


Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none">• Potential to experience complications and side effects impacting quality of life related to use of multipharmacy Revision on: 08/21/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Tammy in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 03/29/2022 Revision by: Elsie Calumpang (RN) <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident using current meds for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff			
<ul style="list-style-type: none">• Potential for Persistent PAIN and alteration in comfort level related to Fibromyalgia, HIBM2, GERD, abdominal pain, leg pain, pain in posterior forearm. Most Current Pain Score is 3. Revision on: 05/22/2025 Revision by: Jenny Liu (RAI Coordinator)	<ul style="list-style-type: none">• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025 <ul style="list-style-type: none">• Promote MDS Pain Score of 0 through to the next review. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Tammy about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 03/29/2022 Revision by: Elsie Calumpang (RN) <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.Pain specialists also assess the resident regarding pain. The resident did not want any change in her medication. Revision on: 10/03/2025 Revision by: Ranjita Yadav (RPN)	RN Registered Practical Nurse Registered Practical Nurse RN			
<ul style="list-style-type: none">• Potential for CONSTIPATION related to daily use of medication with binding effect, decreased mobility, refusal to take bowel medications. Revision on: 12/24/2024 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• Tammy will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. <ul style="list-style-type: none">• NUTRITION increased fibre intervention in place. See Nutrition Care Plan.	Registered Staff Diet Registered Staff			
Allergies	Macrobid, Beef, Dust, Tobacco Smoke	D.O.B.	03/16/1969	Physician	Roseanne Ng	
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Allen, Tammy (92213101016)	Admission Date	08/06/2018	Location	6 611 A	
Last Care Plan Review Completed:		08/25/2025				

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	Target Date: 11/25/2025	<ul style="list-style-type: none">• BOWEL PROTOCOL: In place as per MD order. When resident is 72-96 hours no BM resident can request bowel assessment. Refer to EMAR for orders. Revision on: 08/21/2025 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Potential to experience alteration in MOOD as exhibited by (repetitive health/anxious complaints, sad worried facial expression and crying) related to Fibromyalgia, HIBM2, Pain and sleep apnea. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none">• To decrease episodic frequency of negative Mood symptoms by next review date. Maintain DRS score as of 0. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with (Tammy)/SDM) about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• HEALTH EDUCATION: Provide education and support to (Tammy)/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Tammy for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• RESIDENT STRENGTHS: Build on Tammy effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	RN Registered Practical Nurse			
<ul style="list-style-type: none">• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension, etc.) related to Expressive Aphasia Revision on: 03/08/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)	<ul style="list-style-type: none">• Tammy will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Tammy/SDM for decision making about strategies needed to support effective communication. Revision on: 03/06/2024 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none">• Use of PASD Two 1/4 bed rails to assist resident with Activity of Daily Living (bed	<ul style="list-style-type: none">• Tammy will be effectively supported with use of bed rails	<ul style="list-style-type: none">• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of bed rails.				
Allergies	Macrobid, Beef, Dust, Tobacco Smoke		D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses					
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mobility). Revision on: 03/08/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)	to optimize Activity of Daily Living (bed mobility) each day through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	Revision on: 11/26/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate bed mobility. Revision on: 11/28/2022 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility. Monitor every shift. Revision on: 11/28/2022 Revision by: Suzanne Azar (RN)	PCA	D/E/N		
• Increased risk for FALLS related to Hx of falls, Fibromyalgia, HIBM2, Irritable bowel syndrome with diarrhea, vertigo, GERD and Sleep apnea. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• COMMUNICATION: Involve/collaborate with (Tammie)/SDM in decision making in fall prevention Plan of Care. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: electric wheelchair. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip) for transfers. Revision on: 01/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) • GARMENTS: Leg strap for both legs as needed when resident is up in wheelchair Revision on: 01/22/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)	PCA PCA	D/E/N		
• Behaviour problem (resist care meals, to be turned and bath) r/t Fibromyalgia, HIBM2, Irritable bowel syndrome with diarrhea, vertigo, GERD and Sleep apnea. Hx of Sexual Expressions During Care Revision on: 12/08/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• To decrease episodic frequency of Expressive Behaviour by next review date. ABS score will be less than 1. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• COMMUNICATION: Involve/collaborate with (Tammie)/SDM) about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Tammy for indications to change in or for escalating expressive behaviour risk. Revision on: 03/29/2022	BSO - Internal BSO - External Social Worker			
Allergies	Macrobid, Beef, Dust, Tobacco Smoke		D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses					
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		<p>Revision by: Elsie Calumpang (RN)</p> <ul style="list-style-type: none"> • TRIGGERS leading to RESISTANCE to Care Needs of refusing to refusal to bathe, refusal to eat, refusing medication, etc. as expression of behaviour include (misunderstanding care needs, poor judgement, etc.) <p>Revision on: 12/10/2022</p> <p>Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> • RESISTANCE to Care Need: If Tammy is refusing to refusal to bathe, refusal to eat, refusing medication, etc, re-approach in 10-15 minutes. Offer other options (bed bath, meal options). Report episode to Registered Staff. <p>Revision on: 12/10/2022</p> <p>Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> • SEXUAL Behaviour: History of sexual comments towards others. Female caregivers preferred. <p>Revision on: 06/29/2022</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	PCA			
<p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Rest/Sleep Patterns, Loss of Independence, Missing Family/Friends, Withdrawn.</p> <p>ISE Score: 3/6</p> <p>Revision on: 09/04/2023</p> <p>Revision by: Mitchell Atkinson (Recreation Aide)</p>	<p>• To support Tammy's Psycho-Social well being through to the next review.</p> <p>Tammy will be supported to participate in 5-10x 1:1 activities and/or self directed activities, per month through the next review date.</p> <p>Revision on: 06/21/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 11/25/2025</p>	<p>• STRUCTURED ACTIVITIES: Offer programs of personal interest; friendly/1:1 visits, tuck shop, music, etc.</p> <p>Revision on: 08/21/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as crafts, listening to music, family/friend visits, writing music, etc.</p> <p>Revision on: 08/21/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities ACT - Reminders, etc.</p> <p>Revision on: 07/23/2020</p> <p>Revision by: Shayna Lee Wonsch (Activation Manager)</p> <p>• HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions. She enjoys making spiritual crosswords/word puzzles, she enjoys singing, she makes spiritual wreathes made out of candy near Christmas time.</p> <p>Revision on: 07/18/2022</p> <p>Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversation (current events), bedside activity, reading, reminiscing, spiritual, etc.</p> <p>Revision on: 07/23/2020</p>	ACT			
Allergies	Macrobid, Beef, Dust, Tobacco Smoke		D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses					
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<p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Rest/Sleep Patterns, Loss of Independence, Missing Family/Friends, Withdrawn.</p> <p>ISE Score: 3/6 Revision on: 09/04/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>		Revision by: Shayna Lee Wonsch (Activation Manager)			
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to Fibromyalgia, HIBM2, Irritable bowel syndrome with diarrhea, vertigo, GERD and sleep apnea, Prefers female caregivers only. Revision on: 06/29/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>• Tammy will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025</p>	<p>• BATHING: Tammy prefers (bed bath or bath) on (Monday and Friday days). Resident requires total assistance of 2 team members. Tammy does not wish to participate. With encouragement she may assist with washing face and upper body. She refuses to get up and is given a bed bath.</p> <p>See prefers female care.</p> <p>Nails care to be provided on bath days. Revision on: 08/21/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Tammy requires two staff to turn and reposition in bed without her help due to her disease progression stated by resident. Prefers female caregivers only.</p> <p>May allow certain male team members for this task. Get her permission.</p> <p>2 staff to use slider sheet for turning and repositioning. Revision on: 08/21/2025</p>	PCA		
Allergies	Macrobid, Beef, Dust, Tobacco Smoke	D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses				
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			<p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• DRESSING: Total assistance- Tammy stated she is not able to lift her arms to help with dressing anymore, so team member to dress/undress her from head to toe. (Naked in bed stated by Tammy). Prefers female caregivers only. PCA</p> <p>May allow certain male team members for this task. Ger her permission</p> <p>Revision on: 08/21/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: Tammy requires one team member to feed her and she eats on her bed. PCA</p> <p>Revision on: 02/26/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Tammy needs total assistance for using the wheelchair. She prefers to be in bed all of the time. PCA</p> <p>Revision on: 09/07/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Total assistance provided from two staff members. Prefers female caregivers only PCA</p> <p>May allow certain male team members for this task. Ger her permission</p> <p>Revision on: 08/21/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide Total assistance to use sanitizer wipes for hand hygiene. PCA</p> <p>Revision on: 02/26/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TOILET USE: Bedfast all of the time, two staffs to check and change her in bed. PCA</p> <p>Prefers female caregivers only</p> <p>Revision on: 08/21/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TRANSFERRING: Maxi lift with two staff with slider sheet to ensure safety. Prefers female caregivers only. PCA</p>					
Allergies	Macrobid, Beef, Dust, Tobacco Smoke			D.O.B.	03/16/1969		Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses							
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<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Fibromyalgia, HIBM2, Irritable bowel syndrome with diarrhea, vertigo, GERD and sleep apnea, Prefers female caregivers only. Revision on: 06/29/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		<p>May allow certain male team members for this task. Ger her permission Revision on: 08/21/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none"> TRANSFER LIFT/SLING: Blue sling Revision on: 08/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) ORAL CARE: She needs help with 1 team members for oral care. own teeth. Revision on: 11/28/2023 Revision by: Ramil Santillan (Quality Improvement Coordinator) FOOT CARE: HCA Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA	
<ul style="list-style-type: none"> Risk for/Impaired Skin Integrity r/t incontinence, impaired mobility and Dx of Irritable bowel syndrome with diarrhea. Revision on: 03/29/2022 Revision by: Elsie Calumpang (RN)	<ul style="list-style-type: none"> To protect and maintain skin integrity each day through to the next review. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025 	<ul style="list-style-type: none"> 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. EQUIPMENT: Tammy requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Tammy preference to offload pressure. Revision on: 01/21/2021 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA PCA PCA	 Q2h

Allergies	Macrobid, Beef, Dust, Tobacco Smoke	D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses				
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• Expressed Wishes and Beliefs related to Tammy Medical Treatment and End of Life Care Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• To support and honor Tammy expressed wishes and beliefs through to the End of Life. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• CPR: Tammy wishes to have CPR and transfer to hospital decisions to be made as needed Revision on: 07/14/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD) Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• To treat and/or minimize complications associated with GERD each day through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects. • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • POSITIONING: Encourage resident to avoid lying down for at least one hour after eating; elevate head of bed, encourage resident to sit/stand upright after meals. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA	
• Potential to experience (rash, hives, anaphylaxis) related to ALLERGY of (Macrobid, Egg, Dust, beef and Smoke). ALLERGIC to Macrobid, Egg, Dust and Smoke. Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Tammy will be protected from exposure to allergen each day through next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• ALLERGY ALERT: Staff to remain aware of allergen and prevent contact with. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MD/PHARMACY ALERT: Notify the MD and Pharmacy of Tammy Allergy and minimize risk for exposure to allergen. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication as per MD Order. Monitor its effectiveness. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• Strength Revision on: 07/28/2020 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• In next 3 months : Tammy to increase grip of b/l hand and increase strength in wrist flexor/extensors and elbow	• B/L Hand strengthening with mild manual pressure (as best tolerated) and grip exe. with gripping equipment, hold for 5 sec, 5 reps of 1 set as tolerated 2-3x/wk. Revision on: 12/07/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
Allergies	Macrobid, Beef, Dust, Tobacco Smoke		D.O.B.	03/16/1969		Physician	Roseanne Ng
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		extensors. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025					
• SPIRITUAL BELIEFS: Tammy is of the Pentecostal Faith. Revision on: 04/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Tammy spiritual support as interested through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• SPIRITUAL PROGRAMS: Encourage her to listen to spiritual music, religious studies, bible study, etc. Revision on: 08/21/2025 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED SPIRITUAL Activities: Tammy engages in praying, watching church services on t.v, religious music, creates crafts for charitable donations, creates spiritual word searches, etc. Revision on: 08/21/2025 Revision by: Laura Morris (Restorative Care Aide)				
• Passive ROM/AROM/AAROM Revision on: 06/19/2019 Revision by: Milap Patel (Physiotherapist)		• In next 3 months:To prevent further deterioration of B/L elbow/shoulder/wrist joint contracture Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• PROM/AAROM of the b/l UE sh flx-ext, elb flx-ext,wrist flx-ext 8-10 reps of 1-2 sets. 2-3/wk as tolerated. (freq may vary as per IPAC directions) Revision on: 12/07/2023 Revision by: Shina Wadhwa (PT - Physiotherapist) PT - Physiotherapist PTA				
• Urinary Continence with supra pubic catheter in place. Revision on: 03/09/2019 Revision by: Maryola Perion (Registered Nurse)		• Tammy will receive support to manage catheter and promote urinary continence each shift through to the next review. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• COMMUNICATION: Involve/collaborate with Tammy/SDM for decision making about catheter use. Revision on: 03/11/2020 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status and alteration of continence level. Revision on: 03/11/2020 Revision by: Maryola Perion (RN) • URINARY Continence level is Continent with Catheter in place. Report change to level as noted. Revision on: 03/11/2020 PCA				
Allergies	Macrobid, Beef, Dust, Tobacco Smoke		D.O.B.	03/16/1969		Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Allen, Tammy (92213101016)		Admission Date	08/06/2018		Location	6 611 A
Last Care Plan Review Completed:		08/25/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision by: Maryola Perion (RN) • CATHETER INSERTION/CHANGE: Change CATHETER as per MD/NP Order and document procedure. May refuse supra pubic catheter change. Provide health teaching and offer again Revision on: 03/29/2022 Revision by: Elsie Calumpang (RN) • CATHETER OUTPUT: Empty catheter bag and document output in mL every shift and as needed. Revision on: 12/06/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • CATHETER MONITORING: Check catheter patency, tubing placement, monitor effect of catheter each shift and as needed. Report complaints of pain or discomfort. Revision on: 03/11/2020 Revision by: Maryola Perion (RN) • CATHETER IRRIGATION: Irrigate catheter as per MD/NP Order. Revision on: 03/11/2020 Revision by: Maryola Perion (RN) • CATHETER: Change BAG as per MD/NP order. Revision on: 03/11/2020 Revision by: Maryola Perion (RN) • Change supra pubic catheter dressing as per MD/NP order. Revision on: 03/18/2020 Revision by: Maryola Perion (RN)			RN Registered Practical Nurse PCA PCA RN Registered Practical Nurse PCA RN Registered Practical Nurse	D/E/N
• Bowel Incontinence Revision on: 02/09/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Tammy will have bowel incontinence managed every shift through to the next review period. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.			Registered Staff PCA PCA	
Allergies	Macrobid, Beef, Dust, Tobacco Smoke			D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Allen, Tammy (92213101016)			Admission Date	08/06/2018	Location	6 611 A
Last Care Plan Review Completed:		08/25/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • INCONTINENCE PRODUCT: Resident use Blue color brief per Prevail sheet Revision on: 05/22/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	
• Sleep Patterns for Tammy. Revision on: 02/04/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To promote adequate rest/sleep for Tammy based on identified sleep patterns/preferences each night through to the next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025	• Special preferences (Tammy would like her room warmer at night for sleeping) Revision on: 09/13/2018 Revision by: Joe Albano (RAI Coordinator)			PCA	
			• REST PATTERN: Preferred bedtime 22:00, usual wake time no specific time. (bedfast all of time) Revision on: 01/05/2022 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
			• SLEEPWEAR: Tammy prefers to be naked in bed with brief on only. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• Nutrition Risk Level (diet details)		• Tammy will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025 • Will weigh within GWR of 90-95kg through to next review date. Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025 • Tammy will be adequately hydrated aeb drinking at least 1730 ml per day based on 75%	• NUTRITION RISK: Tammy is moderate risk level. Revision on: 05/16/2025 Revision by: Brittany Hyde (Registered Dietitian)			Dietitian (RD)	
			• DIET ORDER: Tammy will receive regular diet, pureed texture. She does not eat pork but eats bacon and ham per her discretion She will ask for regular texture food per her discretion (aware of risks) Revision on: 11/27/2024 Revision by: Lexi Dakin (Dietitian (RD))			PCA	
			• FLUID CONSISTENCY: Tammy drinks REGULAR (TNO) Fluids. Revision on: 11/21/2023 Revision by: Karamjeet Hayer (RN)			PCA	
			• FLUID TARGET: Encourage Tammy to drink a minimum 1730 mL/D. She likes to drink water (has her own 500mL bottles of water drinking up to 5-6 bottles), pepsi and milk Revision on: 02/19/2025 Revision by: Brittany Hyde (Registered Dietitian)			PCA	
			• FOOD ALLERGY/INTOLERANCE: Tammy reports intolerance to beef (reaction: diarrhea). She reports allergy/intolerance to soy (reaction: lightheadedness or dizziness). Revision on: 08/22/2025			PCA Restorative Care Aide	
Allergies	Macrobid, Beef, Dust, Tobacco Smoke			D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Allen, Tammy (92213101016)			Admission Date	08/06/2018	Location	6 611 A
Last Care Plan Review Completed:		08/25/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)	<p>of total fluid requirement of 2325-2790 ml @ 30-35 ml/kg, 93kg through to next review date</p> <p>Revision on: 02/19/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/25/2025</p> <p>• Will meet estimated nutritional requirements of 1860-2325 kcal @ 20-25 kcal/kg, 93-112g protein @ 1.0-1.2g/kg through to next review date.</p> <p>Revision on: 06/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/25/2025</p>	<p>Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• HIGH PROTEIN PM SNACK: Magic Cup Mon/Wed/Fri/Sun Yogurt Tues/Thurs/Sat</p> <p>Revision on: 10/07/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• Provide bowel/high fibre intervention: Fruit rite at breakfast M-W-F</p> <p>Revision on: 08/13/2025 Revision by: Brittany Hyde (Registered Dietitian)</p>	<p>PCA</p> <p>Diet PCA</p>	<p>D</p> <p>PRN</p>

Allergies	Macrobid, Beef, Dust, Tobacco Smoke	D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Allen, Tammy (92213101016)	Admission Date	08/06/2018	Location	6 611 A
Last Care Plan Review Completed:		08/25/2025			


Care Plan Report

Diagnosis

Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neuropathy, unspecified(G60.9), Other sleep apnoea(G47.38), Resistance to methicillin(U82.1), Nausea alone(R11.1), Atrial flutter, unspecified(I48.91), Other specified noninfective gastroenteritis and colitis(K52.8), Hypokalaemia(E87.6), Urinary tract infection, site not specified(N39.0)

Allergies	Macrobid, Beef, Dust, Tobacco Smoke	D.O.B.	03/16/1969	Physician	Roseanne Ng
Diagnosis	Other peripheral vertigo(H81.3), Irritable bowel syndrome with diarrhoea(K58.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fibromyalgia(M79.7), Hereditary and idiopathic neur...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre	Print Date	10/30/2025		
Resident	Allen, Tammy (92213101016)	Admission Date	08/06/2018	Location	6 611 A
Last Care Plan Review Completed:		08/25/2025			

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, Altered Mood, Withdrawn, Cognitive Limitation.</p> <p>ISE Score: 5/6 Revision on: 10/08/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Team members will support Mildred in decreasing social isolation by participating in activities of personal choice 5-10 times per month by the next review date. Revision on: 01/29/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/15/2026</p>	<p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; friendly/1:1 ACT visits, education, manicures & hand massages, music, reading (library cart), reminiscing groups, sensory groups, special events, etc. Revision on: 02/06/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities ACT such as doing her hair, cleaning/tidying room, family/friend visits, folding laundry, reading, listening to the radio, watching TV, etc. Revision on: 02/06/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities ACT - Accompany in elevator (if needed), Walk with, Guide to, Cue Direction, Reminders, etc. Revision on: 02/06/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversing (shopping, travel), manicures & hand massages, doll/pet therapy, videos (animals, travel), etc. Revision on: 02/06/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>					
<p>• Potential for PAIN and alteration in comfort level related to Vit B12 deficiency, Oral pain related to ill fitted dentures, Hypothyroidism. Most Current RAI Pain Score is (0). Revision on: 09/10/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/15/2026</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>• MEDICATION: Administer medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.</p>	<p>RN Registered Practical Nurse</p> <p>Registered Practical Nurse RN</p>				
<p>• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (self transfer and bed mobility). Revision on: 04/23/2025</p>	<p>• Millie will be effectively supported with use of two 1/4 bed rails to optimize Activity of Daily Living (self transfer) each</p>	<p>• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of two 1/4 bed rails. Revision on: 03/20/2025 Revision by: Suzanne Azar (RN)</p>					
Allergies	No Known Allergies	D.O.B.	04/12/1941	Physician	Roseanne Ng		
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre						
Resident	Anderson, Mildred Sylvia (922131000513)		Admission Date	10/01/1999	Location	6 624 B	
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
Revision by: Shina Wadhwa (Physical Therapist)		day through to the next review date. Revision on: 03/20/2025 Revision by: Suzanne Azar (RN) Target Date: 01/15/2026	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate self transfer and bed mobility. Revision on: 03/20/2025 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility, transfer in/out of bed). Monitor every shift. Revision on: 03/20/2025 Revision by: Suzanne Azar (RN)				PCA	D/E/N
• RISK FOR FALLS related to: Antipsychotic Usage, Cognitive Impairment, Vitamin B12 Deficiency Anemia and Schizophrenia, unsteady gait. Revision on: 08/03/2024 Revision by: Maryola Perion (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• COMMUNICATION: Involve/collaborate with (Mildred)/SDM in decision making in fall prevention Plan of Care. Revision on: 08/03/2024 Revision by: Maryola Perion (RN) • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • ENVIRONMENT: Secure environment (reduce clutter, etc.) to reduce fall risk for Mildred Revision on: 08/03/2024 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip) for transfers, ambulation. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. LE strengthening- AROM, with minimal weights 5-10 reps/xcise, squats, sit to stands 5-10 reps/xcise, Sitting balance- perturbations to maintain 10s 5-10 reps, q1:1 hand in hand ambulation with increasing distance 100 feet, with PT- 3x week, participates with group exs classes-3x week. Revision on: 08/19/2025 Revision by: Courtney Cipparone (PT - Physiotherapist) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.				PCA 	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• RISK FOR FALLS related to: Antipsychotic Usage, Cognitive Impairment, Vitamin B12 Deficiency Anemia and Schizophrenia, unsteady gait. Revision on: 08/03/2024 Revision by: Maryola Perion (RN)</p>		<p>Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>			
<p>• MOOD PROBLEM (hx of anxious complaints) related to: Cognitive Impairment and Schizophrenia Revision on: 11/05/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>• To decrease the episodic frequency of (repetitive question and anxious complaints) by next review date. DRS score will be maintained to 0. Revision on: 08/03/2024 Revision by: Maryola Perion (RN) Target Date: 01/15/2026</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Millie for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• RESIDENT STRENGTHS: Build on Millie effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 11/22/2020 Revision by: Jenny Liu (RAI Coord Back-up)</p>			
<p>• Expressive Behaviours: Millie is resistant to care in related to Cognitive Impairment and Schizophrenia Revision on: 08/14/2023 Revision by: Chelsea Campbell-Wright (ADOC)</p>	<p>• To decrease the episodic frequency of (refuse care) by next review date. ABS score will be maintained to (0). Revision on: 08/03/2024 Revision by: Maryola Perion (RN) Target Date: 01/15/2026</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk. Revision on: 11/05/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion,</p>	Registered Staff		
Allergies	No Known Allergies	D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)	Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:	10/15/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 11/05/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Mildred is refusing to (bath or eat, etc.) re-approach All in 10-15 minutes. Report episode to Registered Staff. Revision on: 11/05/2023 Revision by: Jenny Liu (RAI Coord Back-up) • Administer medications as ordered. Monitor/document for side effects and effectiveness. Revision on: 11/05/2023 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Practical Nurse RN	
• COGNITIVE LOSS; alteration in thought processes (memory impaired, difficulty concentrating, poor judgement, etc.) related to cognitive decline. Revision on: 07/01/2023 Revision by: Elsie Calumpang (RN)		• Mildred will be supported to maintain cognitive function through the review date. Current CPS is 3. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• ORIENTATION: Gently reorient to (person, place, time) as needed when Millie is feeling lost or in confused state. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PERSONAL ROUTINE: Provide consistency in care routine and activities Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • Address by preferred name: Millie. Revision on: 01/25/2016 Revision by: Kenya Mosely (Registered Practical Nurse)			PCA PCA	
• Potential for CONSTIPATION related to dx with constipation. Revision on: 08/17/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026 • Mildred will have regular soft formed bowel movements every 1-2 days through to the next review.	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order			Registered Staff Registered Staff Registered Staff	
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for CONSTIPATION related to dx with constipation. Revision on: 08/17/2022 Revision by: Jenny Liu (RAI Coord Back-up)		Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026					
• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension) related to Schizophrenia, ear wax build up. Revision on: 12/11/2021 Revision by: Maryola Perion (RN)		• Millie will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026 • Millie will be able to make basic needs known each day through to the review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• PRIMARY LANGUAGE: Millie primary language is English. She is able to speak/understand English. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, provide limited choices as needed. Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)				
• Strength. Revision on: 03/24/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To improve ROM for B/L Hip knee flexion from 90-90 to 100-100 in 3 months. Revision on: 07/17/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/15/2026	• Mildred to perform strength exercises using 1-2lbs. wt.,1set,10rps.,2-3/wk as tolerated, per rehab treatment. Revision on: 10/30/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Posture.		• Mildred to prevent further	• Postural correction exe. B/L shrugging, V/L shoulder retraction, Cervical exe 1set,5 PT -				
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision on: 03/24/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	decline in sitting/standing posture in 3 months Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	reps well within pain limits,2-3/week as tolerated. Revision on: 10/30/2024 Revision by: Shina Wadhwa (Physical Therapist)	Physiotherapist PTA	
• Balance. Revision on: 03/24/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	• To maintain balance in next 3 months Revision on: 07/17/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/15/2026	• Mildred to perform balance exercises in standing, supervised, +1A,1set,10rps.,2-3/week as tolerated. 1:1 hand in hand ambulation in the room, cue for proper foot clearance, distance as best tolerated. Multiple short laps; 2-3 x a week; Revision on: 10/10/2025 Revision by: Shina Wadhwa (Physical Therapist)	PT - Physiotherapist PTA	
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to (use of diuretic) Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• COMMUNICATION: Involve/collaborate with Mildred/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. Revision on: 08/03/2024 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. • PROMOTE FLUIDS: Promote Mildred to consume fluids; amount as per Nutrition Care Plan. Revision on: 08/03/2024 Revision by: Maryola Perion (RN)	Registered Staff	
• Potential to experience complications and side effects impacting quality of life related to use of multi-pharmacy, use of anti-psychotic medications. Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)	• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using current meds for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		

