use Gentle Persuasive Approach: Communicate with calm, even tone with simple one-step directions, make eye contact, call her by name<br/>Date Initiated: 12/05/2022<br/>Created on: 12/05/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> |            |            | Registered<br>Practical<br>Nurse<br>RN        |                     |
|  |  |   |   |            |            | RN<br>PCA                                     |                     |
| <div>• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement, related to Dementia.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div>                      |  | <div>• Maria Luisa is severely impaired in cognition and will have needs interpreted and met each day through to the review date. CPS score is 5.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</div> | <div>• COMMUNICATION: Involve/collaborate with Maria Luisa/SDM in decision making of Cognitive Loss for Dementia.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• HEALTH TEACHING: Engage with Maria Luisa/SDM to enhance their knowledge on the importance of a geriatric health including progressive Dementia.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 12/01/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>   |            |            | RN<br>Registered<br>Practical<br>Nurse<br>PCA | RN<br>Social Worker |
| Allergies  | No Known Allergies   |   | D.O.B.  | 04/28/1950 | Physician  | Kevin Velicaria                               |                     |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |   |   |            |            |   |                     |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025                                     |                     |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |   | Admission Date  | 11/28/2022 | Location   | Nash House 121 1                              |                     |
| Last Care Plan Review Completed:   |  | 09/22/2025  |   |            |            |   |                     |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            |  | Position   | Freq/Resolved    |     |
|--|--|---|--|----------------|------------|--|------------|------------------|-----|
|  |  |   | <ul style="list-style-type: none"><li>• <b>ORIENTATION:</b> Gently reorient to person, place, time as needed when Luisa is feeling lost or in confused state.<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</li><li>• <b>PERSONAL ITEMS:</b> Keep family pictures in a consistent place on bedside table<br/>Date Initiated: 12/10/2022<br/>Created on: 12/10/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</li></ul>   |                |            |  | PCA        |                  |     |
| <ul style="list-style-type: none"><li>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation.<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 06/26/2023<br/>Revision by: Navpreet Sekhon (RN)</li></ul> |  | <ul style="list-style-type: none"><li>• Maria Luisa will have ALL ADL care tasks met each day through the next review date<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/17/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/22/2025</li><li>• Maria Luisa will be supported to maintain current self participation in ADL care and assisted to ensure all ADL care tasks are met each day through to the next review date<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/17/2024</li></ul> | <ul style="list-style-type: none"><li>• <b>BATHING:</b> Maria Luisa prefers bath on Wednesday days and Sunday days<br/>1-2 Staff to give complete bath<br/>Nail care to be provided on shower/bath day.<br/>Date Initiated: 07/11/2025<br/>Created on: 07/11/2025<br/>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br/>Revision on: 07/11/2025<br/>Revision by: Harwinder Kaur (Clinical Practice Coordinator)</li><li>• <b>BED MOBILITY:</b> Maria Luisa needs 2 staff TOTAL assistance for bed mobility.<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</li><li>• <b>DRESSING:</b> Maria Luisa needs 2 staff TOTAL assistance for dressing due to cognitive decline .<br/>Date Initiated: 11/28/2022<br/>Created on: 11/28/2022<br/>Created by: Kamaljit Matharu (Registered Practical Nurse)<br/>Revision on: 12/01/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</li><li>• <b>EATING:</b> Maria Luisa requires total assistance during meals.<br/>Date Initiated: 11/28/2022</li></ul> |                |            |  | PCA        | PCA              | PCA |
| Allergies  | No Known Allergies   |   |  | D.O.B.         | 04/28/1950 |  | Physician  | Kevin Velicaria  |     |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |   |  |                |            |  |            |                  |     |
| Facility   | Arbour Creek Care Centre   |   |  |                |            |  | Print Date | 11/5/2025        |     |
| Resident   | Rebelo, Maria Luisa Moniz (922141000243)   |   |  | Admission Date | 11/28/2022 |  | Location   | Nash House 121 1 |     |
| Last Care Plan Review Completed:   |  | 09/22/2025  |  |                |            |  |            |                  |     |

## Care Plan Report

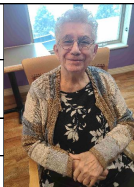
| Focus                            |  | Goal   | Interventions   |            |  |            | Position         | Freq/Resolved |     |  |
|----------------------------------|--|--|---|------------|--|------------|------------------|---------------|-----|--|
|                                  |  | Revision by: Jason Geerlinks<br>(Quality Improvement Coordinator)<br>Target Date: 12/22/2025 | Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• LOCOMOTION: Maria Luisa is wheelchair bound due to unsteady gait.<br>1 staff to provide total assistance for locomotion on the unit all the time.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• PERSONAL HYGIENE: Maria Luisa needs total assistance with her personal hygiene. 2 staff to assist.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands for hand hygiene.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 06/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• TOILET USE: Maria Luisa needs 2 staff to provide TOTAL assistance for toileting.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 12/01/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• TRANSFERRING: Maria Luisa requires two person assist for transfer using Mechanical (hoyer) Lift.<br>Date Initiated: 11/28/2022<br>Created on: 11/28/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse) |            |  |            |                  |               |     |  |
|                                  |  |  |   |            |  |            |                  |               | PCA |  |
|                                  |  |  |   |            |  |            |                  |               | PCA |  |
|                                  |  |  |   |            |  |            |                  |               | PCA |  |
|                                  |  |  |   |            |  |            |                  |               | PCA |  |
| Allergies                        | No Known Allergies   |  | D.O.B.  | 04/28/1950 |  | Physician  | Kevin Velicaria  |               |     |  |
| Diagnosis                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |  |   |            |  |            |                  |               |     |  |
| Facility                         | Arbour Creek Care Centre   |  |   |            |  | Print Date | 11/5/2025        |               |     |  |
| Resident                         | Rebelo, Maria Luisa Moniz (922141000243)   |  | Admission Date  | 11/28/2022 |  | Location   | Nash House 121 1 |               |     |  |
| Last Care Plan Review Completed: |  | 09/22/2025   |   |            |  |            |                  |               |     |  |

## Care Plan Report

| Focus   | Goal | Interventions  | Position | Freq/Resolved |
|---|------|--|----------|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation.</li> </ul> <p> Date Initiated: 11/28/2022<br/> Created on: 11/28/2022<br/> Created by: Kamaljit Matharu (Registered Practical Nurse)<br/> Revision on: 06/26/2023<br/> Revision by: Navpreet Sekhon (RN) </p> |      | <p>Revision on: 04/05/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <ul style="list-style-type: none"> <li>TRANSFER LIFT/SLING: Hoyer lift and MEDIUM size sling needed for transfer.</li> </ul> <p> Date Initiated: 02/03/2023<br/> Created on: 02/03/2023<br/> Created by: Navpreet Sekhon (RN)<br/> Revision on: 06/26/2023<br/> Revision by: Navpreet Sekhon (RN) </p> <ul style="list-style-type: none"> <li>ORAL CARE: Maria Luisa has her own teeth TEETH , and needs 1 staff TOTAL assistance for oral care.</li> </ul> <p> Date Initiated: 11/28/2022<br/> Created on: 11/28/2022<br/> Created by: Kamaljit Matharu (Registered Practical Nurse)<br/> Revision on: 12/01/2024<br/> Revision by: Shirly Nasufi (Registered Nurse) </p> <ul style="list-style-type: none"> <li>FOOT CARE:Foot Care Nurse to complete toenail care every 6 weeks. Report long toe nails or other abnormalities as noted.</li> </ul> <p> Date Initiated: 11/28/2022<br/> Created on: 11/28/2022<br/> Created by: Kamaljit Matharu (Registered Practical Nurse)<br/> Revision on: 06/26/2023<br/> Revision by: Navpreet Sekhon (RN) </p> | PCA      |               |
|   |      |  |          |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 04/28/1950 | <b>Physician</b>  | Kevin Velicaria  |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Progressive isolated aphasia [Mesulam](G31.01), Gastritis, unspecified(K29.7), Lyme disease(A69.2), Dysphasia and aphasia (R47.0) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Rebelo, Maria Luisa Moniz (922141000243)   | <b>Admission Date</b> | 11/28/2022 | <b>Location</b>   | Nash House 121 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/22/2025            |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |                   |                  | Position   | Freq/Resolved   |
|---|--|--|--|------------|-------------------|------------------|------------|---|
| <b>• SPIRITUAL BELIEFS:</b> Sharon is of the Protestant Faith.<br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)  |  | <b>• To provide Sharon spiritual support as interested through to the next review date.</b><br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/01/2025   | <b>• SPIRITUAL PROGRAMS:</b> Encourage her to attend spiritual programs of his/her choice including hymn sings and church services held in the home.<br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)   |            |                   |                  | Recreation |   |
|   |  |  |  |            |                   |                  | Aide       |   |
| <b>• At Risk for alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation, Rest/Sleep Patterns.</b><br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide) |  | <b>• Team members will support Sharon in decreasing social isolation by participating in activities of personal choice for 2-3 times per week by the next review date.</b><br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/01/2025  | <b>• STRUCTURED ACTIVITIES:</b> Invite her to programs of personal interest; active games, exercise, socials, special events, table games, bingo, pet visits & strolls.<br>Date Initiated: 08/31/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)<br><b>• SELF-DIRECTED ACTIVITIES:</b> Encourage her to engage in self-directed activities such as watching TV, walking, socializing with others, puzzles, laundry, listening to music and watching TV.<br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide) |            |                   |                  | Recreation |   |
|   |  |  |  |            |                   |                  | Aide       |   |
|   |  |  |  |            |                   |                  | Recreation | Aide  |
|   |  | <b>• Sharon will maintain ISE score of 6 by the next review date.</b><br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/01/2025<br><br><b>• ASSISTANCE:</b> Sharon is ambulatory and does not require physical assistance to programming. Sharon does need 1:1 when leaving the unit and directing to any program on the unit.<br>Date Initiated: 08/25/2025<br>Created on: 05/28/2024<br>Created by: ruby sanger (Recreation Aide)<br>Revision on: 08/25/2025<br>Revision by: Julie Lambert (Recreation Aide)<br><b>• HELPFUL HINTS:</b> |  |            |                   | Recreation       |            |   |
| Aide  |  |  |  |            |                   |                  |            |   |
| <b>Allergies</b>  | 3 M MEDICAL TAPE   |  | <b>D.O.B.</b>  | 11/21/1947 | <b>Physician</b>  | Nghi Truong Phan |            |  |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |  |            |                   |                  |            |   |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |  |            | <b>Print Date</b> | 11/5/2025        |            |   |
| <b>Resident</b>   | Saunders, Sharon (922141000318)  |  | <b>Admission Date</b>  | 05/17/2024 | <b>Location</b>   | Nash House 115 1 |            |   |
| <b>Last Care Plan Review Completed:</b>   |  | 09/01/2025   |  |            |                   |                  |            |   |



## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |  | Position   | Freq/Resolved    |
|--|--|---|--|----------------|--|--|------------------|
| <ul style="list-style-type: none"><li>At Risk for alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation, Rest/Sleep Patterns.</li></ul> <p>Date Initiated: 08/25/2025<br/>Created on: 05/28/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 08/25/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>Target Date: 12/01/2025</p> <ul style="list-style-type: none"><li>To support Sharon Psycho-Social well being through to the next review.</li></ul> <p>Date Initiated: 08/25/2025<br/>Created on: 05/28/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 08/25/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>(Recreation Aide)<br/>Target Date: 12/01/2025</p> | <ul style="list-style-type: none"><li>Sharon enjoys walking throughout the home area.</li><li>Sharon responds well to pet visits, music based programming, active games &amp; table games.</li><li>Sharon used to own a Tavern with her husband.</li><li>Sharon enjoys spending time with her family and they are very supportive.</li></ul> <p>Date Initiated: 08/25/2025<br/>Created on: 05/28/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 08/25/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>SOCIAL INTERACTION: Promote opportunity for Sharon to make friendships and sit with friends during activities.</li></ul> <p>Date Initiated: 08/25/2025<br/>Created on: 05/28/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 08/25/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <ul style="list-style-type: none"><li>MUSIC CARE APPROACH: Present Sharon with Community music, Music Care Specialists, Musicking, Music Programming, and Environmental Sound.</li></ul> <p>Date Initiated: 08/25/2025<br/>Created on: 11/20/2024<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 08/25/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |                |  | Aide   |                  |
|  |  |   |  |                |  | Recreation Aide  |                  |
|  |  |   | <ul style="list-style-type: none"><li>Nutrition Risk Level: MODERATE r/t BMI 24-29, fair intake, lipped plate, dysphagia, dementia dx, fibre interventions, HTN, Good Beverage intake, non significant wt loss</li></ul> <p>Date Initiated: 05/23/2024<br/>Created on: 05/23/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/28/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p>  |                | <ul style="list-style-type: none"><li>Sharon will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</li></ul> <p>Date Initiated: 05/23/2024<br/>Created on: 05/23/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/29/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))<br/>Target Date: 12/01/2025</p> | <ul style="list-style-type: none"><li>Comfort foods include peanut butter sandwich</li></ul> <p>Date Initiated: 05/23/2024<br/>Created on: 05/23/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/23/2024<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <ul style="list-style-type: none"><li>NUTRITION RISK: Sharon is MODERATE risk level.</li></ul> <p>Date Initiated: 05/23/2024<br/>Created on: 05/23/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/28/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> |                  |
| Dietitian (RD)   |  |   |  |                |  |  |                  |
| Allergies  | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947   | Physician  | Nghi Truong Phan |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |  |                |  |  |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |  | Print Date   | 11/5/2025        |
| Resident   | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024   | Location   | Nash House 115 1 |
| Last Care Plan Review Completed:   |  | 09/01/2025  |  |                |  |  |                  |

## Care Plan Report

| Focus                            |  | Goal   | Interventions   |            |           | Position                   | Freq/Resolved |
|----------------------------------|--|--|---|------------|-----------|----------------------------|---------------|
|                                  |  | <ul style="list-style-type: none"><li>• Will weigh within Realistic weight range of 60-70kg/BMI 25-29 through to next review date. h=156cm<br/>Date Initiated: 05/29/2024<br/>Created on: 05/29/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 08/22/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 12/01/2025</li><li>• Sharon will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1643mL @ 25mL/kg, 65.7kg through to next review date.<br/>Date Initiated: 05/29/2024<br/>Created on: 05/29/2024<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 08/22/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 12/01/2025</li></ul> | • DIET ORDER: Sharon will receive Regular diet, minced texture<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/28/2025<br>Revision by: Alexandra Breau (Dietitian (RD))                             |            |           | PCA                        |               |
|                                  |  |  | • FLUID CONSISTENCY: Sharon drinks REGULAR/THIN Level 0 Fluids.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/23/2024<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)             |            |           | PCA                        |               |
|                                  |  |  | • FLUID TARGET: Encourage Sharon to drink a minimum of 1314mL per day.<br><br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 08/22/2025<br>Revision by: Alexandra Breau (Dietitian (RD))                 |            |           | PCA                        |               |
|                                  |  |  | • DINING INSTRUCTIONS: Do not provide dessert before main meal is consumed.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/23/2024<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager) |            |           | Registered Practical Nurse |               |
|                                  |  |  | • PORTION SIZE: Sharon prefers regular portions for meals.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/23/2024<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)                  |            |           | PCA                        |               |
|                                  |  |  | • ADAPTIVE AIDS: Sharon requires rimmed/lip plate at meals.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/23/2024<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)                 |            |           | PCA                        |               |
|                                  |  |  |   |            |           |                            |               |
|                                  |  |  |   |            |           |                            |               |
|                                  |  |  |   |            |           |                            |               |
|                                  |  |  |   |            |           |                            |               |
| Allergies                        | 3 M MEDICAL TAPE   |  | D.O.B.  | 11/21/1947 | Physician | Nghi Truong Phan           |               |
| Diagnosis                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |   |            |           |                            |               |
| Facility                         | Arbour Creek Care Centre   |  |   |            |           | Print Date                 | 11/5/2025     |
| Resident                         | Saunders, Sharon (922141000318)  |  | Admission Date  | 05/17/2024 | Location  | Nash House 115 1           |               |
| Last Care Plan Review Completed: |  | 09/01/2025   |   |            |           |                            |               |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position                                      | Freq/Resolved |            |                  |  |
|--|---|---|---|---------------|------------|------------------|--|
| <p>• Nutrition Risk Level: MODERATE r/t BMI 24-29, fair intake, lipped plate, dysphagia, dementia dx, fibre interventions, HTN, Good Beverage intake, non significant wt loss</p> <p>Date Initiated: 05/23/2024</p> <p>Created on: 05/23/2024</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 05/28/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> |   | <p>• HIGH CALORIE/PROTEIN AM SNACK: fortified pudding at am snack</p> <p>Date Initiated: 04/24/2025</p> <p>Created on: 04/24/2025</p> <p>Created by: Shipra Tomar (Dietitian (RD))</p> <p>Revision on: 04/24/2025</p> <p>Revision by: Shipra Tomar (Dietitian (RD))</p>   | PCA   | D             |            |                  |  |
|  |   | <p>• HIGH CALORIE/PROTEIN PM SNACK: Fortified pudding at PM snack</p> <p>Date Initiated: 04/24/2025</p> <p>Created on: 04/24/2025</p> <p>Created by: Shipra Tomar (Dietitian (RD))</p> <p>Revision on: 04/24/2025</p> <p>Revision by: Shipra Tomar (Dietitian (RD))</p>   | PCA   | D             |            |                  |  |
|  |   | <p>• HIGH FIBRE:</p> <p>1. 1tbsp ground flax @ Breakfast</p> <p>Date Initiated: 08/21/2024</p> <p>Created on: 08/21/2024</p> <p>Created by: Anika Dhalla (Dietitian (RD))</p> <p>Revision on: 08/21/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p>  | PCA   | BLD           |            |                  |  |
| <p>• Sharon is at high risk for ELOPEMENT related to wandering and exit seeking behaviour presented since admission on May 17, 2024. Diagnosis of Alzheimer's disease , Depressive episode, and Unspecified dementia</p> <p>June 5, 2024, transferred to Nash home area (secure)</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p>             | <p>• To promote safety for Sharon and minimize risk for episode of elopement each day through next review date.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/28/2024</p> <p>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>Target Date: 12/01/2025</p> | <p>• ALERT: Sharon has attempted elopement by getting into the elevator and attempting to open locked doors. 1:1 staff to monitor Sharon on days, evenings, and nights</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/28/2024</p> <p>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>• DIVERSION ACTIVITY: Sharon responds well to playing music, doing puzzles, knitting, reading, conversing, singing, and walking to divert attention when exit seeking.</p> <p>Date Initiated: 05/17/2024</p> | PCA<br>Registered<br>Practical<br>Nurse<br>RN |               |            |                  |  |
| Allergies  | 3 M MEDICAL TAPE  |   | D.O.B.  | 11/21/1947    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses  |   |   |               |            |                  |  |
| Facility   | Arbour Creek Care Centre  |   |   |               | Print Date | 11/5/2025        |  |
| Resident   | Saunders, Sharon (922141000318)   |   | Admission Date                                | 05/17/2024    | Location   | Nash House 115 1 |  |
| Last Care Plan Review Completed:   |   | 09/01/2025  |   |               |            |                  |  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position  | Freq/Resolved    |
|--|--|---|--|----------------|------------|---|------------------|
| Revision on: 06/06/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)  |  |   | Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/28/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)<br>• ELOPEMENT ALERT: Redirect Sharon away from exit doors as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 06/06/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)   |                |            | RN<br><br>PCA<br>RN<br>RCA<br>Registered<br>Practical<br>Nurse  |                  |
| • Potential to experience complications and side effects impacting quality of life related to use of multi-pharmacy and psychotropic medication.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • To promote Sharon understanding of treatment regime and possible side effects of medication taken through to the next review.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025<br><br>• To monitor Sharon for effectiveness and for side effects of medication used each day through to the next review date.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/01/2025 | • COMMUNICATION: Involve/collaborate with Sharon /SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• MONITORING: Utilize the holistic perspective of continuous monitoring of Sharon using poly-pharmacy for changes to health status and alteration or complications affecting functioning or quality of life.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• PREFERENCE: Sharon prefers to receive medication during meals when at dining table.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024 |                |            | Registered<br>Practical<br>Nurse<br><br><br><br>RN<br><br>Registered<br>Practical<br>Nurse<br>RN<br><br>Registered<br>Staff |                  |
| Allergies  | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947 | Physician   | Nghi Truong Phan |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |   |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date  | 11/5/2025        |
| Resident   | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024 | Location  | Nash House 115 1 |
| Last Care Plan Review Completed:   |  | 09/01/2025  |  |                |            |   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position  | Freq/Resolved |                   |                  |  |
|--|---|---|---|---------------|-------------------|------------------|--|
| <ul style="list-style-type: none"> <li>Potential to experience complications and side effects impacting quality of life related to use of multi-pharmacy and psychotropic medication.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p>  |   | <p>Created by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"> <li>PHARMACY MEDICATION REVIEW: Request for Pharmacy Medication Review when clinically appropriate.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p>  | RN  |               |                   |                  |  |
| <ul style="list-style-type: none"> <li>Potential for Expressive Behaviour of WANDERING in home area and into other residents rooms, resistive to care related to Symptom Progression of Dementia, Depressive episode, and Alzheimer's disease.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> | <ul style="list-style-type: none"> <li>To promote safety for Sharon and/or others during each episode of wandering through to the next review date.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/27/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 12/01/2025</p> <ul style="list-style-type: none"> <li>Sharon will be supported to adjust to her new environment to lower risk of WANDERING behaviour episodes through to the next review.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)</p> | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Sharon /SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</p> <ul style="list-style-type: none"> <li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Sharon for indications to change in or for escalating expressive behaviour risk.</li> </ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"> <li>RESISTANCE to Care Need: If Sharon is declining to bathe, change clothes, take medications, eat re-approach in 10-15 minutes. Report episode to Registered Staff.</li> </ul> <p>Date Initiated: 05/30/2024<br/>Created on: 05/30/2024<br/>Created by: Shirley Nasufi (Registered Nurse)</p> | <p>BSO - Internal Social Worker</p> <p>PCA RN</p> <p>RN PCA</p> |               |                   |                  |  |
| <b>Allergies</b>   | 3 M MEDICAL TAPE  |   | <b>D.O.B.</b>   | 11/21/1947    | <b>Physician</b>  | Nghi Truong Phan |  |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses  |   |   |               |                   |                  |  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |   |               | <b>Print Date</b> | 11/5/2025        |  |
| <b>Resident</b>  | Saunders, Sharon (922141000318)   |   | <b>Admission Date</b>   | 05/17/2024    | <b>Location</b>   | Nash House 115 1 |  |
| <b>Last Care Plan Review Completed:</b>  |   | 09/01/2025  |   |               |                   |                  |  |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position   | Freq/Resolved |            |                  |  |
|--|--|--|--|---------------|------------|------------------|--|
| <p>• Potential for Expressive Behaviour of WANDERING in home area and into other residents rooms, resistive to care related to Symptom Progression of Dementia, Depressive episode, and Alzheimer's disease.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> | <p>Revision on: 05/28/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)<br/>Target Date: 12/01/2025</p>  | <p>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• WANDERING: Permit Sharon is on 1:1 for days, evenings, and night shift to safely roam in the common area. Redirect away from exit doors, elevator or other resident rooms.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/28/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>• DIVERSION ACTIVITY: Sharon responds well to listening to country/opera/classical music, crossword puzzle, taking long walks which are methods to calm or redirect from wandering into other residents rooms.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/28/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>• APPROACH: Use Gentle Persuasive Approach by diverting attention to e.g. listening to music, Sharon is easily redirected</p> <p>Date Initiated: 05/30/2024<br/>Created on: 05/30/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 06/06/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>• BSO RECOMMENDATIONS: BSO currently assessing Sharon as she is new to the home. BSO will continue to follow Sharon once she is transferred to the secure home area</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/28/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p> | <p>PCA</p> <p>Registered Practical Nurse<br/>Recreation Aide<br/>PCA</p> <p>PCA<br/>Registered Practical Nurse</p> <p>RN</p> |               |            |                  |  |
| <p>• Potential to Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to</p>   | <p>• Sharon will continue to freely express self and adequately comprehend information each</p>  | <p>• COMMUNICATION: Involve/collaborate with Sharon/SDM for decision making about strategies needed to support effective communication.</p> <p>Date Initiated: 05/30/2024</p>  | <p>PCA<br/>RN</p>  |               |            |                  |  |
| Allergies  | 3 M MEDICAL TAPE   |  | D.O.B.   | 11/21/1947    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |  |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |  |               | Print Date | 11/5/2025        |  |
| Resident   | Saunders, Sharon (922141000318)  |  | Admission Date   | 05/17/2024    | Location   | Nash House 115 1 |  |
| Last Care Plan Review Completed:   |  | 09/01/2025   |  |               |            |                  |  |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position  | Freq/Resolved |
|---|---|---|-----------|---------------|
| <p>Advanced Dementia.<br/> Date Initiated: 05/30/2024<br/> Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> | <p>day through to the next review period.<br/> Date Initiated: 05/30/2024<br/> Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)<br/> Target Date: 12/01/2025</p> <p>• Sharon will be supported to make basic needs known each day through to the review date.<br/> Date Initiated: 05/30/2024<br/> Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)<br/> Target Date: 12/01/2025</p> <p>• Sharon is unable to express self and will be supported to have needs interpreted each day through the next review.<br/> Date Initiated: 05/30/2024<br/> Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)<br/> Target Date: 12/01/2025</p> | <p>Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)<br/> • HEALTH TEACHING: Engage with Sharon/SDM to enhance their knowledge of change in health status affecting communication ability.<br/> Date Initiated: 05/30/2024<br/> Created on: 05/30/2024<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/30/2024<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> | PCA<br>RN |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | 3 M MEDICAL TAPE   | <b>D.O.B.</b>         | 11/21/1947 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)  | <b>Admission Date</b> | 05/17/2024 | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/01/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position  | Freq/Resolved  |            |            |                  |
|---|--|---|---|----------------|------------|------------|------------------|
| <div>• Potential to experience rash, hives, anaphylaxis, related to ALLERGY of 3M medical tape.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)</div> | <div>• Sharon will be protected from exposure to allergen each day through next review date.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 12/01/2025</div> | <div>• COMMUNICATION: Involve/collaborate with Sharon/SDM in decision making and health teaching about ALLERGY to 3M medical tape.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)<br/>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with 3M medical tape for changes to health status and complications.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)<br/>• ALLERGY ALERT: Sharon has ALLERGY to 3M medical tape. Prevent contact with and report if noted to experience symptoms rash, hives, swelling, difficulty breathing.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)<br/>• MD/PHARMACY ALERT: Notify the MD and Pharmacy of Sharon Allergy to 3M medical tape and minimize risk for exposure to allergen.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirley Nasufi (Registered Nurse)<br/>• RESCUE MEDICATION: Administer EPINEPHRINE as per MD/NP Order. Monitor effectiveness and immediately notify MD/NP of use.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)</div> | <div>RN<br/>PCA<br/>PT -<br/>Physiotherapist<br/><br/>PCA<br/>RN<br/><br/>RCA<br/>Registered<br/>Practical<br/>Nurse<br/><br/>RN<br/><br/><br/>Registered<br/>Staff</div> |                |            |            |                  |
| <div>• Potential for CONSTIPATION related to daily use of medication with binding effect.<br/>Date Initiated: 05/17/2024</div>  | <div>• Sharon will have regular soft formed bowel movements every 1-2 days through to the next</div>   | <div>• COMMUNICATION: Involve/collaborate with Sharon /SDM for decision making regarding constipation management.<br/>Date Initiated: 05/17/2024</div>  | <div>Registered<br/>Practical<br/>Nurse</div>   |                |            |            |                  |
| Allergies   | 3 M MEDICAL TAPE   |   |   | D.O.B.         | 11/21/1947 | Physician  | Nghi Truong Phan |
| Diagnosis   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses                                       |   |   |                |            |            |                  |
| Facility  | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025        |
| Resident  | Saunders, Sharon (922141000318)  |   |   | Admission Date | 05/17/2024 | Location   | Nash House 115 1 |
| Last Care Plan Review Completed:  |  | 09/01/2025  |   |                |            |            |                  |



## Care Plan Report

| Focus  | Goal   | Interventions   | Position  | Freq/Resolved |            |                  |  |
|--|--|---|---|---------------|------------|------------------|--|
| Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)           | review.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025  | Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Sharon for constipation management and changes to health status and symptoms/ complications of constipation.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• FLUIDS: Encourage Sharon to meet daily beverage minimums. See Nutrition Care Plan.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• PHYSICAL ACTIVITY: Promote ACTIVITY/ MOVEMENT to stimulate bowels.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>• NUTRITION increased fibre intervention in place. See Nutrition Care Plan.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>• BOWEL PROTOCOL: In place as per MD order<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN) | RN<br><br>PCA<br>RN<br><br>PCA<br>RN<br><br><br>Registered<br>Staff<br><br>Diet<br>Registered<br>Staff<br><br>Registered<br>Staff |               |            |                  |  |
| • Potential for BOWEL INCONTINENCE related to diagnosis of Dementia/Alzheimer's disease.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024 | • Sharon will receive support to use the toilet, and promote optimal bowel continence each day through to the next review.<br>Date Initiated: 05/17/2024   | • COMMUNICATION: Involve/collaborate with Sharon /SDM for decision making about bowel function, incontinence management.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)  | Registered<br>Practical<br>Nurse<br>PCA   |               |            |                  |  |
| Allergies  | 3 M MEDICAL TAPE   |   | D.O.B.  | 11/21/1947    | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |   |               |            |                  |  |
| Facility   | Arbour Creek Care Centre   |   |   |               | Print Date | 11/5/2025        |  |
| Resident   | Saunders, Sharon (922141000318)  |   | Admission Date  | 05/17/2024    | Location   | Nash House 115 1 |  |
| Last Care Plan Review Completed:   |  | 09/01/2025  |   |               |            |                  |  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position                                | Freq/Resolved                                 |
|--|--|---|--|----------------|------------|---|---|
| Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)   |  | Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/01/2025<br><br>• Sharon will have bowel incontinence managed every shift through to the next review period.<br>Uses Large Blue. May 23/25<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/23/2025<br>Revision by: Ifeyinwa Onyia (Registered Nurse)<br>Target Date: 12/01/2025 | Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize the holistic perspective of continuous monitoring of Sharon for changes to health status, alteration of continence level or bowel function.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• BOWEL Continence level is Continent. Report changes to Registered staff.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• BOWEL MOVEMENT: Monitor Sharon for bowel movement each shift and document number of occurrences, size and consistency. See incontinence assessment<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/23/2025<br>Revision by: Ifeyinwa Onyia (Registered Nurse) |                |            | PCA<br>RN                               |   |
| • URINARY Functional INCONTINENCE related to Dementia Diagnosis.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • Sharon will have urinary incontinence managed every shift through to the next review period.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025<br><br>• Sharon will receive support to  | • COMMUNICATION: Involve/collaborate with Sharon /SDM for decision making about incontinence management.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Sharon for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024   |                |            | Registered<br>Practical<br>Nurse<br>RCA | Registered<br>Practical<br>Nurse<br>RN<br>PCA |
| Allergies  | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947 | Physician                               | Nghi Truong Phan                              |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |   |   |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date                              | 11/5/2025                                     |
| Resident   | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024 | Location                                | Nash House 115 1                              |
| Last Care Plan Review Completed:   |  | 09/01/2025  |  |                |            |   |   |

## Care Plan Report

| Focus                                   | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|---|---|--|------------|-------------------|------------------|
|   | use toilet and promote urinary continence each shift through to the next review.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/01/2025 | Revision by: Shirly Nasufi (Registered Nurse)<br>• URINARY Continence level is FREQUENTLY Incontinent. Report change to level as noted.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• TOILETING PREFERENCE: Sharon indicates personal choice: to not wake for toileting at night, toileted ONLY by female staff.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• SCHEDULED TOILETING<br>On Day Shift:<br>Before breakfast, between 0730-0800<br>Between breakfast and lunch, between 1030-1130<br>After lunch, around 1400-1430<br><br>On Evening Shift:<br>Before dinner, around 1600-1630<br>After dinner, between 1930-2000<br>Before bed, between 2200-2230<br><br>On Night Shift:<br>When night shift staff arrive, check sharon around 2330 and offer her to go to the toilet.<br>Check sharon between 0600-0630, if awake, assist to the bathroom if needed or help her change her brief.<br>Date Initiated: 03/19/2025<br>Created on: 03/19/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse) | PCA        |                   |                  |
| <b>Allergies</b>                        | 3 M MEDICAL TAPE  | <b>D.O.B.</b>  | 11/21/1947 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses              |  |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |  |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)   | <b>Admission Date</b>  | 05/17/2024 | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |   | 09/01/2025   |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |                       |            | Position                      | Freq/Resolved    |
|---|--|---|---|-----------------------|------------|-------------------------------|------------------|
| <b>• URINARY Functional INCONTINENCE</b><br>related to Dementia Diagnosis.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)  |  |   | Revision on: 03/19/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br><b>• INCONTINENCE PRODUCT:</b> Sharon uses LARGE blue brief during the day<br>evenings and at night.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 07/31/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)  |                       |            | PCA                           |                  |
| <b>• Potential to experience alteration in MOOD</b> as exhibited by insomnia, wandering related to Depression, Alzheimer's Disease and advanced Dementia.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  | <b>• Sharon will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.</b><br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025<br><br><b>• To support Sharon with their identified coping strategies for mood/emotional stability each day through to the review date.</b><br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024 | <b>• COMMUNICATION:</b> Involve/collaborate with Sharon /SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br><b>• HEALTH EDUCATION:</b> Provide education and support to Sharon/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br><b>• ASSESS/MONITOR:</b> Utilize holistic perspective of continuous monitoring of Sharon for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024 |                       |            | Registered Practical Nurse RN |                  |
| <b>Allergies</b>  | 3 M MEDICAL TAPE   |   |   | <b>D.O.B.</b>         | 11/21/1947 | <b>Physician</b>              | Nghi Truong Phan |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |   |                       |            |                               |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   |                       |            | <b>Print Date</b>             | 11/5/2025        |
| <b>Resident</b>   | Saunders, Sharon (922141000318)  |   |   | <b>Admission Date</b> | 05/17/2024 | <b>Location</b>               | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/01/2025  |   |                       |            |                               |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position                               | Freq/Resolved    |
|--|--|---|--|----------------|------------|--|------------------|
| <ul style="list-style-type: none"><li>• Potential to experience alteration in MOOD as exhibited by insomnia, wandering related to Depression, Alzheimer's Disease and advanced Dementia.</li></ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |  | Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025   | <p>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• FAMILY SUPPORT: Sharon enjoys visits from family members and friends.</li></ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• SLEEP/REST: Promote adequate sleep and rest to stability of Sharon mood.</li></ul> <p>Report changes in sleeping habits to Registered Staff as noted.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>  |                |            | RN<br>PCA                              |                  |
|  |  |   |  |                |            | RN<br>PCA                              |                  |
| <ul style="list-style-type: none"><li>• Increased risk for FALLS related to limitation of cognitive function/ altered judgement(Advanced Dementia/Alzheimer's disease)</li></ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>                   |  | <ul style="list-style-type: none"><li>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.</li></ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Target Date: 12/01/2025</p> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Sharon /SDM in decision making in fall prevention Plan of Care.</li></ul> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</p> <ul style="list-style-type: none"><li>• CALL BELL: Place the call bell within Sharon 's reach to the RIGHT or LEFT side.</li></ul> <p>check that it is in working order and remind/encourage to use it.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>• ADAPTIVE AIDS: Place adaptive aid/needed objects within easy reach of resident.</li></ul> <p>Date Initiated: 08/24/2025<br/>Created on: 08/24/2025<br/>Created by: Myrna Corpuz (RPN)<br/>Revision on: 08/24/2025</p> |                |            | Registered<br>Practical<br>Nurse<br>RN |                  |
|  |  |   |  |                |            | PCA                                    | D/E/N            |
| Allergies  | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947 | Physician                              | Nghi Truong Phan |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |  |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date                             | 11/5/2025        |
| Resident   | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024 | Location                               | Nash House 115 1 |
| Last Care Plan Review Completed:   |  | 09/01/2025  |  |                |            |  |                  |