Allergies	No Known Allergies	D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)	Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:	10/15/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Impairment, Vitamin B12 Deficiency Anemia and Schizophrenia Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Mildred 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. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• BATHING: Mildred usually wash herself in the bathroom every morning with set up help only. However with encouragement may accept a shower with 1 team member to provide extensive assistance shower days are Wednesday and Saturday on day shift. Nails care to be provided on bath days. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Mildred is able to turn and reposition herself independently in bed. Revision on: 05/24/2021 Revision by: Maryola Perion (RN) • DRESSING: Mildred is able to choose her own clothes to wear and dress up independently. Revision on: 05/24/2021 Revision by: Maryola Perion (RN) • EATING: Mildred is Independent with Supervision. She requires staff cueing and encouragement during meal time. Monitor for changes in swallowing as residents dentures are ill fitting and causing pain. Monitor and report any pain or chewing difficulties. Revision on: 09/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • LOCOMOTION: Mildred is able to walk independently in her room. Limited assistance with locomotion on and off the unit. The staff has to hold her hand and walk her down for meals. Wheelchair used when she is weak or refuse to walk. Revision on: 10/03/2025 Revision by: Jenny Liu (RAI Coordinator) • PERSONAL HYGIENE: Mildred is able to comb/brush her hair, washing/drying her face, hands and perineum, brush her teeth independently. Revision on: 05/24/2021 Revision by: Maryola Perion (RN) • HAND HYGIENE: 1 staff to provide reminder assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 11/14/2022				
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Impairment, Vitamin B12 Deficiency Anemia and Schizophrenia Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)			Revision by: Katie Wolters-Savo (RAI Coordinator) • TOILET USE: Mildred is able to transfers on/off the toilet, cleanses herself and adjust clothes independently. Revision on: 02/06/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Mildred is able to transfer herself independently from a sitting to standing position. Revision on: 05/24/2021 Revision by: Maryola Perion (RN) • ORAL CARE: Millie requires one team member to assist with brushing and storing her Upper & Lower Dentures and providing oral hygiene care. Ensure to apply denture adhesive cream before application and encourage Mildred to remove dentures at night. Revision on: 06/07/2024 Revision by: Katie Savo (RAI Coordinator) • FOOT CARE: Completed by PSW staff during shower days Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)			PCA	
• Urinary Incontinence r/t Schizophrenia. Revision on: 11/22/2020 Revision by: Jenny Liu (RAI Coord Back-up)		• Mildred will have urinary incontinence managed every shift through to the next review period. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 11/22/2020 Revision by: Jenny Liu (RAI Coord Back-up) • URINARY Continence level is (usually continent). Report change to level as noted. Revision on: 11/16/2021 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Millie wears pads Revision on: 02/03/2025 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• SPIRITUAL BELIEFS: Millie is of the Lutheran Faith. Revision on: 06/30/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Millie spiritual support as interested through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including spiritual discussions, bible study, spiritual celebrations, etc. Revision on: 04/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager) • SELF-DIRECTED SPIRITUAL Activities: Millie engages in praying, etc. Revision on: 10/04/2019			ACT	
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Target Date: 01/15/2026	Revision by: Shayna Lee Wonsch (Activation Manager)				
• Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM		• To treat and/or minimize signs/symptoms of (HYPOTHYROIDISM) through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• COMMUNICATION: Involve/ collaborate with Mildred/SDM in decision making of thyroid care management. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with PCA HYPOTHYROIDISM for changes to health status and alteration or complications affecting endocrine function. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for HYPOTHYROIDISM as per MD order. Monitor effectiveness and for side effects. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• BOWEL Continence -Mildred is continent and has self recognition of urge to defecate. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• Mildred to remain continent of bowels through next review date Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• BOWEL Continence level is CONTINENT. Report change to level as noted.			PCA	
			• SELF TOILETING: Mildred 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. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA	
• ALTERED VISION related to: > 70 Years Old Revision on: 04/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• Millie will use glasses for vision correction daily through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• EYEGLASSES: Millie wears eyeglasses. Assist to clean eyeglasses as needed and store (on night table or in night table drawer by resident) when sleeping. Revision on: 05/10/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA	
• Expressed Wishes and Beliefs related to Mildred Medical Treatment and End of Life Care		• To support and honor Mildred expressed wishes and beliefs through to the End of Life.	• CPR; Mildred wishes to have CPR and transfer to hospital decisions to be made as needed Revision on: 07/14/2025				
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision on: 10/27/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	Revision by: Jenny Liu (RAI Coordinator)				
• Potential for IMPAIRED SKIN INTEGRITY related to: Fragile Skin (ageing process), Vitamin B12 Deficiency, Anemia, and some bladder incontinence at times (usually continent) Revision on: 04/30/2017 Revision by: Clarisa Amir (Registered Practical Nurse)		• To protect and maintain skin integrity each day through to the next review. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• 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.			PCA	
• Nutrition Risk Level Revision on: 02/11/2016 Revision by: Anna Slack (Registered Dietitian)		• Mildred will be adequately nourished aeb consuming >75% at meals and snacks. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026 • Mildred will weigh within GWR/IBW/Realistic weight range of 45-50 kg. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026 • Mildred will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1455 ml/day (30 ml/kg using	• NUTRITION RISK: Millie is moderate risk level. Revision on: 10/03/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Millie will receive regular diet, minced texture Revision on: 11/05/2020 Revision by: Anna Slack (Registered Dietitian) • FLUID CONSISTENCY: Mildred drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Millie to drink a minimum of 1164 ml/day Revision on: 10/03/2025 Revision by: Holly Laasanen (Dietitian (RD)) • PORTION SIZE: Mildred prefers small size portions for her meals Revision on: 11/05/2020 Revision by: Anna Slack (Registered Dietitian) • MEDPASS SUPPLEMENTS: 60mL Resource 2.0 twice daily Revision on: 05/02/2024 Revision by: Anna Slack (Registered Dietitian)			Dietitian (RD) Diet Food Services Aide PCA Diet PCA PCA Diet PCA Diet	
Allergies	No Known Allergies			D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)			Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level Revision on: 02/11/2016 Revision by: Anna Slack (Registered Dietitian)	48.5 kg weight) through to next review date. Revision on: 10/03/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/15/2026			
• Potential for complications, signs/symptoms related to: VITAMIN B12 DEFICIENCY ANEMIA Revision on: 01/25/2016 Revision by: Kenya Mosely (Registered Practical Nurse)	• To treat and/or minimize complications associated with ANEMIA each day through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects. Takes medications whole with apple sauce. Revision on: 07/01/2023 Revision by: Elsie Calumpang (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with ANEMIA for complications or changes to health status. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		
• SLEEP PATTERN Revision on: 01/25/2016 Revision by: Kenya Mosely (Registered Practical Nurse)	• To promote adequate rest/sleep for Mildred based on identified sleep patterns/preferences each night through to the next review date. Revision on: 08/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• REST PATTERN: Preferred bedtime (21:00-2130), usual wake time (06:30-07:00). Revision on: 07/01/2023 Revision by: Elsie Calumpang (RN) • SLEEPWEAR: Own Night Gown. Revision on: 05/18/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA PCA	


Allergies	No Known Allergies	D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)	Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025			

Care Plan Report

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Allergies	No Known Allergies	D.O.B.	04/12/1941	Physician	Roseanne Ng
Diagnosis	Schizophrenia, unspecified(F20.9), Constipation(K59.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Vitamin D deficiency, unspecified(E55.9), Hypothyroidism, unspecified(E03.9)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Anderson, Mildred Sylvia (922131000513)	Admission Date	10/01/1999	Location	6 624 B
Last Care Plan Review Completed:		10/15/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<ul style="list-style-type: none"> Alteration in skin integrity with risk for infection or complications related to <p>#21 - Skin Tear - Total Flap Loss Right Ischial Tuberosity</p> <p>Onset date: 10/24/25 Revision on: 10/25/2025 Revision by: Maryola Perion (RN)</p>	<ul style="list-style-type: none"> To promote optimal healing of SKIN TEAR within the target date. <p>Revision on: 10/25/2025 Revision by: Maryola Perion (RN) Target Date: 12/02/2025</p>	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with SKIN TEAR for changes to health status and alteration or complications affecting skin integrity. <p>Revision on: 10/25/2025 Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> TREATMENT PLAN: Administer treatment for SKIN TEAR as per MD Order. <p>Revision on: 10/25/2025 Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> 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. <p>Revision on: 10/25/2025 Revision by: Maryola Perion (RN)</p>					
<ul style="list-style-type: none"> Potential for Persistent PAIN and alteration in comfort level related to Fibromyalgia, history of right ankle fracture, coccyx wounds, leg pain, Right below knee amputee surgery/March 7/2025) chronic lower back pain, daily headaches. <p>Revision on: 10/07/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<ul style="list-style-type: none"> Promote MDS Pain Score of 0 through to the next review. <p>Target Date: 12/02/2025</p>	<ul style="list-style-type: none"> 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>TREND: Resident tends to have breakthrough pain between 3-4pm daily. Team to be alert to for pain. Report to the nurse if pain is verbally reported or objectively observed.</p> <p>Revision on: 10/07/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none"> MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. He takes his medications whole with water. <p>Revision on: 12/02/2023 Revision by: Elsie Calumpang (RN)</p>	RN Registered Practical Nurse				
<ul style="list-style-type: none"> Gerald requires temporary SAFETY CHECKS related to suicidal ideation. <p>Revision on: 09/23/2025 Revision by: Sonpreet Gurm (Registered Nurse)</p>	<ul style="list-style-type: none"> Safety Check to monitor resident each day until next review date <p>Revision on: 09/29/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/02/2025</p>	<ul style="list-style-type: none"> Check Gerald Bilusak observed behaviour every 60 minutes. <p>Revision on: 09/29/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	PCA	Q1H			
Allergies	No Known Allergies	D.O.B.	12/15/1963	Physician	Roseanne Ng		
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A	
Last Care Plan Review Completed:		09/02/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Gerald requires temporary SAFETY CHECKS related to suicidal ideation. Revision on: 09/23/2025 Revision by: Sonpreet Gurm (Registered Nurse) 					
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by history of self harm (20 years ago), history of nervousness and anxiety, suicidal ideation (wanting to kill self 2025) related to Schizoaffective disorder. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> Gerald will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 03/18/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/02/2025 	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Gerald for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) RESIDENT STRENGTHS: Build on Gerald's effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 03/15/2025 Revision by: Maryola Perion (RN) MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if Gerald expresses thoughts to harm to self. <p>Resident is having thoughts of not wanting to wake up, that he wants to end his life and has expressed that he knows how, that he has looked up how on the internet. team to listen to a resident when he is expressing himself. Encourage him to express how he feels. Report expressed wishes of self harm to the charge nurse immediately. Offer support, active listening. Revision on: 10/13/2025 Revision by: Ranjita Yadav (RPN)</p>			
<ul style="list-style-type: none"> STRONG PARTICIPATION in Activities. ISE Score: 5/6 Revision on: 08/21/2025 Revision by: Laura Morris (Restorative Care Aide) 	<ul style="list-style-type: none"> Gerald will be supported to maintain participation in self-directed activities 5-15 times per month by the next review date. Revision on: 08/31/2025 Revision by: Laura Morris 	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1: 1 visits, comedy corner, discussion, group, games - trivia, music programs, Happy Hour, special events, TV programs, etc. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide) 			
Allergies	No Known Allergies	D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)	Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	(Restorative Care Aide) Target Date: 12/02/2025	<ul style="list-style-type: none">• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music/radio, patio socializing/enjoying outdoors, visiting with residents/team members, etc. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide)• ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide)				
<ul style="list-style-type: none">• Alteration in skin integrity with risk for infection #10 - Diabetic foot ulcer - Medial Left Foot Revision on: 08/13/2025 Revision by: Janina Lucero (RN)	<ul style="list-style-type: none">• To promote optimal healing of WOUND (Stage #) within (specify date of expected healing or end of treatment date or next review date *** and remember to also alter the goal target date to the same). Target Date: 12/02/2025	<ul style="list-style-type: none">• TREATMENT PLAN: Administer treatment as per MD Order. Revision on: 08/02/2025 Revision by: Gurjit Kaur (RN)• HEALTH EDUCATION: Engage with Gerald to enhance his/her comprehension of suggested treatment and possible complications associated with WOUND. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Wound for changes to health status, wound infection and alteration or complications affecting skin integrity. Revision on: 08/02/2025 Revision by: Gurjit Kaur (RN)• 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 Revision on: 08/02/2025 Revision by: Gurjit Kaur (RN)				
<ul style="list-style-type: none">• SPIRITUAL BELIEFS: Gerald has not specified any faith and is not currently practicing. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide)	<ul style="list-style-type: none">• To provide Gerald with Spiritual support as interested through to the next review date. Target Date: 12/02/2025	<ul style="list-style-type: none">• PERSONAL CHOICE: Respect Gerald's right to decline participation in Spiritual Programs. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide)				
<ul style="list-style-type: none">• Potential for altered hematologic symptoms or complications related to	<ul style="list-style-type: none">• To treat and/or minimize complications associated with	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with occult Blood results received -positive for complications or changes to health status.				
Allergies	No Known Allergies		D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
diagnosis of occult Blood results received - positive Revision on: 05/09/2025 Revision by: Danielle Loreto (RAI Coordinator)	occult Blood results received - positive each day through to the next review date. Revision on: 05/09/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/02/2025	Revision on: 05/09/2025 Revision by: Danielle Loreto (RAI Coordinator) • LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated.	Registered Staff		
• Potential to experience alteration in CARDIAC FUNCTION related to: Atrial Fibrillation, shortness of breath and feeling chest tightness. Revision on: 10/17/2024 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with Atrial Fibrillation through to the next review date. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	• COMMUNICATION: Involve/collaborate with (Gerald)/SDM in decision making of Cardiac Care Management for Atrial Fibrillation. Revision on: 10/17/2024 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of Gerald with Atrial Fibrillation for changes to health status and alteration or complications affecting cardiac function. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for Atrial Fibrillation as per MD Order and monitor for side effects. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • OXYGEN: Administer Oxyge as per MD order. Revision on: 10/17/2024 Revision by: Maryola Perion (RN)	Registered Practical Nurse RN Registered Practical Nurse RN		
• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD), SOB. Revision on: 04/14/2024 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with COPD, SOB each day through to next review date. Revision on: 04/14/2024 Revision by: Maryola Perion (RN) Target Date: 12/02/2025	• COMMUNICATION: Involve/collaborate with (Gerald)/SDM in decision making of Respiratory Management for COPD and SOB. Revision on: 04/17/2024 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of Gerald with COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to	Registered		
Allergies	No Known Allergies	D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(148.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)	Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			improve breathing. • BREATHING EXERCISE: Encourage coughing and deep breathing • OXYGEN: Administer Oxygen as per MD order. Revision on: 04/14/2024 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication (inhaler) for SOB as per MD order and monitor for side effects. Revision on: 04/14/2024 Revision by: Maryola Perion (RN)			Staff PCA Registered Staff PCA	
• Potential for Expressive Behaviour of (RESISTANCE to care need) nature related to schizoaffective disorder. Revision on: 03/07/2024 Revision by: Mitchell Atkinson (Recreation Aide)		• To decrease episodic frequency of resist care by next review date. ABS score will be less than (1). Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/02/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Gerald for indications to change in or for escalating expressive behaviour risk. Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refuse ABO) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Gerald is declining to (bathe/dressing changes) re-approach in 10-15 minutes. Report episode to Registered Staff Revision on: 03/07/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)			Registered Practical Nurse RN	
• Increased risk for FALLS related to history of falls resulting in fracture. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 12/02/2025	• CALL BELL: Place call bell within Gerald's reach, check that it is in working order and remind/encourage to use it. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: commode over toilet, wheelchair,			PCA PCA	D/E/N
Allergies	No Known Allergies			D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)			Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision on: 03/12/2025 Revision by: Jane Del Rosario (RPN) • ENVIRONMENT: ensure environment is clean and clear of clutter. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FOOTWEAR: Ensure Gerald is wearing appropriate footwear at all times. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA			
• Potential for bruising, bleeding, clotting or other complications related to use of ANTICOAGULANT medication. Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• To monitor for bleeding and minimize complications related to use of (Rivaroxaban) through the review date. Revision on: 12/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/02/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using Anticoagulant therapy for changes to health status and complications causing bleeding or clotting issues. Revision on: 12/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BLEEDING ALERT: Notify nurse immediately if Gerald is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 12/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medications as per MD Order. Report abnormal or unexplained bleeding, unexplained or excessive bruising, etc. to MD as noted.	PCA Registered Staff			
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic. Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/02/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. • PROMOTE FLUIDS: Promote Gerald to consume fluids; amount as per Nutrition Care Plan. Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff			
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility and self transfer). Revision on: 12/08/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)	• Gerald will be effectively supported with use of (two 1/4 bed rails) to optimize Activity of Daily Living (bed mobility and self transfer) each day through	• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of two 1/4 bed rails. Revision on: 12/06/2023 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate bed mobility and self				
Allergies	No Known Allergies		D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		to the next review date. Revision on: 12/06/2023 Revision by: Suzanne Azar (RN) Target Date: 12/02/2025	transfer. Revision on: 12/06/2023 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with (bed mobility, transfer in/out of bed). Monitor every shift. Revision on: 12/06/2023 Revision by: Suzanne Azar (RN)			PCA	D/E/N
• Nutrition Risk Level		• Gerry will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 12/07/2023 Revision by: Anna Slack (Registered Dietitian) Target Date: 12/02/2025 • Will weigh within realistic GWR 145-155 kg through to next review date. Revision on: 08/22/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/02/2025 • Gerry will be adequately hydrated aeb drinking at least 80% of TFR: 2500 ml/day (25 ml/kg using IBW 99 kg [BMI 28]) through to next review date. Revision on: 08/22/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/02/2025	• Labelled Item Breakfast: 200 ml prune juice daily Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK HS: egg salad or meat sandwich (alternating) Revision on: 03/13/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Gerry is high risk level. Revision on: 12/13/2023 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Gerry will receive regular diet, regular texture Revision on: 12/07/2023 Revision by: Anna Slack (Registered Dietitian) • FLUID CONSISTENCY: Gerry drinks REGULAR/THIN Level 0 Fluids. Revision on: 12/07/2023 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Gerry to drink a minimum of 2000 ml per day. Revision on: 08/22/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS for wound healing: - 1 scoop protein powder mix with 200 ml milk BID (resident uses his own protein powder: Sixstar Whey Protein - 170 kcal and 30 g pro per scoop) Revision on: 07/24/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIABETES/WEIGHT MANAGEMENT, muscle maintenance:			PCA Registered Practical Nurse RN PCA Registered Practical Nurse RN Dietitian (RD) PCA PCA PCA	D <

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
• Nutrition Risk Level		- Encourage water to drink; dilute juice or provide diet juice (allow prune juice at breakfast only) - Allow single portion of dessert at meals - Encourage intake of protein foods at all meals Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK AM: Peanut butter and jelly sandwich (Mon/Wed/Fri) 2 hard boiled eggs + assorted fruit (Tues/Thurs/Sat/Sun) Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	D/E	
• Potential for altered skin healing, infection or complications related to wound stage 3 to coccyx secondary to Pressure Injury (onset: Admission) Revision on: 12/07/2023 Revision by: Janina Lucero (RN)	• To minimize risk of WOUND stage 3 infection each day until fully healed. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) Target Date: 12/02/2025 • To promote optimal healing of WOUND stage 2 within the next review date. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) Target Date: 12/02/2025	• TREATMENT PLAN: Administer treatment for Stage 3 Wound to coccyx as per MD Order. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) • 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. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) • POSITIONING: Has Turning/Repositioning to off load pressure intervention in place; see Skin Impairment Risk Care Plan. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) • AIR MATTRESS: Resident has an air mattress for pressure relief. The PSI SETTING should be on alternating. Report issue with inflation to Registered Staff immediately as noted. Revision on: 12/07/2023 Revision by: Janina Lucero (RN) • NUTRITIONAL SUPPLEMENT for Skin Healing in place; refer to Dietary Care Plan. Revision on: 12/07/2023 Revision by: Janina Lucero (RN)	PCA RN Registered Practical Nurse		
• Potential to experience complications and	• To monitor effectiveness and	• MONITORING: Utilize holistic perspective of continuous monitoring of Gerald using			
Allergies	No Known Allergies	D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)	Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
side effects impacting quality of life related to use of use of anti-psychotic medications. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	for side effects of medication used each day through to the next review date Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff			
• Gerald has potential to experience a safety hazard/burn injury related to personal SMOKING habits. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Gerald will be safe when choosing to smoke through to the next review Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	• COMMUNICATION: Involve Gerald in review of smoking legislation (No smoking inside the home or within 9 meters from any doorway) and identify the designated area/s where smoking is permitted. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • SMOKING CONTRACT: Gerald has agreed to follow safe smoking rules and accepts the consequences of breaking those agreed upon rules by signing the smoking contract (refer to chart). Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Social Worker Social Worker			
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To promote adequate rest/sleep for Gerald based on identified sleep patterns/preferences each night through to the next review date. Revision on: 02/15/2024 Revision by: Chelsea Campbell-Wright (ADOC) Target Date: 12/02/2025	• REST PATTERN: Gerald wakes up at approximately 9:00am and resides around 10:00pm. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITOR: Monitor Gerald sleeping patterns for 5 days. Document when awake or asleep. Revision on: 04/10/2025 Revision by: Chelsea Campbell-Wright (ADOC)	PCA PCA	 Q1H		
• Expressed Wishes and Beliefs related to Gerald's Medical Treatment and End of Life Care Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To support and honor Gerald's expressed wishes and beliefs through to the End of Life. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• CPR: Gerry wishes to have CPR and transfer to hospital decisions to be made as needed Revision on: 07/14/2025 Revision by: Jenny Liu (RAI Coordinator)				
Allergies	No Known Allergies		D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 12/02/2025				
<ul style="list-style-type: none"> • URINARY Continence - Gerald is continent and has self recognition of urge to void. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> • Gerald will maintain continence level through next review date Revision on: 12/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	<ul style="list-style-type: none"> • URINARY Continence Level is: Frequently to total incontinent. Incontinence product PCA used related to incontinence. Uses urinal. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • SELF TOILETING: Gerlad toilets self. Each shift ask if he has voided and document PCA accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
<ul style="list-style-type: none"> • Altered ability to complete Activities of Daily Living (ADLs) related to physical deconditioning, Fibromyalgia. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> • Gerald will have ALL ADL care needs met each day through the next review date. Revision on: 12/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	<ul style="list-style-type: none"> • BATHING: Gerald prefers to take a shower. His shower days are on Wednesday and Sunday afternoon shift. He requires one team member to assist Extensively with bathing hard to reach areas such as his back, hair and lower extremities. Nails care to be provided on bath days. Revision on: 10/23/2025 Revision by: Judith Aguilar (RPN) <ul style="list-style-type: none"> • BED MOBILITY: Gerald is able to turn and reposition himself in bed without assistance or oversight from the team. Set up assistance with bedrails Revision on: 12/11/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • DRESSING: Gerald is able to dress himself though but requires team member to do up buttons and zippers. He requires 1 team member extensive assistance with lower body. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • EATING: Gerald is able to eat independently once set up by the team. He eats in the main dining room. Revision on: 09/08/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • LOCOMOTION: Gerald has an electric wheelchair. He is able to independently operate it on and off the home area. 			
Allergies	No Known Allergies		D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to physical deconditioning, Fibromyalgia.</p> <p>Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>		<p>Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• PERSONAL HYGIENE: Gerald is able to wash his face, hands, pericare and hair. PCA He does require assistance from one team member for pericare when he is incontinent with bowel.</p> <p>Revision on: 09/08/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• HAND HYGIENE: 1 staff to provide supervision assistance to use soap/water, apply PCA sanitizer, rub hands together, dry hands, etc. for hand hygiene.</p> <p>Revision on: 06/07/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TOILET USE: Gerald is able to go on/off the toilet but due to incontinence. He will PCA request assistance when needed.</p> <p>Uses urinal and bedpan and requires the team to assist with emptying.</p> <p>Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TRANSFERRING: Gerald requires Maxi lift with 2 person assist with terracotta PCA coloured sling to transfer him from a sit to stand position due to recently right side below knee amputation. However he has been self transferring stated by resident.</p> <p>Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• ORAL CARE: Gerald has no teeth or dentures. He is able to complete his own oral PCA care.</p> <p>Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• SHAVING - Gerald requires the team to assist with shaving on his shower days. PCA</p> <p>Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>		D			
<p>• Potential for BOWEL INCONTINENCE related to occasional bowel incontinence.</p> <p>Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>• (Resident name) will have bowel incontinence managed every shift through to the next review period.</p> <p>Target Date: 12/02/2025</p>	<p>• BOWEL Continence level is usually continent. Report change to level as noted. PCA</p> <p>Revision on: 12/06/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• BOWEL MOVEMENT: Monitor Gerald for bowel movement each shift and PCA document number of occurrences, size and consistency.</p> <p>Revision on: 12/01/2023</p>					
Allergies	No Known Allergies		D.O.B.	12/15/1963	Physician	Roseanne Ng	
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023	Location	6 603 A	
Last Care Plan Review Completed:		09/02/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision by: Katie Wolters-Savo (RAI Coordinator) • INCONTINENCE PRODUCT: Wears a BAR A brief per prevail sheet. Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
• Potential for CONSTIPATION related to decreased mobility, history of constipation. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Gerald will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gerald for constipation management and changes to health status and symptoms/ complications of constipation. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order	Registered Staff Registered Staff	
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Target Date: 12/02/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gerald for management of GERD for discomfort/ complications or changes to health status. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.	Registered Staff	
• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, bilateral foot edema. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Target Date: 12/02/2025	• 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. • POSITIONING: Encourage Resident to Turn, reposition at least every 2 hours when in bed/wheelchair to offload pressure. Revision on: 03/27/2024 Revision by: Ramil Santillan (Quality Improvement Coordinator)	PCA Registered Staff PCA	 Q2h
Allergies	No Known Allergies		D.O.B.	12/15/1963
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses		Physician	Roseanne Ng
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)		Admission Date	12/01/2023
			Location	6 603 A
Last Care Plan Review Completed:		09/02/2025		

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Altered VISION related to wears glasses for reading. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> Gerald supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 12/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/02/2025	<ul style="list-style-type: none"> EYEGLASSES: Gerald wears eyeglasses for reading when he chooses to. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	

Diagnosis

Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspecified(J44.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Combined vocal and multiple motor tic disorder [de la Tourette](F95.2), Fibromyalgia(M79.7), Embolism and thrombosis of other specified veins(I82.8), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Other specified disorders of muscle, unspecified site(M62.89), Extradural and subdural abscess, unspecified(G06.2), Fracture of ankle NOS, open(S82.891), Post-traumatic wound infection, not elsewhere classified (T79.3), Traumatic amputation at knee level(S88.0)