## Care Plan Report

| Focus                                   | Goal   | Interventions  | Position           | Freq/Resolved                    |
|---|--|--|--------------------|----------------------------------|
|   |  | <p>Revision by: Myrna Corpuz (RPN)</p> <p>• ENVIRONMENT: Secure environment reduce clutter, night light and quiet environment to reduce fall risk for Sharon.</p> <p>Ensure residents arm bar in bathroom is down at all times.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 01/19/2025</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• BED: place bed in lowest position, use high/low bed to lower risk for injury.</p> <p>Date Initiated: 08/26/2024</p> <p>Created on: 08/26/2024</p> <p>Created by: Myrna Corpuz (RPN)</p> <p>Revision on: 08/26/2024</p> <p>Revision by: Myrna Corpuz (RPN)</p> <p>• ACTIVITY: Engage Sharon in meaningful activity to decrease boredom and or restlessness. Sharon likes to watch TV, engage in communication with staff and other residents.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• FOOTWEAR: Ensure Sharon wears appropriate footwear: well fitting footwear for ambulation.Ensure resident is wearing non slip socks at night.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 01/19/2025</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.</p> <p>Date Initiated: 07/28/2025</p> <p>Created on: 07/28/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 07/28/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> | PCA                | D/E/N/PRN                        |
|   |  |  | PCA                |                                  |
|   |  |  | Recreation Manager |                                  |
|   |  |  | PCA                | D/E/N                            |
|   |  |  | PCA                |                                  |
| <b>Allergies</b>                        | 3 M MEDICAL TAPE   |  | <b>D.O.B.</b>      | 11/21/1947                       |
| <b>Physician</b>                        | Nghi Truong Phan   |  |                    |                                  |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |                    |                                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |  | <b>Print Date</b>  | 11/5/2025                        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)  | <b>Admission Date</b>  | 05/17/2024         | <b>Location</b> Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/01/2025   |                    |                                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position                      | Freq/Resolved                 |     |
|---|--|---|--|----------------|------------|-------------------------------|-------------------------------|-----|
| <div>• Increased risk for FALLS related to limitation of cognitive function/altered judgement(Advanced Dementia/Alzheimer's disease)<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div> |  |   | <div>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)</div>   |                |            | Registered Staff              |                               |     |
| <div>• Potential for Persistent PAIN and alteration in comfort level related to Osteoarthritis. MDS Pain Score is (0)<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>                |  | <div>• To promote Sharon comfort and effectively manage PERSISTENT pain each day through to the next review.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 12/01/2025</div> <div>• Promote MDS Pain Score of 0 through to the next review.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024</div> | <div>• COMMUNICATION: Involve/collaborate with Sharon /SDM about pain management, goals of treatment, plan of care, prognosis and treatment options.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</div> <div>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)</div> <div>• REST: accommodate Sharon's rest and relaxation preference: breaks between activities, remaining in bed if preferred.<br/>Date Initiated: 05/17/2024</div> |                |            | Registered Practical Nurse RN | RN Registered Practical Nurse | RCA |
| Allergies   | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947 | Physician                     | Nghi Truong Phan              |     |
| Diagnosis   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                               |                               |     |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date                    | 11/5/2025                     |     |
| Resident  | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024 | Location                      | Nash House 115 1              |     |
| Last Care Plan Review Completed:  |  | 09/01/2025  |  |                |            |                               |                               |     |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |  |                | Position                               | Freq/Resolved |                  |
|---|--|--|---|--|----------------|--|---------------|------------------|
| <ul style="list-style-type: none"><li>• Potential for Persistent PAIN and alteration in comfort level related to Osteoarthritis. MDS Pain Score is (0)<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li></ul>   |  | Created by: Navpreet Sekhon (RN)<br>Target Date: 12/01/2025  | Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br><ul style="list-style-type: none"><li>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.</li></ul><br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)   |  |                | Registered<br>Practical<br>Nurse<br>RN |               |                  |
|   |  |  |   |  |                |  |               |                  |
|   |  |  |   |  |                |  |               |                  |
| <ul style="list-style-type: none"><li>• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement related to progression of Dementia, Alzheimer's Disease<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li></ul> |  | <ul style="list-style-type: none"><li>• Sharon will be supported to maintain cognitive function through the review date. Current CPS is (SPECIFY; 1, 2, 3, or 4)<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 12/01/2025</li></ul> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Sharon /SDM in decision making of Cognitive Loss for Alzheimer's disease.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li><li>• HEALTH TEACHING: Engage with Sharon /SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of Alzheimer's disease.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li><li>• ORIENTATION: Gently reorient to person, place, time as needed when Sharon is feeling lost or in confused state.<br/>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2024</li></ul> |  |                | Registered<br>Practical<br>Nurse<br>RN |               |                  |
|   |  |  |   |  |                |  |               |                  |
|   |  |  |   |  |                |  |               |                  |
| Allergies   |  | 3 M MEDICAL TAPE   |   |  | D.O.B.         | 11/21/1947                             | Physician     | Nghi Truong Phan |
| Diagnosis   |  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses   |   |  |                |  |               |                  |
| Facility  |  | Arbour Creek Care Centre   |   |  |                |  | Print Date    | 11/5/2025        |
| Resident  |  | Saunders, Sharon (922141000318)  |   |  | Admission Date | 05/17/2024                             | Location      | Nash House 115 1 |
| Last Care Plan Review Completed:  |  | 09/01/2025   |   |  |                |  |               |                  |



## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position   | Freq/Resolved    |
|---|--|--|---|----------------|------------|------------|------------------|
| <div>• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement related to progression of Dementia, Alzheimer's Disease</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/30/2024</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> |  |  | <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>• CUE TASKS: Break tasks into manageable subtasks, Sharon can comprehend and follow steps at a time.</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/30/2024</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>• ENVIRONMENT: Provide environmental clue to promote Sharon's ability to locate rooms and navigating home area name plate, photo outside of room.</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/30/2024</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> |                |            | RCA        |                  |
|   |  |  |   |                |            | Registered |                  |
|   |  |  |   |                |            | Practical  |                  |
|   |  |  |   |                |            | Nurse      |                  |
| <div>• Expressed Wishes and Beliefs related to Sharon Medical Treatment and End of Life Care</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/17/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div>  |  | <div>• To support and honor Sharon's expressed wishes and beliefs through to the End of Life.</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/17/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div> <div>Target Date: 12/01/2025</div> | <div>• CPR: Sharon wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/17/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div>   |                |            | RN         |                  |
|   |  |  |   |                |            | Registered |                  |
|   |  |  |   |                |            | Practical  |                  |
|   |  |  |   |                |            | Nurse      |                  |
| <div>• Sleep Patterns;</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/17/2024</div> <div>Revision by: Navpreet Sekhon (RN)</div>  |  | <div>• To promote adequate rest/sleep for Sharon based on identified sleep patterns/preferences each night through to the next review date.</div> <div>Date Initiated: 05/17/2024</div> <div>Created on: 05/17/2024</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 05/20/2024</div>                                   | <div>• PREFERENCE: Saharon wakes during the night and enjoys listening to walk about, drink water/tea/milk.</div> <div>Date Initiated: 05/30/2024</div> <div>Created on: 05/30/2024</div> <div>Created by: Shirly Nasufi (Registered Nurse)</div> <div>Revision on: 05/30/2024</div> <div>Revision by: Shirly Nasufi (Registered Nurse)</div> <div>• REST PATTERN: Preferred bedtime 2100, usual wake time 0700 and daytime naps.</div>   |                |            | PCA        |                  |
|   |  |  |   |                |            |            |                  |
|   |  |  |   |                |            |            |                  |
|   |  |  |   |                |            |            |                  |
| Allergies   | 3 M MEDICAL TAPE   |  |   | D.O.B.         | 11/21/1947 | Physician  | Nghi Truong Phan |
| Diagnosis   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |                  |
| Facility  | Arbour Creek Care Centre   |  |   |                | Print Date | 11/5/2025  |                  |
| Resident  | Saunders, Sharon (922141000318)  |  |   | Admission Date | 05/17/2024 | Location   | Nash House 115 1 |
| Last Care Plan Review Completed:  |  | 09/01/2025   |   |                |            |            |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |                       |            |                   | Position                      | Freq/Resolved |
|---|--|---|---|-----------------------|------------|-------------------|-------------------------------|---------------|
|   |  | Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025   | Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITOR: Monitor Sharon's sleeping patterns. Document when awake or asleep.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/17/2024<br>Revision by: Navpreet Sekhon (RN)   |                       |            |                   | PCA                           | Q1H           |
| • Potential for alteration in liver function related to Chronic hepatitis<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/17/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To minimize complications associated with Chronic Hepatitis through to the next review date.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/01/2025 | • COMMUNICATION: Involve/collaborate with Sharon /SDM in decision making for Liver Disease.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• HEALTH TEACHING: Engage with Sharon /SDM to enhance his/her comprehension of possible complications associated with Liver Disease (Chronic Hepatitis)<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Sharon for management of Chronic Hepatitis for discomfort/ complications or changes to health status.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MEDICATION: Administer medication for as per MD order. Monitor effectiveness and for side effects. |                       |            |                   | Registered Practical Nurse RN |               |
|   |  |   |   |                       |            |                   | RN Registered Practical Nurse |               |
|   |  |   |   |                       |            |                   | RN PCA                        |               |
|   |  |   |   |                       |            |                   | RN                            |               |
| <b>Allergies</b>  | 3 M MEDICAL TAPE   |   |   | <b>D.O.B.</b>         | 11/21/1947 | <b>Physician</b>  | Nghu Truong Phan              |               |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |   |   |                       |            |                   |                               |               |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   |                       |            | <b>Print Date</b> | 11/5/2025                     |               |
| <b>Resident</b>   | Saunders, Sharon (922141000318)  |   |   | <b>Admission Date</b> | 05/17/2024 | <b>Location</b>   | Nash House 115 1              |               |
| <b>Last Care Plan Review Completed:</b>   |  | 09/01/2025  |   |                       |            |                   |                               |               |

## Care Plan Report

| Focus  | Goal   | Interventions   | Position  | Freq/Resolved     |                  |
|--|--|---|---|-------------------|------------------|
| <p>• Potential for alteration in liver function related to Chronic hepatitis</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/17/2024</p> <p>Revision by: Navpreet Sekhon (RN)</p> |  | <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirley Nasufi (Registered Nurse)</p>  |   |                   |                  |
| <p>• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p>   | <p>• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirley Nasufi (Registered Nurse)</p> <p>Target Date: 12/01/2025</p> | <p>• COMMUNICATION: Involve/collaborate with Sharon /SDM in decision making of Cardiac Care Management for Hypertension.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirley Nasufi (Registered Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Sharon with Hypertension for changes to health status and alteration or complications affecting cardiac function.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirley Nasufi (Registered Nurse)</p> <p>• MEDICATION: Administer medication for Hypertension as per MD Order and monitor for side effects.</p> <p>Date Initiated: 05/17/2024</p> <p>Created on: 05/17/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/30/2024</p> <p>Revision by: Shirley Nasufi (Registered Nurse)</p> | <p>Registered Practical Nurse RN</p> <p>RN</p> <p>Registered Practical Nurse RN</p> |                   |                  |
| <b>Allergies</b>   | 3 M MEDICAL TAPE   | <b>D.O.B.</b>   | 11/21/1947  | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses   |   |   |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Saunders, Sharon (922141000318)  | <b>Admission Date</b>   | 05/17/2024  | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b>  |  | 09/01/2025  |   |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position                      | Freq./Resolved   |
|---|--|--|---|----------------|------------|-------------------------------|------------------|
| • Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN) |  |  | • VITAL SIGNS: Monitor vital signs as ordered. Notify MD of any significant abnormalities.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)  |                |            | RN                            |                  |
|   |  |  | • LAB WORK: Monitor lab and diagnostic results as ordered by MD and report results to MD as needed. Follow up as indicated.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/30/2024<br>Revision by: Shirly Nasufi (Registered Nurse)                         |                |            |                               |                  |
| • Risk for Impaired SKIN INTEGRITY related to Incontinence<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)                        |  | • To protect and maintain skin integrity each day through to the next review.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Target Date: 12/01/2025 | • SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 10/05/2024<br>Created on: 10/05/2024<br>Created by: Vinnie Noriega (RPN)   |                |            | PCA                           |                  |
|   |  |  | • HEALTH EDUCATION: Engage Sharon /SDM in health education regarding prevention of skin impairment and management to prevent MASD to abdominal fold/groin area.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/05/2024<br>Revision by: Vinnie Noriega (RPN) |                |            | Registered Practical Nurse RN |                  |
|   |  |  | • BARRIER CREAM: Apply silicone based barrier cream to perineal area, abdominal fold/groin area to prevent skin breakdown from MASD.<br>Date Initiated: 10/05/2024<br>Created on: 10/05/2024<br>Created by: Vinnie Noriega (RPN)<br>Revision on: 10/05/2024<br>Revision by: Vinnie Noriega (RPN)                            |                |            | PCA                           |                  |
| • Altered VISION related to Presbyopia,   |  | • Sharon supported to use  | • COMMUNICATION: Involve/collaborate with Sharon /SDM for decision making   |                |            | Registered                    |                  |
| Allergies   | 3 M MEDICAL TAPE   |  |   | D.O.B.         | 11/21/1947 | Physician                     | Nghi Truong Phan |
| Diagnosis   | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                               |                  |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date                    | 11/5/2025        |
| Resident  | Saunders, Sharon (922141000318)  |  |   | Admission Date | 05/17/2024 | Location                      | Nash House 115 1 |
| Last Care Plan Review Completed:  |  | 09/01/2025   |   |                |            |                               |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position        | Freq/Resolved    |
|--|--|--|--|----------------|------------|-----------------|------------------|
| Cataract (Specify Right or Left eye),<br>Glaucoma<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)  |  | eyeglasses for vision correction daily through to the next review date.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>Target Date: 12/01/2025  | pertaining to change in visual status as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• HEALTH TEACHING: Engage with Sharon /SDM to enhance their knowledge of (specify: Presbyopia, Cataract, Glaucoma, Diabetic Retinopathy, etc.) affecting vision.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• EYEGLASSES: Sharon wears eyeglasses. Assist to clean eyeglasses as needed and store (Specify, on night table, in night table drawer, etc.) when sleeping.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Rohini Gaikwad (Registered Nurse) |                |            | Practical Nurse |                  |
| • Altered ability to complete Activities of Daily Living (ADLs) related to Activity Intolerance, Cognitive Limitation, Limited Mobility, Limited ROM<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN) |  | • Sharon will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 12/01/2025<br><br>• Sharon will have ALL ADL care needs met each day through the next review date. | • BATHING: Sharon prefers a shower/bath on Monday and Friday Evening.<br>1 Staff to provide EXTENSIVE ASSISTANCE with bathing.<br>Nail care to be provided on shower/bath day.<br>Date Initiated: 07/11/2025<br>Created on: 07/11/2025<br>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br>Revision on: 07/11/2025<br>Revision by: Harwinder Kaur (Clinical Practice Coordinator)<br>• BED MOBILITY: Sharon is able to move Independently in bed. 1 Staff to provide CUES, SUPERVISION and set up assistance for bed mobility as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)  |                |            | PCA             |                  |
| Allergies  | 3 M MEDICAL TAPE   |  |  | D.O.B.         | 11/21/1947 | Physician       | Nghi Truong Phan |
| Diagnosis  | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                 |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date      | 11/5/2025        |
| Resident   | Saunders, Sharon (922141000318)  |  |  | Admission Date | 05/17/2024 | Location        | Nash House 115 1 |
| Last Care Plan Review Completed:   |  | 09/01/2025   |  |                |            |                 |                  |

## Care Plan Report

| Focus                                   | Goal   | Interventions  | Position              | Freq/Resolved |                   |                  |
|---|--|--|-----------------------|---------------|-------------------|------------------|
|   | Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 12/01/2025  | <ul style="list-style-type: none"> <li>• DRESSING: Sharon requires 1 staff to provide extensive assistance for dressing.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)  | PCA                   |               |                   |                  |
|   |  | <ul style="list-style-type: none"> <li>• EATING: Sharon is able to eat INDEPENDENTLY. 1 Staff to provide SUPERVISION and 1 staff to provide set up assistance for eating.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)             | PCA                   |               |                   |                  |
|   |  | <ul style="list-style-type: none"> <li>• LOCOMOTION: Sharon is able to ambulate INDEPENDENTLY. 1 staff to provide CUES, SUPERVISION assistance for locomotion on/off unit.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/23/2024<br>Revision by: Navpreet Sekhon (RN)               | PCA                   |               |                   |                  |
|   |  | <ul style="list-style-type: none"> <li>• PERSONAL HYGIENE: Sharon requires 1 staff to provide extensive assistance for hygiene.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)   | PCA                   |               |                   |                  |
|   |  | <ul style="list-style-type: none"> <li>• HAND HYGIENE: 1 staff member to provide assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene.</li> </ul> Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) | PCA                   |               |                   |                  |
|   |  | <ul style="list-style-type: none"> <li>• TOILET USE: Sharon requires 1 staff to provide extensive assistance for toileting.</li> </ul> Date Initiated: 05/17/2024  | PCA                   |               |                   |                  |
| <b>Allergies</b>                        | 3 M MEDICAL TAPE   |  | <b>D.O.B.</b>         | 11/21/1947    | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |  |                       |               |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |  |                       |               | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)  |  | <b>Admission Date</b> | 05/17/2024    | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/01/2025   |                       |               |                   |                  |

## Care Plan Report

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|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | 3 M MEDICAL TAPE   | <b>D.O.B.</b>         | 11/21/1947 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)  | <b>Admission Date</b> | 05/17/2024 | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/01/2025            |            |                   |                  |

## Care Plan Report

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**Diagnosis**

Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension (I10.0), Depressive episode, unspecified(F32.9), Other sleep apnoea(G47.38), Alzheimer's disease, unspecified(G30.9)

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | 3 M MEDICAL TAPE   | <b>D.O.B.</b>         | 11/21/1947 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Calculus of kidney(N20.0), Chronic viral hepatitis, unspecified(B18.9), Pure hypercholesterolaemia(E78.0), Benign hypertension(I10.0), Depressive episode, unspecified(F...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Saunders, Sharon (922141000318)  | <b>Admission Date</b> | 05/17/2024 | <b>Location</b>   | Nash House 115 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/01/2025            |            |                   |                  |



## Care Plan Report

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## Care Plan Report

| Focus   |  | Goal  | Interventions   |            |            | Position                      | Freq/Resolved |
|---|--|---|---|------------|------------|-------------------------------|---------------|
| • PASSIVE PARTICIPATION in Activities<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide) |  |   | Fred lived a life working in Sales and Marketing.<br>Fred worked as Director of Sales of Canadian Operations for a US Company<br>Fred and his wife Maureen have 4 kids together (3 daughters, 1 son)<br>Fred enjoys watching nature documentaries, people watching in common area, walking, and socializing.<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• THERAPIES: Present Fred with music therapy, aromatherapy to improve comfort, identity, inclusion, occupation, and fun.<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• FAMILY INVOLVEMENT: Family come to visit on a weekly basis.<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• MUSIC CARE APPROACH: Present Fred with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br>Date Initiated: 10/15/2025<br>Created on: 10/15/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 10/15/2025<br>Revision by: Julie Lambert (Recreation Aide) |            |            | Recreation Aide               |               |
| • Alteration in skin integrity related to BRUISE to (Left dorsum #6).<br>Date Initiated: 09/16/2025<br>Created on: 09/16/2025<br>Created by: Ecttel Harding-Campbell  |  | • To promote intact skin integrity through healing of BRUISE by (12/1/2025)<br>Date Initiated: 09/16/2025<br>Created on: 09/16/2025 | • COMMUNICATION: Involve/collaborate with (Frederick)/SDM in decision making for treatment of bruise as skin issue.<br>Date Initiated: 09/16/2025<br>Created on: 09/16/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)   |            |            | RN Registered Practical Nurse |               |
| Allergies   | No Known Allergies   |   | D.O.B.  | 03/22/1950 | Physician  | Nachwa Ghobara                |               |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |   |   |            |            |                               |               |
| Facility  | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025                     |               |
| Resident  | Selman, Frederick (922141000365)   |   | Admission Date  | 09/02/2025 | Location   | Nash House 114 1              |               |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |            |  | Position                               | Freq/Resolved    |
|---|--|---|---|------------|--|--|------------------|
| (Registered Practical Nurse)<br>Revision on: 09/16/2025<br>Revision by: Ecttel Harding-Campbell<br>(Registered Practical Nurse)   |  | Created by: Ecttel Harding-Campbell<br>(Registered Practical Nurse)<br>Revision on: 09/16/2025<br>Revision by: Ecttel Harding-Campbell<br>(Registered Practical Nurse)<br>Target Date: 12/01/2025   | Revision on: 09/16/2025<br>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (bruise to left Dorsum #6) for changes to health status and alteration or complications affecting skin integrity.<br>Date Initiated: 09/16/2025<br>Created on: 09/16/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 09/16/2025<br>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>• WEEKLY ASSESSMENT: Assess and evaluate skin condition weekly and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.<br>Date Initiated: 09/16/2025<br>Created on: 09/16/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)   |            |  | RN<br>Registered<br>Practical<br>Nurse |                  |
| • Potential for hypo/hyperglycemia and other complications related to diagnosis of TYPE 2 UNCONTROLLED DIABETES .<br>Date Initiated: 09/13/2025<br>Created on: 09/13/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/13/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |  | • To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date.<br>Date Initiated: 09/13/2025<br>Created on: 09/13/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025 | • COMMUNICATION: Involve/ collaborate with Fred/SDM in decision making of diabetes care management.<br>Date Initiated: 09/13/2025<br>Created on: 09/13/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/13/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• HEALTH TEACHING: Engage with Fred/SDM to enhance his comprehension of treatment, possible complications, disease trajectory, associated with DIABETES.<br>Date Initiated: 09/13/2025<br>Created on: 09/13/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/13/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Fred for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status.<br>Date Initiated: 09/13/2025<br>Created on: 09/13/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/13/2025 |            |  | RN<br>Registered<br>Practical<br>Nurse |                  |
| Allergies   | No Known Allergies   |   | D.O.B.  | 03/22/1950 |  | Physician                              | Nachwa Ghobara   |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |   |   |            |  |  |                  |
| Facility  | Arbour Creek Care Centre   |   |   |            |  | Print Date                             | 11/5/2025        |
| Resident  | Selman, Frederick (922141000365)   |   | Admission Date  | 09/02/2025 |  | Location                               | Nash House 114 1 |

## Care Plan Report

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## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |  | Position  | Freq/Resolved    |
|---|--|--|--|------------|--|---|------------------|
| <p>• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease, Hypertension,Fred has Pacemaker inserted August23,2023.<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> |  |  | <p>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• PACEMAKER Insitu: Fred has pacemaker insertion date August 23,2023 .<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>  |            |  | RN<br>Registered<br>Practical<br>Nurse  |                  |
| <p>• COGNITIVE LOSS; alteration in thought processes due to memory loss, difficulty concentrating, altered judgement related to progression of Dementia<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>  |  | <p>• Fred will be supported to maintain cognitive function through the review date.<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>Target Date: 12/01/2025</p> | <p>• COMMUNICATION: Involve/collaborate with Fred/SDM in decision making of Cognitive Loss for progressive Dementia.<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• HEALTH TEACHING: Engage with Fred/SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of memory related to progressive Dementia.<br/>Date Initiated: 09/13/2025<br/>Created on: 09/13/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/13/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• ORIENTATION: Gently reorient to person, place, time as needed when Fred is feeling lost or in confused state.<br/>Date Initiated: 09/13/2025</p> |            |  | RN<br>Registered<br>Practical<br>Nurse<br><br>Registered<br>Practical<br>Nurse<br>Social Worker<br><br>Registered<br>Practical<br>Nurse<br>RN |                  |
| Allergies   | No Known Allergies   |  | D.O.B.   | 03/22/1950 |  | Physician   | Nachwa Ghobara   |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |  |  |            |  |   |                  |
| Facility  | Arbour Creek Care Centre   |  |  |            |  | Print Date  | 11/5/2025        |
| Resident  | Selman, Frederick (922141000365)   |  | Admission Date   | 09/02/2025 |  | Location  | Nash House 114 1 |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position | Freq/Resolved |   |  |
|---|--|--|---|----------------|------------|----------|---------------|---|--|
| <p>• COGNITIVE LOSS; alteration in thought processes due to memory loss, difficulty concentrating, altered judgement related to progression of Dementia</p> <p>Date Initiated: 09/13/2025</p> <p>Created on: 09/13/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 09/13/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>   |  |  | <p>Created on: 09/13/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 09/13/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• PERSONAL ROUTINE: Provide consistency in care routine and activities like such as; wears pajamas to the dining room for supper, reads paper after breakfast, cuing for feeding meals.</p> <p>Date Initiated: 09/13/2025</p> <p>Created on: 09/13/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 09/13/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• CUE TASKS: Break tasks into manageable subtasks, Fred can comprehend and follow one step at a time.</p> <p>Date Initiated: 09/13/2025</p> <p>Created on: 09/13/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 09/13/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> |                |            |          |               | PCA                                     |  |
|   |  |  |   |                |            |          |               | Registered Practical Nurse<br>PCA<br>RN |  |
| <p>• Nutrition Risk Level: MODERATE</p> <p>nutrition risk r/t mostly independent with eating but limited assist at times, controlled T2DM, mild skin impairments, good food and fluid intakes, regular BMs, BMI 24-29, weight stable</p> <p>Date Initiated: 09/03/2025</p> <p>Created on: 09/03/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 09/09/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> |  | <p>• Fred will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 09/03/2025</p> <p>Created on: 09/03/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 09/09/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>Target Date: 12/01/2025</p> <p>• Will weigh within GWR of 75-85kg/BMI 24-27 through to next review date.</p> <p>Date Initiated: 09/09/2025</p> | <p>• NUTRITION RISK: Fred is MODERATE risk level.</p> <p>Date Initiated: 09/03/2025</p> <p>Created on: 09/03/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 09/09/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• DIET ORDER: Fred will receive regular diet, regular texture with food cut in bite sized pieces</p> <p>Date Initiated: 09/03/2025</p> <p>Created on: 09/03/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 09/05/2025</p> <p>Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• FLUID CONSISTENCY: Fred drinks REGULAR/THIN Level 0 Fluids.</p> <p>Date Initiated: 09/03/2025</p> <p>Created on: 09/03/2025</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p>   |                |            |          |               | Dietitian (RD)                          |  |
|   |  |  |   |                |            |          |               | PCA<br>PCA                              |  |
| Allergies   |  | No Known Allergies   |   | D.O.B.         | 03/22/1950 |          | Physician     | Nachwa Ghobara                          |  |
| Diagnosis   |  | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64)   |   |                |            |          |               |   |  |
| Facility  |  | Arbour Creek Care Centre   |   |                |            |          | Print Date    | 11/5/2025                               |  |
| Resident  |  | Selman, Frederick (922141000365)   |   | Admission Date | 09/02/2025 |          | Location      | Nash House 114 1                        |  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position        | Freq/Resolved    |
|---|--|--|---|----------------|------------|-----------------|------------------|
|   |  | Created on: 09/09/2025<br>Created by: Alexandra Breau (Dietitian (RD))<br>Revision on: 09/09/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>Target Date: 12/01/2025  | Revision on: 09/03/2025<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)<br>• FLUID TARGET: Encourage Fred to drink a minimum of 1560 ml per day.  |                |            | PCA             |                  |
|   |  | • Fred will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1950mL @25 ml/kg, 78kg through to next review date.<br>Date Initiated: 09/09/2025<br>Created on: 09/09/2025<br>Created by: Alexandra Breau (Dietitian (RD))<br>Revision on: 09/09/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>Target Date: 12/01/2025 | Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 09/09/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>• ADAPTIVE AIDS: Fred receives soup in a mug. May give puree soup for ease of drinking if there are large chunks in the regular soup (r/t dexterity)<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Alexandra Breau (Dietitian (RD))<br>Revision on: 09/05/2025<br>Revision by: Alexandra Breau (Dietitian (RD))   |                |            | PCA             |                  |
|   |  |  | • FOOD PREFERENCES: Fred enjoys eating cookies with tea in the afternoon.   |                |            | PCA             |                  |
|   |  |  | Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 09/03/2025<br>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)  |                |            |                 |                  |
| • Temporary - Activities related to Move In<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide) |  | • Fred will be engaged and invited to participate in all spheres of activities offered during the first days/weeks upon move in.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>Target Date: 12/01/2025              | • INVITATION: Invite and Encourage resident to attend scheduled programs. Also extend invite to Spiritual focused programs.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• CALENDAR: Provide program calendar (verbally review if needed).<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• SOCIAL Introduction: Introduce him to other residents of similar age, interest, |                |            | Recreation Aide |                  |
| Allergies   | No Known Allergies   |  |   | D.O.B.         | 03/22/1950 | Physician       | Nachwa Ghobara   |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |  |   |                |            |                 |                  |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date      | 11/5/2025        |
| Resident  | Selman, Frederick (922141000365)   |  |   | Admission Date | 09/02/2025 | Location        | Nash House 114 1 |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |            |  | Position                               | Freq/Resolved    |
|--|--|--|---|------------|--|--|------------------|
| • Temporary - Activities related to Move In<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)  |  |  | language, etc. as he can tolerate.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)<br>• MUSIC CARE APPROACH: Present Fred with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Julie Lambert (Recreation Aide)<br>Revision on: 09/05/2025<br>Revision by: Julie Lambert (Recreation Aide)  |            |  | Aide                                   |                  |
|  |  |  |   |            |  | Recreation Aide                        |                  |
| • Increased risk for FALLS related to Limitation of cognitive function/altered judgement .<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025 | • COMMUNICATION: Involve/collaborate with Fred/SDM in decision making in fall prevention Plan of Care.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• CALL BELL: Place call bell within Fred's reach , check that it is in working order and remind/encourage to use it.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• ENVIRONMENT: Secure environment reduce clutter, night light, bathroom signage, toilet height, quiet environment, to reduce fall risk for Fred.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• BED: use high/low bed to lower the risk for injury. |            |  | RN<br>Registered<br>Practical<br>Nurse |                  |
|  |  |  |   |            |  | PCA                                    | D/E/N            |
| Allergies  | No Known Allergies   |  | D.O.B.  | 03/22/1950 |  | Physician                              | Nachwa Ghobara   |
| Diagnosis  | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |  |   |            |  |  |                  |
| Facility   | Arbour Creek Care Centre   |  |   |            |  | Print Date                             | 11/5/2025        |
| Resident   | Selman, Frederick (922141000365)   |  | Admission Date  | 09/02/2025 |  | Location                               | Nash House 114 1 |



## Care Plan Report

| Focus   | Goal   | Interventions   | Position                               | Freq/Resolved |            |                  |  |
|---|--|---|--|---------------|------------|------------------|--|
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement .<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div>                    |  | <div>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• FOOTWEAR: Ensure Fred wears appropriate footwear for ambulation.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> | PCA                                    |               |            |                  |  |
| <div>• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to Alzheimer Disease.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> | <div>• To promote adequate rest/sleep for Fred based on identified sleep patterns/preferences each night through to the next review date.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>Target Date: 12/01/2025</div> | <div>• REST PATTERN: Preferred bedtime 20:00 hrs, usual wake time between 7-8 hrs.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div>   | PCA                                    |               |            |                  |  |
| <div>• BOWEL INCONTINENCE related to altered mobility,dementia.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered</div>   | <div>• Fred will have bowel incontinence managed every shift through to the next review period.<br/>Date Initiated: 09/05/2025</div>   | <div>• COMMUNICATION: Involve/collaborate with Fred/SDM for decision making about bowel function, toileting options.<br/>Date Initiated: 09/05/2025<br/>Created on: 09/05/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 09/05/2025</div>   | RN<br>Registered<br>Practical<br>Nurse |               |            |                  |  |
| Allergies   | No Known Allergies   |   | D.O.B.                                 | 03/22/1950    | Physician  | Nachwa Ghobara   |  |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64)   |   |  |               |            |                  |  |
| Facility  | Arbour Creek Care Centre   |   |  |               | Print Date | 11/5/2025        |  |
| Resident  | Selman, Frederick (922141000365)   |   | Admission Date                         | 09/02/2025    | Location   | Nash House 114 1 |  |

## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position             | Freq/Resolved    |
|--|--|--|--|----------------|------------|----------------------|------------------|
| Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)   |  | Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025  | Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• BOWEL Continence level is FREQUENTLY Incontinent. Report change to level as noted.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• BOWEL MOVEMENT: Monitor Fred for bowel movement each shift and document number of occurrences, size and consistency.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• INCONTINENCE PRODUCT: Fred uses Large size brief.<br>Date Initiated: 09/05/2025<br>Created on: 09/05/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |                |            | PCA                  |                  |
| • Gait training, strengthening<br>Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Rujuta Thakkar (PT - Physiotherapist)<br>Revision on: 09/03/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist) |  | • STG: Gait training education with Walker in next 3 months<br>Improve/maintain walking endurance<br>Improve/ maintain strength in next 3 months<br><br>LTG:Prevent sudden decline in physical and functional status.<br><br>Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Rujuta Thakkar (PT - Physiotherapist) | • -Educate him to use a walker, lift the leg up, keep the back straight and do heel toe movement. Ambulation with walker with PTA 80-100 meters as tolerated.<br><br>-If resident co-operates : Gentle strengthening exercises with light weight dumbbells and theraband : 8-10 reps, 1-2 sets, as tolerated.<br>Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Rujuta Thakkar (PT - Physiotherapist)<br>Revision on: 09/03/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)  |                |            | PT - Physiotherapist | PTA              |
| Allergies  | No Known Allergies   |  |  | D.O.B.         | 03/22/1950 | Physician            | Nachwa Ghobara   |
| Diagnosis  | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |  |  |                |            |                      |                  |
| Facility   | Arbour Creek Care Centre   |  |  |                |            | Print Date           | 11/5/2025        |
| Resident   | Selman, Frederick (922141000365)   |  |  | Admission Date | 09/02/2025 | Location             | Nash House 114 1 |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                |            | Position | Freq/Resolved |   |  |           |
|---|--|--|--|----------------|------------|----------|---------------|---|--|-----------|
| <ul style="list-style-type: none"><li>• Gait training, strengthening</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Rujuta Thakkar (PT - Physiotherapist)<br>Revision on: 09/03/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist) |  | Revision on: 09/08/2025<br>Revision by: Kamalpreet Kaur (Registered Nurse)<br>Target Date: 12/01/2025  |  |                |            |          |               |   |  |           |
| <ul style="list-style-type: none"><li>• Risk for Impaired SKIN INTEGRITY related to Incontinence, Thin fragile Skin</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)                                       |  | <ul style="list-style-type: none"><li>• To protect and maintain Fredericks skin integrity each day through to the next review.</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 09/03/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>Target Date: 12/01/2025 | <ul style="list-style-type: none"><li>• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Mihaela Devic (RAI Coord Back-up) <ul style="list-style-type: none"><li>• HEALTH EDUCATION: Engage Fred/SDM in health education regarding prevention of skin impairment and management.</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) <ul style="list-style-type: none"><li>• BARRIER CREAM: Apply skin barrier blue silicone cream from Medline to perineal area to safeguard against excessive moisture after each incontinence episode</li></ul> Date Initiated: 09/03/2025<br>Created on: 09/03/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 09/08/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |                |            |          |               | PCA<br><br><br><br><br><br><br><br><br><br>RN<br>Registered<br>Practical<br>Nurse |  | D/E/N/PRN |
| <ul style="list-style-type: none"><li>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility.</li></ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered      |  | <ul style="list-style-type: none"><li>• Fred will have ALL ADL care needs met each day through the next review date.</li></ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal   | <ul style="list-style-type: none"><li>• BATHING: Fred prefers showers, on (specify days of the week &amp; shift). EXTENSIVE assistance for bathing. Nail care to be provided on shower/bath day.</li></ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025   |                |            |          |               | PCA   |  |           |
| Allergies   | No Known Allergies   |  |  | D.O.B.         | 03/22/1950 |          | Physician     | Nachwa Ghobara  |  |           |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |  |  |                |            |          |               |   |  |           |
| Facility  | Arbour Creek Care Centre   |  |  |                |            |          | Print Date    | 11/5/2025   |  |           |
| Resident  | Selman, Frederick (922141000365)   |  |  | Admission Date | 09/02/2025 |          | Location      | Nash House 114 1  |  |           |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            |            | Position         | Freq/Resolved |
|--|--|---|---|------------|------------|------------------|---------------|
| Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |  | (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025 | Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• BED MOBILITY: Fred is able to strengthen in bed mobility 1 person staff to provide PCA LIMITED assistance for bed mobility.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• DRESSING: Fred needs 2 person staff to provide LIMITED assistance for dressing PCA UPPER & LOWER body.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• EATING: Fred prefers 1 Staff to provide LIMITED assistance for eating. PCA<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• LOCOMOTION: Fred needs 1 staff to provide CUES, SUPERVISION, assistance PCA for locomotion .<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• PERSONAL HYGIENE: Fred needs 1 staff member to provide LIMITED assistance PCA for hygiene.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• HAND HYGIENE: Fred is need 1 staff limited assistance of Hand Hygiene each day. PCA |            |            |                  |               |
| Allergies  | No Known Allergies   |   | D.O.B.  | 03/22/1950 | Physician  | Nachwa Ghobara   |               |
| Diagnosis  | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |   |   |            |            |                  |               |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025        |               |
| Resident   | Selman, Frederick (922141000365)   |   | Admission Date  | 09/02/2025 | Location   | Nash House 114 1 |               |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position                               | Freq/Resolved    |
|---|--|---|--|----------------|------------|--|------------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |  |   | Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br><ul style="list-style-type: none"> <li>TOILET USE: Fred needs 1 staff to provide LIMITED assistance for toileting.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br><ul style="list-style-type: none"> <li>TRANSFERRING: Fred needs 2 staff to provide LIMITED assistance any for transferring.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/05/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br><ul style="list-style-type: none"> <li>ORAL CARE: Fred has natural: TEETH, need 1 staff to provide LIMITED, assistance for oral care.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br><ul style="list-style-type: none"> <li>SHAVING - Fred prefers shaved 1 staff for limited assistance.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) |                |            | PCA                                    |                  |
| <ul style="list-style-type: none"> <li>URINARY INCONTINENCE related to altered mobility, Dementia Diagnosis, Use of Diuretic.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025   |  | <ul style="list-style-type: none"> <li>Fred will have urinary incontinence managed every shift through to the next review period.</li> </ul> Date Initiated: 09/02/2025 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Fred/SDM for decision making about toileting options or incontinence management.</li> </ul> Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025   |                |            | RN<br>Registered<br>Practical<br>Nurse |                  |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 03/22/1950 | Physician                              | Nachwa Ghobara   |
| Diagnosis   | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |   |  |                |            |  |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date                             | 11/5/2025        |
| Resident  | Selman, Frederick (922141000365)   |   |  | Admission Date | 09/02/2025 | Location                               | Nash House 114 1 |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position   | Freq/Resolved |
|--|---|---|--|---------------|
| Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)   | Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025   | Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of Fred for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• <b>URINARY</b> Continence level is FREQUENTLY Incontinent. Report change to level as noted.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>• <b>INCONTINENCE PRODUCT:</b> Fredrick uses Large size brief through all shift.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/09/2025<br>Revision by: Grace Akah (RN) | RN<br>Registered<br>Practical<br>Nurse<br><br>PCA<br><br><br>PCA |               |
| • Expressed Wishes and Beliefs related to Fred Medical Treatment and End of Life Care.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse) | • To support and honor Fred's expressed wishes and beliefs through to the End of Life.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)<br>Target Date: 12/01/2025 | • <b>CPR:</b> Fred's wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.<br>Date Initiated: 09/02/2025<br>Created on: 09/02/2025<br>Created by: Manpreet Dhaliwal (Registered Nurse)<br>Revision on: 09/02/2025<br>Revision by: Manpreet Dhaliwal (Registered Nurse)   | RN<br>Registered<br>Practical<br>Nurse                           |               |

|                  |  |                       |            |                   |                  |
|------------------|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b> | No Known Allergies   | <b>D.O.B.</b>         | 03/22/1950 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b> | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |                       |            |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Selman, Frederick (922141000365)   | <b>Admission Date</b> | 09/02/2025 | <b>Location</b>   | Nash House 114 1 |


Care Plan Report

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|-----------|--|----------------|------------|------------|------------------|
| Allergies | No Known Allergies   | D.O.B.         | 03/22/1950 | Physician  | Nachwa Ghobara   |
| Diagnosis | Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus with poor control, so described(E11.64) |                |            |            |                  |
| Facility  | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident  | Selman, Frederick (922141000365)   | Admission Date | 09/02/2025 | Location   | Nash House 114 1 |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |            | Position         | Freq/Resolved |
|---|--|--|---|------------|------------|------------------|---------------|
| <p>• SPIRITUAL BELIEFS: Jean is of the Catholic Faith.<br/>Date Initiated: 11/04/2025<br/>Created on: 07/27/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>• To provide Jean spiritual support as interested through to the next review date.<br/>Date Initiated: 11/04/2025<br/>Created on: 07/27/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/14/2026</p>   | <p>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Catholic Mass, Church Service, etc.<br/>Date Initiated: 11/04/2025<br/>Created on: 07/27/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• PERSONAL CHOICE: Respect Jean's right to decline participation in Spiritual Program.<br/>Date Initiated: 11/04/2025<br/>Created on: 07/27/2023<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>  |            |            | Recreation Aide  |               |
| <p>• Jean has PASSIVE PARTICIPATION in Activities<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>    |  | <p>• Jean will be supported to maintain participation in activities 25-30 or more times per month by the next review date.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/14/2026</p> <p>• Jean will maintain ISE score of 5 by the next review date.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert</p> | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest such as walking program, crafts, socials, entertainment, active games, reading club, and movie nights.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as reading, telephone conversations, hair care, watching TV in own room, walking and conversing with peers.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities by walking and guiding Jean to the program.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/04/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025</p> |            |            | Recreation Aide  |               |
| Allergies   | Fish   |  | D.O.B.  | 08/21/1934 | Physician  | Nghi Truong Phan |               |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |  |   |            |            |                  |               |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025        |               |
| Resident  | Senior, Jean (922141000195)  |  | Admission Date  | 10/21/2021 | Location   | Nash House 116 1 |               |
| Last Care Plan Review Completed:  |  | 08/15/2025   |   |            |            |                  |               |





## Care Plan Report

| Focus   | Goal  | Interventions  | Position   | Freq/Resolved |
|---|---|--|--|---------------|
| <p>• Jean has PASSIVE PARTICIPATION in Activities</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 04/04/2022</p> <p>Created by: Samantha Miller (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> | <p>(Recreation Aide)</p> <p>Target Date: 01/14/2026</p> | <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> <p>Remind Jean to use her walker.</p> <p>Jean wears glasses to see.</p> <p>Jean has a hard time hearing.</p> <p>Jean enjoys walking</p> <p>Jean used to work for People's Jewelry.</p> <p>Jean has 2 children.</p> <p>Jean loves animals.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 04/04/2022</p> <p>Created by: Samantha Miller (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• THERAPIES: Present Jean with music therapy to improve comfort, identity, inclusion, occupation, and fun.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: 2-3 times a week.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 04/04/2022</p> <p>Created by: Samantha Miller (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• MUSIC CARE APPROACH: Present Jean with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.</p> <p>Date Initiated: 11/04/2025</p> <p>Created on: 07/31/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 11/04/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Fish   | <b>D.O.B.</b>         | 08/21/1934 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Senior, Jean (922141000195)  | <b>Admission Date</b> | 10/21/2021 | <b>Location</b>   | Nash House 116 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/15/2025            |            |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position   | Freq/Resolved |
|---|--|---|--|---------------|
| <ul style="list-style-type: none"> <li>• Alteration in skin integrity related to Abrasion to ( Left knee).</li> </ul> <p>Date Initiated: 10/27/2025<br/>Created on: 10/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/27/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> | <ul style="list-style-type: none"> <li>• To promote intact skin integrity through healing of Abrasion to left knee by ( 1/14/2026)</li> </ul> <p>Date Initiated: 10/27/2025<br/>Created on: 10/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/27/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Target Date: 01/14/2026</p>                      | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with (Jean)/SDM in decision making for treatment of Abrasion to left knee as skin issue.</li> </ul> <p>Date Initiated: 10/27/2025<br/>Created on: 10/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/27/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> <ul style="list-style-type: none"> <li>• MONITORING: Utilize holistic perspective of continuous monitoring of Jean with (Abrasion to left knee) for changes to health status and alteration or complications affecting skin integrity.</li> </ul> <p>Date Initiated: 10/27/2025<br/>Created on: 10/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/27/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> <ul style="list-style-type: none"> <li>• WEEKLY ASSESSMENT: Assess and evaluate Jean's Abrasion to left knee weekly and PRN using PCC Skin/Wound Record App. Report signs of impaired healing to Wound Care Lead and MD as needed.</li> </ul> <p>Date Initiated: 10/27/2025<br/>Created on: 10/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/27/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> | <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> |               |
| <ul style="list-style-type: none"> <li>• strength, endurance and ambulation.</li> </ul> <p>Date Initiated: 11/29/2021<br/>Created on: 11/29/2021<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 07/30/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p>  | <ul style="list-style-type: none"> <li>• 1. Able to ambulate 100 - 150 mts using RW with supervision in the next 2 quarters.</li> <li>2. Improve the LE &amp; UE strength to 4+/5 in the next 2 quarters.</li> </ul> <p>Date Initiated: 11/29/2021<br/>Created on: 11/29/2021<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 08/07/2023<br/>Revision by: Gabrielle Wolfe (RN)<br/>Target Date: 01/14/2026</p> | <ul style="list-style-type: none"> <li>• 1. Strengthening exs to B/L UE &amp; LE - Thera band 10 reps x 2 sets</li> <li>2. STS -Holding a rail- 10 reps x 2 sets</li> <li>3. Ambulation using RW with 1 person assistance- as tolerated</li> </ul> <p>2 times/week<br/>Date Initiated: 01/23/2025<br/>Created on: 11/29/2021<br/>Created by: Sujit James (PT - Physiotherapist)<br/>Revision on: 07/30/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p>  | <p>PT -<br/>Physiotherapist<br/>PTA</p>  |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Fish   | <b>D.O.B.</b>         | 08/21/1934 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Senior, Jean (922141000195)  | <b>Admission Date</b> | 10/21/2021 | <b>Location</b>   | Nash House 116 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/15/2025            |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |  |            | Position   | Freq/Resolved |
|---|--|---|--|------------|--|------------|--|---------------|
| <div>• Nutrition Risk Level: MODERATE r/t fish allergy, non-sig wt loss, supervision at meal times, good food intake and good fluid intake, dementia dx, bowels managed with fibre intervention, CHF, HTN, skin intact</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 07/25/2025</div> <div>Revision by: Alexandra Breau (Dietitian (RD))</div> |  | <div>• Jean will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 08/07/2023</div> <div>Revision by: Gabrielle Wolfe (RN)</div> <div>Target Date: 01/14/2026</div> | <div>• NUTRITION RISK: Resident is MODERATE risk level.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/25/2023</div> <div>Revision by: Anika Dhalla (Dietitian (RD))</div> <div>• DIET ORDER: Jean will receive Regular diet, Minced texture</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 05/29/2024</div> <div>Revision by: Anika Dhalla (Dietitian (RD))</div> <div>• FLUID CONSISTENCY: Jean drinks REGULAR/THIN Level 0 Fluids.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/29/2021</div> <div>Revision by: Nadia Malik (Dietitian)</div> <div>• FLUID TARGET: Encourage Jean to drink 1362mL per day.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/17/2025</div> <div>Revision by: Alexandra Breau (Dietitian (RD))</div> <div>• DINING INSTRUCTIONS: Serve meal first c/o slow eater.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/29/2021</div> <div>Revision by: Nadia Malik (Dietitian)</div> <div>• FOOD ALLERGY/INTOLERANCE: Fish</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> |            |  |            | FSM  |               |
|   |  |   |  |            |  |            | PCA  |               |
|   |  |   |  |            |  |            | Diet PCA   |               |
|   |  |   |  |            |  |            | PCA  |               |
|   |  |   |  |            |  |            | Diet Food Services Aide Personal Support Workers Registered Practical Nurse Diet PCA Restorative Care Aide |               |
|   |  |   |  |            |  |            |  |               |
|   |  |   |  |            |  |            |  |               |
| Allergies   | Fish   |   | D.O.B.   | 08/21/1934 |  | Physician  | Nghị Truong Phan   |               |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |  |            |  |            |  |               |
| Facility  | Arbour Creek Care Centre   |   |  |            |  | Print Date | 11/5/2025  |               |
| Resident  | Senior, Jean (922141000195)  |   | Admission Date   | 10/21/2021 |  | Location   | Nash House 116 1   |               |
| Last Care Plan Review Completed:  |  | 08/15/2025  |  |            |  |            |  |               |

## Care Plan Report

| Focus   | Goal  | Interventions  | Position                               | Freq/Resolved |                  |
|---|---|--|--|---------------|------------------|
| <div>• Nutrition Risk Level: MODERATE r/t fish allergy, non-sig wt loss, supervision at meal times, good food intake and good fluid intake, dementia dx, bowels managed with fibre intervention, CHF, HTN, skin intact</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 07/25/2025</div> <div>Revision by: Alexandra Breau (Dietitian (RD))</div> | <div>requirements of 1703kcal @ 25kcal/kg, 68g protein @ 1g/kg through to next review date.</div> <div>Date Initiated: 10/29/2021</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/17/2025</div> <div>Revision by: Alexandra Breau (Dietitian (RD))</div> <div>Target Date: 01/14/2026</div> | <div>Revision on: 10/29/2021</div> <div>Revision by: Nadia Malik (Dietitian)</div> <div>• HIGH FIBRE: Offer 2 tbsp Fruit Rite @ Breakfast. Add to toast or cereal</div> <div>Date Initiated: 07/26/2022</div> <div>Created on: 10/29/2021</div> <div>Created by: Nadia Malik (Dietitian)</div> <div>Revision on: 10/21/2022</div> <div>Revision by: Anika Dhalla (RD - Registered Dietician)</div> | Diet<br>PCA                            | D/E           |                  |
| <div>• Expressed Wishes and Beliefs related to Jean's Medical Treatment and End of Life Care remain the same.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 10/23/2024</div> <div>Revision by: Chantelle Walker (ADOC)</div>  | <div>• To support and honor Jean's expressed wishes and beliefs through to the End of Life</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 08/07/2023</div> <div>Revision by: Gabrielle Wolfe (RN)</div> <div>Target Date: 01/14/2026</div>     | <div>• CPR: Jean's wishes express NO CPR and TRANSFER to hospital will be made as needed.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 07/30/2023</div> <div>Revision by: Navpreet Sekhon (RN)</div>  | RN<br>Registered<br>Practical<br>Nurse |               |                  |
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to Lewy Body Dementia.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div>  | <div>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review.</div> <div>Fall May 17/25</div>   | <div>• COMMUNICATION: Involve/collaborate with Jean/SDM in decision making in fall prevention plan of care.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div>  | Registered<br>Practical<br>Nurse       |               |                  |
| Allergies   | Fish  | D.O.B.   | 08/21/1934                             | Physician     | Nghi Truong Phan |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses  |  |  |               |                  |
| Facility  | Arbour Creek Care Centre  |  |  | Print Date    | 11/5/2025        |
| Resident  | Senior, Jean (922141000195)   | Admission Date   | 10/21/2021                             | Location      | Nash House 116 1 |
| Last Care Plan Review Completed:  |   | 08/15/2025   |  |               |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |  |            | Position         | Freq/Resolved |
|---|--|---|--|------------|--|------------|------------------|---------------|
| Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/22/2024<br>Revision by: Chantelle Walker (ADOC) |  | Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/17/2025<br>Revision by: Yusung Kang (Registered Practical Nurse)<br>Target Date: 01/14/2026 | Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• CALL BELL: Due to cognitive impairment related to dementia Jean may forget or not understand how to use the call bell.<br>Date Initiated: 05/05/2022<br>Created on: 05/05/2022<br>Created by: Vinnie Noriega (Registered Practical Nurse)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• ADAPTIVE AIDS: Place adaptive aid/needed objects Walker within easy reach of the resident. Please ensure Jean is using her own walker and not another co-resident's.<br>Date Initiated: 05/05/2022<br>Created on: 05/05/2022<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 10/23/2024<br>Revision by: Chantelle Walker (ADOC)<br>• ADAPTIVE EQUIPMENT: Jean needs adaptive equipment: walker.Remind to use the walker.<br>Date Initiated: 05/05/2022<br>Created on: 05/05/2022<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/14/2025<br>Revision by: Myrna Corpuz (RPN)<br>• ENVIRONMENT: Secure environment : reduce clutter, night light, quiet environment to reduce fall risk Jean<br>Date Initiated: 02/02/2025<br>Created on: 02/02/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 02/02/2025<br>Revision by: Myrna Corpuz (RPN)<br>• BED: place bed in lowest position to lower the risk for injury.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023 |            |  |            | PCA              | D/E/N         |
| Allergies   | Fish   |   | D.O.B.   | 08/21/1934 |  | Physician  | Nghi Truong Phan |               |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |  |            |  |            |                  |               |
| Facility  | Arbour Creek Care Centre   |   |  |            |  | Print Date | 11/5/2025        |               |
| Resident  | Senior, Jean (922141000195)  |   | Admission Date   | 10/21/2021 |  | Location   | Nash House 116 1 |               |
| Last Care Plan Review Completed:  |  | 08/15/2025  |  |            |  |            |                  |               |

## Care Plan Report

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## Care Plan Report

| Focus  |  | Goal  | Interventions   |                |            | Position                                | Freq/Resolved    |
|--|--|---|---|----------------|------------|---|------------------|
| Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)   |  | (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>Target Date: 01/14/2026<br><br>• Jean will be supported to make basic needs known each day through to the review date.<br>Date Initiated: 02/12/2024<br>Created on: 02/12/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>Target Date: 01/14/2026<br><br>• Jean is unable to express self at times and will be supported to have needs interpreted each day through the next review.<br>Date Initiated: 02/12/2024<br>Created on: 02/12/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>Target Date: 01/14/2026 | Date Initiated: 02/12/2024<br>Created on: 02/12/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>• SUPPORTIVE TECHNIQUES to be used daily to support Jean: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases<br>Date Initiated: 02/12/2024<br>Created on: 02/12/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>• INSTRUCTION GUIDANCE: Jean needs minimal and intermittent cueing as well as demonstrative instruction in tasks and activities at times.<br>Date Initiated: 02/12/2024<br>Created on: 02/12/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/12/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator) |                |            | Practical Nurse                         |                  |
|  |  |   |   |                |            | Registered Practical Nurse<br>RN<br>PCA |                  |
| • Potential to experience alteration in MOOD as exhibited by Repetitive questions, Sad, pained, worried facial expressions and Repetitive physical movements related to Dementia |  | • Jean will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.<br>Date Initiated: 11/03/2023   | • COMMUNICATION: Involve/collaborate with Jean/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)   |                |            | Registered Practical Nurse<br>RN        |                  |
| Allergies  | Fish   |   |   | D.O.B.         | 08/21/1934 | Physician                               | Nghi Truong Phan |
| Diagnosis  | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |   |                |            |   |                  |
| Facility   | Arbour Creek Care Centre   |   |   |                |            | Print Date                              | 11/5/2025        |
| Resident   | Senior, Jean (922141000195)  |   |   | Admission Date | 10/21/2021 | Location                                | Nash House 116 1 |
| Last Care Plan Review Completed:   |  | 08/15/2025  |   |                |            |   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |            |            | Position  | Freq/Resolved |
|---|--|---|--|------------|------------|---|---------------|
| Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)  |  | Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Target Date: 01/14/2026   | Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jean for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)   |            |            | Registered<br>Practical<br>Nurse  |               |
| • Potential for Expressive Behaviour of a WANDERING nature related to Symptom Progression of Dementia/Alzheimer<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |  | • To promote safety for Jean and/or others during each episode of WANDERING through to the next review date.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Target Date: 01/14/2026 | • COMMUNICATION: Involve/collaborate with Jean/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 03/27/2025<br>Revision by: Grace Akah (RN)<br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jean for indications to change in or for escalating expressive behaviour risk.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• WANDERING: Permit Jean to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed.<br>Date Initiated: 11/03/2023<br>Created on: 11/03/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |            |            | Registered<br>Practical<br>Nurse<br>RN<br>RN<br>Registered<br>Practical<br>Nurse<br>Registered<br>Practical<br>Nurse<br>PCA |               |
| • Sleep Patterns.<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022   |  | • To promote adequate rest/sleep for Jean based on identified sleep   | • REST PATTERN: Preferred bedtime 2000, usual wake time 0800.<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022  |            |            | PCA   |               |
| Allergies   | Fish   |   | D.O.B.   | 08/21/1934 | Physician  | Nghi Truong Phan  |               |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |  |            |            |   |               |
| Facility  | Arbour Creek Care Centre   |   |  |            | Print Date | 11/5/2025   |               |
| Resident  | Senior, Jean (922141000195)  |   | Admission Date   | 10/21/2021 | Location   | Nash House 116 1  |               |
| Last Care Plan Review Completed:  |  | 08/15/2025  |  |            |            |   |               |



## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            | Position                   | Freq/Resolved    |
|--|--|--|--|----------------|------------|----------------------------|------------------|
| Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)   |  | patterns/preferences each night through to the next review date.<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026  | Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)   |                |            |                            |                  |
| <ul style="list-style-type: none"> <li>Potential to experience alteration in fluid volume or episode of DEHYDRATION related to decreased fluid consumption, on diuretic.</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN) |  | <ul style="list-style-type: none"> <li>To promote fluid consumption and minimize risk for dehydration each day through to the next review date.</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026 | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Jean/SDM in decision making for plan of Hydration/Fluid consumption and risk of dehydration</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and Risk for dehydration</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>PROMOTE FLUIDS: Encourage Jean to consume fluids; amount as per Nutrition Care Plan</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN) <ul style="list-style-type: none"> <li>VITAL SIGNS: Monitor vital signs as per MD/NP order. Notify MD of abnormal findings as noted</li> </ul> Date Initiated: 01/28/2022<br>Created on: 01/28/2022 |                |            | Registered Practical Nurse |                  |
| Allergies  |  | Fish   |  | D.O.B.         | 08/21/1934 | Physician                  | Nghi Truong Phan |
| Diagnosis  |  | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses   |  |                |            |                            |                  |
| Facility   |  | Arbour Creek Care Centre   |  |                |            | Print Date                 | 11/5/2025        |
| Resident   |  | Senior, Jean (922141000195)  |  | Admission Date | 10/21/2021 | Location                   | Nash House 116 1 |
| Last Care Plan Review Completed:   |  | 08/15/2025   |  |                |            |                            |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |            | Position                         | Freq/Resolved |
|---|--|--|--|------------|------------|----------------------------------|---------------|
| <ul style="list-style-type: none"><li>• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to decreased fluid consumption, on diuretic.</li></ul> <p>Date Initiated: 01/28/2022<br/>Created on: 01/28/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)</p> |  |  | <p>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)</p>  |            |            |                                  |               |
| <ul style="list-style-type: none"><li>• Altered VISION related to Cataract.</li></ul> <p>Date Initiated: 04/26/2022<br/>Created on: 04/26/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)</p>   |  | <ul style="list-style-type: none"><li>• Jean will use glasses for vision correction daily through to the next review date.</li></ul> <p>Date Initiated: 04/26/2022<br/>Created on: 04/26/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 08/07/2023<br/>Revision by: Gabrielle Wolfe (RN)<br/>Target Date: 01/14/2026</p> | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Jean/SDM for decision making pertaining to change in visual status as needed.</li></ul> <p>Date Initiated: 04/26/2022<br/>Created on: 04/26/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)<li>• EYEGASSES: Jean wears eyeglasses. Assist to clean eyeglasses as needed and store (on table, in heart-shaped container next to lamp) when sleeping or not wearing.</li><p>Date Initiated: 04/26/2022<br/>Created on: 04/26/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)</p></p> |            |            | Registered<br>Practical<br>Nurse |               |
| <ul style="list-style-type: none"><li>• COGNITIVE LOSS; Alteration in thought processes memory loss, difficulty concentrating, poor judgement related to Dementia.</li></ul> <p>Date Initiated: 10/21/2021</p>  |  | <ul style="list-style-type: none"><li>• Jean will cope with progressive cognitive decline and be supported to maintain safety each day through the review date.Current CPS score is 3.</li></ul>   | <ul style="list-style-type: none"><li>• COMMUNICATION: Involve/collaborate with Jean/SDM in decision making of cognitive Loss for Dementia.</li></ul> <p>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)</p>  |            |            | Registered<br>Practical<br>Nurse |               |
| Allergies   | Fish   |  | D.O.B.   | 08/21/1934 | Physician  | Nghi Truong Phan                 |               |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |  |  |            |            |                                  |               |
| Facility  | Arbour Creek Care Centre   |  |  |            | Print Date | 11/5/2025                        |               |
| Resident  | Senior, Jean (922141000195)  |  | Admission Date   | 10/21/2021 | Location   | Nash House 116 1                 |               |
| Last Care Plan Review Completed:  |  | 08/15/2025   |  |            |            |                                  |               |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            | Position                   | Freq/Resolved    |
|---|--|--|--|------------|----------------------------|------------------|
| Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)  |  | Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026  | Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• HEALTH TEACHING: Engage with Jean/SDM to enhance their knowledge on the importance of a geriatric health including progressive Cognitive Loss of Dementia.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• ORIENTATION: Gently reorient Jean to person, place, time, situation as needed when Jean is feeling lost or in confused state.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)  |            | Social Worker              |                  |
| • Potential for Persistent PAIN and alteration in comfort level related to Neuropathy on her back from history of Shingles 6 years ago. Most Current MDS Pain Score is 0.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN) |  | • To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review date<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026 | • COMMUNICATION: Involve/collaborate with Jean/SDM about pain management options, goals of treatment, plan of care, prognosis and treatment options.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with interdisciplinary team to attain optimal resident satisfaction for pain control.<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/30/2023<br>Revision by: Navpreet Sekhon (RN)<br>• PREFERENCES/REQUEST: staff is to take extra care and be extra gentle when caring for Jean during personal care to minimize pain due to neuropathy<br>Date Initiated: 02/08/2025<br>Created on: 02/08/2025<br>Created by: Joanne Mae Nava (Nurse Clinician) |            | Registered Practical Nurse |                  |
| Allergies   | Fish   |  | D.O.B.   | 08/21/1934 | Physician                  | Nghi Truong Phan |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |  |  |            |                            |                  |
| Facility  | Arbour Creek Care Centre   |  |  |            | Print Date                 | 11/5/2025        |
| Resident  | Senior, Jean (922141000195)  |  | Admission Date   | 10/21/2021 | Location                   | Nash House 116 1 |
| Last Care Plan Review Completed:  |  | 08/15/2025   |  |            |                            |                  |

## Care Plan Report

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## Care Plan Report

| Focus                            |  | Goal       | Interventions  |                |            |            | Position         | Freq/Resolved |
|----------------------------------|--|------------|--|----------------|------------|------------|------------------|---------------|
|                                  |  |            | <div>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>• EATING: Jean requires 1 staff to assist to choose food of choice.<br/>1 Staff to provide supervision for eating.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>• LOCOMOTION: Jean requires 1 person assistance to provide and remind her to use her walker.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>• PERSONAL HYGIENE: Jean requires 1 staff to provide total assistance for personal hygiene.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>• HAND HYGIENE: 1 staff to provide LIMITED assistance to use soap/water,apply sanitizer, rub hands together, dry hands for hand hygiene.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 07/30/2023<br/>Revision by: Navpreet Sekhon (RN)<br/>• TOILET USE: Jean requires 1 staff to provide total assistance for toileting needs.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025</div> |                |            |            | PCA              |               |
| Allergies                        | Fish   |            |  | D.O.B.         | 08/21/1934 | Physician  | Nghị Truong Phan |               |
| Diagnosis                        | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |            |  |                |            |            |                  |               |
| Facility                         | Arbour Creek Care Centre   |            |  |                |            | Print Date | 11/5/2025        |               |
| Resident                         | Senior, Jean (922141000195)  |            |  | Admission Date | 10/21/2021 | Location   | Nash House 116 1 |               |
| Last Care Plan Review Completed: |  | 08/15/2025 |  |                |            |            |                  |               |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                   | Freq/Resolved |                  |
|---|--|---|----------------------------|---------------|------------------|
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 07/30/2023</div> <div>Revision by: Navpreet Sekhon (RN)</div> |  | <div>Revision by: Chantelle Walker (ADOC)</div> <div>• TRANSFERRING: Jean requires 1 staff to provide EXTENSIVE assistance for transferring.</div> <div>Date Initiated: 10/21/2021</div> <div>Created on: 10/21/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 04/05/2025</div> <div>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> <div>• ORAL CARE: Jean has upper DENTURES and 1 staff to provide total assistance for oral care.</div> <div>Date Initiated: 08/03/2022</div> <div>Created on: 08/03/2022</div> <div>Created by: Navpreet Sekhon (RN)</div> <div>Revision on: 03/31/2025</div> <div>Revision by: Chantelle Walker (ADOC)</div> <div>• FOOT CARE: Foot Care Nurse to complete toenail care every 6 weeks. Report long toe nails or other abnormalities as noted to registered staff.</div> <div>Date Initiated: 05/05/2022</div> <div>Created on: 05/05/2022</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 03/31/2025</div> <div>Revision by: Chantelle Walker (ADOC)</div> <div>• HAIR CARE: As per request from POA, Jean is to have her hair washed by the hairdresser once a week.</div> <div>Date Initiated: 05/24/2022</div> <div>Created on: 05/24/2022</div> <div>Created by: Gabrielle Wolfe (RN)</div> <div>Revision on: 07/30/2023</div> <div>Revision by: Navpreet Sekhon (RN)</div> | PCA                        |               |                  |
| <div>• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease, Hypertension, CHF</div> <div>Date Initiated: 11/08/2021</div> <div>Created on: 11/08/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 01/31/2023</div>                               | <div>• To treat and minimize signs/symptoms or complications associated with Coronary Artery Disease, Hypertension through to the next review date.</div>  | <div>• COMMUNICATION: Involve/collaborate with Jean/SDM in decision making of Cardiac Care Management for Coronary Artery Disease, Hypertension</div> <div>Date Initiated: 11/08/2021</div> <div>Created on: 11/08/2021</div> <div>Created by: Melissa Pascua (RAI Coordinator)</div> <div>Revision on: 11/11/2022</div> <div>Revision by: Kamaljit Matharu (Registered Practical Nurse)</div>  | Registered Practical Nurse |               |                  |
| Allergies   | Fish   | D.O.B.  | 08/21/1934                 | Physician     | Nghi Truong Phan |
| Diagnosis   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |                            |               |                  |
| Facility  | Arbour Creek Care Centre   |   |                            | Print Date    | 11/5/2025        |
| Resident  | Senior, Jean (922141000195)  | Admission Date  | 10/21/2021                 | Location      | Nash House 116 1 |
| Last Care Plan Review Completed:  |  | 08/15/2025  |                            |               |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |            |                   | Position                   | Freq/Resolved            |
|--|--|---|--|------------|-------------------|----------------------------|--------------------------|
| Revision by: Vinnie Noriega (Registered Practical Nurse)   |  | Date Initiated: 11/08/2021<br>Created on: 11/08/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026   | <ul style="list-style-type: none"> <li>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of resident with Coronary Artery Disease, Hypertension for changes to health status and alteration or complications affecting Cardiac function.<br/>Date Initiated: 11/08/2021<br/>Created on: 11/08/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• <b>MEDICATION:</b> Administer medication for Coronary Artery Disease, Hypertension as per MD Order and monitor for side effects<br/>Date Initiated: 11/08/2021<br/>Created on: 11/08/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• <b>VITAL SIGNS:</b> Monitor Vital signs as ordered monthly and as needed. Notify MD of any significant abnormalities.<br/>Date Initiated: 11/08/2021<br/>Created on: 11/08/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> </ul> |            |                   | Registered Practical Nurse |                          |
| <ul style="list-style-type: none"> <li>• Potential for BOWEL INCONTINENCE related to Lewy Body Dementia with poor recognition on the need to use the toilet<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> </ul> |  | <ul style="list-style-type: none"> <li>• Jean will have bowel incontinence managed every shift through to the next review period.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 08/07/2023<br/>Revision by: Gabrielle Wolfe (RN)<br/>Target Date: 01/14/2026</li> </ul> | <ul style="list-style-type: none"> <li>• <b>COMMUNICATION:</b> Involve/collaborate with Jean/SDM for decision making about Incontinence management<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of Continence Level or bowel function<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> </ul>   |            |                   | Registered Practical Nurse | Personal Support Workers |
| <b>Allergies</b>   | Fish   |   | <b>D.O.B.</b>  | 08/21/1934 | <b>Physician</b>  | Nghi Truong Phan           |                          |
| <b>Diagnosis</b>   | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |   |  |            |                   |                            |                          |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |  |            | <b>Print Date</b> | 11/5/2025                  |                          |
| <b>Resident</b>  | Senior, Jean (922141000195)  |   | <b>Admission Date</b>  | 10/21/2021 | <b>Location</b>   | Nash House 116 1           |                          |
| <b>Last Care Plan Review Completed:</b>  |  | 08/15/2025  |  |            |                   |                            |                          |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                   | Freq/Resolved     |                  |
|---|--|---|----------------------------|-------------------|------------------|
|   |  | <ul style="list-style-type: none"> <li>• BOWEL Continence level is TOTALLY Incontinent. Report changes to level as noted.<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/03/2023<br/>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</li> <li>• BOWEL MOVEMENT: Monitor Jean for Bowel movement each shift and document number of occurrences, size and consistency.<br/>Date Initiated: 02/07/2022<br/>Created on: 02/07/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• INCONTINENCE PRODUCT: Jean uses/wears size large brief during the day, evening and night<br/>Date Initiated: 11/04/2021<br/>Created on: 11/04/2021<br/>Created by: Paula White (Executive Director)<br/>Revision on: 01/24/2023<br/>Revision by: Gabrielle Wolfe (RN)</li> </ul> | PCA                        |                   |                  |
| <ul style="list-style-type: none"> <li>• URINARY Overflow and functional INCONTINENCE related to Dementia Diagnosis. Jean is on Restorative Toileting Program to increase control and decrease decline<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> </ul> | <ul style="list-style-type: none"> <li>• Jean will have Urinary Incontinence managed every shift through to the next review period<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 08/07/2023<br/>Revision by: Gabrielle Wolfe (RN)<br/>Target Date: 01/14/2026</li> </ul> | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with Jean/SDM for decision making about Incontinence management<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• MONITORING: Utilize holistic perspective of continuous monitoring of Jean for toileting needs, changes to health status and alteration of Continence level<br/>Date Initiated: 10/21/2021<br/>Created on: 10/21/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/11/2022<br/>Revision by: Kamaljit Matharu (Registered Practical Nurse)</li> <li>• URINARY Continence level is TOTALLY Incontinent. Report changes to level as</li> </ul>   | Registered Practical Nurse |                   |                  |
| <b>Allergies</b>  | Fish   | <b>D.O.B.</b>   | 08/21/1934                 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>  | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses   |   |                            |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |                            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Senior, Jean (922141000195)  | <b>Admission Date</b>   | 10/21/2021                 | <b>Location</b>   | Nash House 116 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 08/15/2025  |                            |                   |                  |



## Care Plan Report

| Focus  |  | Goal  | Interventions  |  | Position  | Freq/Resolved |
|--|--|---|--|--|---|---------------|
|  |  |   | noted<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 11/03/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• CHECK and CHANGE: Jean experiences incontinence and requires check every 2 PCA hours and as needed, and change each time noted to be soiled<br>Date Initiated: 02/07/2022<br>Created on: 02/07/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 11/11/2022<br>Revision by: Kamaljit Matharu (Registered Practical Nurse)<br>• INCONTINENCE PRODUCT: Jean uses/wears size large brief during the day, PCA evening and night<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 01/24/2023<br>Revision by: Gabrielle Wolfe (RN)             |  |   |               |
| • Risk for Impaired SKIN INTEGRITY related to Frailty, Incontinence<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 11/11/2022<br>Revision by: Kamaljit Matharu (Registered Practical Nurse) |  | • To protect and maintain skin integrity each day through to the next review<br>Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/07/2023<br>Revision by: Gabrielle Wolfe (RN)<br>Target Date: 01/14/2026 | • SKIN OBSERVATION: Observe Jean's skin condition every shift during personal care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 10/31/2025<br>Created on: 10/31/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/31/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• HEALTH EDUCATION: Engage Jean/SDM in health education regarding prevention of skin impairment, protecting skin and management of incontinence.<br>Date Initiated: 08/01/2024<br>Created on: 08/01/2024<br>Created by: Priscilla Murphy (Nurse Clinician)<br>Revision on: 08/01/2024<br>Revision by: Priscilla Murphy (Nurse Clinician)<br>• BARRIER CREAM: Apply skin barrier Blue silicone prevail cream to perineal area to |  | PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report

| Focus   | Goal | Interventions   | Position | Freq/Resolved |
|---|------|---|----------|---------------|
| <ul style="list-style-type: none"> <li>• Risk for Impaired SKIN INTEGRITY related to Frailty, Incontinence</li> </ul> Date Initiated: 10/21/2021<br>Created on: 10/21/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 11/11/2022<br>Revision by: Kamaljit Matharu (Registered Practical Nurse) |      | safeguard against excessive moisture after peri care.<br>Date Initiated: 10/31/2025<br>Created on: 10/31/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/31/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |          |               |
|   |      |   |          |               |

### Diagnosis

Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysphasia and aphasia(R47.0)

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Fish   | <b>D.O.B.</b>         | 08/21/1934 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Benign hypertension(I10.0), Cardiovascular disease, unspecified(I51.6), Polyneuropathy, unspecified(G62.9), Unspecified dementia(F03), Congestive heart failure(I50.0), After-cataract(H26.4), Dysp...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Senior, Jean (922141000195)  | <b>Admission Date</b> | 10/21/2021 | <b>Location</b>   | Nash House 116 1 |
| <b>Last Care Plan Review Completed:</b> |  | 08/15/2025            |            |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |  |  | Position   | Freq/Resolved |
|---|--|--|--|--|--|--|---------------|
| <p>• SPIRITUAL BELIEFS: Stefan is of the Protestant Faith.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   |  | <p>• To provide Stefan spiritual support as interested through to the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p>   | <p>• SPIRITUAL PROGRAMS: Encourage him to attend spiritual programs of his choice including hymn sings, church services &amp; self directed rituals.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>  |  |  | Recreation Aide  |               |
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Physical Dependency.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>• Team members will support Stefan in decreasing social isolation by participating in activities of personal choice for 2-3 times per week by the next review date.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</p> <p>• Stefan will maintain ISE score of 3 by the next review date.<br/>Date Initiated: 05/16/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | <p>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; table games, walking program, special events, pet visits, music based programming &amp; active games.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching TV, walking throughout the common area, family visits &amp; looking outdoors.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Stefan utilizes a wheeled walker and remembers to use it while ambulating. At times he has a difficult time picking up his feet and needs extra cueing to take big steps to reduce the risk of falls.<br/>Date Initiated: 10/15/2025<br/>Created on: 05/19/2024<br/>Created by: ruby sanger (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> |  |  | Recreation Aide<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            |            | Position             | Freq/Resolved |
|--|--|---|--|----------------|------------|------------|----------------------|---------------|
| <p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Physical Dependency.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 05/19/2024</p> <p>Created by: ruby sanger (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |  | <p>Target Date: 01/28/2026</p> <p>• To support Stefan Psycho-Social well being through to the next review.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 05/19/2024</p> <p>Created by: ruby sanger (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 01/28/2026</p> | <p>• HELPFUL HINTS:</p> <p>- Stefan has an attention span of 15min +</p> <p>- Stefan enjoys being social with co-residents and staff. Generally he is always in a happy mood</p> <p>- Stefan likes to walk around in the common area with his wheeled walker. At times he will sit on his walker and needs to be reminded to sit in a chair for safety.</p> <p>- Stefan enjoys listening to songs such as "Moonlight Sonata" and "Fur Elise" by Beethoven, as well as listening to Serbian Polka Music</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 05/19/2024</p> <p>Created by: ruby sanger (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> |                |            |            | Recreation Aide      |               |
|  |  |   | <p>• FAMILY INVOLVEMENT: Stefan's wife is very supportive and visits on a regular basis.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 05/19/2024</p> <p>Created by: ruby sanger (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p>   |                |            |            | Recreation Aide      |               |
|  |  |   | <p>• MUSIC CARE APPROACH: Present Stefan with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound.</p> <p>Date Initiated: 10/15/2025</p> <p>Created on: 10/15/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 10/15/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p>  |                |            |            | Recreation Aide      |               |
|  |  |   |  |                |            |            |                      |               |
| <p>• Transfer using RW with 1 p assist. Locomotion using RW with 1 person assistance.</p> <p>Date Initiated: 05/14/2024</p> <p>Created on: 05/14/2024</p> <p>Created by: Sujit James (PT - Physiotherapist)</p> <p>Revision on: 05/14/2025</p>   |  | <p>• Improve the balance</p> <p>Improve the endurance</p> <p>Date Initiated: 05/14/2024</p> <p>Created on: 05/14/2024</p> <p>Created by: Sujit James (PT - Physiotherapist)</p> <p>Revision on: 05/14/2024</p> <p>Revision by: Sujit James (PT -</p>  | <p>• 1.Balance and strengthening exs with 1 p assist:</p> <p>Marching, hip abduction, heel raises, Sit to stand</p> <p>All with holding a rail, with 1 P assit, 8-10 reps x 2 sets</p> <p>2. Ambulation using RW with 1 person assistance - as tolerated</p> <p>Date Initiated: 05/14/2024</p> <p>Created on: 05/14/2024</p>   |                |            |            | PT - Physiotherapist | PTA           |
| Allergies  | No Known Allergies   |   |  | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan     |               |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |            |                      |               |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date | 11/5/2025            |               |
| Resident   | Svetanic, Stefan (922141000317)  |   |  | Admission Date | 05/10/2024 | Location   | Nash House 120 2     |               |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |            |                      |               |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position   | Freq/Resolved                             |            |                  |  |
|--|--|--|--|---|------------|------------------|--|
| Revision by: Rujuta Thakkar (PT - Physiotherapist)   | Physiotherapist<br>Target Date: 01/28/2026   | Created by: Sujit James (PT - Physiotherapist)<br>Revision on: 08/20/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)  |  |   |            |                  |  |
| • Nutrition: Chewing difficulty related to dry mouth. Has difficulty swallowing minced chicken.<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 05/13/2025<br>Revision by: Chantelle Walker (ADOC)  | • To prevent any episodes of choking through to next review date<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>Target Date: 01/28/2026   | • Provide diet/texture interventions as per Nutrition Risk Level<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)  |  |   |            |                  |  |
| • Nutrition: Chewing difficulty related to progression of Parkinson's disease. Difficulty swallowing minced chicken. Dietician referral completed.<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>Revision on: 05/13/2025<br>Revision by: Chantelle Walker (ADOC) | • To maintain safe chewing through to next review date<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>Target Date: 01/28/2026   | • Provide diet/texture interventions as per Nutrition Risk Level<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>• Referred to MD for medication review (Date)<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC)<br>• Nutrition counseling provided to resident/SDM on risk factors and potential consequences associated with diet texture (Date)<br>Date Initiated: 05/13/2025<br>Created on: 05/13/2025<br>Created by: Chantelle Walker (ADOC) |  |   |            |                  |  |
| • Increased risk for FALLS related to Parkinson's disease. Altered Physical function -impaired gait: , Limitation of cognitive function/altered judgement (parkinson's diagnosis), Medical condition (degenerative disc disease): , Medication use (Levodopa and carbidopa) .  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026                             | • COMMUNICATION: Involve/collaborate with Stefan /SDM in decision making in fall prevention Plan of Care.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• CALL BELL: Place call bell within Stefan 's reach, check that it is in working order   | Registered Practical Nurse RN<br><br><br><br><br><br><br><br><br>PCA | <br><br><br><br><br><br><br><br><br>D/E/N |            |                  |  |
| Allergies  | No Known Allergies   |  | D.O.B.   | 12/18/1946                                | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |  |   |            |                  |  |
| Facility   | Arbour Creek Care Centre   |  |  |   | Print Date | 11/5/2025        |  |
| Resident   | Svetanic, Stefan (922141000317)  |  | Admission Date   | 05/10/2024                                | Location   | Nash House 120 2 |  |
| Last Care Plan Review Completed:   |  | 10/28/2025   |  |   |            |                  |  |