Allergies	No Known Allergies	D.O.B.	12/15/1963	Physician	Roseanne Ng
Diagnosis	Schizoaffective disorder, unspecified(F25.9), Other chronic pain(R52.2), Atrial fibrillation, unspecified(I48.90), Benign neoplasm of prostate(D29.1), Chronic obstructive pulmonary disease, unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bilusak, Gerald (922131005545)	Admission Date	12/01/2023	Location	6 603 A
Last Care Plan Review Completed:		09/02/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest. ISE Score: 5/6 Revision on: 10/09/2025 Revision by: Laura Morris (Restorative Care Aide)		<ul style="list-style-type: none">Team members will support Elizabeth in decreasing social isolation by participating in activities of personal choice for 10-15 times per month by the next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026To support Elizabeth's Psycho-Social well being through to the next review. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none">STRUCTURED ACTIVITIES: Invite Elizabeth to programs of personal interest; (spiritual programs, manicures, music programs and movie nights). Revision on: 10/09/2025 Revision by: Laura Morris (Restorative Care Aide)SELF-DIRECTED ACTIVITIES: Encourage Elizabeth to engage in self-directed activities such as watching tv and listening to music in her room. Revision on: 05/02/2024 Revision by: Laura Morris (Restorative Care Aide)ONE to ONE: Provide Elizabeth with individual visits to ensure psycho social well being. Revision on: 05/02/2024 Revision by: Laura Morris (Restorative Care Aide)				
<ul style="list-style-type: none">Potential for (Acute or Persistent) PAIN and alteration in comfort level related to Arthritis, Right hip, leg, back pain, L-hip for OA pain, stomach pain (6/22/24), pain on her right side, leg and back. Most current RAI Pain Score is (0). Revision on: 07/25/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">Promote RAI Pain Score of 0 through to the next review. Revision on: 07/25/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/17/2026	<ul style="list-style-type: none">COMMUNICATION: Involve/collaborate with Elizabeth(SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 09/29/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)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.MEDICATION: Administer medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.			Registered Staff	
<ul style="list-style-type: none">Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder		<ul style="list-style-type: none">To treat and minimize signs/symptoms or complications associated with (specify	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident with COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 05/20/2020			RN Registered Practical Nurse Registered Practical Nurse RN	
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
(COPD). Low Oxygen Saturation. Revision on: 03/24/2025 Revision by: Maryola Perion (RN)		ETIOLOGY/DIAGNOSIS) each day through to next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	Revision by: Qiufeng Liu (RPN/RAI back up) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. • OXYGEN: Administer Oxygen as per MD order. Revision on: 03/24/2025 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication (inhaler) for COPD as per MD order and monitor for side effects. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		Registered Staff PCA Registered Staff	
• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension) related to Hard of hearing. Revision on: 03/16/2025 Revision by: Maryola Perion (RN)		• Elizabeth will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026 • Elizabeth will be able to make basic needs known each day through to the review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• PRIMARY LANGUAGE: Elizabeth primary language is English. She is able to speak/understand English. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential for Expressive Behaviour of resist care (bathing/pericare, medication), socially inappropriate (playing with feces) nature related to Cognitive decline and Dx of Delusional disorder. Revision on: 03/16/2025		• To decrease the episodic frequency of Expressive Behaviour by the next review date. ABS score will be less than 2. Revision on: 03/16/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change			
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Maryola Perion (RN)		Revision by: Maryola Perion (RN) Target Date: 01/17/2026	<p>clothing, refusal to bathe, refusing medication, refusing to eat, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement)</p> <p>Revision on: 03/16/2025 Revision by: Maryola Perion (RN)</p> <p>• RESISTANCE to Care Need: If Elizabeth is refusing to (bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff.</p> <p>Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <p>• TRIGGERS leading to SOCIALLY Inappropriate (smearing feces) as expression of behaviour include (confusion, decreased insight, poor judgement, etc.)</p> <p>Revision on: 08/26/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• SOCIALLY Inappropriate Behaviour: If Elizabeth is noted to (smearing feces) clean PCA area using appropriate PPE. Report episode to Registered Staff.</p> <p>Revision on: 08/26/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• MEDICATION: Administer medication for therapeutic treatment of (specify Expressed Behaviour) as per MD Order. Monitor effectiveness and for side effects.</p> <p>• SPECIAL CONSIDERATIONS:The resident is High intensity for preferred accommodation.</p> <p>Revision on: 09/28/2024 Revision by: Ranjita Yadav (RPN)</p> <p>• BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) Elizabeth is being followed by Internal BSO and is HIN . TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, etc.) as an expression of behavior include (confusion, misunderstanding care needs, poor judgment). RESISTANCE to Care Need: If Elizabeth is refusing to (bathe, change clothes, take medications, eat, washing hands, pericare,etc.) re-approach in 10-15 minutes.Report episode to Registered Staff. Educate the resident that if she wants to attend the dining room/main floor, appropriate hygiene is required. Speak clearly and loudly towards left side as she is hard of hearing in right ear. Provide reassurance and comfort. Reminder to wash hands after using the bathroom.</p>			Registered Practical Nurse RN	
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> Potential for Expressive Behaviour of resist care (bathing/pericare, medication), socially inappropriate (playing with feces) nature related to Cognitive decline and Dx of Delusional disorder. Revision on: 03/16/2025 Revision by: Maryola Perion (RN)			Revision on: 03/26/2025 Revision by: Leslie Meloche (Recreation Aide)				
<ul style="list-style-type: none"> Increased risk for FALLS related to r/t: Delusional disorder, COPD, Arthritis, unsteady gait and balance, hx of falls. Revision on: 03/16/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none"> To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Elizabeth)/SDM in decision making in fall prevention Plan of Care. Revision on: 03/16/2025 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) <ul style="list-style-type: none"> ENVIRONMENT: Secure environment: reduce clutter, no cigarette butts on patio outside) to reduce fall risk for Elizabeth. Remind her not to pick used cigarette butts on the floor or ground. Revision on: 06/29/2022 Revision by: Elsie Calumpang (RN) <ul style="list-style-type: none"> BED: place bed in lowest position to lower risk for injury. Revision on: 03/16/2025 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for 			PCA	D/E/N
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Increased risk for FALLS related to r/t: Delusional disorder, COPD, Arthritis, unsteady gait and balance, hx of falls. Revision on: 03/16/2025 Revision by: Maryola Perion (RN)		transfers and ambulation. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
<ul style="list-style-type: none"> Risk for/Impaired Skin Integrity r/t: Fragile skin and incontinence. Revision on: 02/20/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> To protect and maintain skin integrity each day through to the next review. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none"> 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. 	PCA		
<ul style="list-style-type: none"> BOWEL INCONTINENCE Revision on: 11/13/2023 Revision by: Mitchell Atkinson (Recreation Aide)	<ul style="list-style-type: none"> Elizabeth will have bowel incontinence managed every shift through to the next review period. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. Registered Staff			
		<ul style="list-style-type: none"> BOWEL Continence level is Frequently incontinent. Report change to level as noted. PCA			
		<ul style="list-style-type: none"> BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. PCA			
		<ul style="list-style-type: none"> INCONTINENCE PRODUCT: Elizabeth wears a yellow color brief per prevail sheet. PCA			
		Revision on: 06/24/2025 Revision by: Gurjit Kaur (RN)			
Allergies	Aspirin	D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)	Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Elizabeth has potential to experience a safety hazard/burn injury related to personal SMOKING habits Revision on: 03/04/2023 Revision by: Maryola Perion (RN)		• Elizabeth will be safe when choosing to smoke through to the next review Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• COMMUNICATION: Involve Elizabeth in review of smoking legislation (No smoking inside the home or within 9 meters from any doorway) and identify the designated area/s where smoking is permitted. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		Social Worker	
			• SMOKING CONTRACT: Elizabeth has agreed to follow safe smoking rules and accepts the consequences of breaking those agreed upon rules by signing the smoking contract. Revision on: 03/04/2023 Revision by: Maryola Perion (RN)		Social Worker Administrator	
• Potential to experience (rash, hives, anaphylaxis, etc.) related to ALLERGY of (Aspirin). Revision on: 12/10/2020 Revision by: Jenny Liu (RAI Coord Back-up)		• Elizabeth will be protected from exposure to allergen each day through next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Aspirin) for changes to health status and complications mortality. Revision on: 12/10/2020 Revision by: Jenny Liu (RAI Coord Back-up)			
			• ALLERGY ALERT: Elizabeth has ALLERGY to Aspirin. Prevent contact with and report if noted to experience symptoms (rash, hives, swelling, difficulty breathing, etc..) Revision on: 12/10/2020 Revision by: Jenny Liu (RAI Coord Back-up)			
			• Registered staff to ensure MD's and Pharmacy aware of Elizabeth's allergy and ensure she does not receive it. Revision on: 07/14/2018 Revision by: Maryola Perion (Registered Nurse)		Registered Staff	
• Altered ability to complete Activities of Daily Living (ADLs) related to COPD, Arthritis, Delusional disorder. Revision on: 12/10/2020 Revision by: Jenny Liu (RAI Coord Back-up)		• Elizabeth 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. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• BATHING: BATHING: Elizabeth's bath days will be Wednesday and Sunday Days Elizabeth requires weight bearing assistance from one staff to wash her lower extremities. she is able to wash her upper body. Supervision with transfer. Nail care on bath days Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• BED MOBILITY: Elizabeth is able to turn and reposition in bed without any assistance from the staff. May requires limited assistance when she is weak. Revision on: 10/17/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		<p>• DRESSING: Elizabeth is able to guide her extremities into the clothes, but requires extensive assistance from one team members to pull up her pants, put socks on, ect.. Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• EATING: Elizabeth is Independent with eating and she eats in the main dining room. Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• LOCOMOTION: Elizabeth is able to walk with a walker independently. Wheelchair is available for use. one staff to porter on/off the unit. Revision on: 10/17/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• PERSONAL HYGIENE: Elizabeth requires one staff to wash/dry her face and hands, requires one team members to provide peri-care. Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide extensive assistance to apply sanitizer/wipes for hand hygiene. Refuses to wash hands. Continue to encourage hand hygiene. Revision on: 03/16/2025 Revision by: Maryola Perion (RN)</p> <p>• TOILET USE: Elizabeth requires team members to check and change her in bed when soiled. However she does go to the toilet by herself sometimes, and is able to transfer herself on/off the toilet. Revision on: 10/17/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• TRANSFERRING: Elizabeth requires supervision from one staff for transfers in a sitting to standing position.</p> <p>She will transfer herself and get up and start to walk. She is a risk for falls. Monitor for self transferring. Revision on: 04/21/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• ORAL CARE: Elizabeth has all bottom TEETH missing, upper DENTURES only, and requires one staff to assist or provide oral care and to clean & store her denture.</p>	PCA		
Allergies	Aspirin	D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre		Print Date	10/30/2025	
Resident	Burns, Elizabeth (92213101070)	Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to COPD, Arthritis, Delusional disorder. Revision on: 12/10/2020 Revision by: Jenny Liu (RAI Coord Back-up)			Revision on: 03/16/2025 Revision by: Maryola Perion (RN) • FOOT CARE: PSW to complete toenail care on her bath days. Report long toe nails PCA or other abnormalities as noted. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgment) related to cognitive decline. Revision on: 10/08/2020 Revision by: Clarisa Amir (RPN)		• Elizabeth will maintain current cognitive abilities through the review date. Current CPS is 3/6. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• ORIENTATION: Gently reorient to (person, place, time) as needed when Elizabeth is feeling lost or in confused state. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PERSONAL ROUTINE: Provide consistency in care routines and activities. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
• Potential to experience alteration in MOOD related to Delusional disorder. Revision on: 07/07/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• Elizabeth will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Elizabeth for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 05/19/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESIDENT STRENGTHS: Build on Elizabeth effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 05/19/2020			
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 06/05/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential for muscular dysfunction, contractures and bone deformity related to Arthritis. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To treat and minimize signs/symptoms or complications associated with Arthritis through to the next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• MEDICATION: Administer medication for management of Arthritis as per MD order. Monitor effectiveness and for side effects. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of Arthritis for discomfort/ complications or changes to health status. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PAIN MANAGEMENT for Arthritis prescribed and in place; refer to Pain Care Plan. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential to experience complications and side effects impacting quality of life related to use of current meds. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using current meds for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• SPIRITUAL BELIEFS: Elizabeth is of the Protestant Faith. Revision on: 12/11/2019 Revision by: Judy Woods (Activation aide)	• To provide Elizabeth spiritual support as interested through to the next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• SPIRITUAL PROGRAMS: Encourage Elizabeth to attend spiritual programs of her choice including Church Services(Parkwood), bible study, spiritual music, etc. Revision on: 07/07/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	ACT		
• Urinary Incontinence Revision on: 09/29/2019	• Elizabeth will have urinary incontinence managed every	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level.	Registered Staff		
Allergies	Aspirin	D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)	Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Qiufeng Liu (Registered Practical Nurse)		shift through to the next review period. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	Revision on: 09/29/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • URINARY Continence level is (totally incontinent). Report change to level as noted. PCA Revision on: 03/09/2025 Revision by: Jenny Liu (RAI Coordinator) • INCONTINENCE PRODUCT: Elizabeth wears a white color brief per prevail sheet. PCA Revision on: 02/08/2025 Revision by: Jenny Liu (RAI Coord Back-up)			
• Expressed Wishes and Beliefs related to Elizabeth Medical Treatment and End of Life Care Revision on: 09/29/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To support and honor Elizabeth expressed wishes and beliefs through to the End of Life. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• CPR; Elizabeth wishes to have CPR and transfer to hospital decisions to be made as needed Revision on: 07/14/2025 Revision by: Jenny Liu (RAI Coordinator)			
• Sleep Patterns. Revision on: 05/05/2018 Revision by: Maryola Perion (Registered Nurse)		• To promote adequate rest/sleep for Elizabeth based on identified sleep patterns/preferences each night through to the next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• REST PATTERN: Usual bed time and usual wake time: No specific time Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SLEEPWEAR: Own clothes Revision on: 05/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA PCA	
• Nutrition Risk Level (diet details)		• Elizabeth will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 11/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• LABELLED SNACK PM: Magic Cup daily (290 kcal, 9 g pro) Revision on: 06/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Elizabeth is moderate risk level. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • DIET ORDER: Elizabeth will receive regular diet, minced texture		PCA Registered Practical Nurse RN Dietitian (RD) Dietary Manager Diet	D
Allergies	Aspirin		D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)		Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<ul style="list-style-type: none"> • Will weigh within realistic GWR of 57-67 kg through to next review date. Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/17/2026 • Elizabeth will be adequately hydrated aeb drinking 100% of total fluid requirement: 1500 ml/day (25 ml/kg using 59.1 kg weight) through to next review date. Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/17/2026 	<p>Revision on: 12/08/2020 Revision by: Anna Slack</p> <ul style="list-style-type: none"> • FLUID CONSISTENCY: Elizabeth drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Elizabeth to drink a minimum of 1500 ml/day. Likes to drink coffee and apple juice. Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: Do not serve corn itself Revision on: 02/16/2023 Revision by: Anna Slack (Registered Dietitian) • HIGH CALORIE/PROTEIN AM SNACK: special-labelled Greek yogurt and Fruit Rite paste Tues/Thurs/Sat Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Offer assorted minced fruit at HS snack Mon/Wed/Fri/Sun Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) 	<p>Food Services Aide PCA Diet PCA</p> <p>PCA</p> <p>Diet Food Services Aide Registered Practical Nurse</p> <p>PCA</p> <p>PCA</p>	<p></p> <p></p> <p></p> <p></p> <p>D</p> <p>PRN</p>

Allergies	Aspirin	D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)	Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025			

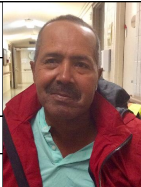
Care Plan Report

Diagnosis

Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecified(J32.9), Chronic viral hepatitis C(B18.2), Bacterial meningitis, unspecified(G00.9), Unspecified viral encephalitis(A86), Pneumonia, unspecified(J18.9)

Allergies	Aspirin	D.O.B.	07/17/1947	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Delusional disorder(F22.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Paranoid schizophrenia(F20.0), Chronic sinusitis, unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Burns, Elizabeth (92213101070)	Admission Date	03/26/2018	Location	6 615 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• STRONG PARTICIPATION in Activities.</div> <div>ISE Score: 6/6</div> <div>Revision on: 09/20/2025</div> <div>Revision by: Judy Woods (Activation aide)</div>	<div>• Rick will be supported to maintain participation in activities 20-35 times per month by the next review date.</div> <div>Revision on: 10/24/2024</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>Target Date: 01/06/2026</div> <div>• Rick will maintain an ISE score of 6/6 by the next review date.</div> <div>Revision on: 09/20/2025</div> <div>Revision by: Judy Woods (Activation aide)</div> <div>Target Date: 01/06/2026</div>	<div>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1:1 visits, discussion groups, games, music programs, outdoors/patio programs, outings, reading groups, reminiscing groups, main floor socials - Happy Hour, special events, spiritual groups, TV/movies, etc.</div> <div>Past recreation/leisure preferences include playing sports, bike riding, etc.</div> <div>Revision on: 06/15/2025</div> <div>Revision by: Judy Woods (Activation aide)</div> <div>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as smoking on the patio, watching/listening to TV, visiting with residents/team members, family/friend visits, helping others, listening to music (country, rock, 100.3 WNIC), patio socializing/enjoying outdoors, etc.</div> <div>Revision on: 06/15/2025</div> <div>Revision by: Judy Woods (Activation aide)</div> <div>• ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Reminders, etc.</div> <div>Revision on: 06/15/2025</div> <div>Revision by: Judy Woods (Activation aide)</div> <div>• ONE to ONE: Provide him with individual visits for conversation (sports, food, goals, etc.), reminiscing, etc.</div> <div>Revision on: 06/15/2025</div> <div>Revision by: Judy Woods (Activation aide)</div>				
<div>• Potential for Acute PAIN and alteration in comfort level related to Hemiplegia left side, HTN, Stroke Most Current LTCF Pain Score is(0).</div> <div>Revision on: 06/18/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• Promote Pain Score of 0 through to the next review.</div> <div>Revision on: 06/19/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>Target Date: 01/06/2026</div>	<div>• COMMUNICATION: Involve/collaborate with Rick/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options.</div> <div>Revision on: 09/20/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical 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.</div> <div>• MEDICATION: Administer medication as per MD order for pain relief/management.</div>	<div>Registered Staff</div> <div>RN</div> <div>Registered Practical Nurse</div> <div>Registered Practical Nurse</div> <div>RN</div>			
<div>• Ambulation/Gait training</div>	<div>• Improved foot clearance in 3</div>	<div>• 2:1 assist gait training with AFO on Lt foot, quad cane and gait belt, followed with</div>	<div>PT -</div>			
<div>Allergies</div>	<div>No Known Allergies</div>	<div>D.O.B.</div>	<div>08/21/1962</div>	<div>Physician</div>	<div>Roseanne Ng</div>	<div></div>
<div>Diagnosis</div>	<div>Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(110.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision(H...See last page for a complete listing of the Resident's diagnoses</div>					
<div>Facility</div>	<div>Berkshire Care Centre</div>			<div>Print Date</div>	<div>10/30/2025</div>	
<div>Resident</div>	<div>Carter, Phillip (922131005061)</div>	<div>Admission Date</div>	<div>11/30/2018</div>	<div>Location</div>	<div>6 606 A</div>	
<div>Last Care Plan Review Completed:</div>		<div>10/06/2025</div>				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision on: 06/13/2025 Revision by: Shina Wadhwa (Physical Therapist)		months Revision on: 06/13/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/06/2026	wheelchair, distance as best tolerated, 2-3 x a week; Revision on: 06/13/2025 Revision by: Shina Wadhwa (Physical Therapist)		Physiotherapist PTA	
• Potential to experience FOOT/FEET complications Revision on: 01/14/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/collaborate with P.C. in decision making for footcare treatment plan. Revision on: 07/09/2020 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: P.C. requires footcare/treatment every 6 week. Revision on: 07/09/2020 Revision by: Katherine Arca (RPN)		Footcare Nurse - Internal	
• Potential to experience complications and side effects impacting quality of life related to use of (polypharmacy) Revision on: 01/14/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using current meds for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PREFERENCE: Rick prefers to receive medication whole with water. Revision on: 12/15/2020 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.		Registered Staff	
• Potential for Expressive Behaviour of PHYSICAL nature, verbally/physically expressive towards other residents, resist care related to Stroke Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote safety for Rick and/or others during each episode of Expressive Behaviour through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Rick for indications to change in or for escalating expressive behaviour risk. Revision on: 03/08/2022 Revision by: Maryola Perion (RN) • TRIGGERS leading to PHYSICAL grabbing and pulling hand backwards as expression of behaviour include (anger, frustration, crowding esp at patio, anger against other resident responsive behaviours.			
Allergies	No Known Allergies		D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)		Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Back-up) Target Date: 01/06/2026	Revision on: 04/30/2024 Revision by: Chelsea Campbell-Wright (ADOC) • PHYSICAL Behaviour: If Rick is attempting to grab or to pull another resident's arm backwards, move back from his reach. Calmly indicate that it is not appropriate just to grab or pull someone's hand backwards. If Rick is threatening other residents, staff to encourage Rick to leave area and not engage with other resident and/or remove other resident. Seek Registered Staff assistance. Revision on: 04/30/2024 Revision by: Chelsea Campbell-Wright (ADOC) • TRIGGERS leading to VERBAL (yelling, screaming, calling names, etc.) as expression of behaviour include (loss of control, frustration, limitation in self expression, etc.) Remind him not to engage with other residents that may trigger him. Redirect him to another space and encourage him to call for help from team. Revision on: 04/08/2024 Revision by: Alyssa Egan (Interim ADOC) • VERBAL Behaviour: If Rick 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. Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, compression socks) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Rick is refusing to (wear compression stocking) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 08/03/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
• Increased risk for FALLS related to Hx of falls, Hemiplegia to Lt side, and HTN. Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord	• PT/OT to assess. • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)	Registered Staff PCA	 D/E/N	
Allergies	No Known Allergies	D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)	Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:(wheelchair) Revision on: 01/14/2025 Revision by: Danielle Loreto (RAI Coordinator) • ENVIRONMENT: Secure environment reduce clutter to reduce fall risk for Rick. Revision on: 11/07/2021 Revision by: Jenny Liu (RAI Coord Back-up) • BED: Rick has his bed against his wall of his room. He prefers to have his bed positioned this way. Revision on: 07/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for (transfers and ambulation). Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	PCA PCA PCA PCA	
<ul style="list-style-type: none"> • Use of PASD Two 1/4 bed rails to assist resident with Activity of Daily Living (bed mobility, transfer in/out of bed). Revision on: 01/24/2024 Revision by: Shina Wadhwa (PT - Physiotherapist) 	<ul style="list-style-type: none"> • Rick will be effectively supported with use of bed rails to optimize Activity of Daily Living (bed mobility, transferring in/out of bed) each day through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 	<ul style="list-style-type: none"> • HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of bed rails. Revision on: 11/26/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use bed rails as to support appropriate (bed mobility, transfer in/out of bed). Revision on: 11/26/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with (bed mobility, transfer in/out of bed). Monitor every shift. Revision on: 11/26/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) 	PCA	D/E/N
<ul style="list-style-type: none"> • Rick has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Alcoholism Revision on: 10/26/2023 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • Rick will remain free of non-prescribed alcohol through next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 	<ul style="list-style-type: none"> • ALCOHOL USE SUPERVISED: Rick May have 1 ounce (30mL) of Alcohol (whisky) everyday per MD order. Monitor for and report concerns of intoxication. Revision on: 10/26/2023 Revision by: Jenny Liu (RAI Coord Back-up) 		

Allergies	No Known Allergies	D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)	Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025			

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Allergies	No Known Allergies	D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)	Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Advanced Wishes and Beliefs related to End of Life. Revision on: 02/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> Support Resident in expressing advanced wishes and beliefs related to End of Life. Honor/follow Resident expressed wishes and beliefs. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> CPR: Phillip wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 06/16/2025 Revision by: Jenny Liu (RAI Coordinator)			
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Hemiplegia left side, HTN, Stroke and Since stroke can only see shapes. Revision on: 12/15/2020 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> Rick 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. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> BATHING: BATHING: Rick's bath days will be afternoons shift Mondays and Thursday afternoon shift. Nail care to be provided after shower/bath. Once in the shower Rick is able to participate and will often do most for himself with the exception of hair, back, and legs where he needs one team member to assist extensively. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> BED MOBILITY: Rick is able to turn and reposition himself in bed with the assistive device (Bedrails). Care level varies. When fatigued may require 1 team member to assist. Revision on: 01/14/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> DRESSING: Extensive assistance-weight bearing from one staff. Rick is able to guide his right side limbs through the clothes, but not his left side due to Hemiplegia. One staff to put compression stocking on in the morning and off at night. Revision on: 05/03/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> EATING: set up help only, and Rick eats in the main dining room- 1st floor and requires staff to cut up for him due to Left Hemiplegia Revision on: 02/02/2022 Revision by: Jenny Liu (RAI Coord Back-up)	PCA		
Allergies	No Known Allergies	D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)	Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		or diagnosis) through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• Bladder Continent. Revision on: 12/13/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Rick will maintain continence level through next review date Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• URINARY Continence Level is: CONTINENT, uses urinal daily. Revision on: 02/02/2022 Revision by: Jenny Liu (RAI Coord Back-up) • SELF TOILETING: Rick toilets self. Each shift ask if he has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA PCA	
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension		• To treat and minimize signs/symptoms or complications associated with Diagnosis through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• 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. • BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed. Revision on: 12/13/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • COMPRESSION Wear:Apply Tubigrip F from the base of the toes to 2 finger lengths behind the knee in the morning and remove at night until compression stockings arrive Revision on: 04/15/2022 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff Registered Staff	
• SPIRITUAL BELIEFS: Rick is of the Roman Catholic Faith. Revision on: 11/17/2019 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Rick spiritual support as interested through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• PERSONAL CHOICE: Respect Rick's right to decline participation in Spiritual Programs. Attempt to actively engage him when he decides to attend. Revision on: 06/15/2025 Revision by: Judy Woods (Activation aide)				
Allergies	No Known Allergies			D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)			Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• SPIRITUAL BELIEFS: Rick is of the Roman Catholic Faith. Revision on: 11/17/2019 Revision by: Shayna Lee Wonsch (Activation Manager)						
• Potential for complications, injury related to antiplatelet medications Revision on: 12/23/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)	• To monitor for bleeding and minimize complications related to use of (Plavix) through the review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using Anticoagulant therapy for changes to health status and complications causing bleeding or clotting issues. Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • BLEEDING ALERT: Notify nurse immediately if Rick is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA			
• Risk for/Impaired Skin Integrity r/t Stroke, Hemiplegia and vision loss. Revision on: 12/23/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)	• To protect and maintain skin integrity each day through to the next review. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• 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. • EQUIPMENT: Rick requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA			
• Bowel Continent	• Rick to remain continent of bowels through next review date Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• BOWEL Continence level is CONTINENT. Report change to level as noted. • SELF TOILETING: Rick toilets self for bowel movements. Each shift ask if he had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA PCA			
• Sleep Patterns. Revision on: 12/23/2018	• To promote adequate rest/sleep for Rick based on	• REST PATTERN: Usual bed time whenever he is tired and usual wake time 7:30 Revision on: 06/12/2020	PCA			
Allergies	No Known Allergies		D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Carter, Phillip (922131005061)		Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Qiufeng Liu (Registered Practical Nurse)		identified sleep patterns/preferences each night through to the next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	Revision by: Qiufeng Liu (RPN/RAI back up) • SLEEPWEAR: Preferred night attire regular clothes Revision on: 06/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA	
• Strength Revision on: 12/04/2018 Revision by: Milap Patel (Physiotherapist)		• Rick to increase strength of Rt. UE & LE from 3+/5 to 4/5 in next 3 months. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• Rick to perform strength exercises using 1-3lbs.Weights,1set,10rps.,2-3/wk as tolerated, per rehab treatment. Revision on: 10/26/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
• Passive ROM. Revision on: 12/04/2018 Revision by: Milap Patel (Physiotherapist)		• To improve Lt.shoulder-flexion/abd from PROM 100 to 110 degrees in 3 months. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• Provide PROM Lt Upper extremity flexiom/abduction/extension to Rick 1set,10rps., 2-3/wk as tolerated. Passive stretching his LT UE and hand, 20sec hold;3-5 reps, 2-3x a week; Revision on: 09/17/2025 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Nutrition Risk Level (diet details)		• Rick will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 • Will weigh within realistic GWR 90-100 kg through to next review date.	• NUTRITION RISK: Rick is moderate risk level Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Rick will receive regular diet, regular texture - cut food into small pieces Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Rick drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/15/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Rick to drink a minimum of 1600 ml/day Revision on: 09/12/2025			Dietitian (RD) PCA Diet PCA PCA	
Allergies	No Known Allergies			D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)			Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

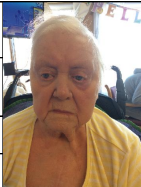
Focus	Goal	Interventions	Position	Freq/Resolved
	Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/06/2026 • Rick will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2000 ml/day (20 ml/kg using 99.7 kg weight) through to next review date. Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/06/2026	Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • HIGH PROTEIN HS SNACK: Chef's salad M/W/F Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LOW CALORIE: Encourage water instead of juice to drink Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: Rick receives 355 ml gingerale at PM snack daily per his preference Refuses diet gingerale Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD))	Dietary aide PCA PCA PCA PCA	E

Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision(H53.3), Embolism and thrombosis of other specified veins(I82.8)

Allergies	No Known Allergies	D.O.B.	08/21/1962	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Other disorders of binocular vision (H...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carter, Phillip (922131005061)	Admission Date	11/30/2018	Location	6 606 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">Joann is experiencing colonization with Antibiotic Resistant Organism MRSA of left buttock and VRE rectum as of confirmed date: Sept. 9. MRSA to rectum 2024/02/18, Jan 22, 2025. Urine culture positive for ESBL October 27, 2025Revision on: 10/30/2025Revision by: Alyssa Egan (ADOC)		<ul style="list-style-type: none">To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review.Revision on: 11/05/2024Revision by: Danielle Loreto (RAI Coordinator)Target Date: 01/29/2026	<ul style="list-style-type: none">HEALTH EDUCATION: Engage with Joann to enhance their knowledge of infection control practices- hand hygiene, visitation, PPEs, transmission, etc.) for Antibiotic Resistant Organism.Revision on: 08/03/2023Revision by: Elsie Calumpang (RN)MONITORING: Utilize holistic perspective of monitoring Joann for signs/symptoms of secondary infection, overall health condition, etc.).Revision on: 08/03/2023Revision by: Elsie Calumpang (RN)PPE PRECAUTIONS: Precaution identified as CONTACT, for MRSA and VRE Antibiotic Resistant Organism and requires use of the following PPEs Gloves, Gown, Mask, when providing direct care, handling soiled clothes and linens, disposing of incontinent product, etc.).Revision on: 08/10/2023Revision by: Chichu Jacob (RN)				
<ul style="list-style-type: none">Joanne is experiencing episode of RESPIRATORY INFECTION Pneumonia infection Onset date: October 30th 2025Revision on: 10/30/2025Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">To effectively treat and manage RESPIRATORY INFECTION without further complications by the next 10 daysRevision on: 10/30/2025Revision by: Danielle Loreto (RAI Coordinator)Target Date: 11/07/2025	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of monitoring resident with RESPIRATORY INFECTION for (signs/symptoms, hydration status, overall health condition, process of healing, secondary infections) until stable.Revision on: 10/30/2025Revision by: Danielle Loreto (RAI Coordinator)PPE PRECAUTIONS: Precaution identified as CONTACT & DROPLET for RESPIRATORY INFECTION and requires use of the following PPE: GOWN, MASK, GLOVES & FACESHIELD for direct care, handling soiled clothes and linens, disposing of incontinent product, etcRevision on: 10/30/2025Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">Jo-Ann is experiencing episode of INFECTION UTI. Onset date 10/26/2025Revision on: 10/26/2025Revision by: Shelby McCarthy (Registered Practical Nurse)		<ul style="list-style-type: none">To have infection adequately managed and treated without further complicationsRevision on: 10/26/2025Revision by: Shelby McCarthy (Registered Practical Nurse)Target Date: 01/29/2026	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of monitoring resident for signs/symptoms, hydration status, overall health condition until stable.Revision on: 10/26/2025Revision by: Shelby McCarthy (Registered Practical Nurse)VITAL SIGNS: Monitor VITAL SIGNS during antibiotic therapy.Revision on: 10/26/2025Revision by: Shelby McCarthy (Registered Practical Nurse)MEDICATIONS: Administer medication for infection as per MD/NP order.Revision on: 10/26/2025				
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng	
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C	
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<p>• Jo-Ann is experiencing episode of INFECTION UTI. Onset date 10/26/2025</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Shelby McCarthy (Registered Practical Nurse)</p>		<p>Revision by: Shelby McCarthy (Registered Practical Nurse)</p>		
<p>• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to decreased oral and fluid consumption, etc.</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Maryola Perion (RN)</p>	<p>• To promote fluid consumption and minimize risk for dehydration each day through to the next review date.</p> <p>Revision on: 10/29/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>Target Date: 01/29/2026</p>	<p>• COMMUNICATION: Involve/collaborate with (Jo ANn)/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration.</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration.</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• PROMOTE FLUIDS: Promote JO Ann to consume fluids; amount as per Nutrition Care Plan.</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• HYPODERMOCLYSIS: Fluid infused via hypodermoclysis as per MD order.</p> <p>Manage fluid volume infusion and change delivery set as indicated. Monitor entry site for swelling, infection or other complications.</p> <p>Revision on: 10/26/2025</p> <p>Revision by: Maryola Perion (RN)</p>	RN Registered Practical Nurse	
<p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest.</p> <p>ISE Score: 6/6</p> <p>Revision on: 10/16/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Team members will support Jo-Ann in decreasing social isolation by participating in activities of personal choice 5-10 times per month by the next review date.</p> <p>Revision on: 11/05/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Friendly/1: 1 visits, beauty club, social - Happy Hour, Montessori groups, music programs, special events, TV/movie programs, etc.</p> <p>Revision on: 06/18/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, etc. Assist Jo-Ann in watching a baseball (Blue Jays) game on her t.v.</p> <p>Revision on: 10/16/2025</p>		
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937
Physician	Roseanne Ng			
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location 6 621 C
Last Care Plan Review Completed:		10/29/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	Target Date: 01/29/2026	Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 09/18/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Jo-Ann to make friendships and sit with friends during activities. Revision on: 09/18/2023 Revision by: Mitchell Atkinson (Recreation Aide)				
• Potential for (Acute) PAIN and alteration in comfort level related to Arthritis, HTN, ASHD. Most Current LTCF Pain Score is 1/3 Revision on: 10/15/2025 Revision by: Jenny Liu (RAI Coordinator)	• Promote LTCF Pain Score of 0 through to the next review. Revision on: 06/29/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/29/2026	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	RN Registered Practical Nurse Registered Practical Nurse RN			
• Potential for history of expressive Behaviour of socially inappropriateness, Sexual comments, verbally sexual, refuse care related to cognitive limitation and impaired mobility. Revision on: 09/24/2025 Revision by: Jenny Liu (RAI Coordinator)	• To decrease the episodic frequency of Expressive Behaviour by the next review date. ABS score will be maintained to 0. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with Jo-Ann/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to VERBAL yelling, screaming, etc. as expression of behaviour include loss of control, frustration, limitation. Revision on: 02/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) • VERBAL Behaviour: If Jo-Ann 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. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing,	BSO - Internal Social Worker			
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(110.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		refusal to bathe, refusal to eat, refusing medication, etc. as expression of behaviour include misunderstanding care needs, poor judgement. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • RESISTANCE to Care Need: If Jo-Ann is refusing to bathe, change clothes, take medications, eat, etc. re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • SOCIALLY Inappropriate Behaviour: If Jo-Ann is noted to make loud disruptive noises in dining room/program, etc. gently redirect her to focus on task at hand or escort to quieter area. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • SEXUAL Behaviour: If Jo-Ann is making sexual comments or is being verbally suxaul, try to redirect her. Report episode to Registered Staff. Revision on: 08/08/2024 Revision by: Maryola Perion (RN) • BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) Verbal: Yelling, repeating herself Triggers: Confusion, infection Recommendations: If Joann is making sexual comments, repeating herself, try to redirect her with videos of sports (Blue Jays) music on the iPad or to relax in her room. Report to registered staff. Revision on: 09/16/2024 Revision by: Leslie Meloche (Recreation Aide)	PCA			
• Potential to experience alteration in MOOD as exhibited by history of Tearfulness, crying, repetitive questions related to cognitive limitations and impaired mobility. Revision on: 09/24/2025 Revision by: Jenny Liu (RAI Coordinator)	• Jo-Ann will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with Jo-Ann/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jo-Ann for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		<ul style="list-style-type: none"> • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 02/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) 		
<ul style="list-style-type: none"> • Alteration in skin integrity with risk for infection or complications related to SKIN TEAR to left forearm (#48). Revision on: 09/19/2025 Revision by: Alyssa Egan (Interim ADOC) 	<ul style="list-style-type: none"> • To promote optimal healing of SKIN TEAR by the target date. Revision on: 10/16/2025 Revision by: Gurjit Kaur (RN) Target Date: 01/29/2026 	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with SKIN TEAR to left forearm for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/16/2025 Revision by: Gurjit Kaur (RN) • TREATMENT PLAN: Administer treatment for SKIN TEAR to left forearm as per MD Order Revision on: 10/16/2025 Revision by: Gurjit Kaur (RN) • 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 Revision on: 10/16/2025 Revision by: Gurjit Kaur (RN) 		
<ul style="list-style-type: none"> • Alteration in skin integrity related to Skin tear to right forearm #44 - Skin Tear - Total Flap Loss Right Outer Forearm Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) 	<ul style="list-style-type: none"> • To promote intact skin integrity through healing of Lesion on the Right forearm until target date. Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) Target Date: 01/29/2026 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Demcie JO-Ann in decision making for treatment of bruise as skin issue. Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with lesion on the right forearm for changes to health status and alteration or complications affecting skin integrity. Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) • 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. Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) • TREATMENT: Complete treatment as per physicians order. Revision on: 09/18/2025 Revision by: Sneheet Kaur (Registered Nurse) 		