## Care Plan Report

| Focus   |  | Goal       | Interventions  |            |            | Position         | Freq/Resolved |
|---|--|------------|--|------------|------------|------------------|---------------|
| Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 02/26/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse) |  |            | and remind/encourage Stefan to use it to<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/24/2025<br>Revision by: Chantelle Walker (ADOC)<br>• ADAPTIVE AIDS: Place walker within easy reach of Stefan<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 07/12/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)<br>• ADAPTIVE EQUIPMENT: Stefan needs adaptive equipment: walker<br>Date Initiated: 11/15/2024<br>Created on: 11/15/2024<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 11/15/2024<br>Revision by: Myrna Corpuz (RPN)<br>• ENVIRONMENT: Secure environment (reduce clutter) to reduce fall risk for Stefan<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 09/13/2025<br>Revision by: Myrna Corpuz (RPN)<br>• BED: place bed in lowest position to lower risk for injury.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/15/2024<br>Revision by: Navpreet Sekhon (RN)<br>• FOOTWEAR: Ensure Stefan wears appropriate footwear (closed toe shoes) for transfers, ambulation.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/24/2025<br>Revision by: Myrna Corpuz (RPN) |            |            | PCA              |               |
| Allergies   | No Known Allergies   |            | D.O.B.   | 12/18/1946 | Physician  | Nghị Truong Phan |               |
| Diagnosis   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |            |  |            |            |                  |               |
| Facility  | Arbour Creek Care Centre   |            |  |            | Print Date | 11/5/2025        |               |
| Resident  | Svetanic, Stefan (922141000317)  |            | Admission Date   | 05/10/2024 | Location   | Nash House 120 2 |               |
| Last Care Plan Review Completed:  |  | 10/28/2025 |  |            |            |                  |               |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position   | Freq/Resolved    |            |                  |  |
|--|---|---|--|------------------|------------|------------------|--|
| <div>• Increased risk for FALLS related to Parkinson's disease. Altered Physical function -impaired gait: , Limitation of cognitive function/altered judgement (parkinson's diagnosis), Medical condition (degenerative disc disease): , Medication use (Levodopa and carbidopa) .<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 02/26/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |   | <div>• HIP PROTECTORS: Stefan wears hip protector at all times if agreeable to safeguard against injury. Report to Registered Staff if Stefan refuses.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 02/28/2025<br/>Revision by: Myrna Corpuz (RPN)</div> <div>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.<br/>Date Initiated: 07/28/2025<br/>Created on: 03/24/2025<br/>Created by: Chantelle Walker (ADOC)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)</div> <div>• FLOOR MAT: Position floor mat on floor next to left, right side of bed to lower risk of injury.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/10/2024<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</div> | <div>PCA<br/>Registered<br/>Practical<br/>Nurse</div> <div>Registered<br/>Practical<br/>Nurse<br/>PCA</div> <div>PCA</div> <div>Registered<br/>Staff</div> | <div>D/E/N</div> |            |                  |  |
| <div>• Nutrition Risk Level: HIGH r/t total assistance at meals, mild lab abnormalities, fibre interventions, dementia dx, good food and fluid intake, bowels managed, stable weight, fragile skin<br/>Date Initiated: 05/13/2024<br/>Created on: 05/13/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</div>   | <div>• Stefan will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.<br/>Date Initiated: 05/13/2024<br/>Created on: 05/13/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad</div> | <div>• NUTRITION RISK: Stefan is HIGH risk level.<br/>Date Initiated: 05/13/2024<br/>Created on: 05/13/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 02/14/2025<br/>Revision by: Anika Dhalla (Dietitian (RD))</div> <div>• DIET ORDER: Stefan will receive Regular diet, puree texture<br/>Date Initiated: 05/13/2024<br/>Created on: 05/13/2024<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</div>   | <div>Dietitian (RD)</div> <div>PCA</div>   |                  |            |                  |  |
| Allergies  | No Known Allergies  |   | D.O.B.   | 12/18/1946       | Physician  | Nghi Truong Phan |  |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses  |   |  |                  |            |                  |  |
| Facility   | Arbour Creek Care Centre  |   |  |                  | Print Date | 11/5/2025        |  |
| Resident   | Svetanic, Stefan (922141000317)   |   | Admission Date   | 05/10/2024       | Location   | Nash House 120 2 |  |
| Last Care Plan Review Completed:   |   | 10/28/2025  |  |                  |            |                  |  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |  |  | Position  | Freq/Resolved |
|---|--|---|--|--|--|---|---------------|
| Revision on: 02/14/2025<br>Revision by: Anika Dhalla (Dietitian (RD)) |  | (Registered Nurse)<br>Target Date: 01/28/2026<br><br>• Will weigh within Realistic weight range of 62-76kg/BMI 24-29 through to next review date.<br>h=162cm<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Anika Dhalla (Dietitian (RD))<br>Revision on: 05/23/2024<br>Revision by: Anika Dhalla (Dietitian (RD))<br>Target Date: 01/28/2026<br><br>• Stefan will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1808mL @25mL/kg, 72.3kg through to next review date.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Anika Dhalla (Dietitian (RD))<br>Revision on: 08/15/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>Target Date: 01/28/2026 | Revision on: 05/14/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>• FLUID CONSISTENCY: Stefan drinks thin/lvl 0 fluids with nectar PRN if difficulties noted (+ Make RD referral if requiring nectar)<br>Date Initiated: 05/13/2024<br>Created on: 05/13/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 05/22/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>• FLUID TARGET: Encourage Stefan to drink a minimum of 1446mL per day.<br><br>Date Initiated: 05/13/2024<br>Created on: 05/13/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 08/15/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>• EXTRA FLUIDS: Offer a minimum of 125ml BID fluid outside of meals and snacks daily.<br>Date Initiated: 05/23/2024<br>Created on: 05/23/2024<br>Created by: Anika Dhalla (Dietitian (RD))<br>Revision on: 05/23/2024<br>Revision by: Anika Dhalla (Dietitian (RD))<br>• DINING INSTRUCTIONS:<br>1. Cut up food into bite size pieces.<br>2. Provide bread with soup at lunch<br>3. Avoid serving spicy/peppery entrees- avoid mushroom soup, chili<br>Date Initiated: 05/13/2024<br>Created on: 05/13/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br>Revision on: 09/09/2025<br>Revision by: Alexandra Breau (Dietitian (RD))<br>• PORTION SIZE: Stefan prefers 2x protein portion for meals.<br>Date Initiated: 05/13/2024<br>Created on: 05/13/2024<br>Created by: Sylwia Jawornicki (FSM - Food Services Manager) |  |  | PCA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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## Care Plan Report

| Focus  |  | Goal   | Interventions  |                |            |            | Position                        | Freq/Resolved |
|--|--|--|--|----------------|------------|------------|---------------------------------|---------------|
| <div>• Nutrition Risk Level: HIGH r/t total assistance at meals, mild lab abnormalities, fibre interventions, dementia dx, good food and fluid intake, bowels managed, stable weight, fragile skin</div> <div>Date Initiated: 05/13/2024</div> <div>Created on: 05/13/2024</div> <div>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</div> <div>Revision on: 02/14/2025</div> <div>Revision by: Anika Dhalla (Dietitian (RD))</div> |  |  | Revision on: 09/11/2024  |                |            |            | PCA                             |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • ADAPTIVE AIDS: Stefan requires weighted-curved utensils at meals and snacks.   |                |            |            |                                 |               |
|  |  |  | Date Initiated: 05/23/2024   |                |            |            |                                 |               |
|  |  |  | Created on: 05/23/2024   |                |            |            |                                 |               |
|  |  |  | Created by: Anika Dhalla (Dietitian (RD))  |                |            |            |                                 |               |
|  |  |  | Revision on: 05/23/2024  |                |            |            |                                 |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • FOOD ALLERGY/INTOLERANCE: nka  |                |            |            |                                 |               |
|  |  |  | Date Initiated: 05/23/2024   |                |            |            |                                 |               |
|  |  |  | Created on: 05/23/2024   |                |            |            | PCA<br>Restorative<br>Care Aide |               |
|  |  |  | Created by: Anika Dhalla (Dietitian (RD))  |                |            |            |                                 |               |
|  |  |  | Revision on: 05/23/2024  |                |            |            |                                 |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • FOOD PREFERENCES: Stefan enjoys eating cabbage rolls, lasagna, cutlets, orange/cranberry juices. Dislikes eating anything too spicy. |                |            |            |                                 |               |
|  |  |  | Date Initiated: 05/23/2024   |                |            |            |                                 |               |
|  |  |  | Created on: 05/23/2024   |                |            |            |                                 |               |
|  |  |  | Created by: Anika Dhalla (Dietitian (RD))  |                |            |            |                                 |               |
|  |  |  | Revision on: 05/23/2024  |                |            |            |                                 |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • HIGH FIBRE:  |                |            |            | PCA                             |               |
|  |  |  | 125mL Prune Juice @ Breakfast  |                |            |            |                                 |               |
|  |  |  | Date Initiated: 09/04/2024   |                |            |            |                                 |               |
|  |  |  | Created on: 09/04/2024   |                |            |            |                                 |               |
|  |  |  | Created by: Anika Dhalla (Dietitian (RD))  |                |            |            |                                 |               |
|  |  |  | Revision on: 09/04/2024  |                |            |            |                                 |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • HIGH CALORIE/PROTEIN IN MEALS:   |                |            |            |                                 |               |
|  |  |  | 125mL Fortified pudding @ Lunch (200kCal and 10g PRO)  |                |            |            |                                 |               |
|  |  |  | Date Initiated: 10/07/2024   |                |            |            |                                 |               |
|  |  |  | Created on: 10/07/2024   |                |            |            | PCA                             | BLD           |
|  |  |  | Created by: Anika Dhalla (Dietitian (RD))  |                |            |            |                                 |               |
|  |  |  | Revision on: 10/07/2024  |                |            |            |                                 |               |
|  |  |  | Revision by: Anika Dhalla (Dietitian (RD))   |                |            |            |                                 |               |
|  |  |  | • MEDPASS SUPPLEMENTS:   |                |            |            |                                 |               |
|  |  |  | RN   |                |            |            |                                 |               |
|  |  |  |  |                |            |            |                                 |               |
|  |  |  |  |                |            |            |                                 |               |
|  |  |  |  |                |            |            |                                 |               |
|  |  |  |  |                |            |            |                                 |               |
| Allergies  |  | No Known Allergies   |  | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan                |               |
| Diagnosis  |  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |                |            |            |                                 |               |
| Facility   |  | Arbour Creek Care Centre   |  |                |            | Print Date | 11/5/2025                       |               |
| Resident   |  | Svetanic, Stefan (922141000317)  |  | Admission Date | 05/10/2024 | Location   | Nash House 120 2                |               |
| Last Care Plan Review Completed:   |  | 10/28/2025   |  |                |            |            |                                 |               |

## Care Plan Report

| Focus  | Goal   | Interventions   | Position  | Freq/Resolved    |
|--|--|---|---|------------------|
| <p>• Nutrition Risk Level: HIGH r/t total assistance at meals, mild lab abnormalities, fibre interventions, dementia dx, good food and fluid intake, bowels managed, stable weight, fragile skin</p> <p>Date Initiated: 05/13/2024</p> <p>Created on: 05/13/2024</p> <p>Created by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <p>Revision on: 02/14/2025</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> |  | <p>1. 120mL Resource 2.0 BID @ breakfsat and lunch (as per POA request) (480kCal and 19g PRO)</p> <p>Date Initiated: 01/22/2025</p> <p>Created on: 01/22/2025</p> <p>Created by: Anika Dhalla (Dietitian (RD))</p> <p>Revision on: 01/22/2025</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• HIGH FIBRE:</p> <p>1. 1tbsp ground flax @ Breakfast</p> <p>Date Initiated: 05/23/2024</p> <p>Created on: 05/23/2024</p> <p>Created by: Anika Dhalla (Dietitian (RD))</p> <p>Revision on: 05/23/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> <p>• FIBRE INTERVENTIONS:</p> <p>1. 3 prunes @ Breakfast</p> <p>Date Initiated: 05/23/2024</p> <p>Created on: 05/23/2024</p> <p>Created by: Anika Dhalla (Dietitian (RD))</p> <p>Revision on: 05/23/2024</p> <p>Revision by: Anika Dhalla (Dietitian (RD))</p> | <p>Registered Practical Nurse</p> <p>PCA</p> <p>PCA FSS</p> |                  |
| <p>• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to UTI</p> <p>Date Initiated: 12/06/2024</p> <p>Created on: 12/06/2024</p> <p>Created by: Jason Geerlinks (Quality Improvement Coordinator)</p>  | <p>• To promote fluid consumption and minimize risk for dehydration each day through to the next review date.</p> <p>Date Initiated: 12/06/2024</p> <p>Created on: 12/06/2024</p> <p>Created by: Jason Geerlinks (Quality Improvement Coordinator)</p>                 | <p>• COMMUNICATION: Involve/collaborate with Stefan/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration.</p> <p>Date Initiated: 12/06/2024</p> <p>Created on: 12/06/2024</p> <p>Created by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Revision on: 12/06/2024</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p>  | Registered Practical Nurse                                  |                  |
| <b>Allergies</b>   | No Known Allergies   |   |   |                  |
|  | <b>D.O.B.</b>  | 12/18/1946  | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |   |   |                  |
|  | <b>Print Date</b>  | 11/5/2025   |   |                  |
| <b>Resident</b>  | Svetanic, Stefan (922141000317)  | <b>Admission Date</b>   | 05/10/2024  | <b>Location</b>  |
|  |  |   |   | Nash House 120 2 |
| <b>Last Care Plan Review Completed:</b>  |  | 10/28/2025  |   |                  |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |                       |            | Position                      | Freq/Resolved    |
|--|--|--|---|-----------------------|------------|-------------------------------|------------------|
| Revision on: 12/06/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)  |  | Improvement Coordinator)<br>Revision on: 12/06/2024<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 01/28/2026   | <ul style="list-style-type: none"> <li>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration.<br/>Date Initiated: 12/06/2024<br/>Created on: 12/06/2024<br/>Created by: Jason Geerlinks (Quality Improvement Coordinator)</li> <li>• <b>PROMOTE FLUIDS:</b> Promote Stefan to consume fluids; amount as per Nutrition Care Plan.<br/>Date Initiated: 12/06/2024<br/>Created on: 12/06/2024<br/>Created by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Revision on: 12/06/2024<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</li> </ul> |                       |            | Registered Staff              |                  |
| <ul style="list-style-type: none"> <li>• Sleep Patterns; Potential for alteration in sleep patterns related to Dementia<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> </ul>  |  | <ul style="list-style-type: none"> <li>• To promote adequate rest/sleep for Stefan based on identified sleep patterns/preferences each night through to the next review date.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 01/28/2026</li> </ul> | <ul style="list-style-type: none"> <li>• <b>REST PATTERN:</b> Preferred bedtime 2100, usual wake time 0600.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 06/26/2024<br/>Revision by: Navpreet Sekhon (RN)</li> </ul>   |                       |            | PCA                           |                  |
| <ul style="list-style-type: none"> <li>• Stefan has Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH)<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</li> </ul> |  | <ul style="list-style-type: none"> <li>• To treat and minimize signs/symptoms or complications associated with BPH through to next review date.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Target Date: 01/28/2026</li> </ul>  | <ul style="list-style-type: none"> <li>• <b>COMMUNICATION:</b> Involve/collaborate with Stefan /SDM in decision making for BPH care management.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</li> <li>• <b>HEALTH TEACHING:</b> Engage with Stefan /SDM to enhance his/her comprehension of (specify: treatment, possible complications, disease trajectory, etc.) associated with BPH.<br/>Date Initiated: 05/10/2024</li> </ul>  |                       |            | Registered Practical Nurse RN |                  |
| <b>Allergies</b>   | No Known Allergies   |  |   | <b>D.O.B.</b>         | 12/18/1946 | <b>Physician</b>              | Nghi Truong Phan |
| <b>Diagnosis</b>   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |   |                       |            |                               |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |  |   |                       |            | <b>Print Date</b>             | 11/5/2025        |
| <b>Resident</b>  | Svetanic, Stefan (922141000317)  |  |   | <b>Admission Date</b> | 05/10/2024 | <b>Location</b>               | Nash House 120 2 |
| <b>Last Care Plan Review Completed:</b>  |  | 10/28/2025   |   |                       |            |                               |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |                |            | Position                      | Freq/Resolved    |
|---|--|--|--|----------------|------------|-------------------------------|------------------|
|   |  |  | <p>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Benign Prostatic Hypertrophy for changes to health status and alteration or complications affecting urinary function.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</p> <p>• LABWORK: Monitor lab results and report results to MD as needed. Follow up as indicated.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 06/26/2024<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 06/26/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |                |            | Registered Staff              |                  |
| <p>• Potential to experience complications and side effects impacting quality of life related to use of multi-pharmacy, use of anti-psychotic medications.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |  | <p>• To promote Stefan understanding of treatment regime and possible side effects of medication taken through to the next review.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 01/28/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Stefan /SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Stefann using anti-psychotic medication, poly-pharmacy for changes to health status and alteration or complications affecting functioning or quality of life.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024</p>   |                |            | Registered Practical Nurse RN | RN               |
| Allergies   | No Known Allergies   |  |  | D.O.B.         | 12/18/1946 | Physician                     | Nghi Truong Phan |
| Diagnosis   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                               |                  |
| Facility  | Arbour Creek Care Centre   |  |  |                |            | Print Date                    | 11/5/2025        |
| Resident  | Svetanic, Stefan (922141000317)  |  |  | Admission Date | 05/10/2024 | Location                      | Nash House 120 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |                |            |                               |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            | Position                      | Freq/Resolved    |
|--|--|---|--|----------------|------------|-------------------------------|------------------|
|  |  | <ul style="list-style-type: none"><li>To monitor Stefan for effectiveness and for side effects of medication used each day through to the next review date.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 01/28/2026</p>   | <p>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>PREFERENCE: Stefan prefers to receive medication during meals when at dining table.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> <ul style="list-style-type: none"><li>MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review for Stefan when clinically appropriate.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |                |            | Registered Practical Nurse RN |                  |
| <ul style="list-style-type: none"><li>Potential for CONSTIPATION related to daily use of medication with binding effect, decreased mobility.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 08/18/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |  | <ul style="list-style-type: none"><li>Stefan will have regular soft formed bowel movements every 1-2 days through to the next review.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 01/28/2026</p> <ul style="list-style-type: none"><li>To minimize the potential for episodes/ constipation</li></ul> | <ul style="list-style-type: none"><li>COMMUNICATION: Involve/collaborate with Stefan /SDM for decision making regarding constipation management.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)</p> <ul style="list-style-type: none"><li>MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation.</li></ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"><li>FLUIDS: Encourage Stefan to meet daily beverage minimums. See Nutrition Care</li></ul>   |                |            | Registered Practical Nurse    |                  |
| Allergies  | No Known Allergies   |   |  | D.O.B.         | 12/18/1946 | Physician                     | Nghi Truong Phan |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                               |                  |
| Facility   | Arbour Creek Care Centre   |   |  |                |            | Print Date                    | 11/5/2025        |
| Resident   | Svetanic, Stefan (922141000317)  |   |  | Admission Date | 05/10/2024 | Location                      | Nash House 120 2 |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |                               |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |            |            | Position                   | Freq/Resolved |
|--|--|---|--|----------------|------------|------------|----------------------------|---------------|
|  |  | complications of constipation through to the next review date.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 01/28/2026       | Plan.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• PHYSICAL ACTIVITY: Promote ACTIVITY/ MOVEMENT to stimulate bowels.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>• NUTRITION increased fibre intervention in place. See Nutrition Care Plan.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>• BOWEL PROTOCOL: In place as per MD order<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)  |                |            |            | Registered Practical Nurse |               |
|  |  |   |  |                |            |            | Registered Staff           |               |
|  |  |   |  |                |            |            | Diet Registered Staff      |               |
|  |  |   |  |                |            |            | Registered Staff           |               |
| • Risk for Impaired SKIN INTEGRITY related to Dementia and incontinence.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • To protect and maintain skin integrity each day through to the next review.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026  | • SKIN OBSERVATION: Observe Stefan's skin condition every shift during the care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 10/13/2025<br>Created on: 10/13/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/13/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)<br>• HEALTH EDUCATION: Engage Stefan/SDM in health education regarding prevention of skin impairment and management.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/29/2024<br>Revision by: Grace Akah (RN)<br>• BARRIER CREAM: Apply skin barrier Prevail blue silicone cream to perineal area to safeguard against excessive moisture after each peri care.<br>Date Initiated: 10/13/2025 |                |            |            | PCA                        | D/E/N/PRN     |
| Allergies  |  | No Known Allergies  |  | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan           |               |
| Diagnosis  |  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hypertlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |                |            |            |                            |               |
| Facility   |  | Arbour Creek Care Centre  |  |                |            | Print Date | 11/5/2025                  |               |
| Resident   |  | Svetanic, Stefan (922141000317)   |  | Admission Date | 05/10/2024 | Location   | Nash House 120 2           |               |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |                |            |            |                            |               |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |            | Position                               | Freq/Resolved    |
|--|--|---|--|------------|--|------------------|
| <ul style="list-style-type: none"> <li>• Risk for Impaired SKIN INTEGRITY related to Dementia and incontinence.</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirley Nasufi (Registered Nurse)   |  |   | Created on: 10/13/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 10/13/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up)   |            |  |                  |
| <ul style="list-style-type: none"> <li>• Potential for Persistent PAIN and alteration in comfort level related to the diagnosis of degenerative disc disease.</li> </ul> Most Current MDS Pain Score is (0)<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirley Nasufi (Registered Nurse) |  | <ul style="list-style-type: none"> <li>• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review.</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with Stefan and wife Angela about pain management, goals of treatment, plan of care, prognosis and treatment options.</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 07/12/2024<br>Revision by: Shihana Rumzi (Nurse Clinician) |            | RN<br>Registered<br>Practical<br>Nurse |                  |
|  |  |   | <ul style="list-style-type: none"> <li>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control.</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)                      |            | RN<br>Registered<br>Practical<br>Nurse |                  |
|  |  |   | <ul style="list-style-type: none"> <li>• REST: accommodate Stefan rest and relaxation preference ( i.e. breaks between activities, remaining in bed, etc.).</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)                                     |            | Registered<br>Practical<br>Nurse<br>RN |                  |
|  |  |   | <ul style="list-style-type: none"> <li>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.</li> </ul> Date Initiated: 05/10/2024   |            | Registered<br>Practical<br>Nurse<br>RN |                  |
| Allergies  | No Known Allergies   |   | D.O.B.   | 12/18/1946 | Physician                              | Nghi Truong Phan |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |  |            |  |                  |
| Facility   | Arbour Creek Care Centre   |   |  |            | Print Date                             | 11/5/2025        |
| Resident   | Svetanic, Stefan (922141000317)  |   | Admission Date   | 05/10/2024 | Location                               | Nash House 120 2 |
| Last Care Plan Review Completed:   |  | 10/28/2025  |  |            |  |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |            |            | Position   | Freq/Resolved |
|---|--|--|--|------------|------------|--|---------------|
| • Potential for Persistent PAIN and alteration in comfort level related to the diagnosis of degenerative disc disease. Most Current MDS Pain Score is (0)<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse) |  |  | Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Navpreet Sekhon (RN)   |            |            |  |               |
| • Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidaemia , Hypertension, Peripheral Vascular Disease (PVD), heart failure<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/12/2024<br>Revision by: Sujit James (PT - Physiotherapist)   |  | • To treat and minimize signs/symptoms or complications associated with Hypertension through the next review.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 01/28/2026 | • HEALTH TEACHING: Engage with Stefan /SDM to enhance his/her comprehension of (specify: treatment, possible complications, disease trajectory, etc.) associated with (specify diagnosis or etiology).<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• COMMUNICATION: Involve/collaborate with Stefan /SDM in decision making of Cardiac Care Management for (specify diagnosis).<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Rohini Gaikwad (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Stefan with Hypertension for changes to health status and alteration or complications affecting cardiac function.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024 |            |            | RN<br>Registered<br>Practical<br>Nurse<br><br><br><br><br><br><br><br><br><br>RN<br>Registered<br>Practical<br>Nurse<br>RN<br><br><br><br>RN |               |
| Allergies   | No Known Allergies   |  | D.O.B.   | 12/18/1946 | Physician  | Nghi Truong Phan   |               |
| Diagnosis   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |  |            |            |  |               |
| Facility  | Arbour Creek Care Centre   |  |  |            | Print Date | 11/5/2025  |               |
| Resident  | Svetanic, Stefan (922141000317)  |  | Admission Date   | 05/10/2024 | Location   | Nash House 120 2   |               |
| Last Care Plan Review Completed:  |  | 10/28/2025   |  |            |            |  |               |



## Care Plan Report

| Focus  |  | Goal   | Interventions   |                |            | Position                      | Freq/Resolved    |        |
|--|--|--|---|----------------|------------|-------------------------------|------------------|--------|
| <p>• Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidaemia , Hypertension, Peripheral Vascular Disease (PVD), heart failure</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 08/12/2024</p> <p>Revision by: Sujit James (PT - Physiotherapist)</p> |  |  | <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 08/18/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• MEDICATION: Administer medication for Hypertension as per MD Order and monitor for side effects.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 08/18/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p>   |                |            | Registered Practical Nurse RN |                  |        |
| <p>• Altered COMMUNICATION as exhibited by limitations related to Neurological symptoms</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 07/12/2024</p> <p>Revision by: Shihana Rumzi (Nurse Clinician)</p>   |  | <p>• Stefan will be supported to maintain current communication abilities to (SPECIFY: express self, comprehend information, etc.) each day through to the review date.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/14/2024</p> <p>Revision by: Rohini Gaikwad (Registered Nurse)</p> <p>Target Date: 01/28/2026</p> <p>• Stefan will be supported to make basic needs known each day through to the review date.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> | <p>• COMMUNICATION: Involve/collaborate with Stefan/SDM for decision making about strategies needed to support effective communication.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/26/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• HEALTH TEACHING: Engage with Stefan/SDM to enhance their knowledge of communication devices, change in health status affecting communication ability.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/26/2024</p> <p>Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases.</p> <p>Date Initiated: 05/10/2024</p> <p>Created on: 05/10/2024</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 05/26/2024</p> |                |            | PCA RN                        | RN PCA           | PCA RN |
| Allergies  | No Known Allergies   |  |   | D.O.B.         | 12/18/1946 | Physician                     | Nghi Truong Phan |        |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                               |                  |        |
| Facility   | Arbour Creek Care Centre   |  |   |                |            | Print Date                    | 11/5/2025        |        |
| Resident   | Svetanic, Stefan (922141000317)  |  |   | Admission Date | 05/10/2024 | Location                      | Nash House 120 2 |        |
| Last Care Plan Review Completed:   |  | 10/28/2025   |   |                |            |                               |                  |        |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |            | Position                                      | Freq/Resolved                          |
|--|--|---|---|------------|---|--|
| <ul style="list-style-type: none"> <li>• Altered COMMUNICATION as exhibited by limitations related to Neurological symptoms</li> </ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 07/12/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p>                |  | <p>Revision on: 05/14/2024<br/>Revision by: Rohini Gaikwad (Registered Nurse)<br/>Target Date: 01/28/2026</p>   | <p>Revision by: Shirly Nasufi (Registered Nurse)</p>  |            |   |  |
| <ul style="list-style-type: none"> <li>• BOWEL Continence - Stefan is continent and has self recognition of urge to defecate.</li> </ul> <p>Date Initiated: 05/26/2024<br/>Created on: 05/26/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 05/26/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> |  | <ul style="list-style-type: none"> <li>• Stefan to remain continent of bowels through next review date.</li> </ul> <p>Date Initiated: 05/26/2024<br/>Created on: 05/26/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 05/26/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 01/28/2026</p>  | <ul style="list-style-type: none"> <li>• BOWEL Continence level is CONTINENT. Report change to level as noted.</li> </ul> <p>Date Initiated: 05/26/2024<br/>Created on: 05/26/2024<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 05/26/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>   |            | PCA   |  |
| <ul style="list-style-type: none"> <li>• Indwelling Foley Catheter related to Benign Prostatic Hyperplasia (BPH) and Stroke.</li> </ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/26/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>              |  | <ul style="list-style-type: none"> <li>• Stefan will receive support to manage incontinence through the next review.</li> </ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/26/2024<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 01/28/2026</p> | <ul style="list-style-type: none"> <li>• COMMUNICATION: Involve/collaborate with Stefan /Angela SDM for decision making about catheter use.</li> </ul> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/30/2025<br/>Revision by: Chantelle Walker (ADOC) <li>• CATHETER INSERTION/CHANGE: Stefan has Indwelling urinary catheter size 16 french. Change catheter every four weeks as per MD Order and document procedure.<br/>POA Angela has asked that if possible she be present during every catheter change.</li> </p> |            | RCA<br>Registered<br>Practical<br>Nurse<br>RN | RN<br>Registered<br>Practical<br>Nurse |
| Allergies  | No Known Allergies   |   | D.O.B.  | 12/18/1946 | Physician                                     | Nghi Truong Phan                       |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |   |            |   |  |
| Facility   | Arbour Creek Care Centre   |   |   |            | Print Date                                    | 11/5/2025                              |
| Resident   | Svetanic, Stefan (922141000317)  |   | Admission Date  | 05/10/2024 | Location                                      | Nash House 120 2                       |
| Last Care Plan Review Completed:   |  | 10/28/2025  |   |            |   |  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position  | Freq/Resolved |                   |                  |  |
|---|--|---|---|---------------|-------------------|------------------|--|
|   |  | <p>Date Initiated: 05/13/2024<br/>           Created on: 05/13/2024<br/>           Created by: Navpreet Sekhon (RN)<br/>           Revision on: 05/30/2025<br/>           Revision by: Chantelle Walker (ADOC)</p> <p>• CATHETER CARE: Provide routine care; empty urine and wash with vinegar and water every shift. PCA</p> <p>Date Initiated: 05/13/2024<br/>           Created on: 05/13/2024<br/>           Created by: Navpreet Sekhon (RN)<br/>           Revision on: 05/13/2025<br/>           Revision by: Chantelle Walker (ADOC)</p> <p>• CATHETER OUTPUT: Empty catheter bag and document output in mL every shift and as needed. PCA D/E/N</p> <p>Date Initiated: 05/13/2024<br/>           Created on: 05/13/2024<br/>           Created by: Navpreet Sekhon (RN)</p> <p>• CATHETER MONITORING: Check catheter patency, tubing placement, ensure that clamp is closed on urinary drainage bag when in use. Report any appliance issues, complaints of pain or discomfort to nurse. PCA Registered Practical Nurse</p> <p>Date Initiated: 05/13/2024<br/>           Created on: 05/13/2024<br/>           Created by: Navpreet Sekhon (RN)<br/>           Revision on: 05/30/2025<br/>           Revision by: Chantelle Walker (ADOC)</p> |   |               |                   |                  |  |
| <p>• Altered VISION related to Glaucoma<br/>           Date Initiated: 05/20/2024<br/>           Created on: 05/20/2024<br/>           Created by: Navpreet Sekhon (RN)</p> | <p>• To treat and minimize complications of Glaucoma through to next review date.<br/>           Date Initiated: 05/20/2024<br/>           Created on: 05/20/2024<br/>           Created by: Navpreet Sekhon (RN)<br/>           Revision on: 05/20/2024<br/>           Revision by: Navpreet Sekhon (RN)<br/>           Target Date: 01/28/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Stefan/SDM for decision making pertaining to change in visual status as needed.<br/>           Date Initiated: 05/20/2024<br/>           Created on: 05/20/2024<br/>           Created by: Navpreet Sekhon (RN)<br/>           Revision on: 05/20/2024<br/>           Revision by: Navpreet Sekhon (RN)</p> <p>• HEALTH TEACHING: Engage with (Stefan)/SDM to enhance their knowledge of (Glaucoma) affecting vision.<br/>           Date Initiated: 05/20/2024<br/>           Created on: 05/20/2024</p>  | <p>RN<br/>           Registered<br/>           Practical<br/>           Nurse</p> <p>RN</p> |               |                   |                  |  |
| <b>Allergies</b>  | No Known Allergies   |   | <b>D.O.B.</b>   | 12/18/1946    | <b>Physician</b>  | Nghi Truong Phan |  |
| <b>Diagnosis</b>  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses   |   |   |               |                   |                  |  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   |               | <b>Print Date</b> | 11/5/2025        |  |
| <b>Resident</b>   | Svetanic, Stefan (922141000317)  |   | <b>Admission Date</b>   | 05/10/2024    | <b>Location</b>   | Nash House 120 2 |  |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025  |   |               |                   |                  |  |

## Care Plan Report

| Focus   |  | Goal   | Interventions  |  |  | Position  | Freq/Resolved |
|---|--|--|--|--|--|---|---------------|
| • Altered VISION related to Glaucoma<br>Date Initiated: 05/20/2024<br>Created on: 05/20/2024<br>Created by: Navpreet Sekhon (RN)  |  |  | Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)   |  |  |   |               |
| • COGNITIVE LOSS; alteration in thought processes ( memory loss, difficulty concentrating, altered judgement, etc.) related to progression of Parkinson, dementia and history of stroke<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN) |  | • Stefan is severely impaired in cognition and will have needs interpreted and met each day through to the review date. CPS score is (5).<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Stefan and Angela in decision making<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 07/12/2024<br>Revision by: Shihana Rumzi (Nurse Clinician)<br>• HEALTH TEACHING: Engage with Stefan /SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of PArkinson, Dementia and impact of stroke.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)<br>• ORIENTATION: Gently reorient to ( person, place, time) as needed when Stefan is feeling lost or in confused state.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/20/2024<br>Revision by: Navpreet Sekhon (RN)<br>• ENVIRONMENT: Provide environmental clue to promote Stefan ability to locate room and navigating home area (i.e. name plate, photo, memory box, etc.) outside of room.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024 |  |  | Registered<br>Practical<br>Nurse<br>RN<br>RCA<br><br>Social Worker<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><b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## Care Plan Report

| Focus  | Goal  | Interventions  | Position  | Freq/Resolved     |                  |
|--|---|--|---|-------------------|------------------|
| <p>• COGNITIVE LOSS; alteration in thought processes ( memory loss, difficulty concentrating, altered judgement, etc.) related to progression of Parkinson, dementia and history of stroke</p> <p>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/20/2024<br/>Revision by: Navpreet Sekhon (RN)</p> |   | <p>Revision by: Rohini Gaikwad (Registered Nurse)</p>  |   |                   |                  |
| <p>• STEFAN is at high risk for ELOPEMENT related to urge to leave the home area, confusion.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/17/2024<br/>Revision by: Navpreet Sekhon (RN)</p>   | <p>• To promote Stefan's safety and minimize risk for episode of elopement each day through next review date.</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/17/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 01/28/2026</p> | <p>• ALARM: Once Stefan receives morning care staff to take Stefan over to the Nash common area to deter going to the exit door of the home area and keeping him away from co resident R.G.</p> <p>Date Initiated: 07/12/2024<br/>Created on: 07/12/2024<br/>Created by: Shihana Rumzi (Nurse Clinician)<br/>Revision on: 07/12/2024<br/>Revision by: Shihana Rumzi (Nurse Clinician)</p> <p>• ALERT: Stefan has eloped July 6, 2024. If heard making requests to leave the building or seen attempting to use exit doors staff to redirect Stefan away from the elevator and report to Supervisor immediately. Yellow strip door barrier in place to stop/hinder other residents from entering Stefan's room</p> <p>Date Initiated: 05/17/2024<br/>Created on: 05/17/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 02/08/2025<br/>Revision by: Joanne Mae Nava (Nurse Clinician)</p> <p>• DIVERSION ACTIVITY: Resident responds well to (conversing, watching TV, etc.) to divert attention when exit seeking.</p> | <p>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>RN<br/>Registered</p> |                   |                  |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>  | 12/18/1946  | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses  |  |   |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Svetanic, Stefan (922141000317)   | <b>Admission Date</b>  | 05/10/2024  | <b>Location</b>   | Nash House 120 2 |
| <b>Last Care Plan Review Completed:</b>  |   | 10/28/2025   |   |                   |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions  |                |            | Position                      | Freq/Resolved    |
|---|--|---|--|----------------|------------|-------------------------------|------------------|
| • STEFAN is at high risk for ELOPEMENT related to urge to leave the home area, confusion.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/17/2024<br>Revision by: Navpreet Sekhon (RN)   |  |   | Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/17/2024<br>Revision by: Navpreet Sekhon (RN)<br>• ELOPEMENT ALERT: Redirect Stefan away from elevator or exit doors as needed.<br>Date Initiated: 05/17/2024<br>Created on: 05/17/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/17/2024<br>Revision by: Navpreet Sekhon (RN)   |                |            | Practical Nurse               |                  |
| • Potential to experience alteration in NEUROLOGICAL FUNCTION related to: TRANSIENT ISCHEMIC ATTACK (TIAs), CAVERNOMA, PARKINSON'S disease.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/13/2024<br>Revision by: Navpreet Sekhon (RN) |  | • To treat and minimize signs/symptoms or complications associated with Parkinson's disease through the next review.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/ collaborate with Stefan / SDM in decision making of neurological care management for Parkinson's disease.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MEDICATION: Administer medication for Parkinson's diseases as per MD order.<br>Monitor effectiveness and for side effects.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Stefan with Parkinson's disease for changes to health status and alteration or complications affecting neurological function.<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 08/18/2024 |                |            | Registered Practical Nurse RN | RN               |
| Allergies   | No Known Allergies   |   |  | D.O.B.         | 12/18/1946 | Physician                     | Nghi Truong Phan |
| Diagnosis   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                               |                  |
| Facility  | Arbour Creek Care Centre   |   |  |                |            | Print Date                    | 11/5/2025        |
| Resident  | Svetanic, Stefan (922141000317)  |   |  | Admission Date | 05/10/2024 | Location                      | Nash House 120 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |                |            |                               |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            | Position                | Freq/Resolved    |
|---|--|--|---|----------------|------------|-------------------------|------------------|
| <div>• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: TRANSIENT ISCHEMIC ATTACK (TIAs), CAVERNOMA, PARKINSON'S disease.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/13/2024<br/>Revision by: Navpreet Sekhon (RN)</div> |  |  | <div>Revision by: Shirly Nasufi (Registered Nurse)<br/><br/>• Observe SWALLOWING: Inform Registered staff of changes or any signs of difficulty in swallowing (coughing during eating, drooling, etc.).<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</div>  |                |            | PCA<br>Registered Staff |                  |
| <div>• Expressed Wishes and Beliefs related to Stefan Medical Treatment and End of Life Care<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/12/2024<br/>Revision by: Myrna Corpuz (Registered Practical Nurse)</div>                                |  | <div>• To support and honor Stefan's expressed wishes and beliefs through to the End of Life.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/14/2024<br/>Revision by: Navpreet Sekhon (RN)<br/>Target Date: 01/28/2026</div> | <div>• CPR: Stefan wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 05/12/2024<br/>Revision by: Myrna Corpuz (Registered Practical Nurse)</div>   |                |            | RN                      |                  |
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited ROM<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</div>  |  | <div>• Stefan will be supported to cope with changing functional abilities related to dementia and have ADL care needs met each day through to the next review date<br/>Date Initiated: 05/10/2024<br/>Created on: 05/10/2024<br/>Created by: Navpreet Sekhon (RN)</div>                         | <div>• BATHING: Stefan prefers a shower on Wednesday days and Saturday evening and requires 1 person total Assistance.<br/>Nail care to be provided on shower day.<br/>Date Initiated: 07/11/2025<br/>Created on: 07/11/2025<br/>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br/>Revision on: 07/11/2025<br/>Revision by: Harwinder Kaur (Clinical Practice Coordinator)<br/><br/>• BED MOBILITY: Stefan requires 1 person limited to extensive assistance for bed</div> |                |            | PCA                     |                  |
| Allergies   | No Known Allergies   |  |   | D.O.B.         | 12/18/1946 | Physician               | Nghi Truong Phan |
| Diagnosis   | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |                         |                  |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date              | 11/5/2025        |
| Resident  | Svetanic, Stefan (922141000317)  |  |   | Admission Date | 05/10/2024 | Location                | Nash House 120 2 |
| Last Care Plan Review Completed:  |  | 10/28/2025   |   |                |            |                         |                  |

## Care Plan Report

| Focus                            |  | Goal   | Interventions   |                |            |            | Position         | Freq/Resolved |
|----------------------------------|--|--|---|----------------|------------|------------|------------------|---------------|
|                                  |  | Revision on: 05/11/2024<br>Revision by: Myrna Corpuz (Registered Practical Nurse)<br>Target Date: 01/28/2026 | mobility.PLEASE DON'T USE PILLOWS FOR CO-RESIDENT.  |                |            |            | Registered       |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            | Practical        |               |
|                                  |  |  | Created on: 05/10/2024  |                |            |            | Nurse            |               |
|                                  |  |  | Created by: Navpreet Sekhon (RN)  |                |            |            |                  |               |
|                                  |  |  | Revision on: 03/31/2025   |                |            |            |                  |               |
|                                  |  |  | Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |               |
|                                  |  |  | • DRESSING: Stefan requires 1 staff to provide total assistance for dressing.   |                |            |            | PCA              |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created on: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created by: Navpreet Sekhon (RN)  |                |            |            |                  |               |
|                                  |  |  | Revision on: 03/31/2025   |                |            |            |                  |               |
|                                  |  |  | Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |               |
|                                  |  |  | • EATING: Stefan is able to feed himself with 1 Staff to provide set up and supervision.  |                |            |            | PCA              |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created on: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created by: Navpreet Sekhon (RN)  |                |            |            |                  |               |
|                                  |  |  | Revision on: 03/31/2025   |                |            |            |                  |               |
|                                  |  |  | Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |               |
|                                  |  |  | • LOCOMOTION: Stefan REQUIRES 1 PERSON ASSISTANCE using RW walker. for locomotion (on and/or off unit).                                       |                |            |            | PCA              |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created on: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created by: Navpreet Sekhon (RN)  |                |            |            |                  |               |
|                                  |  |  | Revision on: 08/19/2025   |                |            |            |                  |               |
|                                  |  |  | Revision by: Myrna Corpuz (RPN)   |                |            |            |                  |               |
|                                  |  |  | • PERSONAL HYGIENE: Stefan requires 1 staff to provide TOTAL assistance for hygiene.  |                |            |            | PCA              |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created on: 05/10/2024  |                |            |            |                  |               |
|                                  |  |  | Created by: Navpreet Sekhon (RN)  |                |            |            |                  |               |
|                                  |  |  | Revision on: 03/31/2025   |                |            |            |                  |               |
|                                  |  |  | Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |               |
|                                  |  |  | • HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. |                |            |            | PCA              |               |
|                                  |  |  | Date Initiated: 05/10/2024  |                |            |            |                  |               |
| Allergies                        | No Known Allergies   |  |   | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan |               |
| Diagnosis                        | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |                  |               |
| Facility                         | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025        |               |
| Resident                         | Svetanic, Stefan (922141000317)  |  |   | Admission Date | 05/10/2024 | Location   | Nash House 120 2 |               |
| Last Care Plan Review Completed: |  | 10/28/2025   |   |                |            |            |                  |               |



## Care Plan Report

| Focus  |  | Goal       | Interventions  |                |            |            | Position         | Freq/Resolved |
|--|--|------------|--|----------------|------------|------------|------------------|---------------|
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited ROM<br>Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN) |  |            | Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• TOILET USE: Stefan requires 1 staff to provide extensive assistance for toileting.  |                |            |            | PCA              |               |
|  |  |            | Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• TRANSFERRING: Stefan requires 1 staff to provide EXTENSIVE assistance for transferring using RW walker.                         |                |            |            | PCA              |               |
|  |  |            | Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/15/2025<br>Revision by: Myrna Corpuz (RPN)<br>• ORAL CARE: Stefan has TEETH and requires 1 staff to provide EXTENSIVE assistance for oral care.                                      |                |            |            | PCA              |               |
|  |  |            | Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/13/2024<br>Revision by: Navpreet Sekhon (RN)<br>• FOOT CARE: PSW, Registered staff to complete toenail care every shower day. Report long toe nails or other abnormalities as noted. |                |            |            | PCA              |               |
|  |  |            | Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 05/14/2024<br>Revision by: Navpreet Sekhon (RN)<br>• SHAVING - Stefan prefers his face shaved daily with one person EXTENSIVE supervision   |                |            |            | PCA              | D             |
|  |  |            | Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN)   |                |            |            |                  |               |
|  |  |            |  |                |            |            |                  |               |
|  |  |            |  |                |            |            |                  |               |
|  |  |            |  |                |            |            |                  |               |
|  |  |            |  |                |            |            |                  |               |
| Allergies  | No Known Allergies   |            |  | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan |               |
| Diagnosis  | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |            |  |                |            |            |                  |               |
| Facility   | Arbour Creek Care Centre   |            |  |                |            | Print Date | 11/5/2025        |               |
| Resident   | Svetanic, Stefan (922141000317)  |            |  | Admission Date | 05/10/2024 | Location   | Nash House 120 2 |               |
| Last Care Plan Review Completed:   |  | 10/28/2025 |  |                |            |            |                  |               |

## Care Plan Report

| Focus   | Goal | Interventions   | Position | Freq/Resolved |
|---|------|---|----------|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited ROM</li> </ul> Date Initiated: 05/10/2024<br>Created on: 05/10/2024<br>Created by: Navpreet Sekhon (RN) |      | Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC) |          |               |
|   |      |   |          |               |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 12/18/1946 | <b>Physician</b>  | Nghi Truong Phan |
| <b>Diagnosis</b>                        | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Svetanic, Stefan (922141000317)  | <b>Admission Date</b> | 05/10/2024 | <b>Location</b>   | Nash House 120 2 |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025            |            |                   |                  |


Care Plan Report

Diagnosis

Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Presence of urogenital implants(Z96.0), Parkinson's disease(G20), Unspecified dementia(F03), Glaucoma, unspecified(H40.9)

|                                  |  |                |            |            |                  |
|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 12/18/1946 | Physician  | Nghi Truong Phan |
| Diagnosis                        | Transient cerebral ischaemic attack, unspecified(G45.9), Benign hypertension(I10.0), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecifi...See last page for a complete listing of the Resident's diagnoses |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Svetanic, Stefan (922141000317)  | Admission Date | 05/10/2024 | Location   | Nash House 120 2 |
| Last Care Plan Review Completed: |  | 10/28/2025     |            |            |                  |

## Care Plan Report

| Focus   |  | Goal  | Interventions   |            |            | Position                         | Freq/Resolved   |
|---|--|---|---|------------|------------|----------------------------------|---|
| <p>• Nutrition Risk Level: Moderate r/t non-significant wt. loss noted, stable dysphagia, dementia dx, fair to good food and fluid intake, bowels managed, independent with ADLs</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 08/15/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> |  | <p>• Aniko will be adequately nourished aeb consuming &gt;75% at meals and snacks through to next review date.</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 02/19/2025<br/>Revision by: Abirami Alakarajah (Dietetic Intern)<br/>Target Date: 12/05/2025</p> | <p>• NUTRITION RISK: Aniko is Moderate risk level.</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 05/21/2025<br/>Revision by: Shipra Tomar (Dietitian (RD))</p>                                      |            |            | Dietitian (RD)                   |   |
|   |  |   | <p>• DIET ORDER: Aniko will receive Regular diet, Minced texture - Provide REGULAR soup</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 03/07/2025<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> |            |            | PCA<br>PCA                       |   |
|   |  | <p>• Will weigh within Realistic weight range of 38-51kg/BMI 18-24 through to next review date.</p> <p>h=146cm</p> <p>Date Initiated: 02/19/2025<br/>Created on: 02/19/2025<br/>Created by: Abirami Alakarajah (Dietetic Intern)<br/>Revision on: 02/19/2025<br/>Revision by: Abirami Alakarajah (Dietetic Intern)<br/>Target Date: 12/05/2025</p>            | <p>• FLUID CONSISTENCY: Aniko drinks REGULAR/THIN Level 0 Fluids.</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 02/11/2025<br/>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</p>     |            |            | PCA                              |   |
|   |  |   | <p>• FLUID TARGET: Encourage Aniko to drink a minimum of 1148mL per day.</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 08/15/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p>             |            |            | PCA                              |   |
|   |  | <p>• Aniko will be adequately hydrated aeb drinking at least 100% of total fluid requirement 1148mL @ 25mL/kg, 45.9kg through to next review date.</p> <p>Date Initiated: 02/19/2025<br/>Created on: 02/19/2025<br/>Created by: Abirami Alakarajah (Dietetic Intern)<br/>Revision on: 08/15/2025</p>  | <p>• DINING INSTRUCTIONS:</p> <p>1. Save 1 bowl of soup from Lunch for Dinner time meal</p> <p>Date Initiated: 03/07/2025<br/>Created on: 03/07/2025<br/>Created by: Anika Dhalla (Dietitian (RD))<br/>Revision on: 03/07/2025<br/>Revision by: Anika Dhalla (Dietitian (RD))</p>                   |            |            | Registered<br>Practical<br>Nurse |   |
|   |  |   | <p>• PORTION SIZE: Aniko prefers small portions for meals.</p> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 02/11/2025</p>   |            |            | PCA                              |   |
| Allergies   | No Known Allergies   |   | D.O.B.  | 07/04/1932 | Physician  | Nachwa Ghobara                   |  |
| Diagnosis   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |   |   |            |            |                                  |   |
| Facility  | Arbour Creek Care Centre   |   |   |            | Print Date | 11/5/2025                        |   |
| Resident  | Toth, Aniko (922141000347)   |   | Admission Date  | 02/07/2025 | Location   | Nash House 122 1                 |   |
| Last Care Plan Review Completed:  |  | 09/05/2025  |   |            |            |                                  |   |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position        | Freq/Resolved |
|--|---|--|-----------------|---------------|
| <ul style="list-style-type: none"> <li>• Nutrition Risk Level: Moderate r/t non-significant wt. loss noted, stable dysphagia, dementia dx, fair to good food and fluid intake, bowels managed, independent with ADLs</li> </ul> <p>Date Initiated: 02/11/2025<br/>Created on: 02/11/2025<br/>Created by: Sylwia Jawornicki (FSM - Food Services Manager)<br/>Revision on: 08/15/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> | <p>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 12/05/2025</p>  | <p>Revision by: Sylwia Jawornicki (FSM - Food Services Manager)</p> <ul style="list-style-type: none"> <li>• HIGH CALORIE/PROTEIN HS SNACK: Provide HEHP Pudding at HS snack</li> </ul> <p>Date Initiated: 05/21/2025<br/>Created on: 05/21/2025<br/>Created by: Shipra Tomar (Dietitian (RD))<br/>Revision on: 08/15/2025<br/>Revision by: Alexandra Breau (Dietitian (RD)) <li>• HIGH CALORIE/PROTEIN IN MEALS: Offer Aniko HEHP Pudding at Lunch</li> <p>Date Initiated: 05/21/2025<br/>Created on: 05/21/2025<br/>Created by: Shipra Tomar (Dietitian (RD))<br/>Revision on: 08/15/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p> </p>                         | PCA             | E             |
| <ul style="list-style-type: none"> <li>• SPIRITUAL BELIEFS: Aniko is of the Hungarian Catholic Faith.</li> </ul> <p>Date Initiated: 08/13/2025<br/>Created on: 02/13/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 08/13/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>   | <ul style="list-style-type: none"> <li>• To provide Aniko spiritual support as interested through to the next review date.</li> </ul> <p>Date Initiated: 08/13/2025<br/>Created on: 02/13/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 08/13/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 12/05/2025</p> | <ul style="list-style-type: none"> <li>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Catholic Mass, and Church Service.</li> </ul> <p>Date Initiated: 08/13/2025<br/>Created on: 02/13/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 08/13/2025<br/>Revision by: Julie Lambert (Recreation Aide) <li>• PERSONAL CHOICE: Respect Aniko's right to decline participation in Spiritual Program.</li> <p>Date Initiated: 08/13/2025<br/>Created on: 02/13/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 08/13/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> </p> | Recreation Aide | BLD           |

|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 07/04/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Toth, Aniko (922141000347)   | <b>Admission Date</b> | 02/07/2025 | <b>Location</b>   | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/05/2025            |            |                   |                  |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position  | Freq/Resolved                   |                  |
|--|--|--|---|---------------------------------|------------------|
| <p>• PASSIVE PARTICIPATION in Activities of interest</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> | <p>• Aniko will be supported to maintain participation in activities 20-25 times per month by the next review date.</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 12/05/2025</p> <p>• Aniko will maintain ISE score of 3 by the next review date.</p> <p>Date Initiated: 05/16/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>Target Date: 12/05/2025</p> | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; concerts, walking programs, movies, parties, socials, exercise, etc.</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching TV, walking, conversing with peers, doll therapy, organizing, etc.</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Accompany in elevator, Walk with and Guide to, Cue Direction.</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:</p> <p>Aniko is Hungarian. She was born in Budapest, Hungary.</p> <p>She speaks both english and hungarian.</p> <p>She worked as a housekeeper at a Post Office.</p> <p>She has a daughter named Anne, and a granddaughter.</p> <p>Aniko loves animals and babies. She loves to take care of them.</p> <p>Aniko likes all music and movies.</p> <p>Aniko has an attention span of 15-20 minutes.</p> <p>Date Initiated: 08/13/2025</p> <p>Created on: 05/16/2025</p> <p>Created by: Julie Lambert (Recreation Aide)</p> <p>Revision on: 08/13/2025</p> <p>Revision by: Julie Lambert (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversation, doll therapy,</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> | <p></p> <p></p> <p></p> <p></p> |                  |
| <b>Allergies</b>   | No Known Allergies   | <b>D.O.B.</b>  | 07/04/1932  | <b>Physician</b>                | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64)   |  |   |                                 |                  |
| <b>Facility</b>  | Arbour Creek Care Centre   |  |   | <b>Print Date</b>               | 11/5/2025        |
| <b>Resident</b>  | Toth, Aniko (922141000347)   | <b>Admission Date</b>  | 02/07/2025  | <b>Location</b>                 | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b>  |  | 09/05/2025   |   |                                 |                  |

## Care Plan Report

[illegible]

## Care Plan Report

| Focus  | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|--|---|--|--|-------------------|------------------|
| <p>Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 07/11/2025<br/> Revision by: Monika Musan (Social Services Worker)</p> | <p>Revision by: Shirly Nasufi (Registered Nurse)<br/> Target Date: 12/05/2025</p> <p>• Aniko will be supported to adjust to her new environment to lower risk of triggering former WANDERING, resistance to care behaviour episodes through to the next review.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/06/2025<br/> Revision by: Monika Musan (Social Services Worker)<br/> Target Date: 12/05/2025</p> | <p>Potential to be recipient of responsive behaviour related to dementia. Monitor resident whereabouts and interactions to ensure safety.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 03/18/2025<br/> Revision by: Chantelle Walker (ADOC)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat, refusing medication as expression of behaviour include confusion, misunderstanding care needs, poor judgement.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/07/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• RESISTANCE to Care Need: If Aniko is declining to bathe, change clothes, take medications, eat re-approach in 10-15 minutes. Report episode to Registered Staff.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/07/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• WANDERING: Aniko's past career was to sort/organize parcels. This potentially underlying factor for wandering in residents rooms and rummaging through belongings. To mitigate: Permit Aniko to safely roam in common area. Redirect away from exit doors, redirect when aniko tries to go to co-residents rooms. Staff to provide items for her to sort- her own clothes, baby clothes, rec items, to keep her engaged and distracted.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 07/11/2025<br/> Revision by: Monika Musan (Social Services Worker)</p> <p>• APPROACH: Use Gentle Persuasive Approach: Communicate with calm, even tone with simple one-step directions, make eye contact.<br/> Date Initiated: 02/07/2025</p> | <p>Nurse<br/>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse<br/>Recreation<br/>Aide<br/>Social Worker</p> <p>PCA<br/>Registered<br/>Practical</p> |                   |                  |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>  | 07/04/1932   | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64)  |  |  |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Toth, Aniko (922141000347)  | <b>Admission Date</b>  | 02/07/2025   | <b>Location</b>   | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 09/05/2025   |  |                   |                  |



## Care Plan Report

| Focus   | Goal   | Interventions   | Position                    | Freq/Resolved     |                  |
|---|--|---|-----------------------------|-------------------|------------------|
| <p>• Potential for Expressive Behaviour of WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, rummaging through other residents things, RESISTANCE to care and toileting and exit seeking need nature related to diagnosis of Dementia. Potential to be recipient of responsive behaviour related to dementia.</p> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 07/11/2025<br/>Revision by: Monika Musan (Social Services Worker)</p> |  | <p>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/09/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>  | Nurse                       |                   |                  |
| <p>• -Physiotherapy program will focus on improving Static and dynamic Balance in next 2 quarters.</p> <p>-Transfer status: 1 person assistance, 2 person PRN<br/>-Locomotion: with 1 person Assistance, needs verbal cueing.</p> <p>Date Initiated: 02/12/2025<br/>Created on: 02/12/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)</p>   | <p>• To improve static and dynamic Balance in next 2 quarters.</p> <p>Date Initiated: 02/12/2025<br/>Created on: 02/12/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Revision on: 02/12/2025<br/>Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Target Date: 12/05/2025</p> | <p>• Strength and Balance based exercises:</p> <p>Sit to Stand Exs, marching in place, Weight Shifting (Side to Side), hip abduction , Heel Raises</p> <p>All exercises holding rail with 1 p assistance- 10 reps x 2 sets</p> <p>Date Initiated: 02/12/2025<br/>Created on: 02/12/2025<br/>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br/>Revision on: 08/20/2025<br/>Revision by: Rujuta Thakkar (PT - Physiotherapist)</p> | PT - Physiotherapist<br>PTA |                   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 07/04/1932                  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64)   |   |                             |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |                             | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Toth, Aniko (922141000347)   | <b>Admission Date</b>   | 02/07/2025                  | <b>Location</b>   | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/05/2025  |                             |                   |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |            | Position                       | Freq/Resolved    |
|---|--|--|---|------------|--------------------------------|------------------|
| Revision on: 06/30/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)   |  |  |   |            |                                |                  |
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by wandering, resistive to care and toileting, physically and verbally responsive related to Dementia.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | <ul style="list-style-type: none"> <li>To support Aniko with their identified coping strategies for mood/emotional stability each day through to the review date.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025         | <ul style="list-style-type: none"> <li>COMMUNICATION: Involve/collaborate with Aniko/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |            | Registered Practical Nurse PCA |                  |
|   |  | <ul style="list-style-type: none"> <li>Aniko will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/09/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>Target Date: 12/05/2025 | <ul style="list-style-type: none"> <li>HEALTH EDUCATION: Provide education and support to Aniko/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)                           |            | RN Registered Practical Nurse  |                  |
|   |  |  | <ul style="list-style-type: none"> <li>ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Aniko for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |            | Registered Practical Nurse PCA |                  |
|   |  |  | <ul style="list-style-type: none"> <li>DISTRACTION ACTIVITIES: Aniko can be calmed doing activities of interest including giving her clothes to fold, likes dolls and cats(therapy cat)she can hold them all day.</li> </ul> Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)                                       |            | PCA Registered Practical Nurse |                  |
| Allergies   | No Known Allergies   |  | D.O.B.  | 07/04/1932 | Physician                      | Nachwa Ghobara   |
| Diagnosis   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |  |   |            |                                |                  |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date                     | 11/5/2025        |
| Resident  | Toth, Aniko (922141000347)   |  | Admission Date  | 02/07/2025 | Location                       | Nash House 122 1 |
| Last Care Plan Review Completed:  |  | 09/05/2025   |   |            |                                |                  |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position  | Freq/Resolved     |                  |
|---|--|---|---|-------------------|------------------|
| <p>• Potential to experience alteration in MOOD as exhibited by wandering, resistive to care and toileting, physically and verbally responsive related to Dementia.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 03/23/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> |  | <p>• ENVIRONMENT: Modify environment to support MOOD STABILITY reduce noise, open curtains, ambient lighting, cat therapy, dolls.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/09/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• FAMILY SUPPORT: Aniko enjoys visits from family members.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/09/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p>   | <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> |                   |                  |
| <p>• BOWEL Continence - Aniko is occasionally incontinent of bowel needs reminder to go to the toilet.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 03/23/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p>  | <p>• Aniko to remain continent of bowels through next review date<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/07/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)<br/> Target Date: 12/05/2025</p> | <p>• BOWEL Continence level is Occasionally incontinent. Report change to level as noted.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 03/23/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> <p>• SELF TOILETING: Aniko toilets self for bowel movements. Each shift ask if she had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted.<br/> Date Initiated: 02/07/2025<br/> Created on: 02/07/2025<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 02/07/2025<br/> Revision by: Shirly Nasufi (Registered Nurse)</p> | PCA   |                   |                  |
| <p>• URINARY Urge INCONTINENCE related to Dementia Diagnosis.<br/> Date Initiated: 03/23/2025</p>   | <p>• Aniko will have urinary incontinence managed every shift through to the next review</p>   | <p>• COMMUNICATION: Involve/collaborate with Aniko/SDM for decision making about toileting options or incontinence management.<br/> Date Initiated: 03/23/2025</p>  | Registered<br>Practical<br>Nurse  |                   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 07/04/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64)   |   |   |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Toth, Aniko (922141000347)   | <b>Admission Date</b>   | 02/07/2025  | <b>Location</b>   | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 09/05/2025  |   |                   |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions   |                |            |            | Position  | Freq/Resolved |
|--|--|---|---|----------------|------------|------------|---|---------------|
| Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | period.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025<br><br>• Aniko will receive support to use the toilet and promote urinary continence each shift through to the next review.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025<br><br>• Aniko will receive support to follow their individualized TOILETING SCHEDULE to optimize urinary continence each shift through to the next review.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse) | Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Aniko for toileting needs, changes to health status and alteration of continence level.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• URINARY Continence level is FREQUENTLY Incontinent. Report change to level as noted.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• SCHEDULED TOILETING: Toilet Aniko before and after meals, ask and remind Aniko when awake and PRN.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 04/02/2025<br>Revision by: Grace Akah (RN)<br>• INCONTINENCE PRODUCT: Aniko uses Pull-ups every day, evening and night shift.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 04/02/2025<br>Revision by: Grace Akah (RN) |                |            |            | RN<br><br>Registered Practical Nurse RN<br><br>PCA Registered Practical Nurse<br><br>PCA<br><br>PCA | Q1            |
| Allergies  | No Known Allergies   |   |   | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara  |               |
| Diagnosis  | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |   |   |                |            |            |   |               |
| Facility   | Arbour Creek Care Centre   |   |   |                |            | Print Date | 11/5/2025   |               |
| Resident   | Toth, Aniko (922141000347)   |   |   | Admission Date | 02/07/2025 | Location   | Nash House 122 1  |               |
| Last Care Plan Review Completed:   |  | 09/05/2025  |   |                |            |            |   |               |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position   | Freq/Resolved |
|---|---|---|--|---------------|
| • URINARY Urge INCONTINENCE related to Dementia Diagnosis.<br>Date Initiated: 03/23/2025<br>Created on: 03/23/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/23/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  | Target Date: 12/05/2025   |   |  |               |
| • Potential to experience FOOT/FEET complications related to foot or toenail issues, fungal/ingrown/thicken toenails, bunions, corns, calluses.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/20/2025<br>Revision by: Jaspreet Kaur (ADOC) | • To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025 | • COMMUNICATION: Involve/collaborate with aniko and he poa in decision making for foot care treatment plan.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/22/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• TREATMENT PLAN: Anika requires footcare/treatment every 6 weeks. Foot care nurse provide foot care.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/20/2025<br>Revision by: Jaspreet Kaur (ADOC) | Footcare Nurse - Internal<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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## Care Plan Report

| Focus  |  | Goal  | Interventions   |                |            | Position   | Freq/Resolved    |
|--|--|---|---|----------------|------------|--|------------------|
|  |  | (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025   | aniko wake up in between the sleep and wanders, staff to redirect her to bed.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 03/22/2025<br>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)<br>• SLEEPWEAR: Aniko prefers to wear pajamas bottoms and top.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |                |            | PCA  |                  |
| • COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement, related to progression of Dementia<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • Aniko will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is ()<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025 | • COMMUNICATION: Involve/collaborate with Aniko/SDM in decision making of Cognitive Loss for (specify diagnosis).<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• HEALTH TEACHING: Engage with Aniko/SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of (SPECIFY; Diagnosis).<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• ORIENTATION: Gently reorient to person, place, time as needed when Aniko is feeling lost or in confused state.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>• PERSONAL ROUTINE: Provide consistency in care: likes to wears pajamas to dining room for breakfast and sometimes prefers to wear pajamas all day. |                |            | Registered Practical Nurse PCA<br><br>PCA Social Worker Registered Practical Nurse<br><br>Registered Practical Nurse PCA<br><br>PCA Registered |                  |
| Allergies  | No Known Allergies   |   |   | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis  | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |   |   |                |            |  |                  |
| Facility   | Arbour Creek Care Centre   |   |   |                |            | Print Date   | 11/5/2025        |
| Resident   | Toth, Aniko (922141000347)   |   |   | Admission Date | 02/07/2025 | Location   | Nash House 122 1 |
| Last Care Plan Review Completed:   |  | 09/05/2025  |   |                |            |  |                  |

## Care Plan Report

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## Care Plan Report

| Focus   |  | Goal   | Interventions   |            |            | Position  | Freq/Resolved |
|---|--|--|---|------------|------------|---|---------------|
| • Potential for BOWEL INCONTINENCE related to diagnosis of Dementia<br>Date Initiated: 02/09/2025<br>Created on: 02/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |  |  | Revision by: Shirly Nasufi (Registered Nurse)<br><br>• SCHEDULED TOILETING of BOWEL Movements: Reminder to go to the Toilet every 2 hours and PRN.<br>Date Initiated: 02/09/2025<br>Created on: 02/09/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/09/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |            |            | PCA   | Q2h           |
| • Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to diagnosis of Dementia<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |  | • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 08/19/2025<br>Revision by: Myrna Corpuz (RPN)<br>Target Date: 12/05/2025 | • COMMUNICATION: Involve/collaborate with Aniko/SDM in decision making in fall prevention Plan of Care.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><br>• CALL BELL: Place call bell within the resident's reach to RIGHT. check that it is in working order and remind/encourage to use it.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><br>• ENVIRONMENT: Secure environment reduce clutter, night light, bathroom signage, toilet height, quiet environment to reduce fall risk for Aniko<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br><br>• BED: place bed in lowest position to lower risk for injury.<br>Date Initiated: 05/16/2025 |            |            | PCA<br>Registered<br>Practical<br>Nurse<br><br>PCA<br><br><br>PCA | D/E/N         |
| Allergies   | No Known Allergies   |  | D.O.B.  | 07/04/1932 | Physician  | Nachwa Ghobara  |               |
| Diagnosis   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |  |   |            |            |   |               |
| Facility  | Arbour Creek Care Centre   |  |   |            | Print Date | 11/5/2025   |               |
| Resident  | Toth, Aniko (922141000347)   |  | Admission Date  | 02/07/2025 | Location   | Nash House 122 1  |               |
| Last Care Plan Review Completed:  |  | 09/05/2025   |   |            |            |   |               |



## Care Plan Report

| Focus   | Goal  | Interventions  | Position  | Freq/Resolved         |                       |                             |
|---|---|--|---|-----------------------|-----------------------|-----------------------------|
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to diagnosis of Dementia<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</div> |   | <div>Created on: 05/16/2025<br/>Created by: Myrna Corpuz (RPN)<br/>Revision on: 05/16/2025<br/>Revision by: Myrna Corpuz (RPN)<br/>• FOOTWEAR: Ensure Aniko wears appropriate footwear for transfers and ambulation.<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.<br/>Date Initiated: 07/28/2025<br/>Created on: 07/28/2025<br/>Created by: Manpreet Dhaliwal (Registered Nurse)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)</div> | <div>PCA</div> <div>PCA</div> <div>Registered Staff</div>   |                       |                       |                             |
| <div>• Aniko is at high risk for ELOPEMENT related to cognitive decline and diagnosis of Dementia<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>                          | <div>• To promote Aniko safety and minimize risk for episode of elopement each day through next review date.<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 12/05/2025</div> | <div>• DIVERSION ACTIVITY:Aniko responds well to conversing, singing, watching TV, to divert attention when exit seeking.<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>• ELOPEMENT ALERT: Redirect Aniko away from elevator or exit doors as needed.<br/>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</div>  | <div>PCA<br/>Registered<br/>Practical<br/>Nurse</div> <div>PCA<br/>Registered<br/>Practical<br/>Nurse</div> |                       |                       |                             |
| <div>• Altered COMMUNICATION as exhibited</div>   | <div>• Aniko will continue to freely</div>  | <div>• COMMUNICATION: Involve/collaborate with Aniko/SDM for decision making about</div>   | <div>RN</div>   |                       |                       |                             |
| <div>Allergies</div>  | <div>No Known Allergies</div>   |  | <div>D.O.B.</div>   | <div>07/04/1932</div> | <div>Physician</div>  | <div>Nachwa Ghobara</div>   |
| <div>Diagnosis</div>  | <div>Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64)</div>   |  |   |                       |                       |                             |
| <div>Facility</div>   | <div>Arbour Creek Care Centre</div>   |  |   |                       | <div>Print Date</div> | <div>11/5/2025</div>        |
| <div>Resident</div>   | <div>Toth, Aniko (922141000347)</div>   |  | <div>Admission Date</div>   | <div>02/07/2025</div> | <div>Location</div>   | <div>Nash House 122 1</div> |
| <div>Last Care Plan Review Completed:</div>   |   | <div>09/05/2025</div>  |   |                       |                       |                             |

## Care Plan Report

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|                                  |  |                |            |            |                  |
|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis                        | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Toth, Aniko (922141000347)   | Admission Date | 02/07/2025 | Location   | Nash House 122 1 |
| Last Care Plan Review Completed: |  | 09/05/2025     |            |            |                  |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |                |            |            | Position         | Freq/Resolved |
|---|--|--|---|----------------|------------|------------|------------------|---------------|
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse) |  | • Aniko will have ALL ADL care needs met each day through the next review date.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)<br>Target Date: 12/05/2025 | • BATHING: ANIKO prefers shower on MONDAY AND THURSDAY DAY SHIFT.1<br>STAFF to provided extensive assistance with bath.<br>Nail care to be provided on shower/bath day.<br>Date Initiated: 07/11/2025<br>Created on: 07/11/2025<br>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br>Revision on: 07/11/2025<br>Revision by: Harwinder Kaur (Clinical Practice Coordinator) |                |            |            | PCA              |               |
|   |  |  | • BED MOBILITY: Aniko is able to move independently in bed.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |                |            |            | PCA              |               |
|   |  |  | • DRESSING: Aniko requires one staff to provide EXTENSIVE assistance for dressing.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |                |            |            | PCA              |               |
|   |  |  | • EATING: Aniko is able to to eat independently.<br>1 Staff to provide SUPERVISION assistance for eating.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |                |            |            | PCA              |               |
|   |  |  | • LOCOMOTION: Aniko is able to ambulate independently<br>1 staff to provide cues and supervision assistance for locomotion due to her new environment<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)   |                |            |            | PCA              |               |
| Allergies   | No Known Allergies   |  |   | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara   |               |
| Diagnosis   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |  |   |                |            |            |                  |               |
| Facility  | Arbour Creek Care Centre   |  |   |                |            | Print Date | 11/5/2025        |               |
| Resident  | Toth, Aniko (922141000347)   |  |   | Admission Date | 02/07/2025 | Location   | Nash House 122 1 |               |
| Last Care Plan Review Completed:  |  | 09/05/2025   |   |                |            |            |                  |               |