Allergies	Ciprofloxacin, Penicillin, Zopiclone	D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(110.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Jo-Ann has HIV A need to monitor Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• To have infection adequately managed and treated without further complications by the next review date Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of monitoring resident for (signs/symptoms, hydration status, overall health condition, process of healing, secondary infections, exacerbation of their chronic condition such as Diabetes/COPD, etc.) until stable. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• PPE PRECAUTIONS: Universal precaution. Risks analysis with all care episodes Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Nutrition: Chewing difficulty related to unknown cause- resident stated having difficulty and team notice her chewing and chewing without swallowing Revision on: 01/29/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• To maintain safe chewing through to next review date Target Date: 01/29/2026	<ul style="list-style-type: none">• Provide diet/texture interventions as per Nutrition Risk Level <ul style="list-style-type: none">• Monitor tolerance to diet. Monitor for chewing without swallowing. Revision on: 01/29/2025 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Alteration in skin integrity related to MASD to sacrum Revision on: 10/01/2024 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• To promote intact skin integrity through healing of MASD by the target date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none">• MASD Sacrum: Offload, turn and reposition q2hrs, apply barrier cream with every brief change and monitor Sacrum daily. <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with MASD for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/01/2024 Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with (Jo-Ann)/SDM in decision making for treatment of skin issues. Revision on: 10/01/2024 Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• MEDICATION: Administer medication as per MD Order. Monitor effectiveness and for side effects. Revision on: 10/01/2024			Registered Practical Nurse RN	
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng	
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C	
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Alteration in skin integrity related to MASD to sacrum Revision on: 10/01/2024 Revision by: Maryola Perion (RN)			Revision by: Maryola Perion (RN) • 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. Revision on: 10/01/2024 Revision by: Maryola Perion (RN)			
• Use of PASD (tilt wheelchair and two 1/4 bed rails) to assist resident with Activity of Daily Living repositioning, relieve pressure, to prevent skin breakdown. Revision on: 02/14/2024 Revision by: Suzanne Azar (RN)		• Joanne will be effectively supported with use of wheelchair tilt and two 1/4 bed rails to optimize Activity of Daily Living positioning each day through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use Tilt wheelchair and two 1/4 bedrails as to support appropriate (assigned ADL). Revision on: 02/14/2024 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility, turning and repositioning. Monitor every shift. Revision on: 02/14/2024 Revision by: Suzanne Azar (RN) • TILTED CHAIR in USE as a PASD to support resident with ADL or positioning, relieve pressure to prevent skin breakdown. Monitor every shift. Revision on: 08/29/2023 Revision by: Elsie Calumpang (RN)		PCA	D/E/N
• Increased risk for FALLS related to Arthritis, HTN, Diabetes, History of falls. Revision on: 02/13/2024 Revision by: Elsie Calumpang (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• CALL BELL: Place call bell within Jo-Ann's reach, check that it is in working order and remind/encourage to use it. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ADAPTIVE EQUIPMENT: Jo-Ann needs adaptive equipment: high/low bed. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Ensure room clean and clear of clutter Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FOOTWEAR: Ensure Jo-Ann wears appropriate footwear at all times.		PCA PCA PCA PCA	D/E/N
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Increased risk for FALLS related to Arthritis, HTN, Diabetes, History of falls. Revision on: 02/13/2024 Revision by: Elsie Calumpang (RN)			Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FLOOR MAT: Position floor mat on floor next to left (door side) side of bed to lower risk of injury. Revision on: 04/23/2024 Revision by: Alyssa Egan (Interim ADOC)		PCA	
• SPIRITUAL BELIEFS: Jo-Ann is of the Catholic Faith. Revision on: 11/06/2023 Revision by: Mitchell Atkinson (Recreation Aide)		• To provide Jo-Ann spiritual support as interested through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including; Hymn Sing, Catholic Mass, Bible study, spiritual music, spiritual discussion, etc. Revision on: 06/18/2025 Revision by: Laura Morris (Restorative Care Aide)			
• Range of Motion Revision on: 08/04/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increase Rt shoulder AROM from 100 to 110 degrees in next 3 months Decreased tightness of B/L Hams and quads in next 3 months. Revision on: 06/26/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/29/2026	• A-AAROM exs for B/L UE and LE, 10 reps/exs,1-2 sets, within pain limits., 2-3 x a week. Passive stretching for B/L Hams and Quads, 30 sec, 3-5 reps, 2-3 x a week; Revision on: 06/26/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: TRANSIENT ISCHEMIC ATTACK (TIAs)		• To treat and minimize signs/symptoms or complications associated with TIA's through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI	• MEDICATION: Administer medication for Tia's as per MD order. Monitor effectiveness and for side effects. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann with Tia's for changes to health status and alteration or complications affecting			
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(110.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Coordinator) Target Date: 01/29/2026	neurological function. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		
• Potential for altered bone density related to diagnosis of OSTEOARTHRITIS. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize complications associated with OSTEOARTHRITIS through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MEDICATION: Administer medication for OSTEOARTHRITIS management. Monitor effectiveness and for side effects. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann for management of osteoporosis for discomfort/ complications or changes to health status. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD order. • MEDICATION: Administer medication for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Staff	
• Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidaemia, HTN Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with Hyperlipidaemia, HTN through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann with Hyperlipidaemia, HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for Hyperlipidaemia, HTN as per MD Order and monitor for side effects. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • VITAL SIGNS: Monitor vital signs as ordered. Notify MD of any significant abnormalities. Revision on: 08/03/2023	Registered Practical Nurse RN	
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937
Physician	Roseanne Ng			
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(110.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location 6 621 C
Last Care Plan Review Completed:		10/29/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision by: Katie Wolters-Savo (RAI Coordinator) • LAB WORK: Monitor lab and diagnostic results and report results to MD as needed. RN Follow up as indicated. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		
• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To monitor effectiveness and for side effects of medication used each day through to the next review date Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Staff	
• Potential for CONSTIPATION related to daily use of medication with binding effect, decreased mobility. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Jo-Ann will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with Jo-Ann/SDM for decision making regarding constipation management. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Jo-Ann for constipation management and changes to health status and symptoms/ complications of constipation. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FLUIDS: Encourage Jo-Ann to meet daily beverage minimums. See Nutrition Care Plan. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • BOWEL PROTOCOL: In place as per MD order	Registered Staff	
• Altered COMMUNICATION as exhibited by limitations to self expression, mumbled	• Jo-Ann will be able to make basic needs known each day	• COMMUNICATION: Involve/collaborate with Jo-Ann/SDM for decision making about strategies needed to support effective communication.		
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937
Physician	Roseanne Ng			
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location 6 621 C
Last Care Plan Review Completed:		10/29/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
speech related to Neurological Symptoms. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		through to the review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Jo-Ann's primary language is English. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• COGNITIVE LOSS; alteration in thought processes difficulty concentrating, poor judgement related to Transient Ischemic Attack (TIA) Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Jo-Ann will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 3/6 Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with Jo-Ann/SDM in decision making of Cognitive Loss for (specify diagnosis). Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to person, place, time as needed when Jo-Ann is feeling lost or in confused state. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote adequate rest/sleep for Jo-Ann based on identified sleep patterns/preferences each night through to the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	<div>• REST PATTERN: Jo-Ann wakes up at approximately 7:30am and resides at approximately 8:00pm. She sometimes prefers to go back to bed after lunch. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• SLEEPWEAR: Jo-Ann prefers to wear her own nightgown for bed. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>			PCA	
• Potential for BOWEL INCONTINENCE related to impaired mobility. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Jo-Ann will have bowel incontinence managed every shift through to the next review period. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator)	<div>• BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.</div>			PCA	PCA
Allergies	Ciprofloxacin, Penicillin, Zopiclone			D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)			Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	Coordinator) Target Date: 01/29/2026	• INCONTINENCE PRODUCT: Jo-Ann wears a blue brief. Revision on: 01/15/2025 Revision by: Jenny Liu (RAI Coord Back-up)	PCA			
• URINARY (Mixed) INCONTINENCE related to impaired mobility. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Jo-Ann will have urinary incontinence managed every shift through to the next review period. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• URINARY Continnence level is TOTAL Incontinent. Report change to level as noted. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • CHECK and CHANGE: Jo-Ann experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 06/29/2025 Revision by: Jenny Liu (RAI Coordinator) • INCONTINENCE PRODUCT: Jo-Ann wears Blue brief Revision on: 01/15/2025 Revision by: Jenny Liu (RAI Coord Back-up)	PCA PCA PCA			
• Risk for Impaired SKIN INTEGRITY related to impaired mobility and incontinence. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• 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. • AIR MATTRESS: Resident has an air mattress for pressure relief. The PSI SETTING should be on alternating. Report issue with inflation to Registered Staff immediately as noted. Revision on: 01/06/2024 Revision by: Janina Lucero (RN) • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Jo-Anns preference to offload pressure. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA RN Registered Practical Nurse PCA	Q2h		
• Potential to experience; rash, hives, anaphylaxis, etc. related to ALLERGY of Ciprofloxacin, Penicillin, Zopiclone. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Jo-Ann will be protected from exposure to allergen each day through next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• ALLERGY ALERT: (Resident's Name) has ALLERGY to Ciprofloxacin, Penicillin, Zopiclone. Prevent contact with and report if noted to experience symptoms (Specify; rash, hives, swelling, difficulty breathing, etc.). Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Altered ability to complete Activities of	• Jo-Ann will have ALL ADL care	• BATHING: Jo-Ann prefers to have a shower. Her shower days are on Tuesday and	PCA			
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
Daily Living (ADLs) related to Arthritis, ASHD, Acute Renal Failure. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		tasks met each day through the next review date. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	Saturday afternoon shift. Jo-Ann requires one team member total assist with bathing her from head to toe.					
			Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)					
			• BED MOBILITY: Jo-Ann requires weight bearing to total assist from two team members to turn and reposition in bed. Two 1/4 bed rails in use for bed mobility to help her turn and reposition. Revision on: 02/13/2024 Revision by: Elsie Calumpang (RN)					PCA
			• DRESSING: Jo-Ann requires total assistance from two team members to dress from head to toe. She is able to lift her arm a bit at times. Revision on: 01/15/2025 Revision by: Jenny Liu (RAI Coord Back-up)					PCA
			• EATING: Jo-Ann requires total assistance from one team member to eat. She eats in the dining room on the main floor. Revision on: 11/14/2023 Revision by: Anna Slack (Registered Dietitian)					PCA
			• LOCOMOTION: Wheelchair utilized as primary mode of locomotion. Requires one team member to push on and off the Lane. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)					PCA
			• PERSONAL HYGIENE: Jo-Ann requires one team member total assist with washing her face, brushing her hair, brushing her teeth. Two team members weight bearing assist for pericare. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)					PCA
			• HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)					PCA
			• TOILET USE: Jo-Ann is transferred back to bed with the full mechanical lift to have her incontinence product checked and changed by two team members total assist. Revision on: 08/03/2023					PCA
			Allergies	Ciprofloxacin, Penicillin, Zopiclone			D.O.B.	04/21/1937
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre					Print Date	10/30/2025	
Resident	Demcie, Jo-Ann (922131005519)			Admission Date	12/28/2024	Location	6 621 C	
Last Care Plan Review Completed:		10/29/2025						

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved	
<ul style="list-style-type: none">Altered ability to complete Activities of Daily Living (ADLs) related to Arthritis, ASHD, Acute Renal Failure. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			<p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <ul style="list-style-type: none">TRANSFERRING: Jo-Ann requires two team member total assist with the use of a maxi lift to transfer from bed to her wheelchair. use of comfort sling and leave it underneath her. Revision on: 01/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) TRANSFER LIFT/SLING: Sling size is blue. Use of comfort sling. Revision on: 01/11/2024 Revision by: Chelsea Campbell-Wright (ADOC) ORAL CARE: Jo-Ann has a full upper denture and no teeth remaining on her lower palate. She is dependent on one team member to provide oral care. Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) FOOT CARE: PSW/Foot Care Nurse to complete footcare and hand nail care on shower days. Revision on: 06/29/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA		
<ul style="list-style-type: none">Expressed Wishes and Beliefs related to Jo-Anne's Medical Treatment and End of Life Care Revision on: 08/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none">To support and honor Jo-Anne's expressed wishes and beliefs through to the End of Life. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none">CPR: Joann wishes NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 08/03/2023 Revision by: Elsie Calumpang (RN)					
<ul style="list-style-type: none">Nutrition Risk Level		<ul style="list-style-type: none">Jo-Ann will be adequately nourished aeb consuming >50% at meals and snacks through to next review date. Revision on: 09/19/2025	<ul style="list-style-type: none">Labelled Item Breakfast: 200 ml prune juice Mon/Wed/Fri Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) LABELLED SNACK PM: 200 ml apple juice daily			PCA Registered Practical Nurse RN PCA	D D	
Allergies	Ciprofloxacin, Penicillin, Zopiclone		D.O.B.	04/21/1937	Physician	Roseanne Ng		
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Demcie, Jo-Ann (922131005519)		Admission Date	12/28/2024	Location	6 621 C		
Last Care Plan Review Completed:		10/29/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026	Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD))	Registered Practical Nurse RN Dietitian (RD)	
	• Will weigh within realistic weight range of 65-75 kg through to next review date. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026	• NUTRITION RISK: Jo-Ann is high risk level. Revision on: 11/02/2023 Revision by: Assia Akhdar (Dietetic Intern) • DIET ORDER: Jo-Ann will receive regular diet, minced texture Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	
	• Jo-Ann will be adequately hydrated aeb drinking at least 80% of total fluid requirement 1638 ml/day (25 ml/kg using 65.5 kg weight) through to next review date. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026	• FLUID CONSISTENCY: Jo- Ann drinks REGULAR/THIN Level 0 Fluids. Revision on: 07/26/2024 Revision by: Denise Hackett (Dietitian (RD)) • FLUID TARGET: Encourage Jo-Ann to drink a minimum of 1310 ml/day Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.	PCA	
		• FOOD PREFERENCES: Jo-Ann likes oatmeal and cream soups Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH CALORIE/PROTEIN IN MEALS: Add margarine to her meals Revision on: 07/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: Boost Fruit Beverage once daily (Hx poor acceptance of Resource 2.0) Push fluids 125 ml TID Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: soft cookie Mon/Wed/Fri at PM Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD))	Dietary aide PCA	BLD
			Diet PCA	
			PCA	
			PCA	D/E

Allergies	Ciprofloxacin, Penicillin, Zopiclone	D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report


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Diagnosis

Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary artery(I25.10), Transient cerebral ischaemic attack, unspecified(G45.9), Hyperlipidaemia, unspecified(E78.5), Acute renal failure, unspecified(N17.9), Resistance to methicillin(U82.1), Pseudomonas (aeruginosa) as the cause of diseases classified to other chapters(B96.5), Lobar pneumonia, unspecified(J18.1), Urinary tract infection, site not specified(N39.0)

Allergies	Ciprofloxacin, Penicillin, Zopiclone	D.O.B.	04/21/1937	Physician	Roseanne Ng
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Demcie, Jo-Ann (922131005519)	Admission Date	12/28/2024	Location	6 621 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Potential for CONSTIPATION related to decreased mobility. Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator) 	<ul style="list-style-type: none"> To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/29/2026 	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. BOWEL PROTOCOL: In place as per MD order 	Registered Staff Registered Staff			
<ul style="list-style-type: none"> Alteration in skin integrity related to BRUISE to left lower leg. Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator) 	<ul style="list-style-type: none"> To promote intact skin integrity through healing of BRUISE by the target date. Revision on: 09/27/2025 Revision by: Maryola Perion (RN) Target Date: 01/29/2026 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with SDM in decision making for treatment of bruise as skin issue. Revision on: 09/27/2025 Revision by: Shelby McCarthy (Registered Practical Nurse) MONITORING: Utilize holistic perspective of continuous monitoring of resident with bruising for changes to health status and alteration or complications affecting skin integrity. Revision on: 09/27/2025 Revision by: Shelby McCarthy (Registered Practical Nurse) 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 Revision on: 09/27/2025 Revision by: Shelby McCarthy (Registered Practical Nurse) 				
<ul style="list-style-type: none"> Use of PASD Recliner to assist resident with Activity of Daily Living positioning and comfort. PASD: two 1/4 bed rails for bed mobility. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) 	<ul style="list-style-type: none"> Geraldine will be effectively supported with use of recliner to optimize Activity of Daily Living for comfort ad positioning each day through to the next review date. And bed rails for bed mobility. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) Target Date: 01/29/2026 	<ul style="list-style-type: none"> HEALTH EDUCATION: Engage with Resident/SDM (NS) to enhance their knowledge of possible benefits and challenges associated with Use of Recliner for comfort and positioning, and bed rails for bed mobility. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use recliner and bed rails as to support appropriate positioning and comfort, and bed mobility. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility, transfer in/out of bed. Monitor 	PCA	D/E/N		
Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Ferland, Geraldine (922131005511)		Admission Date	06/05/2023	Location	
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • Use of PASD Recliner to assist resident with Activity of Daily Living positioning and comfort. PASD: two 1/4 bed rails for bed mobility. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) 		every shift. Revision on: 10/15/2025 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none"> • TILTED Recliner CHAIR in USE as needed as a PASD to support resident with positioning and comfort.. Monitor every 2 hours. Revision on: 11/22/2023 Revision by: Karamjeet Hayer (RN)	PCA	D/E/N	
<ul style="list-style-type: none"> • At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest. ISE Score: 4/6 Revision on: 09/16/2025 Revision by: Laura Morris (Restorative Care Aide) 	<ul style="list-style-type: none"> • To support Geraldine's Psycho-Social well being through to the next review. Geraldine will be encouraged to participate in 5-10x group programs and/or 1:1 visits per month, through the next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026 	<ul style="list-style-type: none"> • STRUCTURED ACTIVITIES: Invite Geraldine to programs of personal interest; friendly/1:1 visits, Ball toss, Beauty Club, Montessori, music programs, Snoezelen therapy, special events, etc. Revision on: 08/20/2024 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage Geraldine to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, etc. Revision on: 05/15/2024 Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide Geraldine with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 08/20/2024 Revision by: Laura Morris (Restorative Care Aide) • SOCIAL INTERACTION: Promote the opportunity for Geraldine to make friendships and sit with friends during activities. Revision on: 06/12/2023 Revision by: Mitchell Atkinson (Recreation Aide) 			
<ul style="list-style-type: none"> • Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension) related to Dementia, Hearing loss, Hearing aids used (right 	<ul style="list-style-type: none"> • Geraldine will be able to make basic needs known each day through to the review date. Revision on: 02/26/2025 	<ul style="list-style-type: none"> • PRIMARY LANGUAGE: Geraldine reads and understands English. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • HEARING AID; Apply/Remove. 	PCA	D/E	
Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
hearing aid is missing currently) Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator)	Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	Only have 1 hearing aid at this time. Resident will refuse to hearing aids at times as her will state they are too loud. Family is aware Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator) • HEARING AID CARE: Check function, volume control before insertion. Hearing Aid to be stored: (residents room) Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
• Potential for PAIN and alteration in comfort level related to arthritic toes, hx of falls, Diverticular Disease, HTN, Osteoarthritis, coccyx pain, pain in her left breast (2/24/25). Most Current LTCF Pain Score is 0/3 Revision on: 05/07/2025 Revision by: Jenny Liu (RAI Coordinator)	• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/29/2026	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	RN Registered Practical Nurse Registered Practical Nurse RN		
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: History of seizures, Vasovagal. Revision on: 04/02/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with History of seizures, Vasovagal through to the next review date. Revision on: 04/02/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with History of seizures, Vasovagal for changes to health status and alteration or complications affecting neurological function. Revision on: 04/02/2025 Revision by: Danielle Loreto (RAI Coordinator) • SEIZURE Disorder: If seizure activity occurs alert registered staff immediately; place on side, protect from injury, maintain open airway. • SEIZURE Disorder: Geraldine has potential for seizure activity, injury related to seizure disorder. Inform MD as it occurs. Revision on: 04/02/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA Registered Staff All		
• Potential to experience alteration in CARDIAC FUNCTION related to; history of	• To treat and minimize signs/symptoms or	• MONITORING: Utilize holistic perspective of continuous monitoring of Geraldine with history of cva, Hypertension for changes to health status and alteration or			
Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

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Care Plan Report

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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
home related to exit seeking, wanting to go home. Revision on: 11/19/2024 Revision by: Danielle Loreto (RAI Coordinator)	and minimize risk for episode of elopement each day through next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	leave the building or seen attempting to use exit doors report to Supervisor immediately. Revision on: 06/07/2023 Revision by: Maryola Perion (RN) • ELOPEMENT ALERT: Redirect Geraldine away from elevator or exit doors as needed. Revision on: 06/07/2023 Revision by: Maryola Perion (RN)	PCA		
• Potential for Expressive Behaviour of history of verbal expressions related to family moving her into retirement home, wandering, resist care in nature related to Dementia, change in environment. Revision on: 08/19/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• Geraldine will be supported to adjust to her new environment to lower risk of triggering former refuse care behaviour episodes through to the next review. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Geraldine for indications to change in or for escalating expressive behaviour risk. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to VERBAL (suspicious of others stealing belongings, upset with family moving her into retirement home) as expression of behaviour include (loss of control, frustration, limitation in self expression, misunderstanding care intention) Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • VERBAL Behaviour: If Geraldine 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. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to shower) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 09/10/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Geraldine is declining to (bathe) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 09/10/2023 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential to experience complications and side effects impacting quality of life related to use of current medications. Revision on: 11/13/2023	• To monitor effectiveness and for side effects of medication used each day through to the	• MONITORING: Utilize holistic perspective of continuous monitoring of Geraldine using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/05/2023			
Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Jenny Liu (RAI Coord Back-up)		next review date Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			Registered Staff	
• Strength Revision on: 10/05/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increase ROM of B/L Knee extension from -10 to 0 degrees in next 3 months; Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/29/2026	• B/L UE and LE A-AAROM exs as best tolerated, 10 reps, 1-2 sets, 2-3 x a week; Passive stretching for B/L Hams and Quads;20-30sec hold;3-5 reps, 2-3 x a week; Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Potential to experience alteration in MOOD as exhibited by (repetitive question and anxious complaints) related to Dementia Revision on: 09/11/2023 Revision by: Mitchell Atkinson (Recreation Aide)		• To decrease episodic frequency of (repetitive questions and anxious complaints) by next review date. DRS score will be maintained as 0. Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/29/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Geraldine for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/10/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESIDENT STRENGTHS: Build on Geraldine effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 09/10/2023 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 09/10/2023 Revision by: Jenny Liu (RAI Coord Back-up)				
• Potential for BOWEL INCONTINENCE related to Dementia. Revision on: 09/11/2023 Revision by: Mitchell Atkinson (Recreation Aide)		• Geraldine will receive support to use toilet and promote optimal bowel continence each day through to the next review. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. Resident has vasovagal episodes when toileting. Team members to be mindful and monitoring for this when assisting with toileting.				
Allergies	No Known Allergies		D.O.B.	12/06/1925		Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)		Admission Date	06/05/2023		Location	6 610 A
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Back-up) Target Date: 01/29/2026	Team to stay with resident, call for assistance. Registered team members to assess resident. Revision on: 04/02/2025 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL Continence level is Totally Incontinent. Report change to level as noted. Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.		PCA PCA	
• SPIRITUAL BELIEFS: Geraldine is Non-Religious. Revision on: 06/19/2023 Revision by: Mitchell Atkinson (Recreation Aide)		• To provide Geraldine spiritual support as interested through to the next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• PERSONAL CHOICE: Respect Geraldine's right to decline participation in Spiritual Program. Revision on: 06/19/2023 Revision by: Mitchell Atkinson (Recreation Aide)		ACT	
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, poor judgement, etc.), short term memory loss related to Dementia. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Geraldine will be supported to maintain cognitive function through the review date. Current CPS is 3/6. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• ORIENTATION: Gently reorient to (place, time) as needed when Geraldine is is feeling lost or in confused state. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote resident ability to locate room and navigating home area (i.e. name plate) outside of room. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Nutrition Risk Level		• Geraldine will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 02/26/2025	• Labelled Item Dinner: 200 ml apple juice daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA Registered Practical Nurse RN	E
Allergies	No Known Allergies		D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)		Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<p>Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026</p> <p>• Will weigh within realistic GWR 85-95 kg through to next review date. Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026</p> <p>• Geraldine will be adequately hydrated aeb drinking at least 75% of total fluid requirement @ 20-25 ml/kg, through to next review date. Revision on: 03/10/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/29/2026</p> <p>• Will meet estimated nutritional requirements of 1840-2300 kcal @ 20-25kcal/kg, 74-92g protein @ 0.8-1.0g/kg through to next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026</p>	<p>• Labelled Item Lunch: ice cream cup daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• LABELLED SNACK PM: 200 ml apple juice daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• NUTRITION RISK: Geraldine is moderate risk level. Revision on: 07/28/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• DIET ORDER: Geraldine will receive regular diet, regular texture Revision on: 06/05/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID CONSISTENCY: Geraldine drinks REGULAR/THIN Level 0 Fluids. Revision on: 06/05/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Geraldine to drink a minimum of 1295 ml per day. Revision on: 03/10/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>• DINING INSTRUCTIONS: Encourage and offer fluids when Geraldine refuses to eat a meal Revision on: 04/04/2024 Revision by: Anna Slack (Registered Dietitian)</p> <p>• HIGH FIBRE: Offer 125ml prune juice at breakfast daily Revision on: 04/30/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• LABELLED SNACK AM: 355 ml can of gingerale daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD))</p>	<p>PCA Registered Practical Nurse RN PCA Registered Practical Nurse RN Dietitian (RD)</p> <p>Diet Food Services Aide PCA Diet PCA</p> <p>PCA</p> <p>Dietary aide PCA</p> <p>Registered Practical Nurse</p> <p>PCA</p> <p>PCA</p>	<p>D</p> <p>D</p> <p></p> <p></p> <p></p> <p></p> <p>D/E</p> <p>D</p>

Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• URINARY (Mixed) INCONTINENCE related to Dementia, frequent urinary incontinence, Total Hysterectomy. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Geraldine will have urinary incontinence managed every shift through to the next review period. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Geraldine for toileting needs, changes to health status and alteration of continence level. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • URINARY Continence level is Totally Incontinent. Report change to level as noted. PCA Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator) • INCONTINENCE PRODUCT: Geraldine wears a Beige color brief per prevail sheet. PCA Revision on: 02/09/2025 Revision by: Jenny Liu (RAI Coord Back-up)				
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment, Hx of insomnia Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To promote adequate rest/sleep for Geraldine based on identified sleep patterns/preferences each night through to the next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• REST PATTERN: Preferred bedtime 10:00pm, usual wake time before breakfast and daytime naps often Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA			
• Potential to experience alteration in RESPIRATORY FUNCTION related to [specify: Chronic Obstructive Pulmonary Disorder (COPD)] Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Geraldine with COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.	Registered Staff PCA			
• Potential for altered bone density related to diagnosis of OSTEOARTHRITIS Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize complications associated with osteoarthritis through to the next review date.	• MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects.	Registered Staff			
Allergies	No Known Allergies		D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)		Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Coordinator)	review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Geraldine for management of osteoporosis for discomfort/ complications or changes to health status. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to history of CVA, Osteoarthritis, Dementia, Diverticular Disease, COPD. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> Geraldine will have ALL ADL care tasks met each day through the next review date. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	<ul style="list-style-type: none"> BATHING: Geraldine prefers to have a shower. Her shower days are Monday and Friday on evening shift, as her preference. She requires one team member to provide extensive assist with bathing her from head to toe Nail care on bathing days. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> BED MOBILITY: Maximal Assist- Geraldine requires weight bearing assistance from two staff members to help her to turn and reposition in bed. Revision on: 05/07/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> DRESSING: Maximal Assist- Geraldine requires two team members weight bearing assist to dress from head to toe. Geraldine remains capable of guiding her limbs through her clothing. Revision on: 05/07/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> EATING: Geraldine is able to eat once set up by the team. She eats on the floor dining room/her room. Resident Require frequent checks and more ques during meal time. Revision on: 04/25/2025 Revision by: Sonpreet Gurm (Registered Nurse) <ul style="list-style-type: none"> LOCOMOTION: Wheelchair used as primary mode of locomotion and requires one staff to porter her on the floor Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> PERSONAL HYGIENE: Maximal Assist- Geraldine may be able to wash her face and brush her hair with set up by the team. Two team members needed to assist with providing pericare and all hygiene needs. Revision on: 07/30/2025	PCA		
Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to history of CVA, Osteoarthritis, Dementia, Diverticular Disease, COPD. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide Extensive assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> TOILET USE: Total Assist-Geraldine requires Maxi lift for transferring. She is been changed in bed when soiled. Two team members to provide pericare and re-adjusting incontinence products after toileting. Revision on: 05/07/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> TRANSFERRING: Geraldine requires the use of Maxi lift with 2 person assist with use of comfort sling, Blue sling. Revision on: 05/07/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> ORAL CARE: Geraldine has her own teeth. She is able to brush her own teeth once set up with her toothbrush and toothpaste. 1 team member to complete oral care when resident cannot for herself. Revision on: 11/19/2024 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Geraldine's Medical Treatment and End of Life Care Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor Geraldine's expressed wishes and beliefs through to the End of Life. Revision on: 02/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	<ul style="list-style-type: none"> CPR: Geraldine wishes express NO CPR and NO TRANSFER to hospital. Revision on: 06/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		

Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

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Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia (F03), Transient cerebral ischaemic attack, unspecified(G45.9), Diverticular disease of intestine, part unspecified, without perforation or abscess(K57.9), Hyperlipidaemia, unspecified(E78.5), Chronic obstructive pulmonary disease, unspecified(J44.9), Rosacea, unspecified(L71.9), Acute upper respiratory infection, unspecified(J06.9), Traumatic vasospastic syndrome(T75.21)

Allergies	No Known Allergies	D.O.B.	12/06/1925	Physician	Roseanne Ng
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ferland, Geraldine (922131005511)	Admission Date	06/05/2023	Location	6 610 A
Last Care Plan Review Completed:		10/29/2025			

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Focus		Goal	Interventions			Position	Freq/Resolved
			for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/28/2020 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 02/11/2025 Revision by: Maryola Perion (RN)				
• Potential for Persistent PAIN and alteration in comfort level related to Osteoarthritis, General pain, Impaired mobility, Osteoporosis, c/o body pain. Most Current LTCF Pain Score is 0. Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator)		• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • Promote MDS Pain Score of 0 through to the next review. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Robert/SDM about pain management, goals of treatment, plan of care and treatment options. Revision on: 11/26/2024 Revision by: Maryola Perion (RN) • 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 04/10/2020 Revision by: Maryola Perion (RN)			RN Registered Practical Nurse Registered Practical Nurse RN	
• Potential for CONSTIPATION related to decreased mobility, etc. Revision on: 02/11/2025 Revision by: Maryola Perion (RN)		• Robert will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) Target Date: 01/26/2026 • To minimize the potential for episodes/ complications of constipation through to the next	• COMMUNICATION: Involve/collaborate with SDM for decision making regarding constipation management. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan.			Registered Staff Registered Staff	
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B	
Last Care Plan Review Completed:		08/08/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for CONSTIPATION related to decreased mobility, etc. Revision on: 02/11/2025 Revision by: Maryola Perion (RN)		review date. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) Target Date: 01/26/2026	• BOWEL PROTOCOL: In place as per MD order • COMMUNICATION: Involve/collaborate with SDM in decision making in fall prevention Plan of Care. Revision on: 03/09/2021 Revision by: Maryola Perion (RN) • CALL BELL: Place call bell within resident's reach to LEFT side if needed, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Haley Cadarian (Quality Lead) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, wheelchair Revision on: 06/27/2020 Revision by: Maryola Perion (RN) • BED: place bed in lowest position to lower risk for injury. Revision on: 06/27/2020 Revision by: Maryola Perion (RN) • FLOOR MAT: Position floor mat, on floor next to right side of bed to lower risk of injury. Revision on: 04/26/2022 Revision by: Maryola Perion (RN) • ALARMS: Requires Bed/padded Chair alarm. Check placement and working order. Revision on: 10/22/2021 Revision by: Maryola Perion (RN) • SUPPLEMENT: Administer supplement/medication as per MD order to maintain bone density to prevent injuries. Revision on: 02/11/2025			Registered Staff	
• Increased risk for FALLS related to: unsteady gait, Impaired mobility, Hx of falls, Anti-depressant medication, and Dementia. Revision on: 01/26/2024 Revision by: Maryola Perion (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026				PCA	D/E/N
						PCA	
						PCA	
						PCA	
						PCA	Q1H
						Registered Staff	
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B	
Last Care Plan Review Completed:		08/08/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<ul style="list-style-type: none">Increased risk for FALLS related to: unsteady gait, Impaired mobility, Hx of falls, Anti-depressant medication, and Dementia. Revision on: 01/26/2024 Revision by: Maryola Perion (RN)		Revision by: Maryola Perion (RN)					
<ul style="list-style-type: none">Use of PASD (tilt wheelchair as needed) to assist resident with Activity of Daily Living, comfort and repositioning. With potential restraining effects. Revision on: 09/16/2022 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none">Robert will be effectively supported with use of (tilt wheelchair chair) to optimize Activity of Daily Living/repositioning each day through to the next review date Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	<ul style="list-style-type: none">Consent for PASD discussed and obtained with POA. Revision on: 05/18/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none">HEALTH EDUCATION: Engage with SDM to enhance their knowledge of possible benefits and challenges associated with Use of tilt wheelchair. Revision on: 05/18/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none">MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use (tilt wheelchair) as to support for positioning. Revision on: 05/18/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none">TILTED CHAIR in USE as a PASD wheelchair 15-20 degrees to support Robert with (positioning and comfort). Monitor every shift. Revision on: 03/07/2024 Revision by: Maryola Perion (RN)	Registered Staff Registered Staff Registered Staff PCA	 D/E/N			
<ul style="list-style-type: none">Altered ability to complete Activities of Daily Living (ADLs) related to: Dementia, TIA, Stroke, Osteoarthritis, Depression, Impaired Mobility. Revision on: 04/26/2022	<ul style="list-style-type: none">Robert will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date.	<ul style="list-style-type: none">BATHING: Robert prefers (shower/tub bath) on (Wednesdays and Sundays on evening shift). Two staff (TOTAL) assistance for bathing. Maxi lift for transfer with two staff to assist. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA				
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B	
Last Care Plan Review Completed:		08/08/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Maryola Perion (RN)		Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	<ul style="list-style-type: none"> • BED MOBILITY: Robert requires two staff maximal to total assistance in turning and repositioning him in bed. Revision on: 08/08/2025 Revision by: Danielle Loreto (RAI Coordinator) • DRESSING: Maximal Assist: Robert is able to lift his arm/legs partially. then requires 2 staff to provide weight bearing assistance to dress both his upper and lower body. Revision on: 08/08/2025 Revision by: Danielle Loreto (RAI Coordinator) • EATING: Robert requires one staff to feed him totally during meal times. Eats in the flr. 6 dining room. Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator) • LOCOMOTION: Wheelchair is being used as a mode of locomotion. One staff assistance to propel him on and off the unit. Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator) • PERSONAL HYGIENE: Robert requires one staff to comb his hair, brush his teeth, shave, washing/drying of face and hands and for all hygiene care needs Revision on: 08/08/2025 Revision by: Danielle Loreto (RAI Coordinator) • HAND HYGIENE: 1 staff to provide TOTAL assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 02/18/2022 Revision by: Maryola Perion (RN) • TOILET USE: Robert requires two staff with the use of a total mechanical lift to transfer him to bed. Two staff staff to provide brief change and peri care in bed. Revision on: 11/26/2024 Revision by: Maryola Perion (RN) • TRANSFERRING: Robert requires a total mechanical lift to transfer him to and from bed to wheelchair with two team member assist. Revision on: 11/26/2024 Revision by: Maryola Perion (RN) • TRANSFER LIFT/SLING: Maxi lift and Green sling needed for transfer. Revision on: 08/30/2024 			
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to: Dementia, TIA, Stroke, Osteoarthritis, Depression, Impaired Mobility.</div> <div>Revision on: 04/26/2022</div> <div>Revision by: Maryola Perion (RN)</div>		<div>Revision by: Maryola Perion (RN)</div> <div>• ORAL CARE: Robert requires one staff to provide oral hygiene. Some teeth missing.</div> <div>Revision on: 03/09/2021</div> <div>Revision by: Maryola Perion (RN)</div> <div>• FOOT CARE: HCA</div> <div>Revision on: 01/12/2018</div> <div>Revision by: Maryola Perion (Registered Nurse)</div> <div>• SHAVING - Robert to be shaved on his bath/shower days and as needed.</div> <div>Revision on: 09/06/2023</div> <div>Revision by: Maryola Perion (RN)</div>	<div>PCA</div> <div>PCA</div> <div>Registered Staff</div> <div>PCA</div>	<div>D</div>		
<div>• SPIRITUAL BELIEFS: Robert is of the Christian Faith.</div> <div>Revision on: 04/12/2022</div> <div>Revision by: Shayna Lee Wonsch</div>	<div>• To provide Robert spiritual support as interested through to the next review date.</div> <div>Revision on: 09/12/2023</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>Target Date: 01/26/2026</div>	<div>• SPIRITUAL PROGRAMS: Encourage him to attend spiritual programs of his choice including spiritual music, prayer circles, spiritual discussions, etc.</div> <div>Revision on: 04/12/2022</div> <div>Revision by: Shayna Lee Wonsch</div>	<div>ACT</div>			
<div>• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIAs)</div> <div>Revision on: 02/18/2022</div> <div>Revision by: Maryola Perion (RN)</div>	<div>• To treat and minimize signs/symptoms or complications associated with CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIAs)</div>	<div>• COMMUNICATION: Involve/ collaborate with Robert/SDM in decision making of neurological care management for CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIAs).</div> <div>Revision on: 02/18/2022</div> <div>Revision by: Maryola Perion (RN)</div> <div>• MEDICATION: Administer medication for CEREBROVASCULAR ACCIDENT</div>	<div>PCA</div>			
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025				

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Focus		Goal	Interventions		Position	Freq/Resolved
		through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	(CVA), TRANSIENT ISCHEMIC ATTACK (TIAs) as per MD order. Monitor effectiveness and for side effects. Revision on: 02/18/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIAs) for changes to health status and alteration or complications affecting neurological function. Revision on: 02/18/2022 Revision by: Maryola Perion (RN)			
• URINARY (Functional) INCONTINENCE related to altered mobility, Dementia Diagnosis, Over Active Bladder Revision on: 02/18/2022 Revision by: Maryola Perion (RN)		• Robert will have urinary incontinence managed every shift through to the next review period. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • URINARY Continence level is TOTAL Incontinence. Report change to level as noted. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) • INCONTINENCE PRODUCT: Robert uses an Orange Brief on Days, Evening and Night shifts. Revision on: 03/11/2025 Revision by: Maryola Perion (RN) • TOTAL INCONTINENCE MANAGEMENT: Resident has TOTAL Urinary Incontinence; Requires check and change every 2 hours and as needed.		PCA	
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension, Arteriosclerotic Heart Disease Revision on: 08/26/2021 Revision by: Maryola Perion (RN)		• To treat and minimize signs/symptoms or complications associated with Hypertension, ASHD through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with SDM in decision making of Cardiac Care Management for Hypertension, Arteriosclerotic Heart Disease. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with HTN, ASHD for changes to health status and alteration or complications affecting cardiac function. Revision on: 08/26/2021 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for Hypertension, ASHD as per MD Order		Registered	
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025				

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Focus		Goal	Interventions			Position	Freq/Resolved
			and monitor for side effects. Revision on: 08/26/2021 Revision by: Maryola Perion (RN) • OXYGEN: Administer Oxygen as per MD order. Revision on: 12/18/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)			Practical Nurse RN Registered Practical Nurse RN	
• Potential for Expressive Behaviour of Physical, Socially Inappropriate, RESISTANCE to care need related to: Dementia, Depression. Revision on: 08/26/2021 Revision by: Maryola Perion (RN)		• To promote safety for Robert and/or others during each episode of expressive behavior through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • To decrease the episodic frequency of Expressive Behaviour by the next review date. ABS score will be maintained to 0. Revision on: 12/08/2023 Revision by: Maryola Perion (RN) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Robert/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 09/28/2020 Revision by: Maryola Perion (RN) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk. • TRIGGERS leading to PHYSICAL (Hitting, Slapping, Biting, Kicking with care) as expression of behaviour include (anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, hunger, etc.) Revision on: 08/08/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to eat, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgment, etc.) Revision on: 06/27/2020 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Robert is refusing to change clothes, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 06/27/2020 Revision by: Maryola Perion (RN) • TRIGGERS leading to SOCIALLY Inappropriate (spitting on floor, etc.) as expression of behaviour include confusion, decreased insight, poor judgement, limitation in communication, etc. Revision on: 05/28/2021 Revision by: Maryola Perion (RN)			BSO - Internal BSO - External Social Worker Registered Staff	
Allergies	No Known Allergies			D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)			Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential for Expressive Behaviour of Physical, Socially Inappropriate, RESISTANCE to care need related to: Dementia, Depression. Revision on: 08/26/2021 Revision by: Maryola Perion (RN)			• SOCIALLY Inappropriate Behaviour: If Robert is noted to spitting on floor, etc. clean PCA area using appropriate PPE. Report episode to Registered Staff. Revision on: 05/28/2021 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for therapeutic treatment of Expressed Behaviour as per MD Order. Monitor effectiveness and for side effects. Revision on: 01/28/2021 Revision by: Maryola Perion (RN)		Registered Practical Nurse RN	
• Potential for altered bone density related to diagnosis of OSTEOPOROSIS.		• To treat and minimize complications associated with OSTEOPOROSIS through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• COMMUNICATION: Involve/ collaborate with SDM in decision making of osteoporosis care management. Revision on: 03/09/2021 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects. • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of osteoporosis for discomfort/ complications or changes to health status.		Registered Staff Registered Staff	
• Potential for muscular dysfunction, contractures and bone deformity related to: Osteoarthritis. Revision on: 06/28/2020 Revision by: Maryola Perion (RN)		• To treat and minimize signs/symptoms or complications associated with Osteoarthritis through to the next review date Revision on: 09/12/2023 Revision by: Katie Wolters-Savo	• COMMUNICATION: Involve/ collaborate with Robert/SDM in decision making of musculoskeletal care management. Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for management of Osteoarthritis as per MD order. Monitor effectiveness and for side effects. Revision on: 06/28/2020			
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		(RAI Coordinator) Target Date: 01/26/2026	Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of Osteoarthritis for discomfort/ complications or changes to health status. Revision on: 06/28/2020 Revision by: Maryola Perion (RN)			
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, use of anti-depressant medications, etc.) Revision on: 06/28/2020 Revision by: Maryola Perion (RN)		• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Robert/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-depressant medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 06/28/2020 Revision by: Maryola Perion (RN)			
• Potential for BOWEL INCONTINENCE related to Dementia, Impaired Mobility. Revision on: 06/28/2020 Revision by: Maryola Perion (RN)		• Robert will have bowel incontinence managed every shift through to the next review period. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 02/11/2025 Revision by: Maryola Perion (RN) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • INCONTINENCE PRODUCT: Robert uses an Orange Brief on Days, Evening and Night shifts. Revision on: 03/11/2025 Revision by: Maryola Perion (RN)		Registered Staff PCA PCA PCA	
• Risk for/Impaired Skin Integrity r/t		• To protect and maintain skin	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any		PCA	
Allergies	No Known Allergies		D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)		Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Incontinence, impaired bed mobility, Use of Incontinence product. Revision on: 06/27/2020 Revision by: Maryola Perion (RN)	integrity each day through to the next review. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	new or different observance than the residents' usual skin condition to Registered Staff as noted. • ROHO cushion pressure reduction device applied to chair when up. Revision on: 01/27/2019 Revision by: Janina Lucero (Registered Nurse) • POSITIONING: Turn, reposition at least every 2 hours or (when in bed and wheelchair as not able to shift own weight) when in bed/wheelchair as per (Robert's) preference to offload pressure. Revision on: 03/04/2021 Revision by: Danielle Loreto (RPN)	PCA PCA	Q2h
• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension) related to Dementia, Aphasia. Revision on: 06/27/2020 Revision by: Maryola Perion (RN)	• Robert is unable to express self and will be supported to have needs interpreted each day through the next review. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• PRIMARY LANGUAGE: Robert primary language is English. He is unable to speak due to Aphasia but understand English. Revision on: 06/27/2020 Revision by: Maryola Perion (RN) • COMMUNICATION DEVICE: Use communication devices for Robert (writing pad, gestures, signs, and pictures) to enhance communication. Revision on: 12/07/2020 Revision by: Maryola Perion (RN) • INSTRUCTION GUIDANCE: Robert needs constant cueing or demonstrative instruction in tasks and activities. Revision on: 05/28/2021 Revision by: Maryola Perion (RN)	ACT	
• COGNITIVE LOSS (memory loss, difficulty concentrating, poor judgment, etc.) related to Dementia, Impaired decision making. Revision on: 06/27/2020 Revision by: Maryola Perion (RN)	• Robert will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 6. Revision on: 12/08/2023 Revision by: Maryola Perion (RN) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with SDM in decision making of Cognitive Loss for Dementia. Revision on: 12/07/2020 Revision by: Maryola Perion (RN) • PERSONAL ROUTINE: Provide consistency in care routine and activities. Revision on: 06/27/2020 Revision by: Maryola Perion (RN)	PCA	
• Expressed Wishes and Beliefs related to	• To support and honor Robert's	• CPR: DO NOT ATTEMPT CPR: Do not transfer to hospital, plan includes death at		
Allergies	No Known Allergies		D.O.B.	04/23/1943
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses		Physician	Roseanne Ng
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)	Admission Date	12/09/2017	Location 6 602 B
Last Care Plan Review Completed:		08/08/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Robert Medical Treatment and End of Life Care Revision on: 06/23/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		expressed wishes and beliefs through to the End of Life. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	home - see PoET Individualized Summary Revision on: 08/08/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Sleep Patterns. Revision on: 12/31/2017 Revision by: Maryola Perion (Registered Nurse)		• To promote adequate rest/sleep for Robert based on identified sleep patterns/preferences each night through to the next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• REST PATTERN: Preferred bedtime Around 20:00 and usual wake time: Around 6:30-7:30 Revision on: 06/28/2020 Revision by: Maryola Perion (RN) • SLEEPWEAR: Robert prefers to wear Pyjamas Revision on: 06/28/2020 Revision by: Maryola Perion (RN)			PCA PCA	
• Nutrition Risk Level (diet details)		• Robert will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • Will weigh within Realistic weight range of 60-65kg through to next review date. Revision on: 03/05/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 01/26/2026 • Robert will be adequately	• NUTRITION RISK: Robert is moderate risk level. Revision on: 09/05/2023 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Robert will receive regular diet, puree texture Revision on: 11/26/2020 Revision by: Anna Slack • THICKENED FLUIDS: Robert drinks thickened fluids at honey/moderately thick consistency (IDDSI level 3). Provide thickened fluids with a teaspoon Revision on: 05/04/2022 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Robert to drink a minimum 1210 mL/D. Likes to drink juice. Revision on: 10/29/2025 Revision by: Debora Choi (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.			Dietitian (RD) Diet Food Services Aide PCA Diet PCA PCA Dietary aide PCA	
Allergies	No Known Allergies			D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)			Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)	hydrated aeb drinking at least 75% of total fluid requirement 1612 @ 25ml/kg, 64.5 kg through to next review date. Revision on: 10/29/2025 Revision by: Debora Choi (Dietitian (RD)) Target Date: 01/26/2026 • Will meet estimated nutritional requirements of 1929-2251kcal @ 30-35 kcal/kg, 64-77g protein @ 1-1.2g/kg through to next review date. Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• DINING INSTRUCTIONS: NO bananas, oranges, orange juice Revision on: 11/22/2021 Revision by: Anna Slack (Registered Dietitian) • PORTION SIZE: Provide large/double portions of entree/protein for all meals Revision on: 04/12/2022 Revision by: Anna Slack (Registered Dietitian)	Diet Food Services Aide Registered Practical Nurse Diet PCA	

Allergies	No Known Allergies	D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)	Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025			


Care Plan Report

Diagnosis

Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, unspecified(F32.9), Primary generalized (osteo)arthrosis(M15.0), Unspecified dementia(F03), Bladder disorder, unspecified(N32.9), Atherosclerotic heart disease of unspecified type of vessel, native or graft(I25.19), Osteoporosis, unspecified(M81.9), Entropion and trichiasis of eyelid(H02.0)

Allergies	No Known Allergies	D.O.B.	04/23/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Dysphasia and aphasia(R47.0), Stroke, not specified as haemorrhage or infarction(I64), Transient cerebral ischaemic attack, unspecified(G45.9), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Gouin, Robert (92213101055)	Admission Date	12/09/2017	Location	6 602 B
Last Care Plan Review Completed:		08/08/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 5/6 Revision on: 10/08/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Dianne will be supported to maintain participation in activities 20-30 times per month by the next review date. Revision on: 07/18/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/15/2026</p>	<p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; 1:1 visits, manicures and hand massage, Resident Council & Food Committee, physical games, Happy Hour, reminiscing - patio sunshine & reminiscing, social programs, special events, tuck shop, etc. Revision on: 06/26/2025 Revision by: Laura Morris (Restorative Care Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching/listening to TV, listening to music, patio socializing/enjoying outdoors, conversing with peers, etc. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Guide to, Cue Direction, Reminders, etc. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, music, etc. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)</p>	ACT			
<p>• Potential for Acute PAIN and alteration in comfort level related to both right and left legs, swelling left jaw and neck (6/13/24), headache. New onset of pain to left foot and back (9/4/2025) Most Current RAI Pain Score is (1) Revision on: 10/08/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/09/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/15/2026</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>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 12/01/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p>	RN Registered Practical Nurse Registered Practical Nurse RN			
<p>• Dianne has potential to experience a safety hazard/burn injury related to personal SMOKING habits.</p>	<p>• Dianne will be safe when choosing to smoke through to the next review</p>	<p>• COMMUNICATION: Involve Dianne in review of smoking legislation (No smoking inside the home or within 9 meters from any doorway) and identify the designated area/s where smoking is permitted.</p>	Social Worker			
Allergies	No Known Allergies	D.O.B.	04/24/1967	Physician	Roseanne Ng	
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hennin, Dianne (922131005425)		Admission Date	06/12/2024	Location	
Last Care Plan Review Completed:		10/15/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision on: 08/01/2025 Revision by: Chelsea Campbell-Wright (ADOC)	Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/15/2026	Revision on: 09/03/2021 Revision by: Jenny Liu (RAI Coord Back-up) • STORAGE: Smoking materials to be appropriately stored by Dianne. Revision on: 09/03/2021 Revision by: Jenny Liu (RAI Coord Back-up)	Clerk		
<p>• Potential for Expressive Behaviour of socially inappropriate(intoxicated, hoarding), RESISTANCE to care need), Verbal/physical aggression towards other residents nature related to Cognitive decline.</p> <p>Hennin Dianne is initiated a verbal aggression towards another resident (6/3/25).</p> <p>Revision on: 06/07/2025 Revision by: Maryola Perion (RN)</p>	<p>• To decrease episodic frequency of (wandering, physical aggression, hoarding and resist care) by next review date.</p> <p>Revision on: 06/07/2025 Revision by: Maryola Perion (RN) Target Date: 01/15/2026</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Dianne for indications to change in or for escalating expressive behavior risk. BSO SSW has found that Dianne enjoys coloring, word activities, and word searches.</p> <p>Revision on: 02/06/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to PHYSICAL Hitting, Punching, Pushing others, intimidating gestures as expression of behaviour include anger and frustration in others</p> <p>Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC)</p> <p>• PHYSICAL Behaviour: If Dianne is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance.</p> <p>Revision on: 01/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PHYSICAL Behaviour: Dianne has a history of physical altercations with other residents.</p> <p>Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC)</p> <p>• TRIGGERS leading to VERBAL (yelling, screaming, calling names, etc.) as expression of behaviour include (loss of control, frustration, etc.)</p> <p>Revision on: 05/23/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• VERBAL Behaviour: If Dianne 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. Remove Dianne from other residents personal spaces.</p> <p>Revision on: 03/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to</p>			
Allergies	No Known Allergies	D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)	Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• Potential for Expressive Behaviour of socially inappropriate(intoxicated, hoarding), RESISTANCE to care need), Verbal/physical aggression towards other residents nature related to Cognitive decline.</p> <p>Hennin Dianne is initiated a verbal aggression towards another resident (6/3/25).</p> <p>Revision on: 06/07/2025</p> <p>Revision by: Maryola Perion (RN)</p>		<p>eat, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.)</p> <p>Revision on: 05/23/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• RESISTANCE to Care Need: If Dianne is refusing to (bathe) re-approach in 10-15 minutes. Report episode to Registered Staff.</p> <p>Revision on: 01/23/2022</p> <p>Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <p>• TRIGGERS leading to SOCIALLY Inappropriate (hoarding) as expression of behaviour include (Specify cause; confusion, decreased insight, poor judgement, etc.)</p> <p>Revision on: 05/23/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• SOCIALLY Inappropriate Behaviour: Dianne hoards (foods, empty cups, mask ect..). Staff to provide health education, remove items if needed.</p> <p>Revision on: 05/25/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects.</p> <p>Revision on: 02/06/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>	Registered Practical Nurse RN			
<p>• Potential to experience alteration in MOOD as exhibited by (missing others, made comment of self harm that she later denied making May 27th 2025) related to Loneliness, would like visitors</p> <p>Revision on: 05/28/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• Dianne will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date.</p> <p>Revision on: 05/28/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>Target Date: 01/15/2026</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Dianne for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</p> <p>Revision on: 05/28/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• RESIDENT STRENGTHS: Build on Dianne effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities.</p> <p>Revision on: 05/28/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects.</p>				
Allergies	No Known Allergies		D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)		Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision on: 07/09/2025 Revision by: Jenny Liu (RAI Coordinator) • SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if Dianne expresses thoughts to harm to self. Revision on: 07/09/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Increased risk for FALLS related to history of falls, impaired mobility, appeared drunk/ intoxicated/ alcohol smell noted, unsteady gait. Revision on: 04/27/2025 Revision by: Maryola Perion (RN)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• CALL BELL: Place call bell within Dianne's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair Revision on: 04/27/2025 Revision by: Maryola Perion (RN) • ENVIRONMENT: Secure environment (reduce clutter, etc.) to reduce fall risk for Dianne. Revision on: 04/27/2025 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure Dianne wears appropriate footwear while transferring and ambulating. Revision on: 08/23/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA	D/E/N		
• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD), SOB. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Dianne with COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 08/23/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. • MEDICATION: Administer medication (inhalers) as per MD order and monitor for side effects. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)	 Registered Staff PCA			
• Risk for Impaired SKIN INTEGRITY related to incontinence, impaired mobility,	• To protect and maintain skin integrity each day through to the	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered	PCA			
Allergies	No Known Allergies		D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)		Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
swelling left jaw and neck (6/13/24). Revision on: 06/18/2024 Revision by: Maryola Perion (RN)		next review. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	Staff as noted.				
• Dianne has potential for recurrence of SUBSTANCE ABUSE, mood/behaviour disturbances related to history of Alcoholism Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC)		• Dianne will remain free of non-prescribed alcohol through next review date. Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC) Target Date: 01/15/2026	• ALCOHOL USE SUPERVISED : Dianne has an order for beer consumption, can take 1-2 beers in a day. Revision on: 06/08/2025 Revision by: Ravinder Kaur (Registered Nurse) • SET BOUNDARIES: Discuss behavioural limits and expectations with Dianne. Be very clear with limits to establish behaviour boundaries. Revision on: 12/23/2024 Revision by: Chelsea Campbell-Wright (ADOC) • ROOM CHECK: Check Dianne's room/belongings for alcohol upon expected use. If any found report to Charge Nurse/DOC/ED/SW. Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC) • MEDICATIONS: Administer medications as ordered and monitor for side effects/effectiveness. Report to MD as necessary. Revision on: 01/26/2024 Revision by: Chelsea Campbell-Wright (ADOC)			Social Worker Director of Care Executive Director	
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (transfer and bed mobility). Revision on: 02/21/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• Dianne will be effectively supported with use of two 1/4 bed rails to optimize Activity of Daily Living (bed mobility and transfer) each day through to the next review date. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of two 1/4 bed rails. Revision on: 11/17/2022 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate self transfer and bed mobility. Revision on: 11/17/2022 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with (bed mobility, transfer in/out of bed). Monitor every shift. Revision on: 11/17/2022			PCA	D/E/N
Allergies	No Known Allergies			D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)			Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (transfer and bed mobility). Revision on: 02/21/2023 Revision by: Jenny Liu (RAI Coord Back-up)			Revision by: Suzanne Azar (RN)				
• URINARY Continence - Dianne is continent and has self recognition of urge to void. Revision on: 11/23/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Dianne will maintain continence level through next review date Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• URINARY Continence Level is: CONTINENT Revision on: 10/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SELF TOILETING: Dianne toilets self. Each shift ask if she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 11/23/2022 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement related to cognitive impairment. Revision on: 12/01/2021 Revision by: Mitchell Atkinson (Recreation Aide)		• Dianne will be supported to maintain cognitive function through the review date. Current CPS is (3) Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• ORIENTATION: Gently reorient to place and time as needed when Dianne is feeling lost or in confused state. Revision on: 08/23/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote Dianne's ability to locate room and navigating home area(name plate) outside of room. Revision on: 08/23/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• SPIRITUAL BELIEFS: Dianne is of the Catholic Faith. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)		• To provide Dianne spiritual support as interested through to the next review date. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• PERSONAL CHOICE: Respect Dianne's right to decline participation in Spiritual Program. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)			ACT	
Allergies	No Known Allergies			D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)			Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• SPIRITUAL BELIEFS: Dianne is of the Catholic Faith. Revision on: 10/13/2021 Revision by: Mitchell Atkinson (Recreation Aide)		Target Date: 01/15/2026					
• Sleep Patterns; Potential for alteration in sleep patterns related to difficulty sleep at night, difficulty falling asleep multiple times waking up throughout the night. Revision on: 09/21/2021 Revision by: Teresa Quinto (RPN)		• To promote adequate rest/sleep for Dianne based on identified sleep patterns/preferences each night through to the next review date. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• REST PATTERN: Preferred bedtime sometimes after 22:00, usual wake time around 07:00. Revision on: 10/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: prefers to wear own nightgown. Revision on: 10/04/2021 Revision by: Teresa Quinto (RPN)			PCA	
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Impairment, COPD, Hx Alcoholism, Progressive Alcoholic Encephalopathy. Revision on: 09/08/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Dianne 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. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• BATHING: Dianne prefers to have a bath. Her bath days are on Wednesday and Sunday afternoon shifts. Dianne is able to wash her face and upper body with set up help only from the team though does require one team member extensive to bathe hard to reach areas such as her back, hair and lower body. Refuses her showers all the time Nail care to be provided on bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Independent. Dianne is capable of turning and repositioning herself independently with set up help only (bedrails) Revision on: 02/06/2024 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Dianne is able to dress herself up from head to toe. Revision on: 05/23/2023 Revision by: Jenny Liu (RAI Coord Back-up) • EATING: Dianne is capable of eating independently and She eats in the first floor			PCA	
Allergies	No Known Allergies		D.O.B.	04/24/1967	Physician	Roseanne Ng	
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Hennin, Dianne (922131005425)		Admission Date	06/12/2024	Location	6 614 A	
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			<div>dining. Revision on: 11/23/2022 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Independent with wheelchair/walker. She has been using her walker for locomotion on/off the unit. Revision on: 07/09/2025 Revision by: Jenny Liu (RAI Coordinator) • PERSONAL HYGIENE: Dianne is able to brush her teeth, wash her face and provide peri care, may call for help at times. Revision on: 02/06/2024 Revision by: Jenny Liu (RAI Coord Back-up) • HAND HYGIENE: 1 staff to provide REMINDER assistance to use soap/water, apply sanitizer, rub hands together, dry hands for hand hygiene. wipes. Revision on: 03/02/2022 Revision by: Jenny Liu (RAI Coord Back-up) • TOILET USE: Dianne is able to go onto and off of the toilet herself, cleanse and adjust her clothing after, Revision on: 11/23/2022 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Diane is able to transfer herself between surfaces and from sit to stand position without any assistance from staff. Revision on: 05/25/2022 Revision by: Jenny Liu (RAI Coord Back-up) • ORAL CARE: Dianne has her own teeth remaining and is missing some and does not wear partial plates. Dianne requires one team member to assist with brushing her teeth. Revision on: 08/23/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>			PCA	
<div>• Expressed Wishes and Beliefs related to Dianne's Medical Treatment and End of Life Care Revision on: 09/08/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)</div>		<div>• To support and honor Dianne's expressed wishes and beliefs through to the End of Life. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026</div>	<div>• CPR: Dianne wishes do not attempt CPR and decision to hospital will be made at the time. Revision on: 07/03/2025 Revision by: Judith Aguilar (RPN)</div>				
Allergies	No Known Allergies			D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)			Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• BOWEL Continence -Dianne is continent and has self recognition of urge to defecate. Revision on: 09/06/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Dianne to remain continent of bowels through next review date Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026	• BOWEL Continence level is CONTINENT. Report change to level as noted.			PCA	
			• SELF TOILETING: Dianne toilets self for bowel movements. Each shift asks if she had a BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Revision on: 02/21/2022 Revision by: Elsie Calumpang (RN)			PCA	
• Nutrition Risk Level		• Dianne will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/11/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/15/2026 • Will weigh within Realistic weight range of 55-65kg kg/BMI 21-25 through to next review date. Revision on: 07/24/2024 Revision by: Alexandra Breau (Dietitian (RD)) Target Date: 01/15/2026 • Diane will be adequately hydrated aeb drinking at least 86% of total fluid requirement: 1740 ml/day (30 ml/kg using 58 kg weight) through to next review date.	• NUTRITION RISK: Dianne is moderate risk level. Revision on: 05/01/2024 Revision by: Anna Slack (Registered Dietitian)			Dietitian (RD)	
			• DIET ORDER: Dianne is provided regular diet, regular texture Revision on: 07/01/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			• FLUID CONSISTENCY: Dianne drinks REGULAR/THIN Level 0 Fluids. Revision on: 09/02/2021 Revision by: Anna Slack (Registered Dietitian)			Diet PCA	
			• FLUID TARGET: Encourage Dianne to drink a minimum of 1500 ml/day. Revision on: 07/01/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			• DINING INSTRUCTIONS: Dianne likes to take a beverage in a sippy cup "to go" when she is done her meal Revision on: 02/08/2022 Revision by: Anna Slack (Registered Dietitian)			Diet Food Services Aide Registered Practical Nurse	
			• LABELLED SNACK AM: Cheese and crackers with assorted fruit Mon/Wed/Fri/Sun Revision on: 10/03/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	D/E
Allergies	No Known Allergies			D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)			Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025					