## Care Plan Report

| Focus   |  | Goal       | Interventions  |                |            | Position   | Freq/Resolved    |
|---|--|------------|--|----------------|------------|------------|------------------|
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse) |  |            | • PERSONAL HYGIENE: Aniko is able to wash her face if given a towel one staff to provide LIMITED to EXTENSIVE assistance for hygiene.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)                              |                |            | PCA        |                  |
|   |  |            | • HAND HYGIENE: 1 staff to provide REMINDER assistance to use soap/water, apply sanitizer, rub hands together, dry hands for hand hygiene.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)                         |                |            | PCA        |                  |
|   |  |            | • TOILET USE: Aniko is able to use the toilet one staff to provide cueing and supervision due to her new environment.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse)  |                |            | PCA        |                  |
|   |  |            | • TRANSFERRING: Aniko requires 1 limited person assistance for transfers.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 05/08/2025<br>Revision by: Myrna Corpuz (RPN)  |                |            | PCA        |                  |
|   |  |            | • ORAL CARE: Aniko has her own TEETH, does not wear dentures, she has a lot of missing teeth.<br>1 staff to provide CUES and SUPERVISION assistance for oral care.<br>Date Initiated: 02/07/2025<br>Created on: 02/07/2025<br>Created by: Shirly Nasufi (Registered Nurse)<br>Revision on: 02/07/2025<br>Revision by: Shirly Nasufi (Registered Nurse) |                |            | PCA        |                  |
|   |  |            | • FOOT CARE: Foot Care Nurse to complete toenail care every visit .Report long toe   |                |            | PCA        |                  |
| Allergies   | No Known Allergies   |            |  | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis   | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |            |  |                |            |            |                  |
| Facility  | Arbour Creek Care Centre   |            |  |                |            | Print Date | 11/5/2025        |
| Resident  | Toth, Aniko (922141000347)   |            |  | Admission Date | 02/07/2025 | Location   | Nash House 122 1 |
| Last Care Plan Review Completed:  |  | 09/05/2025 |  |                |            |            |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position                               | Freq/Resolved |
|--|---|---|--|---------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation</li> </ul> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)</p>  |   | <p>nails or other abnormalities as noted.</p> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p>   |  |               |
| <ul style="list-style-type: none"> <li>Expressed Wishes and Beliefs related to Aniko Medical Treatment and End of Life Care</li> </ul> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> | <ul style="list-style-type: none"> <li>To support and honor Aniko expressed wishes and beliefs through to the End of Life.</li> </ul> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)<br/>Target Date: 12/05/2025</p> | <ul style="list-style-type: none"> <li>CPR: Aniko wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.</li> </ul> <p>Date Initiated: 02/07/2025<br/>Created on: 02/07/2025<br/>Created by: Shirly Nasufi (Registered Nurse)<br/>Revision on: 02/07/2025<br/>Revision by: Shirly Nasufi (Registered Nurse)</p> | RN<br>Registered<br>Practical<br>Nurse |               |


|   |  |                       |            |                   |                  |
|---|--|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>         | 07/04/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre   |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Toth, Aniko (922141000347)   | <b>Admission Date</b> | 02/07/2025 | <b>Location</b>   | Nash House 122 1 |
| <b>Last Care Plan Review Completed:</b> |  | 09/05/2025            |            |                   |                  |

Care Plan Report

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|----------------------------------|--|----------------|------------|------------|------------------|
| Allergies                        | No Known Allergies   | D.O.B.         | 07/04/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis                        | Unspecified dementia(F03), Hypothyroidism, unspecified(E03.9), Stroke, not specified as haemorrhage or infarction(I64) |                |            |            |                  |
| Facility                         | Arbour Creek Care Centre   |                |            | Print Date | 11/5/2025        |
| Resident                         | Toth, Aniko (922141000347)   | Admission Date | 02/07/2025 | Location   | Nash House 122 1 |
| Last Care Plan Review Completed: |  | 09/05/2025     |            |            |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved                   |   |                  |
|---|--|--|---|---------------------------------|---|------------------|
| <p>• Lois has STRONG PARTICIPATION in Activities.<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> | <p>• Lois will be supported to maintain participation in activities 20-25 times per month by the next review date<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)<br/> Target Date: 01/28/2026</p> <p>• Lois will maintain ISE score of 6 by the next review date<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)<br/> Target Date: 01/28/2026</p> | <p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; bingo, hymn sing, entertainment, social, movies, exercise, active games, etc.<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching TV, doll therapy, conversing with peers, folding, reading, household chores, organizing, cleaning, etc.<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Accompany in elevator, Porter and guide Lois to each program, there and back. Bring Lois back to common area on the floor when the program is done.<br/> Date Initiated: 10/15/2025<br/> Created on: 04/02/2025<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:<br/> Lois had 3 cats. She also loves dogs.<br/> Lois loves to be active. She used to play track and field in high school and also played baseball and soccer.<br/> Lois has two children, a daughter named Heather, and a son named Michael.<br/> Lois was an inventory clerk at Canadian Tire.<br/> Lois would love to travel to scotland, as that is where her family is from.<br/> Date Initiated: 10/15/2025<br/> Created on: 11/15/2022<br/> Created by: Julie Lambert (Recreation Aide)<br/> Revision on: 10/15/2025<br/> Revision by: Julie Lambert (Recreation Aide)</p> | <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> <p>Recreation Aide</p> | <p></p> <p></p> <p></p> <p></p> |   |                  |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>  | 09/07/1944  | <b>Physician</b>                | Michael Joseph Schweitzer   |                  |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)  |  |   |                                 |  |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |   | <b>Print Date</b>               |   | 11/5/2025        |
| <b>Resident</b>   | Wheaton, Lois (922141000229)   | <b>Admission Date</b>  | 07/06/2022  | <b>Location</b>                 |   | Nash House 124 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025   |   |                                 |   |                  |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position  | Freq/Resolved |            |                           |
|---|---|---|---|---------------|------------|---------------------------|
| <div>• Lois has STRONG PARTICIPATION in Activities.<br/>Date Initiated: 10/15/2025<br/>Created on: 11/15/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div>          |   | <div>• THERAPIES: Present Lois with music therapy, aromatherapy, music medicine and/or sound bathing to improve comfort, identity, inclusion, occupation, and fun.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/02/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• MUSIC CARE APPROACH: Present Lois with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology such as Ipad, google home and TV, and Environmental Sound.<br/>Date Initiated: 10/15/2025<br/>Created on: 04/02/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> | <div>Recreation Aide</div> <div>Recreation Aide</div>                   |               |            |                           |
| <div>• SPIRITUAL BELIEFS: Lois is of the United Church Faith<br/>Date Initiated: 10/15/2025<br/>Created on: 11/15/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> | <div>• To provide Lois spiritual support as interested through to the next review date<br/>Date Initiated: 10/15/2025<br/>Created on: 11/15/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 01/28/2026</div> | <div>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing, Church Service, etc.<br/>Date Initiated: 10/15/2025<br/>Created on: 11/15/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• PERSONAL CHOICE: Respect Lois right to decline participation in Spiritual Program.<br/>Date Initiated: 10/15/2025<br/>Created on: 11/15/2022<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 10/15/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div>   | <div>Social Worker<br/>Recreation Aide</div> <div>Recreation Aide</div> |               |            |                           |
| <div>• -Transfer: Two person assistance during transfers<br/><br/>Hoyer lift to be used PRN if resident is unable to assist<br/>-Locomotion: Wheelchair</div>   | <div>• 1. Able to ambulate using RW with supervision in the next 2 quarters<br/>2. Improve the endurance<br/>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025</div>  | <div>• 1. Ambulation using RW with 1 - 2 p assist using RW - as tolerated<br/>2. STS - Holding on to the rail with 1 p assist<br/><br/>2-3/week<br/>Date Initiated: 03/31/2025<br/>Created on: 03/31/2025</div>   | <div>PT -<br/>Physiotherapist<br/>PTA</div>                             |               |            |                           |
| Allergies   | No Known Allergies  |   | D.O.B.  | 09/07/1944    | Physician  | Michael Joseph Schweitzer |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)   |   |   |               |            |                           |
| Facility  | Arbour Creek Care Centre  |   |   |               | Print Date | 11/5/2025                 |
| Resident  | Wheaton, Lois (922141000229)  |   | Admission Date  | 07/06/2022    | Location   | Nash House 124 1          |
| Last Care Plan Review Completed:  |   | 10/28/2025  |   |               |            |                           |



## Care Plan Report

| Focus  |   | Goal  | Interventions   |                |            | Position       | Freq/Resolved             |
|--|---|---|---|----------------|------------|----------------|---------------------------|
| Date Initiated: 03/31/2025<br>Created on: 03/31/2025<br>Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br>Revision on: 03/31/2025<br>Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)   |   | Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br>Revision on: 03/31/2025<br>Revision by: Nidhi Kathuria Arya (PT - Physiotherapist)<br>Target Date: 01/28/2026   | Created by: Nidhi Kathuria Arya (PT - Physiotherapist)<br>Revision on: 07/10/2025<br>Revision by: Rujuta Thakkar (PT - Physiotherapist)   |                |            |                |                           |
| • Nutrition Risk Level: MODERATE r/t Fair food intake and good fluid intake, insignificant weight changes, nutritional supplementation, dysphagia(stable), BMs managed w/ fibre intervention, independent at meals<br>Date Initiated: 07/05/2022<br>Created on: 07/05/2022<br>Created by: Patrick Howarth (FSM - Food Services Manager)<br>Revision on: 04/03/2024<br>Revision by: Anika Dhalla (Dietitian (RD)) |   | • Lois will be adequately nourished aeb consuming >75% at meals and snacks through to next review date.<br>Date Initiated: 07/05/2022<br>Created on: 07/05/2022<br>Created by: Patrick Howarth (FSM - Food Services Manager)<br>Revision on: 09/22/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Target Date: 01/28/2026<br><br>• Will weigh within RWR of 44.4-59.1kg/BMI 18-24 through to next review date. h=157cm<br>Date Initiated: 07/19/2022<br>Created on: 07/19/2022<br>Created by: Kelsey Sobkowich (Dietitian)<br>Revision on: 10/02/2024<br>Revision by: Anika Dhalla (Dietitian (RD))<br>Target Date: 01/28/2026<br><br>• Lois will be adequately hydrated aeb drinking at least | • NUTRITION RISK: Lois is MODERATE risk level.<br>Date Initiated: 07/05/2022<br>Created on: 07/05/2022<br>Created by: Patrick Howarth (FSM - Food Services Manager)<br>Revision on: 04/03/2024<br>Revision by: Anika Dhalla (Dietitian (RD))<br>• DIET ORDER: Lois will receive Regular diet, Minced texture<br>Date Initiated: 07/05/2022<br>Created on: 07/05/2022<br>Created by: Patrick Howarth (FSM - Food Services Manager)<br>Revision on: 07/14/2023<br>Revision by: Anika Dhalla (Registered Dietitian)<br>• THICKENED FLUIDS: Lois drinks thickened fluids at Nectar-thickened (MT2) fluid consistency.<br>Date Initiated: 01/24/2024<br>Created on: 01/24/2024<br>Created by: Anika Dhalla (Dietitian (RD))<br>Revision on: 01/24/2024<br>Revision by: Anika Dhalla (Dietitian (RD))<br>• FLUID TARGET: Encourage Lois to drink a minimum of 1229mL per day.<br>*Gets around 186mL free water from Resource 2.0 that is not captured in fluid lookback*<br>Date Initiated: 07/05/2022<br>Created on: 07/05/2022<br>Created by: Patrick Howarth (FSM - Food Services Manager)<br>Revision on: 10/03/2025<br>Revision by: Alexandra Breau (Dietitian (RD)) |                |            | Dietitian (RD) |                           |
| Allergies  | No Known Allergies  |   |   | D.O.B.         | 09/07/1944 | Physician      | Michael Joseph Schweitzer |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |   |   |                |            |                |                           |
| Facility   | Arbour Creek Care Centre  |   |   |                |            | Print Date     | 11/5/2025                 |
| Resident   | Wheaton, Lois (922141000229)  |   |   | Admission Date | 07/06/2022 | Location       | Nash House 124 1          |
| Last Care Plan Review Completed:   |   | 10/28/2025  |   |                |            |                |                           |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position   | Freq/Resolved |            |                           |
|---|--|---|--|---------------|------------|---------------------------|
| <p>• Nutrition Risk Level: MODERATE r/t Fair food intake and good fluid intake, insignificant weight changes, nutritional supplementation, dysphagia(stable), BMs managed w/ fibre intervention, independent at meals</p> <p>Date Initiated: 07/05/2022<br/>Created on: 07/05/2022<br/>Created by: Patrick Howarth (FSM - Food Services Manager)<br/>Revision on: 04/03/2024<br/>Revision by: Anika Dhalla (Dietitian (RD))</p> | <p>90% of total fluid requirement 1365mL @ 25ml/kg, 54.6kg through to next review date.<br/>Date Initiated: 07/19/2022<br/>Created on: 07/19/2022<br/>Created by: Kelsey Sobkowich (Dietitian)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/28/2026</p> | <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.<br/>Date Initiated: 06/07/2025<br/>Created on: 06/07/2025<br/>Created by: Michael Mroz (Registered Nurse)</p>  | Dietary aide<br>PCA  |               |            |                           |
|   |  | <p>• ADAPTIVE AIDS: Lois requires soup in mug, fluids in mugs at meals and snacks.<br/>Date Initiated: 07/28/2023<br/>Created on: 07/28/2023<br/>Created by: Anika Dhalla (Registered Dietitian)<br/>Revision on: 07/28/2023<br/>Revision by: Anika Dhalla (Registered Dietitian)</p>   | PCA  |               |            |                           |
|   |  | <p>• MEDPASS SUPPLEMENTS:<br/>1. 90mL Resource 2.0 TID @ Medpass (540kCal and 23g PRO)<br/>Date Initiated: 07/14/2023<br/>Created on: 07/14/2023<br/>Created by: Anika Dhalla (Registered Dietitian)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))</p>  | RN<br>Registered<br>Practical<br>Nurse   |               |            |                           |
|   |  | <p>• Will meet estimated nutritional requirements of 1365-1638kcal @ 25-30kcal/kg, 55-66g protein @ 1-1.2g/kg through to next review date.<br/>Date Initiated: 07/19/2022<br/>Created on: 07/19/2022<br/>Created by: Kelsey Sobkowich (Dietitian)<br/>Revision on: 10/03/2025<br/>Revision by: Alexandra Breau (Dietitian (RD))<br/>Target Date: 01/28/2026</p> | <p>• HIGH FIBRE: Offer<br/>1. prune juice daily @ breakfast<br/>Date Initiated: 07/19/2022<br/>Created on: 07/19/2022<br/>Created by: Kelsey Sobkowich (Dietitian)<br/>Revision on: 01/18/2024<br/>Revision by: System Generated (F)</p> | PCA           |            |                           |
|   |  |   | <p>• FIBRE:<br/>1. 2tbsp flax seed @ breakfast<br/>Date Initiated: 07/28/2023<br/>Created on: 07/28/2023<br/>Created by: Anika Dhalla (Registered Dietitian)<br/>Revision on: 01/18/2024<br/>Revision by: System Generated (F)</p>       | PCA           |            |                           |
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to dementia , weakness and limited mobility.</p>  | <p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period</p>  | <p>• COMMUNICATION: Involve/collaborate with Lois/SDM in decision making in fall prevention Plan of Care<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022</p>  | Registered<br>Practical<br>Nurse   |               |            |                           |
| Allergies   | No Known Allergies   |   | D.O.B.   | 09/07/1944    | Physician  | Michael Joseph Schweitzer |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)  |   |  |               |            |                           |
| Facility  | Arbour Creek Care Centre   |   |  |               | Print Date | 11/5/2025                 |
| Resident  | Wheaton, Lois (922141000229)   |   | Admission Date   | 07/06/2022    | Location   | Nash House 124 1          |
| Last Care Plan Review Completed:  |  | 10/28/2025  |  |               |            |                           |

## Care Plan Report

| Focus  |   | Goal  | Interventions  |                |            | Position                   | Freq/Resolved             |
|--|---|---|--|----------------|------------|----------------------------|---------------------------|
| Limitation of cognitive function/altered judgement,<br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 03/22/2024<br>Revision by: Chantelle Walker (ADOC) |   | Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• CALL BELL: due to cognitive impairment related to Alzheimer's disease Lois may forget or not understand how to use the call bell<br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/18/2024<br>Revision by: System Generated (F) |                |            | PCA                        | D/E/N                     |
|  |   |   | • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:wheelchair<br>Date Initiated: 04/12/2025<br>Created on: 04/12/2025<br>Created by: Myrna Corpuz (RPN)<br>Revision on: 04/12/2025<br>Revision by: Myrna Corpuz (RPN)   |                |            | PCA                        |                           |
|  |   |   | • ENVIRONMENT: Provide secure environment by having dim light on at night, having clear pathway to the bathroom, reducing clutter, providing visual cues about her environment for improved way-finding<br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)                                |                |            | PCA                        |                           |
|  |   |   | • BED: place Lois' bed in the lowest position to lower risk for injury.<br>Date Initiated: 09/09/2023<br>Created on: 09/09/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)  |                |            | PCA                        |                           |
|  |   |   | • ACTIVITY: Engage Lois in meaningful activity to decrease boredom and or restlessness. She likes to listen to music, dance, participate in rec programs and home area activities, play Bingo, go for a walk with staff in her wheelchair.<br>Date Initiated: 09/27/2022<br>Created on: 09/27/2022<br>Created by: Gabrielle Wolfe (RN)   |                |            | Registered Practical Nurse |                           |
|  |   |   |  |                |            |                            |                           |
|  |   |   |  |                |            |                            |                           |
|  |   |   |  |                |            |                            |                           |
|  |   |   |  |                |            |                            |                           |
|  |   |   |  |                |            |                            |                           |
| Allergies  | No Known Allergies  |   |  | D.O.B.         | 09/07/1944 | Physician                  | Michael Joseph Schweitzer |
| Diagnosis  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |   |  |                |            |                            |                           |
| Facility   | Arbour Creek Care Centre  |   |  |                |            | Print Date                 | 11/5/2025                 |
| Resident   | Wheaton, Lois (922141000229)  |   |  | Admission Date | 07/06/2022 | Location                   | Nash House 124 1          |
| Last Care Plan Review Completed:   |   | 10/28/2025  |  |                |            |                            |                           |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position   | Freq/Resolved   |                           |
|--|---|--|--|---|---------------------------|
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to dementia , weakness and limited mobility.</p> <p>Limitation of cognitive function/altered judgement,</p> <p>Date Initiated: 07/06/2022</p> <p>Created on: 07/06/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 03/22/2024</p> <p>Revision by: Chantelle Walker (ADOC)</p> |   | <p>Revision on: 10/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• FOOTWEAR: Ensure Lois wears well-fitting, non-slip footwear for weight bearing transfers as needed.</p> <p>Date Initiated: 07/06/2022</p> <p>Created on: 07/06/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 03/11/2024</p> <p>Revision by: Grace Akah (RN)</p> <p>• HIP PROTECTORS: Lois wears hip protectors at all times to safeguard against injury. Report to Registered Staff if not wearing.</p> <p>Date Initiated: 09/08/2024</p> <p>Created on: 09/08/2024</p> <p>Created by: Shirly Nasufi (Registered Nurse)</p> <p>Revision on: 01/12/2025</p> <p>Revision by: Myrna Corpuz (RPN)</p> <p>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place.</p> <p>Date Initiated: 07/28/2025</p> <p>Created on: 07/28/2025</p> <p>Created by: Manpreet Dhaliwal (Registered Nurse)</p> <p>Revision on: 07/28/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p> <p>• FLOOR MAT: Position a floor mat on left and right side next to Lois bed to lower risk of injury.</p> <p>Date Initiated: 09/09/2023</p> <p>Created on: 09/09/2023</p> <p>Created by: Brittany Saini (RN)</p> <p>Revision on: 10/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• ALARMS: Requires Bed and Chair alarm. Check placement and working order. Staff to respond promptly to Lois when alarm sounding.</p> <p>Lois attempts to remove chair/bed clip alarm. Ensure chair alarm is attached to Lois' inner clothing if she's wearing layers as she may take off outer clothing/sweater and the chair alarm if attached to it.</p> <p>Date Initiated: 09/09/2023</p> | <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> | <p></p> <p>D/E/N</p> <p></p> <p></p> <p></p> <p>D/E/N</p> |                           |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>  | 09/07/1944   | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |  |   |                           |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |  | <b>Print Date</b>   | 11/5/2025                 |
| <b>Resident</b>  | Wheaton, Lois (922141000229)  | <b>Admission Date</b>  | 07/06/2022   | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>  |   | 10/28/2025   |  |   |                           |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position                         | Freq/Resolved                 |                           |
|--|---|--|----------------------------------|-------------------------------|---------------------------|
| <p>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to dementia , weakness and limited mobility.</p> <p>Limitation of cognitive function/altered judgement,</p> <p>Date Initiated: 07/06/2022</p> <p>Created on: 07/06/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 03/22/2024</p> <p>Revision by: Chantelle Walker (ADOC)</p> |   | <p>Created on: 09/09/2023</p> <p>Created by: Navpreet Sekhon (RN)</p> <p>Revision on: 01/19/2024</p> <p>Revision by: Grace Akah (RN)</p> <p>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.</p> <p>Date Initiated: 10/02/2022</p> <p>Created on: 10/02/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 10/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p>   | Registered<br>Practical<br>Nurse |                               |                           |
| <p>• Potential for acute or persistent PAIN and alteration in comfort level related to Osteoarthritis. Pain score 0</p> <p>Multiple facial fractures and right hip fracture open reduction internal fixation post fall</p> <p>Date Initiated: 07/10/2022</p> <p>Created on: 07/10/2022</p> <p>Created by: Jayell Valencia (Registered</p>  | <p>• To promote Lois's comfort and effectively manage PERSISTENT pain each day through to the next review date.</p> <p>Date Initiated: 07/10/2022</p> <p>Created on: 07/10/2022</p> <p>Created by: Jayell Valencia (Registered Practical Nurse)</p> <p>Revision on: 10/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p> | <p>• COMMUNICATION: Involve/collaborate with Lois W. about pain management, goals of treatment, plan of care, prognosis and treatment options.</p> <p>Date Initiated: 07/10/2022</p> <p>Created on: 07/10/2022</p> <p>Created by: Jayell Valencia (Registered Practical Nurse)</p> <p>Revision on: 10/26/2023</p> <p>Revision by: Navpreet Sekhon (RN)</p> <p>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain</p> | Registered<br>Practical<br>Nurse | RN<br>Registered<br>Practical |                           |
| <b>Allergies</b>   | No Known Allergies  | <b>D.O.B.</b>  | 09/07/1944                       | <b>Physician</b>              | Michael Joseph Schweitzer |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)   |  |                                  |                               |                           |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |                                  | <b>Print Date</b>             | 11/5/2025                 |
| <b>Resident</b>  | Wheaton, Lois (922141000229)  | <b>Admission Date</b>  | 07/06/2022                       | <b>Location</b>               | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>  |   | 10/28/2025   |                                  |                               |                           |

## Care Plan Report

| Focus   |   | Goal   | Interventions  |                |            |            | Position                  | Freq/Resolved |
|---|---|--|--|----------------|------------|------------|---------------------------|---------------|
| Practical Nurse)<br>Revision on: 01/22/2024<br>Revision by: Navpreet Sekhon (RN)  |   | Target Date: 01/28/2026  | optimal resident satisfaction for pain control.<br>Date Initiated: 07/10/2022<br>Created on: 07/10/2022<br>Created by: Jayell Valencia (Registered Practical Nurse)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• PREFERENCES: Lois has identified preference for pain management (prefers non-pharmaceutical interventions).<br>Date Initiated: 07/10/2022<br>Created on: 07/10/2022<br>Created by: Jayell Valencia (Registered Practical Nurse)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• REST: accommodate Lois' rest and relaxation preferences (i.e. breaks between activities).<br>Date Initiated: 10/02/2022<br>Created on: 10/02/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.<br>Date Initiated: 07/10/2022<br>Created on: 07/10/2022<br>Created by: Jayell Valencia (Registered Practical Nurse)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) |                |            |            | Nurse                     |               |
| • Risk for Impaired SKIN INTEGRITY related to Frailty, Thin fragile Skin, Low body weight and incontinence.<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 01/12/2024 |   | • To protect and maintain skin integrity each day through to the next review<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 10/26/2023 | • SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.<br>Date Initiated: 08/04/2025<br>Created on: 08/04/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>• HEALTH EDUCATION: Engage Lois/SDM in health education regarding prevention of skin impairment.   |                |            |            | PCA                       |               |
| Allergies   | No Known Allergies  |  |  | D.O.B.         | 09/07/1944 | Physician  | Michael Joseph Schweitzer |               |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |  |                |            |            |                           |               |
| Facility  | Arbour Creek Care Centre  |  |  |                |            | Print Date | 11/5/2025                 |               |
| Resident  | Wheaton, Lois (922141000229)  |  |  | Admission Date | 07/06/2022 | Location   | Nash House 124 1          |               |
| Last Care Plan Review Completed:  |   | 10/28/2025   |  |                |            |            |                           |               |

## Care Plan Report

| Focus  |  | Goal   | Interventions   |  |  |  | Position  | Freq/Resolved |
|--|--|--|---|--|--|--|---|---------------|
| Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |  | Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Kamaljit Matharu (Registered Practical Nurse)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>• EQUIPMENT: Lois requires Roho cushion to offload pressure. Ensure cushion is inflated appropriately.<br>Date Initiated: 12/07/2023<br>Created on: 12/07/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 12/07/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• POSITIONING: Lois has Turn, reposition every 2 hours when in bed/wheelchair to offload pressure.<br>Date Initiated: 08/04/2025<br>Created on: 08/04/2025<br>Created by: Mihaela Devic (RAI Coord Back-up)<br>Revision on: 08/04/2025<br>Revision by: Mihaela Devic (RAI Coord Back-up) |  |  |  | Nurse<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br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## Care Plan Report

| Focus                                   | Goal  | Interventions  | Position  | Freq/Resolved |                   |                           |
|---|---|--|---|---------------|-------------------|---------------------------|
|   |   | <p>negatively impact residents quality of life.<br/> Date Initiated: 08/16/2022<br/> Created on: 08/16/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• RESIDENT STRENGTHS: Build on Lois' effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities.<br/> Date Initiated: 08/16/2022<br/> Created on: 08/16/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• DISTRACTION ACTIVITIES: Lois can be calmed doing activities of interest including listening to music, watching movies, going for a walk, therapeutic engagement with staff or family.<br/> Date Initiated: 08/16/2022<br/> Created on: 08/16/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• ENVIRONMENT: Modify environment to support MOOD STABILITY, reduce noise, open curtains, preferred music.<br/> Date Initiated: 08/16/2022<br/> Created on: 08/16/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• FAMILY SUPPORT: Lois enjoys visits from family members and friends, specifically her daughter and granddaughter.<br/> Date Initiated: 08/16/2022<br/> Created on: 08/16/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• SLEEP/REST: Promote adequate sleep and rest to stability of Lois' mood. Report</p> | <p>Nurse</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>Recreation<br/>Aide<br/>PCA</p> <p>PCA</p> <p>Registered<br/>Practical<br/>Nurse</p> <p>PCA</p> |               |                   |                           |
| <b>Allergies</b>                        | No Known Allergies  |  | <b>D.O.B.</b>   | 09/07/1944    | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |   |               |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre  |  |   |               | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Wheaton, Lois (922141000229)  |  | <b>Admission Date</b>   | 07/06/2022    | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b> |   | 10/28/2025   |   |               |                   |                           |



## Care Plan Report

| Focus   |   | Goal   | Interventions   |            | Position  | Freq/Resolved             |
|---|---|--|---|------------|---|---------------------------|
| • Potential to experience alteration in MOOD as exhibited repetitive questions and verbalizations, sad, pained worried expression and restlessness related to Decline in Health Condition, and Dementia.<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |   |  | changes in sleeping habits to Registered Staff as noted.<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)  |            |   |                           |
| • Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Dementia.<br>Date Initiated: 01/12/2024<br>Created on: 01/12/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)  |   | • Lois will be supported to maintain current communication abilities each day through to the review date.<br>Date Initiated: 01/12/2024<br>Created on: 01/12/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Lois/SDM for decision making about strategies needed to support effective communication.<br>Date Initiated: 01/12/2024<br>Created on: 01/12/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.<br>Date Initiated: 01/12/2024<br>Created on: 01/12/2024<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) |            | Registered<br>Practical<br>Nurse<br><br><br><br><br><br>PCA<br>Registered<br>Practical<br>Nurse<br>Recreation<br>Aide |                           |
| <b>Allergies</b>  | No Known Allergies  |  | <b>D.O.B.</b>   | 09/07/1944 | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |   |            |   |                           |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |   |            | <b>Print Date</b>   | 11/5/2025                 |
| <b>Resident</b>   | Wheaton, Lois (922141000229)  |  | <b>Admission Date</b>   | 07/06/2022 | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>   |   | 10/28/2025   |   |            |   |                           |

## Care Plan Report

| Focus  |   | Goal  | Interventions   |                       |            | Position                   | Freq/Resolved             |
|--|---|---|---|-----------------------|------------|----------------------------|---------------------------|
| <b>• Sleep Patterns</b><br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)      |   | <b>• To promote adequate rest/sleep for Lois based on identified sleep patterns/preferences each night through to the next review date</b><br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026   | <b>• REST PATTERN:</b> Lois's usual wake time is between 0730-0830 hrs. and is usually up throughout the days and evenings. Lois's preferred bedtime is between 2100-2300 hrs. Lois requires medication to assist with sleeping due to being up at night.<br>Date Initiated: 07/21/2022<br>Created on: 07/21/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)   |                       |            | PCA                        |                           |
| <b>• Potential for BOWEL INCONTINENCE related to physical limitation</b><br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) |   | <b>• Lois will have bowel incontinence managed every shift through to the next review period.</b><br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026<br><br><b>• Lois will receive support to use toilet and promote optimal bowel continence each day through to the next review.</b><br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | <b>• COMMUNICATION:</b> Involve/collaborate with Lois/SDM for decision making about bowel function, toileting options, incontinence.<br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><br><b>• BOWEL Continence level is TOTALLY Incontinent. Report change to level as noted.</b><br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br><br><b>• BOWEL MOVEMENT:</b> Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.<br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><br><b>• INCONTINENCE PRODUCT:</b> Janet uses MEDIUM briefs for days, evenings, and nights. |                       |            | Registered Practical Nurse |                           |
| <b>Allergies</b>   | No Known Allergies  |   |   | <b>D.O.B.</b>         | 09/07/1944 | <b>Physician</b>           | Michael Joseph Schweitzer |
| <b>Diagnosis</b>   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |   |   |                       |            |                            |                           |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |   |                       |            | <b>Print Date</b>          | 11/5/2025                 |
| <b>Resident</b>  | Wheaton, Lois (922141000229)  |   |   | <b>Admission Date</b> | 07/06/2022 | <b>Location</b>            | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>  |   | <b>10/28/2025</b>   |   |                       |            |                            |                           |

## Care Plan Report

| Focus   |  | Goal   | Interventions   |  |  | Position   | Freq/Resolved |
|---|--|--|---|--|--|--|---------------|
| • Potential for BOWEL INCONTINENCE related to physical limitation<br>Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) |  |  | Date Initiated: 07/07/2023<br>Created on: 07/07/2023<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)  |  |  |  |               |
| • URINARY: Overflow INCONTINENCE related to Dementia Diagnosis<br>Date Initiated: 08/15/2022<br>Created on: 08/15/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)    |  | • Lois will have urinary incontinence managed every shift through to the next review period<br>Date Initiated: 08/15/2022<br>Created on: 08/15/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026<br><br>• Lois will receive support to use toilet, and promote urinary continence each shift through to the next review<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | • COMMUNICATION: Involve/collaborate with Lois/SDM for decision making about toileting options or incontinence management<br>Date Initiated: 10/02/2022<br>Created on: 10/02/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><br>• MONITORING: Utilize holistic perspective of continuous monitoring of Lois for toileting needs, changes to health status and alteration of continence level<br>Date Initiated: 10/02/2022<br>Created on: 10/02/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><br>• URINARY Continence level is TOTALLY Incontinent. Report change to level as noted.<br>Date Initiated: 08/15/2022<br>Created on: 08/15/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 01/12/2024<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br><br>• INCONTINENCE PRODUCT: Lois wears/uses size medium brief for days, evenings |  |  | Registered Practical Nurse<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br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## Care Plan Report

| Focus   |   | Goal   | Interventions  |                       |            | Position  | Freq/Resolved             |
|---|---|--|--|-----------------------|------------|---|---------------------------|
| <b>• URINARY: Overflow INCONTINENCE</b><br>related to Dementia Diagnosis<br>Date Initiated: 08/15/2022<br>Created on: 08/15/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)  |   |  | and nights.<br>Date Initiated: 08/15/2022<br>Created on: 08/15/2022<br>Created by: Navpreet Sekhon (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)  |                       |            |   |                           |
| <b>• Potential for Expressive Behavior of WANDERING, VERBAL, PHYSICAL, RESISTANCE to care need nature related to Symptom Progression of Dementia/Alzheimer's disease.</b><br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) |   | <b>• To promote safety for Lois and/or others during each episode of wandering, resistance to care, verbal and physical responsive behaviors through to the next review date.</b><br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | <b>• COMMUNICATION:</b> Involve/collaborate with Lois/SDM about identified Risk of Expressive Behavior, discuss triggering factors, and plan of care needs/options as needed.<br>Explain the personal care activity to the resident one step at a time<br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><b>• ASSESS/MONITOR:</b> Utilize holistic perspective of continuous monitoring of Lois for indications to change in or for escalating expressive behaviour risk.<br>Date Initiated: 07/06/2022<br>Created on: 07/06/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br><b>• TRIGGERS</b> leading to PHYSICAL Hitting, Punching, Slapping, Biting, Kicking, grabbing etc. as expression of behaviour include anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning.<br>Date Initiated: 08/16/2022<br>Created on: 08/16/2022<br>Created by: Gabrielle Wolfe (RN) |                       |            | Registered<br>Practical<br>Nurse<br>Social Worker |                           |
| <b>Allergies</b>  | No Known Allergies  |  |  | <b>D.O.B.</b>         | 09/07/1944 | <b>Physician</b>                                  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |  |                       |            |   |                           |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |  |                       |            | <b>Print Date</b>                                 | 11/5/2025                 |
| <b>Resident</b>   | Wheaton, Lois (922141000229)  |  |  | <b>Admission Date</b> | 07/06/2022 | <b>Location</b>                                   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>   |   | 10/28/2025   |  |                       |            |   |                           |

## Care Plan Report

| Focus                                   | Goal  | Interventions  | Position   | Freq/Resolved     |                           |
|---|---|--|--|-------------------|---------------------------|
|   |   | <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• PHYSICAL Behavior: If Lois is attempting to strikeout, grab, punch; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance.</p> <p>Date Initiated: 08/16/2022<br/>Created on: 08/16/2022<br/>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• PHYSICAL Behaviour: Personal care to be provided by 2 staff, in order to maintain safety.</p> <p>Date Initiated: 08/16/2022<br/>Created on: 08/16/2022<br/>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• TRIGGERS leading to VERBAL responsive behaviours such as raising her voice, calling names as expression of behaviour include loss of control, frustration, limitation in self expression, misunderstanding care intention</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• VERBAL Behaviour: If Lois is heard yelling, swearing or calling others names; calmly remind her to lower her voice and that chosen words are not appropriate. Attempt to resolve her concern. Report episode to Registered Staff.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe as expression of behaviour include confusion, misunderstanding care needs, poor judgement.</p> | <p>PCA<br/>Registered<br/>Practical<br/>Nurse<br/>RN</p> <p>PCA</p> <p>RN<br/>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse</p> <p>PCA<br/>Registered<br/>Practical</p> |                   |                           |
| <b>Allergies</b>                        | No Known Allergies  | <b>D.O.B.</b>  | 09/07/1944   | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |  |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre  |  |  | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Wheaton, Lois (922141000229)  | <b>Admission Date</b>  | 07/06/2022   | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b> |   | 10/28/2025   |  |                   |                           |

## Care Plan Report

| Focus   | Goal  | Interventions   | Position                                      | Freq/Resolved     |                           |
|---|---|---|---|-------------------|---------------------------|
| <p>• Potential for Expressive Behavior of WANDERING, VERBAL, PHYSICAL, RESISTANCE to care need nature related to Symptom Progression of Dementia/Alzheimer's disease.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> |   | <p>Identify source of resistance to personal care (e.g., unmet needs, psychosis) and notify physician/NP as required<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• RESISTANCE to Care Need: If Lois is refusing to bathe, change clothes, then staff are to re-approach in 10-15 minutes. Report episode to Registered Staff.<br/> Encourage Lois's participation in bathing/dressing (e.g., give Lois a washcloth, use hand over hand techniques)<br/> Establish bathing habits and alternate bathing techniques according to resident's preference.<br/> Provide options for modesty during care/bathing according to Lois's preference (e.g., underwear, bathing suit)</p> <p>Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• DIVERSION ACTIVITY: Lois responds well to 1:1 interaction with staff, listening to music, taking a walk as method to calm or redirect energy.<br/> 1) Validate the resident's reality and emotional state<br/> 2) Join in the resident's reality and listen to their perspective<br/> 3) Distract by offering favourite food, drink, activity, or item<br/> 4) Provide gentle redirection to new activity/location<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)</p> <p>• ENVIRONMENT: Lois is most calm with quiet area, small groups.</p> <p>Date Initiated: 07/06/2022<br/> Created on: 07/06/2022</p> | <p>Nurse</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> |                   |                           |
| <b>Allergies</b>  | No Known Allergies  | <b>D.O.B.</b>   | 09/07/1944                                    | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |   |   |                   |                           |
| <b>Facility</b>   | Arbour Creek Care Centre  |   |   | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>   | Wheaton, Lois (922141000229)  | <b>Admission Date</b>   | 07/06/2022                                    | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>   |   | 10/28/2025  |   |                   |                           |

## Care Plan Report

| Focus   |   | Goal  | Interventions   |                |            | Position                               | Freq/Resolved                           |
|---|---|---|---|----------------|------------|--|---|
| <p>• Potential for Expressive Behavior of WANDERING, VERBAL, PHYSICAL, RESISTANCE to care need nature related to Symptom Progression of Dementia/Alzheimer's disease.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> |   |   | <p>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• APPROACH: Use Gentle Persuasive Approach: Approach Lois from the front, introduce self, use calm, direct language, simple phrases, state reason for interaction or care and what Lois can expect. Do not rush or force her, allow her ample time to respond and follow directions.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> |                |            | PCA                                    |   |
| <p>• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, poor judgement) related to Dementia</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p>                                      |   | <p>• Lois will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 4.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 01/12/2024<br/>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</p> | <p>• COMMUNICATION: Involve/collaborate with Lois/SDM in decision making of Cognitive Loss for unspecified dementia.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <p>• ORIENTATION: Gently reorient to person, place, time as needed when Louis is feeling lost or in a confused state.</p> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022</p>   |                |            | RN<br>Registered<br>Practical<br>Nurse | PCA<br>Registered<br>Practical<br>Nurse |
| Allergies   | No Known Allergies  |   |   | D.O.B.         | 09/07/1944 | Physician                              | Michael Joseph Schweitzer               |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |   |   |                |            |  |   |
| Facility  | Arbour Creek Care Centre  |   |   |                |            | Print Date                             | 11/5/2025                               |
| Resident  | Wheaton, Lois (922141000229)  |   |   | Admission Date | 07/06/2022 | Location                               | Nash House 124 1                        |
| Last Care Plan Review Completed:  |   | 10/28/2025  |   |                |            |  |   |

## Care Plan Report

| Focus   |   | Goal   | Interventions   |                |            | Position   | Freq/Resolved             |     |  |
|---|---|--|---|----------------|------------|------------|---------------------------|-----|--|
|   |   | Target Date: 01/28/2026  | <div>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• PERSONAL ROUTINE: Provide consistency in care routine and activities (walking on home area after breakfast, involved in rec programs in afternoon, familiar care providers as often as possible.<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• CUE TASKS: Break tasks into manageable subtasks, Louis can comprehend and follow steps at a time.<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> <div>• ENVIRONMENT: Provide environmental clue to promote Lois' ability to locate room and navigating home area (i.e. name plate, photo outside of room, use of signage).<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> |                |            |            |                           | PCA |  |
| <div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation and physical decline<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> |   | <div>• Lois will be supported to cope with changing functional abilities of dementia and have ADL care needs met each day through to the next review date.<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</div> | <div>• BATHING: Lois prefers shower Wednesday and Sunday days. TOTAL assistance for bathing. Nail care to be provided on shower/bath day.<br/>Date Initiated: 07/11/2025<br/>Created on: 07/11/2025<br/>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br/>Revision on: 07/20/2025<br/>Revision by: Myrna Corpuz (RPN)</div> <div>• BED MOBILITY: Lois requires two person EXTENSIVE assistance in the morning due to back pain.<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022</div>  |                |            |            |                           | PCA |  |
| Allergies   | No Known Allergies  |  |   | D.O.B.         | 09/07/1944 | Physician  | Michael Joseph Schweitzer |     |  |
| Diagnosis   | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |  |   |                |            |            |                           |     |  |
| Facility  | Arbour Creek Care Centre  |  |   |                |            | Print Date | 11/5/2025                 |     |  |
| Resident  | Wheaton, Lois (922141000229)  |  |   | Admission Date | 07/06/2022 | Location   | Nash House 124 1          |     |  |
| Last Care Plan Review Completed:  |   | 10/28/2025   |   |                |            |            |                           |     |  |



## Care Plan Report

| Focus                                   | Goal   | Interventions   | Position   | Freq/Resolved     |                           |
|---|--|---|------------|-------------------|---------------------------|
|   | <p>Target Date: 01/28/2026</p> <p>• Lois will be supported to maintain current self participation in ADL care for eating, dressing, ambulation and assisted to ensure all ADL care tasks are met each day through to the next review date.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)<br/> Target Date: 01/28/2026</p> | <p>Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 01/12/2024<br/> Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br/> • DRESSING: Lois requires two person EXTENSIVE assistance/care due to physical limitations.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 01/12/2024<br/> Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br/> • EATING: Lois requires SUPERVISION/CUEING during mealtimes. Occasionally may require limited assistance.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 01/12/2024<br/> Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br/> • LOCOMOTION: Lois requires one person total assistance at this time. She uses wheelchair as primary mode of locomotion on and off the unit<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 10/26/2023<br/> Revision by: Navpreet Sekhon (RN)<br/> • PERSONAL HYGIENE: Lois requires one person EXTENSIVE assistance with personal hygiene.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)<br/> Revision on: 01/12/2024<br/> Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br/> • HAND HYGIENE: 1 staff to provide LIMITED assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene.<br/> Date Initiated: 07/06/2022<br/> Created on: 07/06/2022<br/> Created by: Vinnie Noriega (Registered Practical Nurse)</p> | PCA        |                   |                           |
| <b>Allergies</b>                        | No Known Allergies   | <b>D.O.B.</b>   | 09/07/1944 | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)  |   |            |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre   |   |            | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Wheaton, Lois (922141000229)   | <b>Admission Date</b>   | 07/06/2022 | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b> |  | 10/28/2025  |            |                   |                           |

## Care Plan Report

| Focus   | Goal   | Interventions   | Position                         | Freq/Resolved     |                           |
|---|--|---|----------------------------------|-------------------|---------------------------|
| <ul style="list-style-type: none"> <li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation and physical decline</li> </ul> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> |  | <p>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> <ul style="list-style-type: none"> <li><b>TOILET USE:</b> Lois requires two person EXTENSIVE assistance with toileting.</li> </ul> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 01/12/2024<br/>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) <li><b>TRANSFERRING:</b> Lois requires two-person side by side Extensive assistance during transfers .</li> <p>Hoyer lift to be used PRN if resident is unable to assist.<br/>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 04/05/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse) <li><b>ORAL CARE:</b> Lois has TEETH and requires one person total assistance for oral care.</li> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN) <li><b>FOOT CARE:</b> Foot Care Nurse and PCA to complete toenail care every shower day. Report long toe nails or other abnormalities as noted.</li> <p>Date Initiated: 07/06/2022<br/>Created on: 07/06/2022<br/>Created by: Vinnie Noriega (Registered Practical Nurse)<br/>Revision on: 10/26/2023<br/>Revision by: Navpreet Sekhon (RN)</p> </p></p></p> | PCA                              |                   |                           |
| <ul style="list-style-type: none"> <li>Expressed Wishes and Beliefs related to Lois Medical Treatment and End of Life Care</li> </ul> <p>Date Initiated: 08/26/2022<br/>Created on: 08/26/2022<br/>Created by: Jason Geerlinks (Staff Development)</p>  | <ul style="list-style-type: none"> <li>To support and honor Lois expressed wishes and beliefs through to the End of Life</li> </ul> <p>Date Initiated: 08/26/2022<br/>Created on: 08/26/2022<br/>Created by: Jason Geerlinks (Staff Development)</p> | <ul style="list-style-type: none"> <li><b>CPR:</b> Lois wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.</li> </ul> <p>Date Initiated: 10/04/2022<br/>Created on: 10/04/2022<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 10/26/2023</p>   | Registered Practical Nurse<br>RN |                   |                           |
| <b>Allergies</b>  | No Known Allergies   | <b>D.O.B.</b>   | 09/07/1944                       | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>  | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090)  |   |                                  |                   |                           |
| <b>Facility</b>   | Arbour Creek Care Centre   |   |                                  | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>   | Wheaton, Lois (922141000229)   | <b>Admission Date</b>   | 07/06/2022                       | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b>   |  | 10/28/2025  |                                  |                   |                           |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position                               | Freq/Resolved |
|---|--|--|--|---------------|
| and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) | Development and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN)<br>Target Date: 01/28/2026 | Revision by: Navpreet Sekhon (RN)<br><br>• HEALTH TEACHING: Engage with Lois/SDM to enhance her comprehension of treatment, possible complications, disease trajectory associated with END of LIFE CARE.<br>Date Initiated: 08/26/2022<br>Created on: 08/26/2022<br>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)<br>Revision on: 10/26/2023<br>Revision by: Navpreet Sekhon (RN) | RN<br>Registered<br>Practical<br>Nurse |               |
|   |  |  |  |               |

|   |   |                       |            |                   |                           |
|---|---|-----------------------|------------|-------------------|---------------------------|
| <b>Allergies</b>                        | No Known Allergies  | <b>D.O.B.</b>         | 09/07/1944 | <b>Physician</b>  | Michael Joseph Schweitzer |
| <b>Diagnosis</b>                        | Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Unspecified fracture of neck of femur, closed(S72.090) |                       |            |                   |                           |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025                 |
| <b>Resident</b>                         | Wheaton, Lois (922141000229)  | <b>Admission Date</b> | 07/06/2022 | <b>Location</b>   | Nash House 124 1          |
| <b>Last Care Plan Review Completed:</b> |   | 10/28/2025            |            |                   |                           |

## Care Plan Report

| Focus  | Goal   | Interventions  | Position  | Freq/Resolved |
|--|--|--|---|---------------|
| <div>• SPIRITUAL BELIEFS: Margaret is of the Christian Faith.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/07/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div>                                   | <div>• To provide Margaret spiritual support as interested through to the next review date.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/07/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 02/04/2026</div>   | <div>• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Hymn Sing and Church Service.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/07/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• PERSONAL CHOICE: Respect Margaret's right to decline participation in Spiritual Program. Margaret does not currently practice.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/07/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div>  | Recreation Aide   |               |
| <div>• Margaret DECLINES PARTICIPATION in any structured programs related to personal choice.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> | <div>• Margaret participates in Independent/Self-Directed activities monthly through to the next review period.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)<br/>Target Date: 02/04/2026</div> <div>• Margaret will maintain an ISE score of (2) by the next review period.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert</div> | <div>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as reading paper,watching TV in own room, walking and family visits.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• FRIENDLY VISIT: Provide her one to one visits as tolerated. Touch Base to maintain contact and to engage in small talk about past life events.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/25/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• INVITATION: Offer friendly invite to structured programs scheduled in the home.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/25/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</div> <div>• FAMILY INVOLVEMENT: Margaret's husband comes to visit 2-3 times a week.<br/>Date Initiated: 11/04/2025</div> | Recreation Aide<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>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## Care Plan Report

| Focus   | Goal  | Interventions  | Position  | Freq/Resolved     |                  |
|---|---|--|---|-------------------|------------------|
| <p>• Margaret DECLINES PARTICIPATION in any structured programs related to personal choice.</p> <p>Date Initiated: 11/04/2025<br/>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p>                         | <p>(Recreation Aide)<br/>Target Date: 02/04/2026</p>  | <p>Created on: 02/18/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• HELPFUL HINTS:<br/>Margaret will decline invitation to participate however may join a program half way through on her own.<br/>Margaret has a husband that visits weekly.<br/>Margaret prefers to keep to herself and not engage with co-residents.<br/>Margaret can become upset when other residents are at her dining table or in her way while walking.<br/>Date Initiated: 11/04/2025<br/>Created on: 04/25/2022<br/>Created by: Samantha Miller (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> <p>• MUSIC CARE APPROACH: Present Margaret with Community music, Music Care Specialists, Musicking, and Music Programming.<br/>Date Initiated: 11/04/2025<br/>Created on: 02/07/2025<br/>Created by: Julie Lambert (Recreation Aide)<br/>Revision on: 11/04/2025<br/>Revision by: Julie Lambert (Recreation Aide)</p> | <p>Recreation Aide</p> <p>Recreation Aide</p>   |                   |                  |
| <p>• Alteration in skin integrity related to mole to ( left side of chin ).</p> <p>Date Initiated: 11/01/2025<br/>Created on: 11/01/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 11/01/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> | <p>• To promote intact skin integrity through healing of mole to the left side of chin by ( 2/4/2026)</p> <p>Date Initiated: 11/01/2025<br/>Created on: 11/01/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 11/01/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Target Date: 02/04/2026</p> | <p>• COMMUNICATION: Involve/collaborate with (Margaret)/SDM in decision making for treatment of mole to the left side of chin as skin issue.<br/>Date Initiated: 11/01/2025<br/>Created on: 11/01/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 11/01/2025<br/>Revision by: Ecttel Harding-Campbell (Registered Practical Nurse)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret with (mole to left side of chin) for changes to health status and alteration or complications affecting skin integrity.<br/>Date Initiated: 11/01/2025<br/>Created on: 11/01/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)</p>  | <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> <p>RN<br/>Registered<br/>Practical<br/>Nurse</p> |                   |                  |
| <b>Allergies</b>  | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses   |  |   |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021  | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 08/25/2025   |   |                   |                  |

## Care Plan Report

[illegible]

## Care Plan Report

| Focus   | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|---|---|--|------------|-------------------|------------------|
| <ul style="list-style-type: none"> <li>Potential for pain related to (specify: aging/health status/etc.)<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Lauren Bonomo (Registered Practical Nurse)</li> </ul>  | <ul style="list-style-type: none"> <li>Early identification of pain<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Lauren Bonomo (Registered Practical Nurse)<br/>Target Date: 02/04/2026</li> </ul>   | <ul style="list-style-type: none"> <li>Rescreen for the presence of new pain (specify frequency: once per shift/during comfort rounds/during routine care/ other (specify)) as well as with sig changes in health status and before, during and after a potentially painful procedure or intervention.<br/>Date Initiated: 10/20/2025<br/>Created on: 10/20/2025<br/>Created by: Lauren Bonomo (Registered Practical Nurse)</li> </ul>   |            |                   |                  |
| <ul style="list-style-type: none"> <li>Individualized Fall Prevention and Injury Reduction Plan<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)</li> </ul> | <ul style="list-style-type: none"> <li>To decrease the number of falls for throughout this review period.<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)<br/>Target Date: 02/04/2026</li> </ul> | <ul style="list-style-type: none"> <li>Encourage and remind resident to ask for assistance.<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)</li> <li>Keep resident occupied in purposeful activity (specify: fold laundry, colouring, one-to-one time with program staff, family visits / ____ ) to decrease fall risk.<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)</li> <li>Monitor the resident's medications routinely to reduce fall risk.<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)</li> <li>Resident is at risk for (specify: bleeding/impaired skin integrity/fracture) apply/administer (specify: ____ (e.g., hip protectors / ____))<br/>Date Initiated: 05/27/2025<br/>Created on: 05/27/2025<br/>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br/>Revision on: 10/20/2025<br/>Revision by: Lauren Bonomo (Registered Practical Nurse)</li> </ul> |            |                   |                  |
| <ul style="list-style-type: none"> <li>Potential for falls related to (specify: aging/health status/____)</li> </ul>  | <ul style="list-style-type: none"> <li>To decrease the number of falls throughout this review</li> </ul>  | <ul style="list-style-type: none"> <li>Encourage resident to use (specify: cane/walker/wheelchair/transfer pole, etc.) when (specify: ambulating/transferring/ etc.)</li> </ul>  |            |                   |                  |
| <b>Allergies</b>  | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses   |  |            |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre  |  |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>   |   | 08/25/2025   |            |                   |                  |

## Care Plan Report

| Focus   |   | Goal   | Interventions  |            |            | Position  | Freq/Resolved |
|---|---|--|--|------------|------------|---|---------------|
| /Post-fall interventions to mitigate falls risk related to (specify: aging/visual impairment/ specify)<br>Date Initiated: 05/27/2025<br>Created on: 05/27/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/20/2025<br>Revision by: Lauren Bonomo (Registered Practical Nurse)  |   | period<br>Date Initiated: 05/27/2025<br>Created on: 05/27/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/20/2025<br>Revision by: Lauren Bonomo (Registered Practical Nurse)<br>Target Date: 02/04/2026  | Date Initiated: 05/27/2025<br>Created on: 05/27/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/20/2025<br>Revision by: Lauren Bonomo (Registered Practical Nurse)<br>• Encourage resident to wear non-skid footwear (specify).<br>Date Initiated: 05/27/2025<br>Created on: 05/27/2025<br>Created by: Ecttel Harding-Campbell (Registered Practical Nurse)<br>Revision on: 10/20/2025<br>Revision by: Lauren Bonomo (Registered Practical Nurse)  |            |            |   |               |
| • Potential for Expressive Behavior of WANDERING, RESISTIVE TO CARE NEEDS, physically responsive to others (pushing walker to staff or co-resident, allegedly bit a co-resident July 23/25), VERBALLY RESPONSIVE (calling staff/co-resident names) related to Symptom Progression of Dementia/Alzheimer.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 09/03/2025<br>Revision by: Rupinder Yogi (Nurse Clinician) |   | • To promote safety for Margaret and others during each episode of WANDERING, RESISTIVE TO CARE NEEDS, physical responsive to others through to the next review date<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 07/28/2025<br>Revision by: Monika Musan (Social Services Worker)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Margaret/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Margaret for indications to change in or for escalating expressive behaviour risk.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• TRIGGERS leading to PHYSICAL (hitting, pushing, using her walker and pushing it against others) as expression of behaviour include: anger, frustration, confusion, other residents touching Margret, invasion of personal space, Sundowning, crowded spaces, increased noise, others in the way of her usual walking path.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022 |            |            | BSO - Internal<br>BSO - External<br>Social Worker             |               |
|   |   |  |  |            |            | Registered<br>Practical<br>Nurse                              |               |
|   |   |  |  |            |            | Registered<br>Practical<br>Nurse<br>PCA<br>Recreation<br>Aide |               |
| Allergies   | Contrast Dye  |  | D.O.B.   | 03/19/1932 | Physician  | Nachwa Ghobara  |               |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |  |            |            |   |               |
| Facility  | Arbour Creek Care Centre  |  |  |            | Print Date | 11/5/2025   |               |
| Resident  | Wilson, Margaret (922141000199)   |  | Admission Date   | 11/09/2021 | Location   | Nash House 117 1  |               |
| Last Care Plan Review Completed:  |   | 08/25/2025   |  |            |            |   |               |



## Care Plan Report

| Focus                                   | Goal  | Interventions   | Position  | Freq/Resolved     |                  |
|---|---|---|---|-------------------|------------------|
|   |   | <p>Created by: Gabrielle Wolfe (RN)<br/> Revision on: 07/28/2025<br/> Revision by: Monika Musan (Social Services Worker)</p> <p>• PHYSICAL Behaviour: If Margaret is attempting to strikeout or in bad mood, pacing in the hallway; move back from her reach. Monitor safety and safety of other residents on the floor. Calmly indicate that care will continue when she is calm or ready. Seek Registered Staff assistance.<br/> Date Initiated: 01/03/2022<br/> Created on: 01/03/2022<br/> Created by: Shirly Nasufi (Registered Nurse)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• PHYSICAL Behaviour: If Margaret is becoming physically responsive or attempting to push her walker at staff or co-residents, speak to her directly but calmly, ask her to stop, redirect co-residents away, provide validation and verbal redirection, provide her quiet space and time to settle.<br/> Date Initiated: 02/02/2023<br/> Created on: 02/02/2023<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• TRIGGERS leading to VERBAL yelling, calling names as expression of behaviour include loss of control, frustration, limitation in self expression, misunderstanding care intention and feeling like her privacy or personal space are invaded (she often becomes responsive when co-residents sit at her dining room table spot or stand too close to her)<br/> Date Initiated: 03/01/2022<br/> Created on: 03/01/2022<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• VERBAL Behaviour: If Margaret is heard yelling, swearing or calling others names; calmly remind her to lower her voice and that chosen words are not appropriate. Attempt to resolve her concern and/or positively redirect/distract her using verbal techniques. Report episode to Registered Staff.</p> | <p>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse<br/>PCA</p> <p>PCA<br/>Registered<br/>Practical<br/>Nurse<br/>Recreational<br/>Therapy Aide<br/>Social Worker</p> <p>PCA<br/>Recreational<br/>Therapy Aide<br/>Registered<br/>Practical</p> |                   |                  |
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>   | 03/19/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b>   | 11/09/2021  | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025  |   |                   |                  |

## Care Plan Report

| Focus  |  | Goal  | Interventions  |                |              | Position                                | Freq/Resolved    |
|--|--|---|--|----------------|--------------|---|------------------|
| <p>• Potential for Expressive Behavior of WANDERING, RESISTIVE TO CARE NEEDS, physically responsive to others (pushing walker to staff or co-resident, allegedly bit a co-resident July 23/25), VERBALLY RESPONSIVE (calling staff/co-resident names) related to Symptom Progression of Dementia/Alzheimer.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 09/03/2025<br/>Revision by: Rupinder Yogi (Nurse Clinician)</p> |  |   | Date Initiated: 03/01/2022<br>Created on: 03/01/2022<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |              | Nurse<br>RN                             |                  |
|  |  |   | • VERBAL Behaviour: When Margaret is heard raising her voice, swearing or calling staff or co-residents names this is an indication that she is becoming frustrated, angry and further behavioural escalation is likely to happen if preventative and GPA interventions are not implemented promptly. Use GPA techniques, verbal redirection, calm reassurance, validation. Ensure the safety of other residents by redirecting them out of Margaret's dining room spot or surrounding area. |                |              | Registered<br>Practical<br>Nurse<br>PCA |                  |
|  |  |   | Date Initiated: 02/02/2023<br>Created on: 02/02/2023<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |              |   |                  |
|  |  |   | • TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat as expression of behaviour include confusion, misunderstanding care needs, poor judgement  |                |              | Registered<br>Practical<br>Nurse        |                  |
|  |  |   | Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |              |   |                  |
|  |  |   | • RESISTANCE to Care Need: If Margaret is refusing to bathe, change clothes, eat re-approach in 10-15 minutes. Report episode to Registered Staff.   |                |              | Registered<br>Practical<br>Nurse        |                  |
|  |  |   | Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |              |   |                  |
|  |  |   | • WANDERING: Permit Margaret to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed.   |                |              | Registered<br>Practical<br>Nurse        |                  |
|  |  |   | Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)   |                |              |   |                  |
|  |  |   | Allergies  |                | Contrast Dye |   | D.O.B.           |
| Diagnosis  |  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |                |              |   |                  |
| Facility   |  | Arbour Creek Care Centre  |  |                |              | Print Date                              | 11/5/2025        |
| Resident   |  | Wilson, Margaret (922141000199)   |  | Admission Date | 11/09/2021   | Location                                | Nash House 117 1 |
| Last Care Plan Review Completed:   |  | 08/25/2025  |  |                |              |   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position  | Freq/Resolved     |                  |
|--|---|---|---|-------------------|------------------|
| <p>• Potential for Expressive Behavior of WANDERING, RESISTIVE TO CARE NEEDS, physically responsive to others (pushing walker to staff or co-resident, allegedly bit a co-resident July 23/25), VERBALLY RESPONSIVE (calling staff/co-resident names) related to Symptom Progression of Dementia/Alzheimer.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 09/03/2025<br/>Revision by: Rupinder Yogi (Nurse Clinician)</p> |   | <p>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• DIVERSION ACTIVITY: Margaret responds well to listening to music, visiting with her husband, being given personal quiet space, as method to calm or redirect energy.</p> <p>Date Initiated: 02/01/2023<br/>Created on: 02/01/2023<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• ENVIRONMENT: Margaret is most calm with door closed, quiet area, small groups or being alone. She often becomes upset when co-residents come into her personal space.</p> <p>Date Initiated: 08/19/2022<br/>Created on: 08/19/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• MEDICATION: Administer medication for therapeutic treatment of BPSD as per MD Order. Monitor effectiveness and for side effects.</p> <p>Date Initiated: 03/01/2022<br/>Created on: 03/01/2022<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• APPROACH: Use Gentle Persuasive Approach: Speak in calm and even tone, give 1 step directions, do not rush, allow sufficient time for response or action, provide eye contact, call by name, approach from front, explain to her what care/activity you are about to do before initiating it.</p> <p>Date Initiated: 08/19/2022<br/>Created on: 08/19/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 10/17/2025<br/>Revision by: Grace Akah (RN)</p> <p>• BSO RECOMMENDATIONS: Ensure others are not in the way of her usual walking path (down the hallway), Close monitoring of resident to ensure lack of close</p> | <p>PCA<br/>Recreation<br/>Aide<br/>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse</p> <p>Registered<br/>Practical<br/>Nurse</p> |                   |                  |
| <b>Allergies</b>   | Contrast Dye  | <b>D.O.B.</b>   | 03/19/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   | <b>Admission Date</b>   | 11/09/2021  | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025  |   |                   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position                          | Freq/Resolved |                   |                  |
|--|---|--|-----------------------------------|---------------|-------------------|------------------|
| <p>• Potential for Expressive Behavior of WANDERING, RESISTIVE TO CARE NEEDS, physically responsive to others (pushing walker to staff or co-resident, allegedly bit a co-resident July 23/25), VERBALLY RESPONSIVE (calling staff/co-resident names) related to Symptom Progression of Dementia/Alzheimer.</p> <p>Date Initiated: 11/10/2021<br/>           Created on: 11/10/2021<br/>           Created by: Melissa Pascua (RAI Coordinator)<br/>           Revision on: 09/03/2025<br/>           Revision by: Rupinder Yogi (Nurse Clinician)</p> |   | <p>proximity to co-residents, GPA, reassurance, patience</p> <p>Date Initiated: 07/28/2025<br/>           Created on: 07/28/2025<br/>           Created by: Monika Musan (Social Services Worker)<br/>           Revision on: 07/28/2025<br/>           Revision by: Monika Musan (Social Services Worker)</p> |                                   |               |                   |                  |
| <p>• Nutrition Risk Level: MODERATE r/t Good food and fluid intake, weight stable</p>  | <p>• Resident will be adequately nourished aeb consuming &gt;75%</p>  | <p>• NUTRITION RISK: Resident is MODERATE risk level.</p> <p>Date Initiated: 11/24/2021</p>  | <p>Dietitian (RD)<br/>Dietary</p> |               |                   |                  |
| <b>Allergies</b>   | Contrast Dye  |  | <b>D.O.B.</b>                     | 03/19/1932    | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |                                   |               |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |                                   |               | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   |  | <b>Admission Date</b>             | 11/09/2021    | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025   |                                   |               |                   |                  |

## Care Plan Report

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|   |   |                       |            |                   |                  |
|---|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>         | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b> | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | <b>08/25/2025</b>     |            |                   |                  |

## Care Plan Report

| Focus  |   | Goal  | Interventions   |            |            | Position                                | Freq/Resolved |
|--|---|---|---|------------|------------|---|---------------|
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to Vascular Dementia and impaired balance at times<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/03/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |   | <div>• To promote safety and minimize risk for falls and/or fall related injury each day through to the next review period.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 06/06/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 02/04/2026</div> | <div>• COMMUNICATION: Involve/collaborate with Margaret/Bill in decision making in fall prevention Plan of Care.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/05/2025<br/>Revision by: Chantelle Walker (ADOC)<br/><br/>• CALL BELL: Due to cognitive impairment related to vascular dementia Margaret may forget or not understand how to use the call bell.<br/>Date Initiated: 05/12/2022<br/>Created on: 05/12/2022<br/>Created by: Saad Akhter (Nurse Clinician)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/><br/>• ADAPTIVE AIDS: Place adaptive aid/needed objects such as Margaret's walker and water cup) within easy reach of Margaret. Ensure Margaret is using her walker while ambulating.<br/>Date Initiated: 11/23/2022<br/>Created on: 11/23/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/05/2025<br/>Revision by: Chantelle Walker (ADOC)<br/><br/>• ADAPTIVE EQUIPMENT: Margaret needs adaptive equipment: walker to ambulate on the unit. Encourage Margaret to use the walker all the time when she is walking.<br/>Date Initiated: 12/12/2021<br/>Created on: 12/12/2021<br/>Created by: Jeanette Andres (RPN)<br/>Revision on: 09/30/2024<br/>Revision by: Natalia Ilic (Registered Practical Nurse)<br/><br/>• ENVIRONMENT: Provide secure environment by reducing clutter, having clear path to bathroom, to reduce fall risk for Margaret. Keep chair away from left side of bed.<br/>Date Initiated: 11/23/2022<br/>Created on: 11/23/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 06/01/2025<br/>Revision by: Chantelle Walker (ADOC)</div> |            |            | PCA<br>Registered<br>Practical<br>Nurse |               |
|  |   |   |   |            |            | PCA                                     | D/E/N         |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
|  |   |   |   |            |            |   |               |
| Allergies  | Contrast Dye  |   | D.O.B.  | 03/19/1932 | Physician  | Nachwa Ghobara                          |               |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |            |            |   |               |
| Facility   | Arbour Creek Care Centre  |   |   |            | Print Date | 11/5/2025                               |               |
| Resident   | Wilson, Margaret (922141000199)   |   | Admission Date  | 11/09/2021 | Location   | Nash House 117 1                        |               |
| Last Care Plan Review Completed:   |   | 08/25/2025  |   |            |            |   |               |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position             | Freq/Resolved |            |                  |
|--|---|---|----------------------|---------------|------------|------------------|
| <div>• Increased risk for FALLS related to Limitation of cognitive function/altered judgement due to Vascular Dementia and impaired balance at times<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/03/2025<br/>Revision by: Ayna Roselin Arackal Kuriakose (Registered Nurse)</div> |   | <div>• BED: Place Margaret bed in lowest position to lower risk for injury. PCA<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/27/2025<br/>Revision by: Jesus Bueno (Registered Practical Nurse)<br/>• FOOTWEAR: Ensure Margaret wears appropriate, well-fitting, non-slip footwear for all transfers and ambulation. Bill (POA) brought new appropriate shoes on April 30, 2025. PCA<br/>Date Initiated: 11/23/2022<br/>Created on: 11/23/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/06/2025<br/>Revision by: Chantelle Walker (ADOC)<br/>• GARMENTS: Margaret wears hip protectors at all times, to safeguard against injury. PCA<br/>Ensure Margaret wears her hip protectors while ambulating.<br/>Date Initiated: 03/04/2022<br/>Created on: 03/04/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 11/05/2025<br/>Revision by: Rupinder Yogi (Nurse Clinician)<br/>• SPECIAL CONSIDERATION to PREVENT FALLS:Momo bed sense in place. PCA<br/>Date Initiated: 07/28/2025<br/>Created on: 02/08/2025<br/>Created by: Joanne Mae Nava (Nurse Clinician)<br/>Revision on: 07/28/2025<br/>Revision by: Manpreet Dhaliwal (Registered Nurse)<br/>• FLOOR MAT: Position floor mat on floor next to right side of bed to lower risk of injury. PCA<br/>Date Initiated: 02/15/2022<br/>Created on: 02/15/2022<br/>Created by: Navpreet Sekhon (RN)<br/>Revision on: 02/15/2025<br/>Revision by: Natalia Ilic (Registered Practical Nurse)</div> |                      |               |            |                  |
| <div>• Altered VISION related to aging with deteriorating eyesight as manifested by</div>  | <div>• To treat and minimize complications of deteriorating</div>   | <div>• COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making pertaining to change in visual status as needed.</div>  | Registered Practical |               |            |                  |
| Allergies  | Contrast Dye  |   | D.O.B.               | 03/19/1932    | Physician  | Nachwa Ghobara   |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |                      |               |            |                  |
| Facility   | Arbour Creek Care Centre  |   |                      |               | Print Date | 11/5/2025        |
| Resident   | Wilson, Margaret (922141000199)   |   | Admission Date       | 11/09/2021    | Location   | Nash House 117 1 |
| Last Care Plan Review Completed:   |   | 08/25/2025  |                      |               |            |                  |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position   | Freq/Resolved                       |
|--|---|--|--|-------------------------------------|
| being able to read only large print<br>Date Initiated: 02/27/2024<br>Created on: 02/27/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/27/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)  | eyesight through to next review date.<br>Date Initiated: 02/27/2024<br>Created on: 02/27/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026  | Date Initiated: 02/27/2024<br>Created on: 02/27/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/27/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)<br>• <b>READING:</b> MARGaret uses large print material to aid with reading.<br>Date Initiated: 02/27/2024<br>Created on: 02/27/2024<br>Created by: Bea Anne Marie Paet (RAI Coordinator)<br>Revision on: 02/27/2024<br>Revision by: Bea Anne Marie Paet (RAI Coordinator)  | Nurse<br>RN<br><br>PCA<br>Recreation<br>Aide   |                                     |
| • Potential to experience complications and side effects impacting quality of life related to use of daily use of antidepressants.<br>Date Initiated: 11/16/2023<br>Created on: 11/16/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/16/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) | • To monitor the effectiveness and for side effects of medication used each day through to the next review date.<br>Date Initiated: 11/16/2023<br>Created on: 11/16/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | • <b>COMMUNICATION:</b> Involve/collaborate with Margaret/SDM in decision making and health teaching about medicinal regime and appropriate medication use.<br>Date Initiated: 11/16/2023<br>Created on: 11/16/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/16/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• <b>MONITORING:</b> Utilize holistic perspective of continuous monitoring of Margaret's daily (antidepressant use for changes to health status and alteration or complications affecting functioning or quality of life.<br>Date Initiated: 11/16/2023<br>Created on: 11/16/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/16/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)<br>• <b>MEDICATION REVIEW:</b> Complete Medication Review with MD/NP Quarterly and as needed.<br>Date Initiated: 11/16/2023<br>Created on: 11/16/2023<br>Created by: Colina-Jallisa O'Brien-Matthews (RPN)<br>Revision on: 11/16/2023<br>Revision by: Colina-Jallisa O'Brien-Matthews (RPN) | Registered<br>Practical<br>Nurse<br><br>Registered<br>Practical<br>Nurse<br><br>RN<br>Registered<br>Practical<br>Nurse |                                     |
| • Potential to experience alteration in MOOD as exhibited by sad affect,   | • Margaret will be supported to maintain mood stability as  | • <b>COMMUNICATION:</b> Involve/collaborate with Margaret/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed.  | Registered<br>Practical  |                                     |
| <b>Allergies</b>   | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932   | <b>Physician</b><br>Nachwa Ghobara  |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses   |  |  |                                     |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |  | <b>Print Date</b><br>11/5/2025      |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021   | <b>Location</b><br>Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025   |  |                                     |



## Care Plan Report

| Focus   |   | Goal  | Interventions  |            |           |                  | Position                   | Freq/Resolved |
|---|---|---|--|------------|-----------|------------------|----------------------------|---------------|
| <p>persistent anger with self/others and restlessness related to Depression.</p> <p>Date Initiated: 11/10/2021</p> <p>Created on: 11/10/2021</p> <p>Created by: Melissa Pascua (RAI Coordinator)</p> <p>Revision on: 11/16/2023</p> <p>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</p> |   | <p>evidenced by DRS score at a range of 0-2 by the review date.</p> <p>Date Initiated: 11/10/2021</p> <p>Created on: 11/10/2021</p> <p>Created by: Melissa Pascua (RAI Coordinator)</p> <p>Revision on: 06/06/2025</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 02/04/2026</p> | <p>Date Initiated: 11/10/2021</p> <p>Created on: 11/10/2021</p> <p>Created by: Melissa Pascua (RAI Coordinator)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p> <p>• HEALTH EDUCATION: Provide education and support to Margaret/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed.</p> <p>Date Initiated: 11/10/2021</p> <p>Created on: 11/10/2021</p> <p>Created by: Melissa Pascua (RAI Coordinator)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p> |            |           |                  | Nurse                      |               |
|   |   |   | <p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Margaret for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</p> <p>Date Initiated: 11/10/2021</p> <p>Created on: 11/10/2021</p> <p>Created by: Melissa Pascua (RAI Coordinator)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p>   |            |           |                  | Registered Practical Nurse |               |
|   |   |   | <p>• RESIDENT STRENGTHS: Build on Margaret's effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities.</p> <p>Date Initiated: 02/06/2023</p> <p>Created on: 02/06/2023</p> <p>Created by: Christina Arpino (RSSW)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p>  |            |           |                  | PCA Recreation Aide        |               |
|   |   |   | <p>• DISTRACTION ACTIVITIES: Margaret can be calmed doing activities of interest including listening to music</p> <p>Date Initiated: 02/06/2023</p> <p>Created on: 02/06/2023</p> <p>Created by: Christina Arpino (RSSW)</p> <p>Revision on: 07/23/2025</p> <p>Revision by: Manpreet Dhaliwal (Registered Nurse)</p>   |            |           |                  | Registered Practical Nurse |               |
|   |   |   | <p>• ENVIRONMENT: Modify environment to support MOOD STABILITY reduce noise</p>  |            |           |                  | Registered                 |               |
| Allergies   | Contrast Dye  |   | D.O.B.   | 03/19/1932 | Physician | Nachwa Ghobara   |                            |               |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |  |            |           |                  |                            |               |
| Facility  | Arbour Creek Care Centre  |   |  |            |           | Print Date       | 11/5/2025                  |               |
| Resident  | Wilson, Margaret (922141000199)   |   | Admission Date   | 11/09/2021 | Location  | Nash House 117 1 |                            |               |
| Last Care Plan Review Completed:  |   | 08/25/2025  |  |            |           |                  |                            |               |

## Care Plan Report

| Focus   |   | Goal   | Interventions  |                |            | Position                   | Freq/Resolved    |
|---|---|--|--|----------------|------------|----------------------------|------------------|
| <ul style="list-style-type: none"> <li>Potential to experience alteration in MOOD as exhibited by sad affect, persistent anger with self/others and restlessness related to Depression.</li> </ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 11/16/2023<br/>Revision by: Colina-Jallisa O'Brien-Matthews (RPN)</p> |   |  | and quiet time in her room<br>Date Initiated: 02/06/2023<br>Created on: 02/06/2023<br>Created by: Christina Arpino (RSSW)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)  |                |            | Practical Nurse            |                  |
|   |   |  | <ul style="list-style-type: none"> <li>FAMILY SUPPORT: Margaret enjoys visits from her husband</li> </ul> <p>Date Initiated: 08/19/2022<br/>Created on: 08/19/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>  |                |            | Registered Practical Nurse |                  |
|   |   |  | <ul style="list-style-type: none"> <li>SLEEP/REST: Promote adequate sleep and rest to stability of Margaret's mood.</li> </ul> <p>Report changes in sleeping habits to Registered Staff as noted.<br/>Date Initiated: 08/19/2022<br/>Created on: 08/19/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |                |            | Registered Practical Nurse |                  |
|   |   |  | <ul style="list-style-type: none"> <li>MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects.</li> </ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>                |                |            | Registered Practical Nurse |                  |
| <ul style="list-style-type: none"> <li>Expressed Wishes and Beliefs related to Margaret's Medical Treatment and End of Life Care.</li> </ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>  |   | <ul style="list-style-type: none"> <li>To support and honor Margaret's expressed wishes and beliefs through to the End of Life</li> </ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 06/06/2025<br/>Revision by: Jason Geerlinks</p> | <ul style="list-style-type: none"> <li>CPR: Margaret wishes express NO CPR, however TRANSFER to hospital decision will be made at the time.</li> </ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>                                 |                |            | Registered Practical Nurse |                  |
| Allergies   | Contrast Dye  |  |  | D.O.B.         | 03/19/1932 | Physician                  | Nachwa Ghobara   |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |  |                |            |                            |                  |
| Facility  | Arbour Creek Care Centre  |  |  |                |            | Print Date                 | 11/5/2025        |
| Resident  | Wilson, Margaret (922141000199)   |  |  | Admission Date | 11/09/2021 | Location                   | Nash House 117 1 |
| Last Care Plan Review Completed:  |   | 08/25/2025   |  |                |            |                            |                  |