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	Revision on: 07/01/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/15/2026			

Diagnosis

Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurysm, nonruptured(I67.1), Benign hypertension(I10.0)

Allergies	No Known Allergies	D.O.B.	04/24/1967	Physician	Roseanne Ng
Diagnosis	Mild cognitive disorder(F06.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Other and unspecified abdominal pain(R10.4), Personal history of alcohol abuse(Z86.40), Cerebral aneurys...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hennin, Dianne (922131005425)	Admission Date	06/12/2024	Location	6 614 A
Last Care Plan Review Completed:		10/15/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• Valerie DECLINES PARTICIPATION in structured programs related to personal choice.</p> <p>ISE Score: 5/6 Revision on: 09/11/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Valerie participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025</p>	<p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching/listening to TV (Big Bang Theory), family/friend visits, visiting with residents/team members, family/friends phone call, listening to music (country, Kenny Rogers), computer use, pet visits, etc. Revision on: 04/17/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, music, etc. Revision on: 04/17/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• INVITATION: Offer friendly invites to structured programs scheduled in the home. Resident Council & Food Committee, trivia, manicures & hand massages, Montessori, special events, tuck shop, etc. Revision on: 04/17/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: High Involvement. Revision on: 04/17/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>	<p>ACT</p> <p>ACT</p> <p>ACT</p> <p>ACT</p>			
<p>• Potential for Acute/Persistent PAIN and alteration in comfort level related to Multiple Sclerosis, Depression, Obesity, toothache, gum pain, Rt. arm pain. Most Current Pain Score is (0). Revision on: 06/11/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• Promote RAI Pain Score of 0 through to the next review. Revision on: 09/10/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/10/2025</p>	<p>• COMMUNICATION: Involve/collaborate with Valerie/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 11/20/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)</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>• MEDICATION: Administer medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.</p>	<p>Registered Staff</p> <p>RN Registered Practical Nurse</p> <p>Registered Practical Nurse RN</p>			
<p>• Strength Revision on: 12/26/2024 Revision by: Mehul Patel (PT - Physiotherapist)</p>	<p>• To improve the strength of B/L UE from 3+/5 to 4/5 in 3 months. Revision on: 12/26/2024 Revision by: Mehul Patel (PT - Physiotherapist)</p>	<p>• Strength exe. with use of 1-2lbs. wt.cuff 1set,10rps.,2-3/wk as tolerated. B/L Hand gripping exe. with use of squeeze ball & finger dexterity training. Revision on: 09/09/2025 Revision by: Shina Wadhwa (Physical Therapist)</p>	<p>PT - Physiotherapist PTA</p>			
Allergies	Environmental	D.O.B.	02/27/1978	Physician	Roseanne Ng	
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location	6 624 C	
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Strength Revision on: 12/26/2024 Revision by: Mehul Patel (PT - Physiotherapist)		Target Date: 12/10/2025				
<ul style="list-style-type: none"> Active ROM/PROM Revision on: 12/26/2024 Revision by: Mehul Patel (PT - Physiotherapist)		<ul style="list-style-type: none"> To improve B/L Knee extension from -10 to WFL in 3 months Revision on: 09/09/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/10/2025	<ul style="list-style-type: none"> PROM exs for Rt LE and AA-PROM for Lt LE, 10 reps each. Gentle Passive Stretching exs of the B/L calf and Hams, 20 sec hold, 3-5 reps for stretch. 2-3/week as tolerated. Revision on: 09/09/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (SOCIALY Inappropriate- Sexually inappropriate comments towards male caregivers, takes staff pictures without permission, refuse care) nature related to Depression. Revision on: 03/29/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> To decrease episodic frequency of (expose her breast when male provide care) by next review date. ABS score will be less than (1). Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Valerie for indications to change in or for escalating expressive behaviour risk. Revision on: 08/06/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 03/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> RESISTANCE to Care Need: If Valerie is declining to (bathe) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 03/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRIGGERS leading to SOCIALY Inappropriate (expose her breast) as expression of behaviour include (decreased insight, poor judgment.) Revision on: 08/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> SOCIALY Inappropriate Behaviour: If Valerie is noted to (expose her breast to male) gently redirect her to cover herself up. Revision on: 08/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> SEXUAL Behaviour: Female caregivers when possible for providing care 			
Allergies	Environmental		D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)		Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Potential for Expressive Behaviour of (SOCIALY Inappropriate- Sexually inappropriate comments towards male caregivers, takes staff pictures without permission, refuse care) nature related to Depression.</p> <p>Revision on: 03/29/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>		<p>Revision on: 01/09/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>			
<p>• Increased risk for FALLS related to Hx of falls, Impaired mobility and balance.</p> <p>Revision on: 01/29/2024 Revision by: Maryola Perion (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>Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025</p>	<p>• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it.</p> <p>Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)</p> <p>• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed wheelchair.</p> <p>Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• SUPPLEMENT: Provide Vitamin D supplement daily if ordered by MD.</p> <p>Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>	PCA	D/E/N	
<p>• COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgment and unclear speech) related to M.S., Depression.</p> <p>Revision on: 01/10/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>• Valerie will be supported to maintain cognitive function through the review date. Current CPS is 3.</p> <p>Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator)</p>	<p>• ORIENTATION: Gently reorient to (person, place, time) as needed when Valerie is feeling lost or in confused state.</p> <p>Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• PERSONAL ROUTINE: Provide consistency in care routines and activities.</p> <p>Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>	PCA		
Allergies	Environmental	D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and aware...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Target Date: 12/10/2025			
<ul style="list-style-type: none"> Potential to experience complications and side effects impacting quality of life. Revision on: 07/10/2023 Revision by: Elsie Calumpang (RN)	<ul style="list-style-type: none"> To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. 	Registered Staff	
<ul style="list-style-type: none"> Risk for/Impaired Skin Integrity r/t Hx of ulcers, Impaired mobility, Incontinent with bowel and bladder, Use of incontinent product, Obesity. Revision on: 07/10/2023 Revision by: Elsie Calumpang (RN)	<ul style="list-style-type: none"> To protect and maintain skin integrity each day through to the next review. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> 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. 	PCA	
		<ul style="list-style-type: none"> EQUIPMENT: Valerie requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA	
		<ul style="list-style-type: none"> Turn, reposition at least every 2 hours, more often as needed or requested. Resident pressure points to observe: coccyx, sacrum, bilateral buttocks.	PCA	Q2h
		Revision on: 02/04/2021 Revision by: Jenny Liu (RAI Coord Back-up)		
<ul style="list-style-type: none"> Use of PASD (two 1/4 bed rails and tilt wheelchair) to assist resident with Activity of Daily Living (repositioning and comfort). Revision on: 05/10/2022 Revision by: Suzanne Azar (RN)	<ul style="list-style-type: none"> Valerie will be effectively supported with use of PASD to optimize Activity of Daily Living each day through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use PASD as to support appropriate (assigned ADL). Revision on: 10/12/2023 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	D/E/N
		<ul style="list-style-type: none"> BED RAIL (TWO PARTIAL): Two 1/4 Rails in USE as a PASD to assist resident with bed mobility. Monitor every shift. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)	PCA	D/E/N
		<ul style="list-style-type: none"> TILTED CHAIR in USE as a PASD to support Valerie with repositioning. Monitor every shift. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)	PCA	D/E/N
<ul style="list-style-type: none"> Potential for CONSTIPATION related to 	<ul style="list-style-type: none"> To minimize the potential for 	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for 	Registered	
Allergies	Environmental		D.O.B.	02/27/1978
			Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location
				6 624 C
Last Care Plan Review Completed:		09/10/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
decreased mobility. Revision on: 11/08/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		episodes/ complications of constipation through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	constipation management and changes to health status and symptoms/ complications of constipation.			Staff	
			• FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan.			Registered Staff	
			• BOWEL PROTOCOL: In place as per MD order			Registered Staff	
• Altered ability to complete Activities of Daily Living (ADLs) related to Multiple Sclerosis, Impaired Mobility, Depression, Obesity, Cognitive Decline. Revision on: 02/03/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Valerie 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. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	• BATHING: Valerie's bath days will be Tuesday and Friday Afternoon shift Nail care to be provided after shower/bath.			PCA	
			Valerie require two staff assistance Total assistance with bathing activity. Maxi lift for transfer.				
			Female caregivers when possible for providing care related to history of inappropriate behaviours. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)				
			• BED MOBILITY: Maximal assistance: Valerie require extensive from two staff to turn and reposition. Bedrails in place aim bed mobility, Valerie able to hold down to the rail. Revision on: 09/10/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	
			• DRESSING: Maximal Assist: Valerie is able to guide her arms through the clothes. weight bearing assistance from team members to puts on and take off all her clothes. Female caregivers when possible for providing care related to history of inappropriate behaviours. Revision on: 06/11/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	
			• EATING: Valerie require Supervision and set up from staff. Eat in the main floor dining room. Encourage Valerie to stay upright while eating/drinking in bed. At times she will lower herself although she is aware of the risks of choking and aspiration when eating flat/not in an upright position			PCA	
Allergies	Environmental		D.O.B.	02/27/1978		Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and aware...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)		Admission Date	10/29/2018		Location	6 624 C
Last Care Plan Review Completed:		09/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to Multiple Sclerosis, Impaired Mobility, Depression, Obesity, Cognitive Decline.</p> <p>Revision on: 02/03/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>		<p>Revision on: 08/23/2022</p> <p>Revision by: Anna Slack (Registered Dietitian)</p> <p>• LOCOMOTION: Valerie is using a wheelchair as her main mode of locomotion. She PCA require one staff to propel her wheelchair on and off the unit.</p> <p>Will be remain in bed until w/c available</p> <p>Revision on: 11/21/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Maximal Assist: Valerie is able to wash her hands or face, PCA but require weight bearing assistance from two team members to comb her hair, provide peri-care.</p> <p>Female caregivers when possible for providing care related to history of inappropriate behaviours.</p> <p>Revision on: 06/11/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDER assistance to use sanitizer wipes to PCA rub hands together, dry hands, etc. for hand hygiene.</p> <p>Revision on: 10/28/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TOILET USE: Valerie require Total assistance from two staff to check and change PCA in bed when soiled.</p> <p>Female caregivers when possible for providing care related to history of inappropriate behaviours.</p> <p>Revision on: 07/25/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRANSFERRING: Valerie require Total assistance from two staff with the use of PCA Maxi lift. Sling to be left underneath her.</p> <p>Revision on: 11/18/2018</p> <p>Revision by: Maryola Perion (Registered Nurse)</p> <p>• TRANSFER LIFT/SLING: Blue sling</p> <p>Revision on: 08/28/2023</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• ORAL CARE: Valerie require one staff extensive assistance. Some teeth missing. PCA broken and carious.</p> <p>Revision on: 11/18/2018</p> <p>Revision by: Maryola Perion (Registered Nurse)</p>			
Allergies	Environmental	D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Multiple Sclerosis, Impaired Mobility, Depression, Obesity, Cognitive Decline. Revision on: 02/03/2021 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> Staff to ensure Valerie's curtains are closed when she is taking her clothes off. Ensure Valerie's privacy all the time. Revision on: 09/11/2020 Revision by: Maryola Perion (RN)	PCA		
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Valerie Medical Treatment and End of Life Care Revision on: 08/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none"> To support and honor Valerie expressed wishes and beliefs through to the End of Life. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> CPR; Valerie wishes to have CPR and TRANSFER to hospital. Revision on: 11/20/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	All		
<ul style="list-style-type: none"> Potential to experience alteration in NEUROLOGICAL FUNCTION related to: MULTIPLE SCLEROSIS (MS) 	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with (specify Etiology or diagnosis) through to the next review date. Revision on: 07/11/2024	<ul style="list-style-type: none"> MEDICATION: Administer medication for MS as per MD order. Monitor effectiveness and for side effects. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with MS for changes to health status and alteration or complications affecting neurological 			
Allergies	Environmental	D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	function. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
<ul style="list-style-type: none"> Potential to experience alteration in MOOD related to Depression. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 		<ul style="list-style-type: none"> Valerie will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025 	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Valerie for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) RESIDENT STRENGTHS: Build on Valerie effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 04/23/2023 Revision by: Jenny Liu (RAI Coord Back-up) 			
<ul style="list-style-type: none"> Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension.) related to usually understand/understood and weak voices. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 		<ul style="list-style-type: none"> Valerie will be supported to maintain current communication abilities to (express self, comprehend information, etc.) each day through to the review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025 Valerie will be able to make basic needs known on a daily basis through the review date Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025 	<ul style="list-style-type: none"> PRIMARY LANGUAGE: Valerie primary language is English. She is able to speak/understand English. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 			
Allergies	Environmental		D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and aware...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)		Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• SPIRITUAL BELIEFS: Valerie is of the Presbyterian Faith. Revision on: 05/26/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Valerie spiritual support as interested through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	• PERSONAL CHOICE: Respect Valerie's right to decline participation in Spiritual Programs. Attempt to actively engage if she decides to attend. Revision on: 05/26/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		ACT	
• Urinary Incontinent. Revision on: 02/26/2020 Revision by: Qiufeng Liu (RPN)		• Valerie will have urinary incontinence managed every shift through to the next review period. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 08/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • CHECK and CHANGE: Valerie experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • INCONTINENCE PRODUCT: resident uses grey color brief per prevail sheet. Revision on: 03/18/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA PCA PCA	
• Bowel Incontinent. Revision on: 11/18/2018 Revision by: Maryola Perion (Registered Nurse)		• Valerie will have bowel incontinence managed every shift through to the next review period. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	• BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA PCA	
• Sleep Patterns. Revision on: 11/18/2018 Revision by: Maryola Perion (Registered Nurse)		• To promote adequate rest/sleep for Valerie based on identified sleep patterns/preferences each night	• REST PATTERN: Usual bed time: No specific time (Depends on Valerie) and usual wake time: No specific time (Depends on Valerie). Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
Allergies	Environmental		D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)		Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		through to the next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> • SLEEPWEAR: Preferred night attire: Johnny shirt or own clothes. Revision on: 06/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
<ul style="list-style-type: none"> • Nutrition Risk Level (diet details) 		<ul style="list-style-type: none"> • Valerie will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025 • Will weigh within Realistic weight range of 110-115 kg/BMI 41-43 through to next review date. Revision on: 07/11/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/10/2025 • Valerie will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2316 ml/day (20 ml/kg using 115.8 kg weight) through to next review date. Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/10/2025 	<ul style="list-style-type: none"> • LABELLED SNACK PM: diet gingerale in a sippy cup (250 ml) daily for hydration Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Valerie is moderate risk level. Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Valerie will receive regular diet, regular texture - cut food into small pieces Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Valerie drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/15/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Valerie to drink a minimum of 1853 ml/day Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 250 ml (1 sippy cup) high moisture food or fluid outside of meals and snacks daily. Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: Ensure head of bed is >60 degrees, monitor her when eating and ensure she does not lower herself down. Encourage Valerie to eat at dining room for close supervision. Revision on: 08/10/2024 Revision by: Christina He (Dietitian (RD)) • ADAPTIVE AIDS: Valerie requires rimmed plate, non-slip mat, and sippy cup Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD)) 		PCA Registered Practical Nurse RN Dietitian (RD)	D
Allergies	Environmental		D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awar...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)		Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)		• LABELLED SNACK: jello at AM snack daily for hydration Revision on: 09/11/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	

Diagnosis

Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and awareness(R41.88), Constipation(K59.0)

Allergies	Environmental	D.O.B.	02/27/1978	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Other depressive episodes(F32.8), Oedema, unspecified(R60.9), Obesity, unspecified(E66.9), Other and unspecified symptoms and signs involving cognitive functions and aware...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hickey, Valerie (922131005026)	Admission Date	10/29/2018	Location	6 624 C
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • Risk for Impaired SKIN INTEGRITY related to urinary incontinence, impaired mobility, right hand fingernails discoloration. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To protect and maintain skin integrity each day through to the next review. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	<ul style="list-style-type: none"> • 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. • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Gloria preference to offload pressure. Revision on: 10/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	Q2h	
<ul style="list-style-type: none"> • Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (turning and repositioning). Tilt Wheelchair for comfort and positioning. Revision on: 08/29/2025 Revision by: Suzanne Azar (RN)	<ul style="list-style-type: none"> • Gloria will be effectively supported with use of two 1/4 bed rails and tilt wheelchair to optimize Activity of Daily Living (comfort, turning and repositioning) each day through to the next review date. Revision on: 08/29/2025 Revision by: Suzanne Azar (RN) Target Date: 12/24/2025	<ul style="list-style-type: none"> • HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of two 1/4 bed rails and tilt wheelchair. Revision on: 08/29/2025 Revision by: Suzanne Azar (RN)			
		<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails and tilt wheelchair as to support appropriate bed mobility and comfort. Revision on: 08/29/2025 Revision by: Suzanne Azar (RN)			
		<ul style="list-style-type: none"> • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with turning and repositioning. Monitor every shift. Revision on: 03/28/2024 Revision by: Suzanne Azar (RN)	PCA	D/E/N	
		<ul style="list-style-type: none"> • TILTED CHAIR in USE as a PASD to support resident with comfort and positioning - 30 degrees. Monitor every shift. Revision on: 08/29/2025 Revision by: Suzanne Azar (RN)	PCA	D/E/N	
<ul style="list-style-type: none"> • Potential for persistent PAIN and alteration in comfort level related to cramps to legs, Osteoarthritis, Osteoporosis, Chronic Sinusitis, left hip pain. Most Current Pain Score is (0) 	<ul style="list-style-type: none"> • Promote MDS Pain Score of 0 through to the next review. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	<ul style="list-style-type: none"> • 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. • MEDICATION: Administer analgesic medication as per MD order for pain 	RN Registered Practical Nurse Registered		
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			



Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision on: 06/04/2025 Revision by: Jenny Liu (RAI Coordinator)		relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Practical Nurse RN		
• SPIRITUAL BELIEFS: Gloria is of the Protestant Faith. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide)	• To provide Gloria spiritual support as interested through the next review date. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 12/24/2025	• SPIRITUAL PROGRAMS: Encourage Gloria to attend spiritual programs of her choice including Church Service, communion, hymn sing, etc. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide)			
• STRONG PARTICIPATION in Activities ISE score: 6/6 Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide)	• Gloria will be supported to maintain participation in activities 15-20 times per month by the next review date. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 12/24/2025	• STRUCTURED ACTIVITIES: Invite Gloria to programs of personal interest; trivia, bingo, games, music programs, happy hour, colour relaxation, spiritual programs, movies and special events. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage Gloria to engage in self-directed activities such as word searches, watching TV, conversing with peers and staff. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide) • ASSISTANCE: Provide assistance/encouragement to get Gloria to scheduled activities -Porter and provide invitations. Revision on: 05/29/2025 Revision by: Laura Morris (Restorative Care Aide)			
• Pain related to hip pain.					
• Potential for CONSTIPATION related to decreased mobility. Revision on: 03/21/2024 Revision by: Katie Wolters-Savo (RAI	• Gloria will have regular soft formed bowel movements every 1-2 days through to the next	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation.	Registered Staff		
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Coordinator)		review. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order		Registered Staff Registered Staff	
• Increased risk for FALLS related to history of falls, history of fractures post fall, medication with potential side effects. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• CALL BELL: Place call bell within Gloria's reach, check that it is in working order and remind/encourage to use it. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.		PCA Registered Staff	D/E/N
• Hot pack to Right Wrist and fingers, 5 min, 2-3 times a week Revision on: 12/27/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Improve grips from unable to weak in next 3 months, Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• Hot pack with 4-5 towels to Rt Wrist and fingers, 5 min, 2-3 times a week with supervision at all times. Revision on: 12/27/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		PT - Physiotherapist PTA	
• Strength Revision on: 10/05/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increased strength of Rt LE from 3/5 to 3+/5 in next 3 months Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• Strengthening exs for Lt UE and LE with 1-2lbs, as best tolerated, 10 reps, 2-3 x a week Isometric strengthening exs for B/L Knees with 10 sec hold:3-5 reps, 2-3 x a week; Revision on: 08/27/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Exs ROM Revision on: 10/05/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increased ROM at Rt Shoulder from 100 to 110 degrees in next 3 months Revision on: 03/07/2025 Revision by: Shina Wadhwa	• A-AAROM exs, within pain limits for Rt UE and LE, as best tolerated, 10 reps 1-2 sessions, 2-3 x a week; Gentle passive stretching for B/L Elbows, Hams and Calf, 20-30 sec hold, 3-5 reps, 2-3 x a week; Revision on: 08/27/2025		PT - Physiotherapist PTA	
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics		D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)		Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved		
		(Physical Therapist) Target Date: 12/24/2025	Revision by: Shina Wadhwa (Physical Therapist)						
• Nutrition Risk Level		• Gloria will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025 • Will weigh within GWR/IBW/Realistic weight range of 75-85 kg/BMI 25-29 through to next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025 • Gloria will be adequately hydrated aeb drinking at least 75% of total fluid requirement 2243mL @25 ml/kg, 89.7kg through to next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025 • Will meet estimated nutritional requirements of 1794-2243 kcal @ 20-25 kcal/kg, 85g protein @ 1g/kg through to next review	• NUTRITION RISK: Gloria is low risk level. Revision on: 08/11/2025 Revision by: Brittany Hyde (Registered Dietitian)			Dietitian (RD)			
			• DIET ORDER: Gloria will receive regular diet, regular texture Revision on: 09/27/2023 Revision by: Anna Slack (Registered Dietitian)			PCA			
			• FLUID CONSISTENCY: Gloria drinks REGULAR/THIN Level 0 Fluids. Revision on: 09/27/2023 Revision by: Anna Slack (Registered Dietitian)			PCA			
			• FLUID TARGET: Encourage Gloria to drink a minimum of 1682ml per day. Revision on: 09/18/2024 Revision by: Alexandra Breau (Dietitian (RD))			PCA			
			• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.			Dietary aide PCA			
			• DINING INSTRUCTIONS: Gloria dislikes "sauces" ie. gravy, bbq sauce, mayonnaise, tomato sauce. However if a food already contains some sauce she will scrape it off Revision on: 12/21/2023 Revision by: Anna Slack (Registered Dietitian)			Registered Practical Nurse			
			• HIGH FIBRE: Offer prune juice as needed for constipation Revision on: 09/18/2024 Revision by: Stephanie Isaak (Dietitian (RD))			PCA	D/E		
			• LABELLED SNACK: applesauce with all meals per her request Revision on: 10/23/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	D/E		
			Allergies		Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
			Diagnosis		Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility		Berkshire Care Centre			Print Date	10/30/2025			
Resident		Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C			
Last Care Plan Review Completed:		09/24/2025							

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Nutrition Risk Level		date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025				
• Potential for BOWEL INCONTINENCE related to impaired mobility. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Gloria will have bowel incontinence managed every shift through to the next review period. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria for changes to health status, alteration of continence level or bowel function. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • INCONTINENCE PRODUCT: Gloria wears blue and orange color brief per prevail sheet. Revision on: 03/09/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote adequate rest/sleep for Gloria based on identified sleep patterns/preferences each night through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• REST PATTERN: Gloria's preferred bedtime is after supper . She prefers to resident around 6:30 Revision on: 10/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: Gloria prefers to wear Johnny shirt. Revision on: 10/12/2023 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	PCA
• Potential for altered bone density related		• To treat and minimize	• COMMUNICATION: Involve/ collaborate with Gloria in decision making of			
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics		D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)		Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
to diagnosis of OSTEOPOROSIS.	complications associated with OSTEOPOROSIS through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	osteoporosis care management. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria for management of GERD for discomfort/ complications or changes to health status. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM	• To treat and/or minimize signs/symptoms of HYPOTHYROIDISM through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria with HYPOTHYROIDISM for changes to health status and alteration or complications affecting endocrine function. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for HYPOTHYROIDISM as per MD order. Monitor effectiveness and for side effects. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • LAB WORK: Monitor lab and diagnostic results for Hypothyroidism and report results to MD as needed. Follow up as indicated. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA		
• Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidaemia , Hypertension	• To treat and minimize signs/symptoms or complications associated with	• COMMUNICATION: Involve/collaborate with Gloria/SDM in decision making of Cardiac Care Management for HTN, Hypercholestermia. Revision on: 09/26/2023			
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	HTN, Hypercholestermia through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Gloria with HTN, Hypercholestermia for changes to health status and alteration or complications affecting cardiac function. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for HTN, Hypercholestermia as per MD Order and monitor for side effects. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse RN		
• Potential to experience related to ALLERGY of Stelazine, Meloxicam and Sulfa. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Gloria will be protected from exposure to allergen each day through next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria with Stelazine, Meloxicam and Sulfa allergy for changes to health status and complications mortality. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ALLERGY ALERT: Gloria has a ALLERGY to Stelazine, Meloxicam and Sulfa. Prevent contact with and report if noted to experience symptoms (Specify; rash, hives, swelling, difficulty breathing, etc.). Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To monitor effectiveness and for side effects of medication used each day through to the next review date Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• URINARY (Mixed) INCONTINENCE related to impaired mobility secondary to fall with fractured right hip and right arm. Revision on: 09/26/2023	• Gloria will have urinary incontinence managed every shift through to the next review period.	• MONITORING: Utilize holistic perspective of continuous monitoring of Gloria for toileting needs, changes to health status and alteration of continence level. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• CHECK and CHANGE: Gloria experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 10/04/2023 Revision by: Daisy Delotavo (RPN) • INCONTINENCE PRODUCT:Gloria wears blue and orange color brief per prevail sheet. Revision on: 03/09/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
• Altered VISION related to wears glasses. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Gloria will be supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• COMMUNICATION: Involve/collaborate with Gloria for decision making pertaining to change in visual status as needed. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • EYEGLASSES: Gloria wears eyeglasses as she requests. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• Altered COMMUNICATION as exhibited by limitations to comprehension related to some difficulty hearing. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Gloria will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• COMMUNICATION: Involve/collaborate with Gloria for decision making about strategies needed to support effective communication. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Gloria's primary language is English. She is able to write and read English. Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Altered ability to complete Activities of Daily Living (ADLs) related to recent fracture to right hip and right arm post fall (August 11/23). Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Gloria will have ALL ADL care needs met each day through the next review date. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• BATHING: Gloria's shower days are on Wednesday and Saturday Day shift. She requires one team member to provide extensive assistance with bathing her from head to toe. Two team members to assist with transferring with Maxi lift. Nail care to be provided on shower/bath day. Revision on: 07/05/2025		PCA	
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics		D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)		Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved		
			<div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• DRESSING: Maximal Assist: Gloria requires weight bearing assistance from two team members to dress from head to toe though she is able to lift up her arms.</div> <div>Revision on: 06/04/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>• EATING: Gloria is able to eat independently once set up by the team. She eats on the floor dining room</div> <div>Revision on: 10/04/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• LOCOMOTION: Gloria utilizes a wheelchair as her primary mode of locomotion and is dependent of the team to push her.</div> <div>Revision on: 09/26/2023</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• PERSONAL HYGIENE: Gloria requires the team to set her up with her tooth brush and wash cloth. She is able to wash her face and brush her teeth. She requires 1 team member extensive assistance to complete hygiene tasks</div> <div>Revision on: 08/27/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• HAND HYGIENE: 1 staff to provide supervision assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene.</div> <div>Revision on: 12/14/2024</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• TOILET USE: Gloria requires two team members to assist with checking and changing her incontinence product while in bed.</div> <div>Revision on: 09/26/2023</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• TRANSFERRING: Gloria requires Total assistance with the use of a Maxi Lift with two staff assistance.</div> <div>Revision on: 09/26/2023</div> <div>Revision by: Maryola Perion (RN)</div> <div>• TRANSFER LIFT/SLING: Maxi lift and Green SIZE of sling needed for transfer.</div> <div>Revision on: 09/26/2023</div> <div>Revision by: Maryola Perion (RN)</div> <div>• ORAL CARE: Gloria has her own teeth and requires the team to assist with setting her up to brush her teeth.</div>					PCA	
Allergies	Meloxicam, Stelazine, Sulfa Antibiotics		D.O.B.	11/03/1946	Physician	Roseanne Ng			
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses								
Facility	Berkshire Care Centre				Print Date	10/30/2025			
Resident	Holland, Gloria (922131005525)		Admission Date	09/26/2023	Location	6 614 C			
Last Care Plan Review Completed:		09/24/2025							

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to recent fracture to right hip and right arm post fall (August 11/23). Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to GLoria's Medical Treatment and End of Life Care Revision on: 09/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor Gloria's expressed wishes and beliefs through to the End of Life. Revision on: 10/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	<ul style="list-style-type: none"> CPR: Gloria wishes express NO CPR and NO TRANSFER to hospital. Revision on: 09/27/2023 Revision by: Jenny Liu (RAI Coord Back-up)		

Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			

Care Plan Report

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Diagnosis

Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Schizophrenia, unspecified(F20.9), Pure hypercholesterolaemia(E78.0), Presence of artificial hip(Z96.60), Phlebitis and thrombophlebitis of other deep vessels of lower extremities(I80.2), Aspiration of fluid as the cause of abnormal reaction or later complication, without mention of misadventure at the time of the procedure(Y84.4)

Allergies	Meloxicam, Stelazine, Sulfa Antibiotics	D.O.B.	11/03/1946	Physician	Roseanne Ng
Diagnosis	Primary generalized (osteo)arthrosis(M15.0), Osteoporosis, unspecified(M81.9), Hypothyroidism, unspecified(E03.9), Benign hypertension(I10.0), Chronic sinusitis, unspecified(J32.9), Chronic obstr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holland, Gloria (922131005525)	Admission Date	09/26/2023	Location	6 614 C
Last Care Plan Review Completed:		09/24/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Kenneth has the potential to experience a safety hazard/burn injury related to personal SMOKING habits. 9/13/25: Found smoking in his room. 9/27/25: Found smoking in his room. 10/24/25: smoking cracks in his room, strong odour of the substance in his room. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)		• Kenneth will be safe when choosing to smoke through to the next review Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• COMMUNICATION: Involve (Kenneth/SDM) in review of smoking legislation (No smoking inside the home or within 9 meters from any doorway) and identify the designated area/s where smoking is permitted. Revision on: 09/13/2025 Revision by: Maryola Perion (RN) • SMOKING CONTRACT: Kenneth has agreed to follow safe smoking rules and accepts the consequences of breaking those agreed upon rules by signing the smoking contract (refer to chart). Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)			Social Worker	
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation ISE score: 5/6 Revision on: 10/23/2025 Revision by: Laura Morris (Restorative Care Aide)		• To support Kenneth's Psycho-Social well being through to the next review. Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/22/2026	• STRUCTURED ACTIVITIES: Invite Kenneth to programs of personal interest; (cards, movies, happy hour, special events, etc.). Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage Kenneth to engage in self-directed activities such as (watching TV in own room, enjoying the outdoors, conversing with peers, etc.). Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide Kenneth with individual visits for (conversation, reminiscing, etc.) Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide)				
• Potential for Persistent PAIN and alteration in comfort level related to Dx with Chronic pain, Cervical myelopathy. Most Current MDS Pain Score is 3 Revision on: 10/22/2025 Revision by: Jenny Liu (RAI Coordinator)		• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Target Date: 01/22/2026 • Promote RAI Pain Score of 0 through to the next review.	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 07/17/2025			RN Registered Practical Nurse Registered Practical Nurse RN	
Allergies	No Known Allergies		D.O.B.	06/26/1967	Physician	Roseanne Ng	
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Joyal, Kenneth (922131005644)		Admission Date	07/17/2025	Location	6 625 A	
Last Care Plan Review Completed:		10/22/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Target Date: 01/22/2026	Revision by: Jenny Liu (RAI Coordinator)			
• Risk for Impaired SKIN INTEGRITY related to Incontinence AND CELLULITIS to bil. lower legs. Revision on: 10/22/2025 Revision by: Jenny Liu (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Target Date: 01/22/2026	• 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.	PCA		
• Potential for Expressive Behaviour of (VERBAL, RESISTANCE to care need, suspected physical altercation with another resident 09-13-25) nature related to Depression. Revision on: 09/13/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote safety for Kenneth and/or others during each episode of Expressive Behaviour through to the next review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Kenneth indications to change in or for escalating expressive behaviour risk. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • TRIGGERS leading to PHYSICAL (Hitting.) as expression of behaviour include (anger, frustration, entering personal space, confusion,) Revision on: 09/13/2025 Revision by: Danielle Loreto (RAI Coordinator) • PHYSICAL Behaviour: If (Kennth) is attempting to strikeout; move back from his reach. Monitor interaction with other residents and if noted to be triggered escort him away or remove the other residents for safety. Calmly indicate that care will continue when he/she is calm/ready. Seek Registered Staff assistance. Revision on: 09/13/2025 Revision by: Danielle Loreto (RAI Coordinator) • PHYSICAL Behaviour: Monitor for pushing and spitting. Revision on: 07/19/2025 Revision by: Janina Lucero (RN) • TRIGGERS leading to VERBAL (yelling, swear, speaks in an angry tone.) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, misunderstanding care intention, etc.) Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • VERBAL Behaviour: If Kenneth 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. Revision on: 07/17/2025			
Allergies	No Known Allergies	D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)	Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (VERBAL, RESISTANCE to care need, suspected physical altercation with another resident 09-13-25) nature related to Depression. Revision on: 09/13/2025 Revision by: Danielle Loreto (RAI Coordinator)		Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> TRIGGERS leading to RESISTANCE to Care Needs of (refusing treatment.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> RESISTANCE to Care Need: If Kenneth is declining to (change treatment, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) Be cautious while giving care first thing in the morning before he gets his medication. Allow him to sleep until he is ready to get up. Monitor for pain. Ken likes to watch tv and listen to music (classic rock, Led Zeppelin) as he said it helps him to relax. Ken is not interested in participating in activities. He prefers to spend his time outside smoking. He will sometimes engage and socialize with other residents.				
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by upset, agitated and got aggressive towards staff, accusatory (saying that the staff splitting his Methadone medication and not giving him proper dose which make him sick), difficulty sleeping at night related to Depression Revision on: 08/02/2025 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> Kenneth will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Kenneth for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> SLEEP/REST: Promote adequate sleep and rest to stability of Kenneth's mood. Report changes in sleeping habits to Registered Staff as noted. Revision on: 08/02/2025 Revision by: Maryola Perion (RN)				
<ul style="list-style-type: none"> Altered ability to complete Activities of 	<ul style="list-style-type: none"> Kenneth will have ALL ADL 	<ul style="list-style-type: none"> BATHING: Kenneth prefers shower on wednesday and Sunday in the afternoon. 	PCA			
Allergies	No Known Allergies		D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Joyal, Kenneth (922131005644)		Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved		
Daily Living (ADLs) related to Substance Use, Chronic pain, Anemia, COPD, Cervical Myelopathy, depression, Cholelithiasis. Revision on: 07/29/2025 Revision by: Gurjit Kaur (RN)		care needs met each day through the next review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	Kenneth is able to wash his upper body but requires team member to wash his lower body. Two persons side by side for transferring. Nail care to be provided on shower day. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)							
			• BED MOBILITY: Kenneth is able to turn and reposition in bed with bedrails Set up help from the staff with bedrails. Revision on: 07/27/2025 Revision by: Jenny Liu (RAI Coordinator)				PCA			
			• DRESSING: Kenneth is able to dress his upper body, but requires one team member to provide extensive assistance to dress his lower body. Often refuses care from the team Revision on: 10/22/2025 Revision by: Jenny Liu (RAI Coordinator)				PCA			
			• EATING: Kenneth is able to eat by himself and he eats on the floor dining room. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)				PCA			
			• LOCOMOTION: He is using a Wheelchair, Kenneth is able to propel himself for short distances. One team member to push him for long distances. Resident Have LOA Pass: Must be assessed by the Nurse staff before leave the building. Revision on: 08/06/2025 Revision by: Sonpreet Gurm (Registered Nurse)				PCA			
			• PERSONAL HYGIENE: Kenneth is able wash his face, hands and brush his hair, but requires one team member to provide peri-care. Often refuses care. Revision on: 10/22/2025 Revision by: Jenny Liu (RAI Coordinator)				PCA			
			• HAND HYGIENE: 1 staff to provide REMINDER, assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)				PCA			
			• TOILET USE: Kenneth requires two staff to transfer him on/off the toilet. One staff to re-apply brief and adjust his clothes after. Uses urinal daily, staff to empty is or change when needed. Revision on: 07/17/2025				PCA			
			Allergies		No Known Allergies		D.O.B.	06/26/1967	Physician	Roseanne Ng
			Diagnosis		Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses					
Facility		Berkshire Care Centre				Print Date	10/30/2025			
Resident		Joyal, Kenneth (922131005644)		Admission Date	07/17/2025	Location	6 625 A			
Last Care Plan Review Completed:		10/22/2025								

Care Plan Report

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Allergies	No Known Allergies	D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)	Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Nutrition Risk Level		• Kenneth will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 07/23/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/22/2026 • Will weigh within realistic GWR 55-65 kg through to next review date. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/22/2026 • Kenneth will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1432 ml/day (25 ml/kg using 57.3 kg weight) through to next review date. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/22/2026	• LABELLED EXTRA SNACK HS: assorted crustless sandwich daily - may keep in the fridge for him to eat at night Revision on: 09/16/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
			• Labelled Item Dinner: 355 ml gingerale for hydration (Mon/Wed/Fri/Sun) Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
			• NUTRITION RISK: Kenneth is HIGH risk level. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))				
			• DIET ORDER: Kenneth will receive regular diet, regular texture Revision on: 07/18/2025 Revision by: Ronnie Fung (FSM - Food Services Manager)			PCA	
			• FLUID CONSISTENCY: Kenneth drinks REGULAR/THIN Level 0 Fluids. Revision on: 07/17/2025 Revision by: Ronnie Fung (FSM - Food Services Manager)			PCA	
			• FLUID TARGET: Encourage Kenneth to drink a minimum of 1146 ml/day Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.			Dietary aide PCA	
			• DINING INSTRUCTIONS: Offer softer foods, crustless bread/toast Encourage daytime meal and snack intake Revision on: 09/16/2025 Revision by: Holly Laasanen (Dietitian (RD))			Registered Practical Nurse	
			• HIGH CALORIE/PROTEIN IN MEALS: when he is up for meals, offer double portions Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	BLD
			• MEDPASS SUPPLEMENTS: 90 ml of Resource 2.0 TID Revision on: 09/25/2025				
Allergies	No Known Allergies			D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)			Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level		Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK PM: crackers and peanut butter daily Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	D/E
• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension, etc.) Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)	• Kenneth will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026 • Kenneth will be supported to make basic needs known each day through to the review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• PRIMARY LANGUAGE: Kenneth primary language is English. He is (specify able to speak/understand English. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty	• Ken will be supported to maintain cognitive function	• ORIENTATION: Gently reorient to (person, place, time) as needed when Kenneth is feeling lost or in confused state. Revision on: 07/17/2025		
Allergies	No Known Allergies		D.O.B.	06/26/1967
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses		Physician	Roseanne Ng
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)	Admission Date	07/17/2025	Location 6 625 A
Last Care Plan Review Completed:		10/22/2025		

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
concentrating, altered judgement.) Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		through the review date. Current CPS is 2. Revision on: 07/27/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	Revision by: Jenny Liu (RAI Coordinator) • PERSONAL ROUTINE: Provide consistency in care routine and activities Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
• Kenneth is experiencing colonization with Antibiotic Resistant Organism (MRSA and Hepatitis C positive and ESBL) as of confirmed date: (admission date). Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		• To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Target Date: 01/22/2026	• MONITORING: Utilize holistic perspective of monitoring resident for (signs/symptoms of secondary infection, overall health condition, etc.). Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • PPE PRECAUTIONS: Precaution identified as CONTACT PRECAUTIONS (MRSA and Hepatitis C positive and ESBL) and requires use of the following PPEs (Gloves, Gown) when (providing direct care, handling soiled clothes and linens, disposing of incontinent product, etc.). Revision on: 10/08/2025 Revision by: Janina Lucero (RN)			
• Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		• To treat and/or minimize complications associated with ANEMIA each day through to the next review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with ANEMIA for complications or changes to health status.		Registered Staff	
• Potential for BOWEL INCONTINENCE related to Depression and chronic pain ect.. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		• (Resident name) will receive support to (SPECIFY: use toilet, commode, bedpan) and promote optimal bowel continence each day through to the next review. Target Date: 01/22/2026 • Kenneth will have bowel	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • BOWEL Continence level is usually continent. Report change to level as noted. Revision on: 07/28/2025 Revision by: Jenny Liu (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.		Registered Staff PCA PCA	
Allergies	No Known Allergies			D.O.B.	06/26/1967	Physician Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)			Admission Date	07/17/2025	Location 6 625 A
Last Care Plan Review Completed:		10/22/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	incontinence managed every shift through to the next review period. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• INCONTINENCE PRODUCT: Resident uses pull up daily Revision on: 07/28/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
• URINARY INCONTINENCE related to Depression, Substance Use, Opioid use Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)	• Kenneth will have urinary incontinence managed every shift through to the next review period. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026 • Kenneth will receive support to use toilet and promote urinary continence each shift through to the next review. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • URINARY Continence level is USUALLY continent. Report change to level as noted. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses pull up daily He uses urinal daily. Revision on: 07/28/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA PCA	
• Increased risk for FALLS related to Substance, use, chronic pain, Anemia, opioid abuse and impaired mobility. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 01/22/2026	• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • FOOTWEAR: Ensure resident wears appropriate footwear at all times. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA PCA	D/E/N

Allergies	No Known Allergies	D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)	Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Expressed Wishes and Beliefs related to Kenneth Medical Treatment and End of Life Care</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• To support and honor Kenneth expressed wishes and beliefs through to the End of Life.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>Target Date: 01/22/2026</div>	<div>• CPR: Kenneth wishes to have CPR and transfer to hospital decisions to be made as needed - see PoET Individualized Summary for details.</div> <div>Revision on: 07/27/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>				
<div>• Kenneth potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Opioid abuse and substance use.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• Kenneth will remain free of non-prescribed (narcotics) through next review date.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>Target Date: 01/22/2026</div>	<div>• ROOM CHECK: Check (Kenneth) room/belongings for (drug paraphernalia.) each (shift.). If any found report to Charge Nurse/DOC/ED/SW.</div> <div>Revision on: 09/15/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• MEDICATIONS: Administer medications as ordered and monitor for side effects/effectiveness. Report to MD as necessary.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>				
<div>• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD).</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>Target Date: 01/22/2026</div>	<div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with COPD for changes to health status and alteration or complications affecting respiratory function.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>• POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.</div>	Registered Staff PCA			
<div>• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to new environment.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• To promote adequate rest/sleep for Kenneth based on identified sleep patterns/preferences each night through to the next review date.</div>	<div>• REST PATTERN: Preferred bedtime 8pm, usual wake time no specific time and no daytime naps.</div> <div>Revision on: 07/17/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>	PCA			
Allergies	No Known Allergies		D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)		Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025				

Care Plan Report

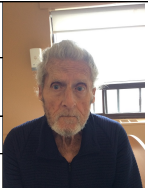
Focus	Goal	Interventions	Position	Freq/Resolved
	Revision on: 07/21/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/22/2026			
• Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM	• To treat and/or minimize signs/symptoms of HYPOTHYROIDISM through to the next review date. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/22/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with PCA HYPOTHYROIDISM for changes to health status and alteration or complications affecting endocrine function. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) • MEDICATION: Administer medication for HYPOTHYROIDISM as per MD order. Monitor effectiveness and for side effects. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)		

Diagnosis

Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Cervical disc disorder with myelopathy(M50.0), Depressive episode, unspecified(F32.9), Extended spectrum betalactamase (ESBL) resistance(U82.2), Hypothyroidism, unspecified(E03.9), Personal history of drug abuse(Z86.41), Abuse of non-dependence-producing substances(F55), Other cholelithiasis without mention of obstruction(K80.80)

Allergies	No Known Allergies	D.O.B.	06/26/1967	Physician	Roseanne Ng
Diagnosis	Other chronic pain(R52.2), Acute hepatitis C(B17.1), Cellulitis of other sites(L03.8), Anaemia, unspecified(D64.9), Chronic kidney disease, unspecified(N18.9), Chronic obstructive pulmonary disea...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Joyal, Kenneth (922131005644)	Admission Date	07/17/2025	Location	6 625 A
Last Care Plan Review Completed:		10/22/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
• Use of PASD: Tilt wheelchair to assist resident with Activity of Daily Living (comfort, positioning and to elevate legs). Revision on: 10/06/2025 Revision by: Suzanne Azar (RN)	• William will be effectively supported with use of tilt wheelchair to optimize Activity of Daily Living (comfort and positioning)each day through to the next review date. Revision on: 10/08/2025 Revision by: Suzanne Azar (RN) Target Date: 11/22/2025	• HEALTH EDUCATION: Engage with William, SDM to enhance their knowledge of possible benefits and challenges associated with the use of tilt wheelchair. Revision on: 10/08/2025 Revision by: Suzanne Azar (RN)	Registered Staff	D/E/N			
		• MONITORING: Utilize holistic perspective of monitoring William for continued benefit to use tilt wheelchair as to support his comfort and positioning. Revision on: 10/08/2025 Revision by: Suzanne Azar (RN)	Registered Staff				
		• TILTED CHAIR in USE as a PASD to support resident with comfort and positioning. Monitor every shift. Revision on: 10/08/2025 Revision by: Suzanne Azar (RN)	PCA				
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to 4 episodes of loose watery stools on Sept. 6, 2025 Revision on: 09/07/2025 Revision by: Jenny Liu (RAI Coordinator)	• To promote fluid consumption and minimize risk for dehydration each day through to the next review date Revision on: 09/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/22/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of William with altered fluid intake for changes to health status and risk for dehydration. Revision on: 09/07/2025 Revision by: Jenny Liu (RAI Coordinator) • PROMOTE FLUIDS: Promote William to consume fluids; amount as per Nutrition Care Plan. Revision on: 09/07/2025 Revision by: Jenny Liu (RAI Coordinator)	Registered Staff All				
• Sleep Patterns; Potential for alteration in sleep patterns related to cognitive loss Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote adequate rest/sleep for William based on identified sleep patterns/preferences each night through to the next review date. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• REST PATTERN: Preferred bedtime around 22:00, usual wake time around 7:00-7:30 and very rare taking daytime naps stated by William. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: William may prefer to wear regular clothes to bed and he has PJs, but doesn't wear it most of time. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA				
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation,	• To support William's Psycho-Social well being through to the next review.	• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; Friendly/1: 1 visits, music programs, patio programs (warm weather), exercise fun & fitness, physical games, special events etc.					
Allergies	No Known Allergies		D.O.B.	05/04/1939	Physician	Roseanne Ng	
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension (I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Laporte, William (922131005442)		Admission Date	12/23/2021	Location	6 619 B	
Last Care Plan Review Completed:		08/22/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Withdrawn. ISE Score: 5/6 Revision on: 05/22/2025 Revision by: Laura Morris (Restorative Care Aide)	William will be encouraged to participate in 10-15x group and or 1:1 activities per month through the next review date. Revision on: 05/15/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 11/22/2025	Revision on: 08/14/2025 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, etc. Revision on: 02/09/2022 Revision by: Mitchell Atkinson (Recreation Aide) • HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions - invite William to have a cup of tea. Revision on: 02/09/2022 Revision by: Shayna Lee Wonsch • ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 02/09/2022 Revision by: Mitchell Atkinson (Recreation Aide)	ACT <	

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
questions/verbalization, frustration, complaints, restlessness, anxiety, fearfulness related to Parkinson's Dementia and Anxiety. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator)		evidenced by decreasing DRS score at a range of 0-2 by the review date. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/22/2025	that negatively impact residents quality of life. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • RESIDENT STRENGTHS: Build on William effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)				
• Potential for CONSTIPATION related to decreased mobility Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator)		• William will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/22/2025 • To minimize the potential for episodes/ complications of constipation through to the next review date Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/22/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order			Registered Staff Registered Staff Registered Staff	
• Nutrition: Swallowing difficulty Revision on: 12/30/2024 Revision by: Danielle Loreto (RAI Coordinator)		• To maintain safe swallowing through to next review date Target Date: 11/22/2025	• Provide diet/texture interventions as per Nutrition Risk Level • Monitor tolerance to diet and report any coughing, choking, or swallowing concerns to the nurse Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD))				
Allergies	No Known Allergies			D.O.B.	05/04/1939	Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Laporte, William (922131005442)			Admission Date	12/23/2021	Location	6 619 B
Last Care Plan Review Completed:		08/22/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<p>• Potential for Expressive Behaviour of (verbally/socially inappropriate (arguremetal, moan), RESISTANCE to care need) nature related to Dementia in Parkinson's disease Revision on: 08/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>• To decrease episodic frequency of (Expressive Behaviour) by next review date. ABS score will be less than (1). Revision on: 05/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of William for indications to change in or for escalating expressive behaviour risk. Revision on: 02/25/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to VERBAL (swearing, moaning) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, etc.) Revision on: 06/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• VERBAL Behaviour: If William 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. Revision on: 06/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 06/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• RESISTANCE to Care Need: If William is refusing to (to wear lumbar back brace, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 10/05/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to SOCIALLY Inappropriate (disruptive vocalizations) as expression of behaviour include (confusion, decreased insight, poor judgement, etc.) Revision on: 06/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• SOCIALLY Inappropriate Behaviour: If William is noted to (make loud disruptive noises in dining room/program, etc.) gently redirect him to focus on task at hand or escort to quieter area. Revision on: 06/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p>		
<p>• Increased risk for FALLS related to HTN, Parkinson's Dementia, Anxiety. Revision on: 01/29/2024</p>	<p>• To promote safety, minimize risk for falls and/or fall related</p>	<p>• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 12/23/2021</p>	PCA	D/E/N
Allergies	No Known Allergies		D.O.B.	05/04/1939
			Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Laporte, William (922131005442)	Admission Date	12/23/2021	Location 6 619 B
Last Care Plan Review Completed:		08/22/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Maryola Perion (RN)		injury each day through to the next review period. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	Revision by: Jenny Liu (RAI Coord Back-up) • BED: place bed in lowest position, use high/low bed, etc. to lower risk for injury. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for (transfers). Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.			PCA PCA Registered Staff	
• Potential for BOWEL INCONTINENCE related to pain, decreased mobility. Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• William will receive support to (use toilet) and promote optimal bowel continence each day through to the next review. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of William for changes to health status, alteration of continence level or bowel function. Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BOWEL Continence level is FREQUENTLY Incontinent. Report change to level as noted. Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BOWEL MOVEMENT: Monitor William for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff PCA PCA	
• Potential for Acute PAIN and alteration in comfort level related to Parkinson's Dementia, HTN and Left hip fracture (2019) and lower back pain and compression FRACTURE of L4, L2, and T12. Most Current MDS Pain Score is (0) Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• Promote MDS Pain Score of 0 through to the next review. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)			RN Registered Practical Nurse Registered Practical Nurse RN	
Allergies	No Known Allergies		D.O.B.	05/04/1939	Physician	Roseanne Ng	
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Laporte, William (922131005442)		Admission Date	12/23/2021	Location	6 619 B	
Last Care Plan Review Completed:		08/22/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to HTN, Parkinson's Dementia, Anxiety, Hyperlipidemia and Left hip fracture (2019), Compression FRACTURE of L4, L2, and T12 (2022), Fall related Injury May 20, 2023. Revision on: 05/23/2023 Revision by: Chelsea Campbell-Wright (IPAC LEAD) 		<ul style="list-style-type: none"> William 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. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025 	<ul style="list-style-type: none"> BATHING: William prefers shower Thursday and Sunday on day shift. He is able to wash his face and front, and requires one staff member to provide extensive assistance with washing his lower extremities, his back and hard reach area. Refer to transfer status for transferring. PCA Nail care to be provided on shower/bath day Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) BED MOBILITY: William requires extensive assistance of 1 team member with bed mobility from staff to turn and reposition in bed. PCA 2 team required if resident has expressed behaviours or is fatigued. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) DRESSING: Extensive assistance- William is able to guide his legs and arms through clothes, one staff member to pull up his pants up and adjust his clothes. PCA 2 team required if resident has expressed behaviours or is fatigued. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) EATING: set up- William is able to eat by himself once set up help done by staff. He eats in the floor 6 dining room. PCA Encourage William to eat in the unit dining room r/t to be monitored r/t to choking incident. Staff to encourage William to drink slowly. Revision on: 08/03/2024 Revision by: Maryola Perion (RN) LOCOMOTION: William uses wheelchair for locomotion and is able to propel himself on the unit. Requires portering longer distances. PCA Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator) PERSONAL HYGIENE: Extensive assistance- William is able to participate in PCA 			
Allergies	No Known Allergies		D.O.B.	05/04/1939	Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Laporte, William (922131005442)		Admission Date	12/23/2021	Location	6 619 B
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to HTN, Parkinson's Dementia, Anxiety, Hyperlipidemia and Left hip fracture (2019), Compression FRACTURE of L4, L2, and T12 (2022), Fall related Injury May 20, 2023.</p> <p>Revision on: 05/23/2023 Revision by: Chelsea Campbell-Wright (IPAC LEAD)</p>		<p>washing his face, hands, combing his hair, but requires team member to shave and provide peri-care with 1 team member to support.</p> <p>2 team required if resident has expressed behaviours or is fatigued. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDER assistance to (use soap/water, apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TOILET USE: Resident is usually check and changed and does not want to use the toilet</p> <p>William needs one staff member to transfer onto and off of the toilet, provide pericare and apply his incontinent products. He may be able to adjust his clothes after when accepting of toileting.</p> <p>2 team required if resident has expressed behaviours or is fatigued. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TRANSFERRING: William requires one team member for transferring.</p> <p>Revision on: 09/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• ORAL CARE: William has few TEETH left in the bottom, no teeth on the top, no dentures. Set up help needed for oral care. May refuse oral care. 1 team member assistance required when fatigued. Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• FOOT CARE: PSW to complete toenail care on his bath days. Report long toe nails or other abnormalities as noted. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• SHAVING - William prefers (beard, mustache, face) shaved on his bath days.</p> <p>Revision on: 05/24/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p>	<p>D</p>	
Allergies	No Known Allergies	D.O.B.	05/04/1939	Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Laporte, William (922131005442)	Admission Date	12/23/2021	Location	6 619 B
Last Care Plan Review Completed:		08/22/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential to experience FOOT/FEET complications related to toenail issues. (Thickened/Long) Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		• To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• COMMUNICATION: Involve/collaborate with William in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: William requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: William likes to have footcare completed by footcare nurse. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)			Footcare Nurse - Internal	
						Footcare Nurse - Internal	
• COGNITIVE LOSS; alteration in thought processes (memory loss, decisions making impaired) related to Parkinson's Dementia. Revision on: 07/06/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• William will be supported to maintain cognitive function through the review date. Current CPS is (3) Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• ORIENTATION: Gently reorient to (person, place, time) as needed when William is feeling lost or in confused state. Revision on: 10/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL ROUTINE: Provide consistency in care routine and activities. Revision on: 01/06/2022 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• SPIRITUAL BELIEFS: William is non-religious. Revision on: 06/27/2022 Revision by: Mitchell Atkinson (Recreation Aide)		• To provide William spiritual support as interested through to the next review date. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025				ACT	
• Risk for Impaired SKIN INTEGRITY related to Frailty, Incontinence Revision on: 02/09/2022 Revision by: Shayna Lee Wonsch		• To protect and maintain skin integrity each day through to the next review. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• 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. • EQUIPMENT: William requires a air mattress to offload pressure. Revision on: 05/17/2023			PCA	
						PCA	
Allergies	No Known Allergies		D.O.B.	05/04/1939	Physician	Roseanne Ng	
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Laporte, William (922131005442)		Admission Date	12/23/2021	Location	6 619 B	
Last Care Plan Review Completed:		08/22/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 11/22/2025	Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair to offload pressure. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	Q2h
• Expressed Wishes and Beliefs related to William Medical Treatment and End of Life Care Revision on: 02/09/2022 Revision by: Shayna Lee Wonsch		• To support and honor William expressed wishes and beliefs through to the End of Life. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• CPR: William's wishes express NO CPR and NO TRANSFER to hospital. Plan includes death at home. Revision on: 09/19/2024 Revision by: Suzanne Azar (RN)			
• Strength Revision on: 12/31/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• William to increase strength of b/l UE≤ from grade 3+/5 to grade 4/5 in 3 months. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	• Strengthening exe. of B/L UE and LE with use of 1-3lbs weight, 1set, 10 reps., 2-3/week as tolerated. Revision on: 04/03/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Balance. Revision on: 12/31/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Maintain ability to complete sit to stand and pre-gait exs in next 3 months; Revision on: 08/19/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 11/22/2025	• Dynamic standing balance exe at rail, supervised, 1 set, 10 reps., 2-3/week as tolerated. Revision on: 04/03/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• URINARY (Functional) INCONTINENCE related to Parkinson's Dementia. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• William will receive support to use toilet, commode and promote urinary continence each shift through to the next review. Revision on: 09/05/2023	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • URINARY Continence level is Incontinent. Report change to level as noted. Revision on: 08/22/2025		PCA	
Allergies	No Known Allergies		D.O.B.	05/04/1939	Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Laporte, William (922131005442)		Admission Date	12/23/2021	Location	6 619 B
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: William uses a Orange Prevail brief Revision on: 03/06/2025 Revision by: Danielle Loreto (RAI Coordinator)			PCA	
• Nutrition Risk Level		• Bill will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025 • Will weigh within realistic GWR 75-85 kg through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/22/2025 • Bill will be adequately hydrated aeb drinking at least 75% of total fluid requirement: 2000 ml/day (25 ml/kg using 80 kg weight) through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/22/2025	• NUTRITION RISK: "Bill" is moderate risk level. Revision on: 08/29/2023 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Bill will receive regular diet, pureed texture Revision on: 01/19/2023 Revision by: Anna Slack (Registered Dietitian) • THICKENED FLUIDS: William drinks thickened fluids at moderately thick level 3 (honey) consistency Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID TARGET: Encourage Bill to drink at least 1500 ml/day Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • ADAPTIVE AIDS: William requires a rimmed/lip plate at meals Revision on: 06/06/2023 Revision by: Anna Slack (Registered Dietitian) • LABELLED SNACK: Bill pudding at HS daily Revision on: 11/20/2024 Revision by: Lexi Dakin (Dietitian (RD))			Dietitian (RD) <	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	through to the next review date. Revision on: 09/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/22/2025	Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up) • BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed. Revision on: 12/23/2021 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Practical Nurse RN	