## Care Plan Report

| Focus  |   | Goal   | Interventions   |                |            | Position   | Freq/Resolved    |
|--|---|--|---|----------------|------------|------------|------------------|
| • Expressed Wishes and Beliefs related to Margaret's Medical Treatment and End of Life Care.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)     |   | (Quality Improvement Coordinator)<br>Target Date: 02/04/2026   |   |                |            |            |                  |
| • Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive limitation.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN) |   | • Margaret will have ALL ADL care tasks met each day through the next review date.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | • BATHING: Margaret prefers shower on Tuesday and Friday morning. One staff EXTENSIVE assistance for bathing. Nail care to be provided on shower/bath day.<br>Date Initiated: 07/11/2025<br>Created on: 07/11/2025<br>Created by: Harwinder Kaur (Clinical Practice Coordinator)<br>Revision on: 08/08/2025<br>Revision by: Myrna Corpuz (RPN)<br>• BED MOBILITY: Margaret is able to move from side to side once in bed 1 staff to provide TOTAL assistance for bed mobility.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• DRESSING: Margaret requires 1 person TOTAL assistance for dressing.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)<br>• EATING: Margaret requires 1 person assistance to set up and encourage her to eat.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/31/2025 | PCA            |            | PCA        |                  |
| Allergies  | Contrast Dye  |  |   | D.O.B.         | 03/19/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |            |                  |
| Facility   | Arbour Creek Care Centre  |  |   |                |            | Print Date | 11/5/2025        |
| Resident   | Wilson, Margaret (922141000199)   |  |   | Admission Date | 11/09/2021 | Location   | Nash House 117 1 |
| Last Care Plan Review Completed:   |   | 08/25/2025   |   |                |            |            |                  |

## Care Plan Report

| Focus  |   | Goal       | Interventions  |                |            | Position   | Freq/Resolved    |
|--|---|------------|--|----------------|------------|------------|------------------|
| <ul style="list-style-type: none"><li>Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive limitation.</li></ul> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |   |            | Revision by: Chantelle Walker (ADOC)   |                |            |            |                  |
|  |   |            | <ul style="list-style-type: none"><li>LOCOMOTION: Margaret is able to weight bear and uses a walker aide with supervision. Margaret requires cues from staff (modeling the behaviour) to use her walker properly while ambulating to avoid her wheels from getting caught in other resident's walkers.</li></ul> |                |            |            |                  |
|  |   |            | PCA  |                |            |            |                  |
|  |   |            | Margaret can ambulate with rolling walker with Supervision.  |                |            |            |                  |
|  |   |            | Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 08/25/2025<br>Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |
|  |   |            | <ul style="list-style-type: none"><li>PERSONAL HYGIENE: Margaret requires 1 staff to provide TOTAL assistance for hygiene.</li></ul>   |                |            |            |                  |
|  |   |            | PCA  |                |            |            |                  |
|  |   |            | Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |
|  |   |            | <ul style="list-style-type: none"><li>HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands for hand hygiene.</li></ul>  |                |            |            |                  |
|  |   |            | PCA  |                |            |            |                  |
|  |   |            | <ul style="list-style-type: none"><li>TOILET USE: Margaret requires 1 staff to provide TOTAL assistance for toileting and peri-care.</li></ul>   |                |            |            |                  |
|  |   |            | PCA  |                |            |            |                  |
|  |   |            | Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 03/31/2025<br>Revision by: Chantelle Walker (ADOC)  |                |            |            |                  |
|  |   |            | <ul style="list-style-type: none"><li>TRANSFERRING: Margaret is able to weight bear.1 staff to provide MINIMAL assistance for transferring.</li></ul>  |                |            |            |                  |
|  |   |            | PCA  |                |            |            |                  |
| Allergies  | Contrast Dye  |            |  | D.O.B.         | 03/19/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |            |  |                |            |            |                  |
| Facility   | Arbour Creek Care Centre  |            |  |                |            | Print Date | 11/5/2025        |
| Resident   | Wilson, Margaret (922141000199)   |            |  | Admission Date | 11/09/2021 | Location   | Nash House 117 1 |
| Last Care Plan Review Completed:   |   | 08/25/2025 |  |                |            |            |                  |

## Care Plan Report

| Focus  | Goal  | Interventions  | Position                   | Freq/Resolved     |                  |
|--|---|--|----------------------------|-------------------|------------------|
| <p>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive limitation.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>                                |   | <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 07/30/2025<br/>Revision by: Grace Akah (RN)</p> <p>• ORAL CARE: Margaret has TEETH and requires 1 staff to provide TOTAL assistance for oral care.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> <p>• HAIR CARE: Wash on bath/shower days. Margaret requires 1 person TOTAL assistance for hair care.</p> <p>Date Initiated: 06/20/2022<br/>Created on: 06/20/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 03/31/2025<br/>Revision by: Chantelle Walker (ADOC)</p> | PCA                        |                   |                  |
| <p>• Potential for Persistent PAIN and alteration in comfort level related to Osteoarthritis. Most Current MDS Pain Score is of 0.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> | <p>• To promote Margaret's comfort and effectively manage PERSISTENT pain each day through to the next review period.</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 06/06/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 02/04/2026</p> <p>• Promote MDS Pain Score of 0</p> | <p>• COMMUNICATION: Involve/collaborate with Margaret/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• MONITORING: Utilize holistic perspective to continually assess appropriateness of pain management regime and collaborate with Interdisciplinary Team to attain optimal resident satisfaction for pain control</p> <p>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>    | Registered Practical Nurse |                   |                  |
| <b>Allergies</b>   | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932                 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses   |  |                            |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |  |                            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021                 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025   |                            |                   |                  |

## Care Plan Report

| Focus  |   | Goal  | Interventions  |                |            | Position                   | Freq/Resolved    |
|--|---|---|--|----------------|------------|----------------------------|------------------|
|  |   | through to the next review period.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026  | • ALTERNATIVE THERAPY: please consider non-pharmacological pain treatments to relieve pain (hot/cold packs, rest periods, treatment creams and/or massage to areas).<br>Date Initiated: 03/16/2023<br>Created on: 03/16/2023<br>Created by: Christina Arpino (RSSW)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• MEDICATION: Administer analgesic medication oral and topical as needed as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN) |                |            | PCA                        |                  |
| • Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Hearing impairment to the left side and Dementia.<br>Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN) |   | • Margaret will continue to freely express self and adequately comprehend information each day through to the next review period.<br>Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making about strategies needed to support effective communication.<br>Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• HEALTH TEACHING: Engage with Margaret/SDM to enhance their knowledge of hearing aids, change in health status affecting communication ability.<br>Date Initiated: 11/23/2021<br>Created on: 11/23/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• HEARING AID; Apply/Remove from Left ear.                 |                |            | Registered Practical Nurse |                  |
|  |   |   |  |                |            | PCA                        | D/E              |
| Allergies  | Contrast Dye  |   |  | D.O.B.         | 03/19/1932 | Physician                  | Nachwa Ghobara   |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |  |                |            |                            |                  |
| Facility   | Arbour Creek Care Centre  |   |  |                |            | Print Date                 | 11/5/2025        |
| Resident   | Wilson, Margaret (922141000199)   |   |  | Admission Date | 11/09/2021 | Location                   | Nash House 117 1 |
| Last Care Plan Review Completed:   |   | 08/25/2025  |  |                |            |                            |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved     |                  |
|---|--|--|---|-------------------|------------------|
| <p>• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Hearing impairment to the left side and Dementia.<br/> Date Initiated: 11/23/2021<br/> Created on: 11/23/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> |  | <p>• HEARING AID CARE: Check function, volume control before insertion. Hearing Aid to be stored: in her room.<br/> Date Initiated: 11/23/2021<br/> Created on: 11/23/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases.<br/> Date Initiated: 11/23/2021<br/> Created on: 11/23/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p>   | PCA   |                   |                  |
| <p>• COGNITIVE LOSS; alteration in thought processes memory impairment, difficulty concentrating, and poor judgement related to Vascular Dementia.<br/> Date Initiated: 11/10/2021<br/> Created on: 11/10/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p>    | <p>• Margaret will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 3.<br/> Date Initiated: 11/10/2021<br/> Created on: 11/10/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 06/06/2025<br/> Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/> Target Date: 02/04/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Margaret/SDM in decision making of Cognitive Loss for Vascular Dementia.<br/> Date Initiated: 11/10/2021<br/> Created on: 11/10/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• HEALTH TEACHING: Engage with Margaret/SDM to enhance their knowledge on the importance of a geriatric health including progressive cognitive loss of Vascular Dementia.<br/> Date Initiated: 11/10/2021<br/> Created on: 11/10/2021<br/> Created by: Melissa Pascua (RAI Coordinator)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• ORIENTATION: Gently reorient to person, place, time, situation as needed when Margaret is feeling lost or in confused state.<br/> Date Initiated: 11/10/2021<br/> Created on: 11/10/2021<br/> Created by: Melissa Pascua (RAI Coordinator)</p> | <p>Registered Practical Nurse</p> <p>Social Worker</p> <p>PCA</p> |                   |                  |
| <b>Allergies</b>  | Contrast Dye   | <b>D.O.B.</b>  | 03/19/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses  |  |   |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Wilson, Margaret (922141000199)  | <b>Admission Date</b>  | 11/09/2021  | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 08/25/2025   |   |                   |                  |

## Care Plan Report

| Focus   |   | Goal  | Interventions  |            |            | Position                   | Freq/Resolved              |
|---|---|---|--|------------|------------|----------------------------|----------------------------|
| • COGNITIVE LOSS; alteration in thought processes memory impairment, difficulty concentrating, and poor judgement related to Vascular Dementia.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)       |   |   | Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |            |            |                            |                            |
| • Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN) |   | • To treat and minimize signs/symptoms or complications associated with Hyperlipidemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker through to the next review date<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Margaret/SDM in decision making of Cardiac Care Management for Hyperlipidaemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Hyperlipidaemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker for changes to health status and alteration or complications affecting cardiac function.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• MEDICATION: Administer medication for Hyperlipidaemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker as per MD Order and monitor for side effects.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator) |            |            | Registered Practical Nurse | Registered Practical Nurse |
| Allergies   | Contrast Dye  |   | D.O.B.   | 03/19/1932 | Physician  | Nachwa Ghobara             |                            |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |  |            |            |                            |                            |
| Facility  | Arbour Creek Care Centre  |   |  |            | Print Date | 11/5/2025                  |                            |
| Resident  | Wilson, Margaret (922141000199)   |   | Admission Date   | 11/09/2021 | Location   | Nash House 117 1           |                            |
| Last Care Plan Review Completed:  |   | 08/25/2025  |  |            |            |                            |                            |



## Care Plan Report

| Focus  |   | Goal   | Interventions   |                |            | Position  | Freq/Resolved    |
|--|---|--|---|----------------|------------|---|------------------|
| • Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidemia , Hypertension, Peripheral Vascular Disease (PVD), has pacemaker. Date Initiated: 11/10/2021 Created on: 11/10/2021 Created by: Melissa Pascua (RAI Coordinator) Revision on: 05/14/2023 Revision by: Kulwinder Sandhu (RPN) |   |  | Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• VITAL SIGNS: Monitor vital signs as ordered monthly and as needed. Notify MD of any significant abnormalities.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• PACEMAKER In Situ: Resident has pacemaker and requires follow up appointment yearly with Dr. Stallwood. No upcoming appointments.<br>Date Initiated: 11/10/2021<br>Created on: 11/10/2021<br>Created by: Melissa Pascua (RAI Coordinator)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |            | Social Worker<br>Registered<br>Practical<br>Nurse |                  |
|  |   |  |   |                |            | Registered<br>Practical<br>Nurse                  |                  |
| • Potential for CONSTIPATION related to use of medication with binding effect, history of bowel obstruction and constipation. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) Revision on: 05/14/2023 Revision by: Kulwinder Sandhu (RPN)                                     |   | • To minimize the potential for episodes/complications of constipation through to the next review date. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) Revision on: 06/06/2025 Revision by: Jason Geerlinks (Quality Improvement Coordinator) Target Date: 02/04/2026<br><br>• Margaret will have regular soft formed bowel movements every 1-2 days through to the next review date. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) Revision on: 06/06/2025 | • COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making regarding constipation management. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) Revision on: 05/14/2023 Revision by: Kulwinder Sandhu (RPN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret for constipation management and changes to health status and symptoms/ complications of constipation. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) Revision on: 05/14/2023 Revision by: Kulwinder Sandhu (RPN)<br>• FLUIDS: Encourage Margaret to meet daily beverage minimums. See Nutrition Care Plan. Date Initiated: 03/02/2022 Created on: 03/02/2022 Created by: Gabrielle Wolfe (RN) |                |            | Registered<br>Practical<br>Nurse                  |                  |
|  |   |  |   |                |            | Registered<br>Practical<br>Nurse                  |                  |
| Allergies  | Contrast Dye  |  |   | D.O.B.         | 03/19/1932 | Physician   | Nachwa Ghobara   |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |   |                  |
| Facility   | Arbour Creek Care Centre  |  |   |                |            | Print Date  | 11/5/2025        |
| Resident   | Wilson, Margaret (922141000199)   |  |   | Admission Date | 11/09/2021 | Location  | Nash House 117 1 |
| Last Care Plan Review Completed:   |   | 08/25/2025   |   |                |            |   |                  |

## Care Plan Report

| Focus   |   | Goal   | Interventions   |                |            |  | Position                         | Freq/Resolved                    |
|---|---|--|---|----------------|------------|--|----------------------------------|----------------------------------|
| • Potential for CONSTIPATION related to use of medication with binding effect, history of bowel obstruction and constipation.<br>Date Initiated: 03/02/2022<br>Created on: 03/02/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN) |   | Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026  | Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• BOWEL PROTOCOL: In place as per MD order.<br>Date Initiated: 03/02/2022<br>Created on: 03/02/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |                |            |  | Registered<br>Practical<br>Nurse |                                  |
| • Potential for BOWEL INCONTINENCE related to dementia, and impaired mobility.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)  |   | • Margaret will receive support to use toilet and promote optimal bowel continence each day through to the next review period.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 06/06/2025<br>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br>Target Date: 02/04/2026 | • COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making about bowel function, toileting options, incontinence management, etc.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret for changes to health status, alteration of continence level or bowel function.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)<br>• BOWEL Continence level is FREQUENTLY Incontinent. Report change to level as noted.<br>Date Initiated: 06/20/2022<br>Created on: 06/20/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/08/2025 |                |            |  | Registered<br>Practical<br>Nurse | Registered<br>Practical<br>Nurse |
| Allergies   | Contrast Dye  |  |   | D.O.B.         | 03/19/1932 |  | Physician                        | Nachwa Ghobara                   |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |   |                |            |  |                                  |                                  |
| Facility  | Arbour Creek Care Centre  |  |   |                |            |  | Print Date                       | 11/5/2025                        |
| Resident  | Wilson, Margaret (922141000199)   |  |   | Admission Date | 11/09/2021 |  | Location                         | Nash House 117 1                 |
| Last Care Plan Review Completed:  |   | 08/25/2025   |   |                |            |  |                                  |                                  |

## Care Plan Report

| Focus  |   | Goal  | Interventions   |            |            | Position                   | Freq/Resolved |
|--|---|---|---|------------|------------|----------------------------|---------------|
| <p>• Potential for BOWEL INCONTINENCE related to dementia, and impaired mobility.<br/>Date Initiated: 06/20/2022<br/>Created on: 06/20/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |   |   | <p>Revision by: Myrna Corpuz (RPN)</p> <p>• BOWEL MOVEMENT: Monitor Margaret for bowel movement each shift and document number of occurrences, size and consistency.<br/>Date Initiated: 06/20/2022<br/>Created on: 06/20/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• INCONTINENCE PRODUCT: Margaret wears size large protective underwear for days, evenings and nights.<br/>Date Initiated: 06/20/2022<br/>Created on: 06/20/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• BOWEL PATTERN: Margaret toilets self for bowel movements. Each shift ask if she had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Turn off the toilet to monitor if she is forgetting if she had bowel movement.<br/>Date Initiated: 06/20/2022<br/>Created on: 06/20/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |            |            | PCA                        |               |
| <p>• URINARY Overflow INCONTINENCE related to Dementia diagnosis.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p>     |   | <p>• Margaret will have urinary incontinence managed every shift through to the next review period.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 06/06/2025<br/>Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>Target Date: 02/04/2026</p> | <p>• COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making about incontinence management.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret for toileting needs, changes to health status and alteration of continence level.<br/>Date Initiated: 11/10/2021<br/>Created on: 11/10/2021<br/>Created by: Melissa Pascua (RAI Coordinator)</p>   |            |            | Registered Practical Nurse |               |
| Allergies  | Contrast Dye  |   | D.O.B.  | 03/19/1932 | Physician  | Nachwa Ghobara             |               |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |            |            |                            |               |
| Facility   | Arbour Creek Care Centre  |   |   |            | Print Date | 11/5/2025                  |               |
| Resident   | Wilson, Margaret (922141000199)   |   | Admission Date  | 11/09/2021 | Location   | Nash House 117 1           |               |
| Last Care Plan Review Completed:   |   | 08/25/2025  |   |            |            |                            |               |

## Care Plan Report

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|   |   |                       |            |                   |                  |
|---|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>         | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b> | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | <b>08/25/2025</b>     |            |                   |                  |

## Care Plan Report

| Focus  |   | Goal  | Interventions   |            |           | Position                                | Freq/Resolved |
|--|---|---|---|------------|-----------|---|---------------|
| <p>• Sleep Patterns.</p> <p>Date Initiated: 07/21/2022</p> <p>Created on: 07/21/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p>   |   | <p>• To promote adequate rest/sleep for Margaret based on identified sleep patterns/preferences each night through to the next review period.</p> <p>Date Initiated: 07/21/2022</p> <p>Created on: 07/21/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 06/06/2025</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 02/04/2026</p> | <p>• REST PATTERN: Preferred bedtime 2000, usual wake time 0800.</p> <p>Date Initiated: 07/21/2022</p> <p>Created on: 07/21/2022</p> <p>Created by: Jason Geerlinks (Staff Development and Quality Lead Coordinator)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p>  |            |           | PCA                                     |               |
| <p>• Responsive behaviors related to: cognitive impairment, poor insight and judgement, poor coping abilities.</p> <p>Date Initiated: 07/17/2022</p> <p>Created on: 07/17/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p> |   | <p>• Resident will have reduced episodes of responsive behaviours through to the next review. Specify: verbally and physically responsive behaviors.</p> <p>Date Initiated: 07/28/2022</p> <p>Created on: 07/28/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 06/06/2025</p> <p>Revision by: Jason Geerlinks (Quality Improvement Coordinator)</p> <p>Target Date: 02/04/2026</p>                                      | <p>• Behaviour prevention: Identify specific situations that trigger distress and avoid them whenever possible. Specify: To avoid Margaret being territorial over her dining spot or being triggered by moving residents, label that seat for Margaret (it may also deter co-residents from sitting at that spot and spark conversation between co-residents) and re-evaluate the co-resident's spot near Margaret that frequent moving.</p> <p>Date Initiated: 03/16/2023</p> <p>Created on: 03/16/2023</p> <p>Created by: Christina Arpino (RSSW)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p> <p>• Behaviour prevention: Identify unmet needs that could be triggering behaviour (e.g., hunger/thirst, heat/cold, need to toilet/incontinence, discomfort) Identify unmet needs that could be triggering behavior (e.g., hunger/thirst, heat/cold, need to toilet/incontinence, discomfort)</p> <p>Date Initiated: 07/17/2022</p> <p>Created on: 07/17/2022</p> <p>Created by: Gabrielle Wolfe (RN)</p> <p>Revision on: 05/14/2023</p> <p>Revision by: Kulwinder Sandhu (RPN)</p> |            |           | PCA<br>Registered<br>Practical<br>Nurse |               |
| Allergies  | Contrast Dye  |   | D.O.B.  | 03/19/1932 | Physician | Nachwa Ghobara                          |               |
| Diagnosis  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |            |           |   |               |
| Facility   | Arbour Creek Care Centre  |   |   |            |           | Print Date                              | 11/5/2025     |
| Resident   | Wilson, Margaret (922141000199)   |   | Admission Date  | 11/09/2021 | Location  | Nash House 117 1                        |               |
| Last Care Plan Review Completed:   |   | 08/25/2025  |   |            |           |   |               |

## Care Plan Report

| Focus                                   | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|---|---|--|------------|-------------------|------------------|
|   |   | <p>• Behaviour prevention: Identify signs of escalating behaviour (e.g., anxiety, clenched fists, pacing). Specify: Identify signs of escalating behavior (e.g., anxiety, clenched fists, pacing)<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• De-escalation for physical/verbal behaviours: 1) Remain calm and stop task 2) Take a step back and give the resident space 3) Avoid touching the resident 4) Use the resident's preferred name 5) Call for help as needed 6) Reapproach at a later time<br/> De-escalation for physical/verbal behaviours:<br/> 1) Remain calm and stop task<br/> 2) Take a step back and give the resident space<br/> 3) Avoid touching the resident<br/> 4) Use the resident's preferred name<br/> 5) Call for help as needed 6) Reapproach at a later time<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Redirection: 1) Validate the resident's reality and emotional state 2) Join in the resident's reality and listen to their perspective 3) Distract by offering favourite food, drink, activity, or item 4) Provide gentle redirection to new activity/location 1) Validate the resident's reality and emotional state<br/> 2) Join in the resident's reality and listen to their perspective<br/> 3) Distract by offering favourite food, drink, activity, or item 4) Provide gentle redirection to new activity/location<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Maintain eye contact with the resident and stand in a non-threatening position</p> | PCA        |                   |                  |
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |  |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025   |            |                   |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position  | Freq/Resolved     |                  |
|--|---|---|---|-------------------|------------------|
| <p>• Responsive behaviors related to: cognitive impairment, poor insight and judgement, poor coping abilities.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> |   | <p>Maintain eye contact with Margaret and stand in a non threatening position.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Identify and remove any stimuli that may be causing distress (e.g., noise, crowd of people) Crowd or someone sitting in her seat causes her distress.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Wandering and/or exit-seeking: Identify potential reasons for wandering and/or exit seeking. Specify: Margaret tends to wander looking for her husband.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Mood alteration: Observe resident for signs and symptoms of depression Mood alteration: Observe resident for signs and symptoms of depression<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Mood alteration: Provide emotional support - be empathetic, listen, and encourage expression of feelings Mood alteration: Provide emotional support - be empathetic, listen, and encourage expression of feelings<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Mood alteration: Refer to physician/NP to further evaluate mood and potential</p> | <p>PCA</p> <p>PCA</p> <p>Registered Practical Nurse</p> <p>Registered Practical Nurse</p> <p>Registered</p> |                   |                  |
| <b>Allergies</b>   | Contrast Dye  | <b>D.O.B.</b>   | 03/19/1932  | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |   |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |   | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   | <b>Admission Date</b>   | 11/09/2021  | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025  |   |                   |                  |

## Care Plan Report

| Focus                                   | Goal  | Interventions  | Position   | Freq/Resolved     |                  |
|---|---|--|--|-------------------|------------------|
|   |   | <p>mental health concerns Mood alteration: Refer to physician/NP to further evaluate mood and potential mental health concerns.</p> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• Medications: Observe the resident for adverse drug effects of medications that could precipitate BPSD/delirium (e.g., anticholinergics, psychotropics, opioids, sedatives) Medications: Observe the resident for adverse drug effects of medications that could precipitate BPSD/delirium (e.g., anticholinergics, psychotropics, opioids, sedatives)</p> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• Intellectual/Cognitive impairment: Implement individualized strategies to manage cognitive symptoms of dementia in collaboration with resident/SDM/family. Specify: Intellectual/Cognitive impairment: Implement individualized strategies to manage cognitive symptoms of dementia in collaboration with Margaret/SDM/family.</p> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• Intellectual/Cognitive impairment: Implement strategies to manage amnesia (loss of memory) (e.g., use simple prompts, visual cues) Intellectual/Cognitive impairment: Implement strategies to manage amnesia (loss of memory) such as showing images.</p> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <p>• Intellectual/Cognitive impairment: Implement strategies to manage agnosia (loss of recognition) (e.g., demonstrate the use of objects) Intellectual/Cognitive impairment:</p> | <p>Practical Nurse</p> <p>Registered Practical Nurse</p> <p>Registered Practical Nurse</p> |                   |                  |
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>  | 03/19/1932   | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |  |  |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |  |  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b>  | 11/09/2021   | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025   |  |                   |                  |



## Care Plan Report

| Focus   |   | Goal       | Interventions  |            |  |            | Position                   | Freq/Resolved |
|---|---|------------|--|------------|--|------------|----------------------------|---------------|
| <ul style="list-style-type: none"><li>• Responsive behaviors related to: cognitive impairment, poor insight and judgement, poor coping abilities.</li></ul> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |   |            | Implement strategies to manage agnosia (loss of recognition) such as demonstrate how to use the products first and assist her.   |            |  |            | Nurse                      |               |
|   |   |            | Date Initiated: 07/17/2022<br>Created on: 07/17/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |            |  |            |                            |               |
|   |   |            | • Intellectual/Cognitive impairment: Implement strategies to manage anosognosia (loss of self-awareness) (e.g., validate feelings, avoid correcting the resident's perceptions) Intellectual/Cognitive impairment: Implement strategies to manage anosognosia (loss of self-awareness)such as listen to her perceptions and don't oppose.  |            |  |            | Registered Practical Nurse |               |
|   |   |            | Date Initiated: 07/17/2022<br>Created on: 07/17/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |            |  |            |                            |               |
|   |   |            | • Education/Support: Provide support and teaching to resident/SDM/family on dementia type, signs and symptoms, trajectory of progressive dementia, and management strategies, as applicable Education/Support: Provide support and teaching to Margaret/SDM/family on dementia type, signs and symptoms, trajectory of progressive dementia, and management strategies, as applicable. |            |  |            | Registered Practical Nurse |               |
|   |   |            | Date Initiated: 07/17/2022<br>Created on: 07/17/2022<br>Created by: Gabrielle Wolfe (RN)<br>Revision on: 05/14/2023<br>Revision by: Kulwinder Sandhu (RPN)   |            |  |            |                            |               |
|   |   |            | • Capabilities/Functional status: Keep activities as simple and routine as possible; establish routines that allow for maximum independence and the least amount of frustration Capabilities/Functional status: Keep activities as simple and routine as possible; establish routines that allow for maximum independence and the least amount of frustration.                         |            |  |            | PCA                        |               |
|   |   |            | Date Initiated: 07/17/2022<br>Created on: 07/17/2022<br>Created by: Gabrielle Wolfe (RN)   |            |  |            |                            |               |
| Allergies   | Contrast Dye  |            | D.O.B.   | 03/19/1932 |  | Physician  | Nachwa Ghobara             |               |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |            |  |            |  |            |                            |               |
| Facility  | Arbour Creek Care Centre  |            |  |            |  | Print Date | 11/5/2025                  |               |
| Resident  | Wilson, Margaret (922141000199)   |            | Admission Date   | 11/09/2021 |  | Location   | Nash House 117 1           |               |
| Last Care Plan Review Completed:  |   | 08/25/2025 |  |            |  |            |                            |               |

## Care Plan Report

| Focus                            |   | Goal       | Interventions   |            |  |            | Position         | Freq/Resolved |
|----------------------------------|---|------------|---|------------|--|------------|------------------|---------------|
|                                  |   |            | <div>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/>• Communication: Maintain a calm and even tone of voice; use positive body language<br/>Communication: Maintain a calm and even tone of voice; use positive body language.<br/>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/>• Communication: Use simple sentences; ask the resident one question at a time<br/>Communication: Use simple sentences; ask the resident one question at a time.<br/>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/>• Communication: Provide the resident with options rather than using open-ended questions<br/>Communication: Provide the resident with options rather than using open-ended questions.<br/>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/>• Communication: Give adequate time for resident's response to questions<br/>Communication: Give adequate time for resident's response to questions.<br/>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)<br/>• Communication: Allow the resident to have a sense of control by using resident-centred language<br/>Communication: Allow the resident to have a sense of control by using resident-centred language<br/>Date Initiated: 07/17/2022</div> |            |  |            | PCA              |               |
| Allergies                        | Contrast Dye  |            | D.O.B.  | 03/19/1932 |  | Physician  | Nachwa Ghobara   |               |
| Diagnosis                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |            |   |            |  |            |                  |               |
| Facility                         | Arbour Creek Care Centre  |            |   |            |  | Print Date | 11/5/2025        |               |
| Resident                         | Wilson, Margaret (922141000199)   |            | Admission Date  | 11/09/2021 |  | Location   | Nash House 117 1 |               |
| Last Care Plan Review Completed: |   | 08/25/2025 |   |            |  |            |                  |               |

## Care Plan Report

| Focus   |   | Goal       | Interventions   |            | Position   | Freq/Resolved    |
|---|---|------------|---|------------|------------|------------------|
| <ul style="list-style-type: none"> <li>Responsive behaviors related to: cognitive impairment, poor insight and judgement, poor coping abilities.</li> </ul> <p> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN) </p> |   |            | <p> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN) </p> <ul style="list-style-type: none"> <li>Environment: Identify environmental factors that may contribute to responsive behaviours. Specify: Environment: Identify environmental factors that may contribute to responsive behaviors such as crowd or loud noises around her.</li> </ul> <p> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN) </p> <ul style="list-style-type: none"> <li>Environment: Avoid overstimulation (e.g., noise, too many people) which can increase confusion/trigger behaviour Environment: Avoid overstimulation (e.g., noise, too many people) which can increase confusion/trigger behavior.</li> </ul> <p> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN) </p> <ul style="list-style-type: none"> <li>Environment: Maintain consistency in care providers and approaches as appropriate Environment: Maintain consistency in care providers and approaches as appropriate.</li> </ul> <p> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN) </p> <ul style="list-style-type: none"> <li>Environment: Provide environmental cues that facilitate cognition (e.g., daily newspapers, simple written cues for orientation)</li> </ul> <p> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/27/2025<br/> Revision by: Jesus Bueno (Registered Practical Nurse) </p> <ul style="list-style-type: none"> <li>Non-pharmacological: Refer to recreation therapist to implement individualized</li> </ul> |            | PCA        |                  |
| Allergies   | Contrast Dye  |            | D.O.B.  | 03/19/1932 | Physician  | Nachwa Ghobara   |
| Diagnosis   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |            |   |            |            |                  |
| Facility  | Arbour Creek Care Centre  |            |   |            | Print Date | 11/5/2025        |
| Resident  | Wilson, Margaret (922141000199)   |            | Admission Date  | 11/09/2021 | Location   | Nash House 117 1 |
| Last Care Plan Review Completed:  |   | 08/25/2025 |   |            |            |                  |

## Care Plan Report

| Focus  | Goal  | Interventions   | Position                         | Freq/Resolved     |                  |
|--|---|---|----------------------------------|-------------------|------------------|
|  |   | <p>activities to manage responsive behaviours Non-pharmacological: Refer to recreation therapist to implement individualized activities to manage responsive behaviors.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Non-pharmacological: Plan and maintain a consistent routine to manage responsive behaviours. Specify: Non-pharmacological: Plan and maintain a consistent routine to manage responsive behaviors.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Non-pharmacological: Schedule one-to-one interactions with resident and care provider to manage responsive behaviours. Specify: Non-pharmacological: Schedule one-to-one interactions with resident and care provider to manage responsive behaviors.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> <p>• Pharmacological interventions: Refer to pharmacist and/or physician/NP to reassess psychotropic medications as appropriate Pharmacological interventions: Refer to pharmacist and/or physician/NP to reassess psychotropic medications as appropriate.<br/> Date Initiated: 07/17/2022<br/> Created on: 07/17/2022<br/> Created by: Gabrielle Wolfe (RN)<br/> Revision on: 05/14/2023<br/> Revision by: Kulwinder Sandhu (RPN)</p> | Registered<br>Practical<br>Nurse |                   |                  |
| • Resistance to care related to: Cognitive impairment, poor insight and judgement.<br>Date Initiated: 07/17/2022 | • Resident will have reduced episodes of responsive behaviours through to the next  | • Personal care: Explain the personal care activity to the resident one step at a time<br>Explain the personal care activity to Margaret one at a time.<br>Date Initiated: 07/17/2022   | PCA                              |                   |                  |
| <b>Allergies</b>   | Contrast Dye  | <b>D.O.B.</b>   | 03/19/1932                       | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>   | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |   |                                  |                   |                  |
| <b>Facility</b>  | Arbour Creek Care Centre  |   |                                  | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>  | Wilson, Margaret (922141000199)   | <b>Admission Date</b>   | 11/09/2021                       | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>  |   | 08/25/2025  |                                  |                   |                  |

## Care Plan Report

| Focus   | Goal   | Interventions  | Position                         | Freq/Resolved |                   |                  |
|---|--|--|----------------------------------|---------------|-------------------|------------------|
| <p>Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/14/2023<br/>           Revision by: Kulwinder Sandhu (RPN)</p> | <p>review. Specify: Margaret will have reduced episodes of verbally and physically responsive behaviors.<br/>           Date Initiated: 07/28/2022<br/>           Created on: 07/28/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 06/06/2025<br/>           Revision by: Jason Geerlinks (Quality Improvement Coordinator)<br/>           Target Date: 02/04/2026</p> | <p>Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/27/2025<br/>           Revision by: Jesus Bueno (Registered Practical Nurse)<br/>           • Personal care: Encourage resident's participation in bathing/dressing (e.g., give the resident a washcloth, use hand over hand techniques)<br/>           Date Initiated: 07/17/2022<br/>           Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/27/2025<br/>           Revision by: Jesus Bueno (Registered Practical Nurse)<br/>           • Personal care: Establish bathing habits and alternate bathing techniques according to resident's preference. Specify: Establish bathing habits and alternate bathing techniques according to Margaret's preference.<br/>           Date Initiated: 07/17/2022<br/>           Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/14/2023<br/>           Revision by: Kulwinder Sandhu (RPN)<br/>           • Personal care: Provide options for modesty during care/bathing according to resident's preference (e.g., underwear, bathing suit) Provide options for modesty during care/bathing according to Margaret's preference (e.g., underwear, bathing suit)<br/>           Date Initiated: 07/17/2022<br/>           Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/14/2023<br/>           Revision by: Kulwinder Sandhu (RPN)<br/>           • Personal care: Identify source of resistance to personal care (e.g., unmet needs, psychosis) and notify physician/NP as required Identify source of resistance to personal care and notify the registered staff to follow up and communicate with co-workers.<br/>           Date Initiated: 07/17/2022<br/>           Created on: 07/17/2022<br/>           Created by: Gabrielle Wolfe (RN)<br/>           Revision on: 05/14/2023</p> | <p>PCA</p> <p>PCA</p> <p>PCA</p> | <p></p>       |                   |                  |
| <b>Allergies</b>  | Contrast Dye   |  | <b>D.O.B.</b>                    | 03/19/1932    | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>  | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses  |  |                                  |               |                   |                  |
| <b>Facility</b>   | Arbour Creek Care Centre   |  |                                  |               | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>   | Wilson, Margaret (922141000199)  |  | <b>Admission Date</b>            | 11/09/2021    | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b>   |  | 08/25/2025   |                                  |               |                   |                  |

## Care Plan Report

| Focus  | Goal | Interventions  | Position | Freq/Resolved |
|--|------|--|----------|---------------|
| <ul style="list-style-type: none"> <li>Resistance to care related to: Cognitive impairment, poor insight and judgement.</li> </ul> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |      | <p>Revision by: Kulwinder Sandhu (RPN)</p> <ul style="list-style-type: none"> <li>Medication administration: Develop a consistent communication strategy that helps PCA facilitate medication administration. Specify: Develop a consistent communication strategy that helps facilitate medication administration. (Margaret likes her medication with jam in a toast)</li> </ul> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> <ul style="list-style-type: none"> <li>Medication administration: Identify source of resistance to medication administration PCA (e.g., unmet needs, psychosis) and notify physician/NP as required Identify source of resistance to medication administration and notify the MD</li> </ul> <p>Date Initiated: 07/17/2022<br/>Created on: 07/17/2022<br/>Created by: Gabrielle Wolfe (RN)<br/>Revision on: 05/14/2023<br/>Revision by: Kulwinder Sandhu (RPN)</p> |          |               |
|  |      |  |          |               |

|   |   |                       |            |                   |                  |
|---|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>         | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b> | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025            |            |                   |                  |

## Care Plan Report

| Focus | Goal | Interventions | Position | Freq/Resolved |
|-------|------|---------------|----------|---------------|
|-------|------|---------------|----------|---------------|

### Diagnosis

Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified(F01.9), Hyperlipidaemia, unspecified(E78.5), Old myocardial infarction(I25.2), Atherosclerotic heart disease of unspecified type of bypass graft(I25.14), Presence of cardiac pacemaker(Z95.00), Depressive episode, unspecified(F32.9)

|   |   |                       |            |                   |                  |
|---|---|-----------------------|------------|-------------------|------------------|
| <b>Allergies</b>                        | Contrast Dye  | <b>D.O.B.</b>         | 03/19/1932 | <b>Physician</b>  | Nachwa Ghobara   |
| <b>Diagnosis</b>                        | Peripheral vascular disease, unspecified(I73.9), Primary generalized (osteo)arthrosis(M15.0), Benign paroxysmal vertigo(H81.1), Benign hypertension(I10.0), Vascular dementia, unspecified (F01.9), ...See last page for a complete listing of the Resident's diagnoses |                       |            |                   |                  |
| <b>Facility</b>                         | Arbour Creek Care Centre  |                       |            | <b>Print Date</b> | 11/5/2025        |
| <b>Resident</b>                         | Wilson, Margaret (922141000199)   | <b>Admission Date</b> | 11/09/2021 | <b>Location</b>   | Nash House 117 1 |
| <b>Last Care Plan Review Completed:</b> |   | 08/25/2025            |            |                   |                  |