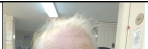
Diagnosis

Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar vertebra, L4 level, open(S32.031), Pneumothorax, unspecified(J93.9), Respiratory infections, not elsewhere classified(J98.7), Chronic obstructive pulmonary disease, unspecified(J44.9), Parkinson's disease(G20)

Allergies	No Known Allergies	D.O.B.	05/04/1939	Physician	Roseanne Ng
Diagnosis	Other hyperlipidaemia(E78.4), Hyperlipidaemia, unspecified(E78.5), Dementia in Parkinson's disease(F02.3), Anxiety disorder, unspecified(F41.9), Benign hypertension(I10.0), Fracture of lumbar ver...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Laporte, William (922131005442)	Admission Date	12/23/2021	Location	6 619 B
Last Care Plan Review Completed:		08/22/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> • FALLS, at risk/potential for falling r/t Limited mobility, Seizure disorder, hx of Right Hip fracture, History of falls. Revision on: 10/29/2025 Revision by: Jenny Liu (RAI Coordinator)	<ul style="list-style-type: none"> • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with SDM in decision making in fall prevention Plan of Care. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) <ul style="list-style-type: none"> • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:(high/low bed, wheelchair) Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	D/E/N
<ul style="list-style-type: none"> • At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation, Disinterest, Low Motivation, Physical Dependency. ISE Score: 3/6 Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide)	<ul style="list-style-type: none"> • Team members will support Delores in decreasing social isolation by participating in group and/or 1:1 activities, 10-20x per month, by the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • STRUCTURED ACTIVITIES: Invite Delores to programs of personal interest; friendly/1:1 visits, music appreciation, patio time (Warm weather), reading circle, sensory - YouTube videos, Electronic/doll/aromatherapy, special events, spiritual programs, TV - Movies, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • SELF-DIRECTED ACTIVITIES: Encourage Delores to engage in self-directed activities such as watching/listening to TV, listening to music/radio, doll therapy, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Porter, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • ONE to ONE: Provide her with 1:1 visits for doll therapy, electronic pet visits, manicures/hand massages, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • SENSORY STIMULATION: Provide her with Sensory Stimulation for Hand Massage, Snoezelen Therapy, Reading Aloud, Sensory Pictures/Videos, Sound Machine, etc. Revision on: 07/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	ACT	

Allergies	No Known Allergies	D.O.B.	05/11/1941	Physician	Roseanne Ng	
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	LeClair, Delores (922131003635)	Admission Date	07/27/2012	Location	6 618 B	
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for Acute PAIN and alteration in comfort level related to Hx of UTI, DM, Previous Right Hip surgery, Seizure disorder. Most Current LTCF Pain Score is (0). Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">• Promote RAI Pain Score of 0 through to the next review. Target Date: 01/18/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with SDM about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)		RN Registered Practical Nurse	
<ul style="list-style-type: none">• Use of PASD of tilt wheelchair for positioning support when in chair as needed Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Delores will be effectively supported with use of (Tilt wheelchair) to optimize Activity of Daily Living (comfort and repositioning) each day through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use (tilt) as to support appropriate (positioning). Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator)			
			<ul style="list-style-type: none">• TILTED CHAIR in USE as a PASD to support resident with (Comfort or position). Monitor every shift. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)			D/E/N
<ul style="list-style-type: none">• Potential to experience alteration in MOOD related to Dementia and Alzheimer. Revision on: 12/01/2023 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none">• Delores will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)			
			<ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Delores for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
			<ul style="list-style-type: none">• RESIDENT STRENGTHS: Build on Delores effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Potential to experience complications and side effects impacting quality of life related to use of multipharmacy. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident using current meds for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. 	Registered Staff			
<ul style="list-style-type: none"> Impaired vision related to: Highly Impaired - object identification in question, but eyes appear to follow objects Revision on: 09/20/2022 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> Delores will be able to function safely in her environment through next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Delores/SDM for decision making pertaining to change in visual status as needed. Revision on: 09/20/2022 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none"> Passive ROM/ AAROM Revision on: 06/20/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	<ul style="list-style-type: none"> in next 3 months : To improve/ maintain Rt elbow/shoulder/wrist) joint ROM Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026 <ul style="list-style-type: none"> in 3 next months.To prevent further tightness of b/l Hams. &Calf muscles Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> AA-PROM exs for B/L UE and LE, for all major joints, 10 reps/exs, 1-2 sets or as best tolerated. 2-3/week as tolerated. Mild Gentle Stretching exs for B/L hams.& calf 3 reps of 1 set, hold 30 sec, 2-3/week as tolerated Revision on: 02/20/2025 Revision by: Shina Wadhwa (Physical Therapist)	PT - Physiotherapist PTA			
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> • Passive ROM/ AAROM Revision on: 06/20/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)							
<ul style="list-style-type: none"> • Potential for Expressive Behaviour of (RESISTANCE to care need and playing with her food all the time) nature related to: Dementia, Alzheimer's Disease Revision on: 03/22/2022 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> • To decrease episodic frequency of (resist care and playing with food) by next review date. ABS score will be less than 1 Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Delores for indications to change in or for escalating expressive behaviour risk. Revision on: 02/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgment.) Revision on: 12/28/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • RESISTANCE to Care Need: If Delores is refusing to (bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 12/28/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • HALLUCINATION: Delores talks/mumbles all the time to herself. Monitor for safety concerns and for hallucinations interfering with her daily functioning. Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator)			Registered Practical Nurse RN	
<ul style="list-style-type: none"> • SPIRITUAL BELIEFS: Delores does not have a faith. Revision on: 12/22/2021 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> • To provide Delores spiritual support as interested through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including spiritual music, bible study, spiritual celebrations, prayer circle, etc. Revision on: 04/23/2020 Revision by: Shayna Lee Wonsch (Activation Manager)			ACT	
Allergies	No Known Allergies			D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	LeClair, Delores (922131003635)			Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> • SPIRITUAL BELIEFS: Delores does not have a faith. Revision on: 12/22/2021 Revision by: Mitchell Atkinson (Recreation Aide)						
<ul style="list-style-type: none"> • Potential for CONSTIPATION related to (decreased mobility, etc.) Revision on: 04/11/2021 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> • To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • NUTRITION increased fibre intervention in place. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order 	Registered Staff Registered Staff Diet Registered Staff Registered Staff			
<ul style="list-style-type: none"> • Potential to experience alteration in NEUROLOGICAL FUNCTION related to: SEIZURE Disorder 	<ul style="list-style-type: none"> • To treat and minimize signs/ symptoms or complications associated with Seizure) through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with Seizure for changes to health status and alteration or complications affecting neurological function. Revision on: 06/21/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none"> • SEIZURE Disorder: If seizure activity occurs alert registered staff immediately; place on side, protect from injury, maintain open airway. 	PCA Registered Staff All		
<ul style="list-style-type: none"> • Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension and Hyperlipidaemia Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with (Hypertension and Hyperlipidaemia) through to the next review date. Revision on: 12/01/2024	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Hypertension and Hyperlipidaemia) for changes to health status and alteration or complications affecting cardiac function. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension and Hyperlipidaemia Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026					
• ALTERED COMMUNICATION r/t sometimes understand/understood, Alzheimer, Dementia. Revision on: 04/23/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	• Delores will be able to make basic needs known on a daily basis through the review date Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• COMMUNICATION: Involve/collaborate with SDM for decision making about strategies needed to support effective communication. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • PRIMARY LANGUAGE: Delores primary language is English. She is (able or to speak/understand English. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.). Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• COGNITIVE LOSS/DEMENTIA or alteration in thought processes r/t memory problem, poor decision making, Dx of Dementia, Alzheimer. Revision on: 04/23/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	• Delores will maintain current cognitive abilities through the review date. Current CPS is 4/6 Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• PERSONAL ROUTINE: Provide consistency in care routine and activities. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • CUE TASKS: Break tasks into manageable subtasks, Delores can comprehend and follow 1 step at a time Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator)	PCA			
• Expressed Wishes and Beliefs related to Delores Medical Treatment and End of Life Care Revision on: 02/09/2020	• To support and honor Delores expressed wishes and beliefs through to the End of Life. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord	• CPR: DO NOT ATTEMPT CPR: Do not transfer to hospital, plan includes death at home - see PoET Individualized Summary Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)				
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Qiufeng Liu (Registered Practical Nurse)		Back-up) Target Date: 01/18/2026					
• URINARY INCONTINENCE Revision on: 10/28/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Delores will have urinary incontinence managed every shift through to the next review period. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. PCA Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • CHECK and CHANGE: Delores experiences TOTAL incontinence and requires checks for her continence care needs. Team to provide check and change of incontinence products. Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses blue color brief daily. Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Bowel Incontinence. Revision on: 10/28/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Delores will have bowel incontinence managed every shift through to the next review period. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • INCONTINENCE PRODUCT: Resident uses blue color brief daily. Revision on: 05/08/2025 Revision by: Jenny Liu (RAI Coordinator)			Registered Staff	
• Potential for injury complications, discomfort related to diagnosis of Osteoporosis.		• To treat and minimize complications associated with OSTEOPOROSIS through to the	• MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects. Revision on: 06/21/2020				
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng	
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B	
Last Care Plan Review Completed:		07/31/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of osteoporosis for discomfort/ complications or changes to health status. Revision on: 06/21/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Risk for/Impaired Skin Integrity/Pressure Ulcer r/t Impaired Mobility, Healed Stage II ulcers, Incontinence, Dementia. Revision on: 05/08/2016 Revision by: Maryola Perion (Registered Nurse)		• To protect and maintain skin integrity each day through to the next review. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• 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.		PCA	
			• EQUIPMENT: Delores requires pressure reduction mattress, Roho cushion to offload pressure. Revision on: 06/20/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
			• POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Delores preference to offload pressure. Revision on: 01/14/2021 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	Q2h
• Nutrition Risk Level (diet details)		• Delores will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026 • Will weigh within Realistic weight range of 60-70 kg through to next review date. Revision on: 02/10/2025 Revision by: Brittany Hyde Target Date: 01/18/2026	• Labelled Item Dinner: ice cream cup daily (115 ml) to support weight stability Revision on: 07/22/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA Registered Practical Nurse RN Dietitian (RD)	E
			• NUTRITION RISK: Delores is moderate risk level Revision on: 10/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			
			• DIET ORDER: Delores will receive regular diet, pureed texture. Revision on: 10/25/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA	
			• FLUID CONSISTENCY: Delores drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/19/2021 Revision by: Olivia Kuhlmann (Dietetic Intern)		Diet PCA	
			• FLUID TARGET: Encourage Delores to drink a minimum of 1125 ml/day. Likes assorted juice. Revision on: 07/22/2025		PCA	
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • Nutrition Risk Level (diet details) 	<ul style="list-style-type: none"> • Delores will be adequately hydrated aeb drinking at least 75% of total fluid requirement: 1500 ml/day (25 ml/kg using 59.3 kg weight) through to next review date. Revision on: 07/22/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026 	<ul style="list-style-type: none"> Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. Revision on: 05/01/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: 90 mL Resource 2.0 BID (outside of dilantin schedule) Revision on: 05/01/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: prune juice at breakfast and lunch daily Revision on: 10/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: Magic cup at lunch daily (118 ml) Revision on: 07/22/2025 Revision by: Holly Laasanen (Dietitian (RD)) 	PCA	D	
<ul style="list-style-type: none"> • Potential for hyper/hypoglycemia, other complications related to DIABETES MILLITUS. Revision on: 11/20/2015 Revision by: Clarisa Amir (Registered Practical Nurse) 	<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026 	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 06/21/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 			
<ul style="list-style-type: none"> • Sleep Patterns. Revision on: 11/20/2015 Revision by: Clarisa Amir (Registered Practical Nurse) 	<ul style="list-style-type: none"> • To promote adequate rest/sleep for Delores based on identified sleep patterns/preferences each night through to the next review date. Revision on: 12/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026 	<ul style="list-style-type: none"> • REST PATTERN: Delores is up in the morning from bed at around 0730 and she go to bed at night after supper at about 1900. Revision on: 06/21/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SLEEPWEAR: Preferred night attire for Delores is pijamas Revision on: 06/21/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	PCA		
<ul style="list-style-type: none"> • Activities of Daily Living, self care r/t Right 	<ul style="list-style-type: none"> • Delores will feel supported in 	<ul style="list-style-type: none"> • BATHING: Delores's shower days are Tuesday and Friday in the evening shift. 	PCA		
Allergies	No Known Allergies	D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses				
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Resident	LeClair, Delores (922131003635)	Admission Date	07/27/2012	Location	6 618 B
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>Hip fracture, Alzheimer, Dementia, Hyperlipidemia, Diabetes Mellitus, Seizure disorder</p> <p>Revision on: 11/20/2015</p> <p>Revision by: Clarisa Amir (Registered Practical Nurse)</p>	<p>coping with changing functional abilities through the review date.</p> <p>Revision on: 12/01/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 01/18/2026</p>	<p>Maxi lift with two staffs for transfer. Once in the shower one team member total assistance.</p> <p>2 team members as needed when fatigued or expressed behaviours present.</p> <p>Nail care to be provided on shower/bath day</p> <p>Revision on: 07/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Delores requires total assistance from 2 staff members to turn and reposition her while in bed. PCA</p> <p>Revision on: 02/19/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• DRESSING: Total assistance- Dolores requires 1 team member to complete dress her upper/lower bodys without her help. PCA</p> <p>If resident is fatigued or resistive to care, 2 team members to assist with task.</p> <p>Revision on: 02/19/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: Delores requires total assistance to eat from one staff. Dolores eats in the unit dining room - 6th floor. PCA</p> <p>Revision on: 10/29/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• LOCOMOTION: TOTAL ASSISTANCE from ONE staff. Delores uses a wheelchair as a primary mode of locomotion. PCA</p> <p>Revision on: 04/11/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Delores requires Total assistance from 1 staff to wash her hands, face, comb her hair and provide peri-care. PCA</p> <p>If resident is fatigued or resistive to care, 2 team members to assist with task.</p> <p>Revision on: 02/19/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide TOTAL assistance to use sanitizer wipes for hand hygiene. PCA</p>				
Allergies	No Known Allergies		D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses					
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Resident	LeClair, Delores (922131003635)		Admission Date	07/27/2012	Location	6 618 B
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Activities of Daily Living, self care r/t Right Hip fracture, Alzheimer, Dementia, Hyperlipidemia, Diabetes Mellitus, Seizure disorder Revision on: 11/20/2015 Revision by: Clarisa Amir (Registered Practical Nurse)		Revision on: 09/30/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TOILET USE: Total assistance- Team member to check her every shift, and changing her in bed when soiled. 2 team members for MAXI lift used for transferring. If resident is fatigued or resistive to care, 2 team members to assist with task. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> TRANSFERRING: Maxi lift is used for transferring with two staff members to ensure safety. Revision on: 06/18/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRANSFER LIFT/SLING: Green sling Revision on: 06/18/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> ORAL CARE: Delores need Total assistance from ONE staff member. No teeth or dentures Revision on: 12/01/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> FOOT CARE: To be completed by HCA on shower days and PRN Revision on: 01/18/2023 Revision by: Katherine Arca (RPN)	PCA	

Allergies	No Known Allergies	D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses				
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Resident	LeClair, Delores (922131003635)	Admission Date	07/27/2012	Location	6 618 B
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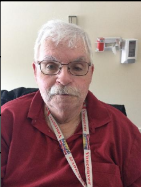
Care Plan Report

Diagnosis

Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecified fracture of neck of femur, closed(S72.090), Unspecified dementia(F03)

Allergies	No Known Allergies	D.O.B.	05/11/1941	Physician	Roseanne Ng
Diagnosis	Alzheimer's disease, unspecified(G30.9), Other hyperlipidaemia(E78.4), Other specified diabetes mellitus without (mention of) complication(E13.9), Seizure disorder, so described(R56.80), Unspecif...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	LeClair, Delores (922131003635)	Admission Date	07/27/2012	Location	6 618 B
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> At-Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to preference of self-directed activities. <p>ISE Score: 6/6 Revision on: 10/23/2025 Revision by: Laura Morris (Restorative Care Aide)</p>		<ul style="list-style-type: none"> Team members will support Perry in decreasing social isolation by participating in activities of personal choice 20-25 times per month by the next review date. <p>Revision on: 04/23/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/29/2026</p>	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite Perry to programs of personal interest; Friendly/1:1 visits, Resident Council & Food Committee, comedy corner, discussion group, exercise fun & fitness, family indoor visits, games - trivia, cranium crunches & board games, Pen Pals, Happy Hour, special events, etc. <p>Revision on: 10/23/2025 Revision by: Laura Morris (Restorative Care Aide)</p> <ul style="list-style-type: none"> SELF-DIRECTED ACTIVITIES: Encourage perry to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, patio socializing/enjoying outdoors, etc. <p>Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide)</p> <ul style="list-style-type: none"> HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions for Perry enjoys reading (his favorite author is Tom Clancy), he enjoys watching TV in his own room(crime shows, WWE or sports - Detroit Lions), Perry has his own cell phone to call his family/friends, Perry enjoys one-to-one conversations about animals (favorite dog is Labradors), books, sports, etc. <p>Revision on: 04/25/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <ul style="list-style-type: none"> ONE to ONE: Provide Perry with individual visits for conversation, reading, reminiscing, music, sportstalk, humor, etc. <p>Revision on: 08/11/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>		ACT	
<ul style="list-style-type: none"> Potential for Persistent PAIN and alteration in comfort level related to Stroke with Left side hemiparesis, Osteoporosis, Osteoarthritis. Left leg and foot pain, Edema, 11/22/24 X-ray result from ER: degenerative disc disease, lumbar disk herniation, back pain, Lower back pain and radiating towards his legs. Most Current LTCF Pain Score is 0 <p>Revision on: 10/21/2025 Revision by: Maryola Perion (RN)</p>		<ul style="list-style-type: none"> To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. <p>Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026</p>	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Perry)/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. <p>Revision on: 02/25/2022 Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. <p>Revision on: 03/11/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p>		RN Registered Practical Nurse Registered Practical Nurse RN	
Allergies	No Known Allergies		D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)		Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Potential to experience alteration in CARDIAC FUNCTION related to: Hypertension, Congestive heart failure, (3/5/25) sharp chest pain on both sides of chest - Query CAD/Angina. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)</p>	<p>• To treat and minimize signs/symptoms or complications associated with Hypertension, CHF, chest pain through to the next review date. Revision on: 03/06/2025 Revision by: Maryola Perion (RN) Target Date: 01/29/2026</p>	<p>• COMMUNICATION: Involve/collaborate with (Perry)/SDM in decision making of Cardiac Care Management for Hypertension and CHF, chest pain. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)</p> <p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Hypertension, CHF, chest pain for changes to health status and alteration or complications affecting cardiac function. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)</p> <p>• MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 03/06/2025 Revision by: Maryola Perion (RN)</p> <p>• RESCUE MEDICATIONS: Administer NITRO-SPRAY for (chest pain) as per MD Order. Revision on: 05/03/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• OXYGEN: Administer Oxygen as per MD order. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)</p>	<p>Registered Practical Nurse RN</p> <p>Registered Practical Nurse RN</p> <p>Registered Practical Nurse RN</p>		
<p>• Increased risk for FALLS related to history of fall, impaired mobility, CVA with Left side hemiparesis, Macular Degeneration. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)</p>	<p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026</p>	<p>• COMMUNICATION: Involve/collaborate with (Perry)/SDM in decision making in fall prevention Plan of Care. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)</p> <p>• CALL BELL: Place call bell within resident's reach to RIGHT if needed, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: electric scooter. Revision on: 02/07/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• ENVIRONMENT: Secure environment reduce clutter, etc. to reduce fall risk for Perry.</p>	<p>PCA</p> <p>PCA</p> <p>PCA</p>	<p>D/E/N</p>	
Allergies	No Known Allergies	D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)	Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Increased risk for FALLS related to history of fall, impaired mobility, CVA with Left side hemiparesis, Macular Degeneration. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		
<ul style="list-style-type: none"> Use of PASD two 1/4 rails to assist resident with Activity of Daily Living, bed mobility and care. Left leg strap for positioning and to prevent injury from foot sliding off the foot pedals. Revision on: 08/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> Perry will be effectively supported with use of two 1/4 bed rails and leg strap to optimize Activity of Daily Living (during care) each day through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none"> Left leg strap/belt for positioning and injury prevention due to left foot sliding off the foot pedals. Revision on: 12/20/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none"> HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of bed rails and leg strap. Revision on: 12/14/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails and leg strap to support appropriate ADLs (positioning and bed mobility). Revision on: 12/14/2022 Revision by: Suzanne Azar (RN) <ul style="list-style-type: none"> BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility and during care. Monitor every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> Adjustable velcro strap/belt in USE as a PASD to support resident to prevent injury from foot sliding off the foot pedals. Revision on: 02/16/2023 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	D/E/N
			PCA	D/E/N
			PCA	D/E/N

Allergies	No Known Allergies	D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses				
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Resident	Lucier, Perry (922131005455)	Admission Date	02/25/2022	Location	6 602 C
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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential for BOWEL INCONTINENCE related to impaired mobility, CVA with Left side hemiparesis Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Perry will receive support to (use toilet,) and promote optimal bowel continence each day through to the next review. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 • Perry will have bowel incontinence managed every shift through to the next review period. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)		Registered Staff	
			• BOWEL Continence level is Totally incontinent. Report change to level as noted. Revision on: 08/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
			• BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
			• INCONTINENCE PRODUCT:Resident uses BAR A brief per prevail list. Revision on: 02/04/2025 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
• Altered ability to complete Activities of Daily Living (ADLs) related to Hemiparesis Left side, Stroke, Osteoporosis, Osteoarthritis, CHF, Pneumonia Revision on: 06/05/2022 Revision by: Elsie Calumpang (RN)		• Perry will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 • Perry 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. Revision on: 05/23/2023	• BATHING: Perry prefers (shower) on (Tuesdays and Saturday on Day shift). Two staff (TOTAL) assistance for bathing. Maxi lift for transfer with two staff to assist. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• BED MOBILITY: Maximal assistance -Perry is able to turn to his Left side though requires weight bearing assistance from 3 staffs to turn and reposition in bed. Bedrails in place to aim bed mobility Revision on: 05/03/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			• DRESSING: Maximal assistance -Perry requires two staff member to dressing his upper/lower body. He is able to lift up his right arm. Revision on: 05/03/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			• EATING: Perry is independent with staff to set him up. And he eats in the first floor dining room. Revision on: 03/11/2022		PCA	
Allergies	No Known Allergies		D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses					
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Resident	Lucier, Perry (922131005455)		Admission Date	02/25/2022	Location	6 602 C
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Care Plan Report

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Care Plan Report

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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Mitchell Atkinson (Recreation Aide)		Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	Revision by: Mitchell Atkinson (Recreation Aide)			
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmac) Revision on: 03/11/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with (Perry)/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using (poly-pharmacy) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 03/11/2022 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.		Registered Staff	
• Risk for Impaired SKIN INTEGRITY related to CVA with Left side hemiparesis, impaired mobility, Left leg and foot edema. Revision on: 03/10/2022 Revision by: Maryola Perion (RN)		• To protect and maintain skin integrity each day through to the next review. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• 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. Revision on: 04/11/2025 Revision by: Gurjit Kaur (RN) • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Perry preference to offload pressure. Encourage to go back to bed after meals. Revision on: 10/27/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • GARMENT: Perry has a left hand posey to reduce risk for skin breakdown related to his contracture. To be applied all the time. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA PCA	 Q2h
• Passive ROM/ Stretching Revision on: 03/02/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To improve flexibility of Lt.UE & LE to prevent contracture and tightness in 3 months. Revision on: 11/06/2023 Revision by: Shina Wadhwa (PT -	• PROM exe. of Lt.UE≤ 1set, 10 rps., 3/wk as tolerated./Stretching exe. of Lt.hand /LT calf a- 1set, 3 rps., hold up to 30 sec or as best tolerated, within pain limits, 2-3/week as tolerated. Lower back pain: Apply 2 pillows under knees when lying down in bed for support of the lower back at bedtime & during the day when resting in bed.		PT - Physiotherapist PTA	
Allergies	No Known Allergies		D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses					
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Resident	Lucier, Perry (922131005455)		Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Physiotherapist) Target Date: 01/29/2026	Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)				
• Strength Revision on: 03/02/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To maintain strength at Rt UE and LE at 4+/5 in 3 months. Revision on: 07/24/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/29/2026	• Strength exe. with use of 1-3lbs., wt for RT UE and LE, 1-2 sets, 10 reps, 2-3/week as tolerated. Revision on: 02/12/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
• Expressed Wishes and Beliefs related to Perry Medical Treatment and End of Life Care Revision on: 03/02/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To support and honor Perry expressed wishes and beliefs through to the End of Life. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• CPR: Perry wishes to have CPR and transfer to hospital decisions to be made as needed - see PoET Individualized Summary for details. Revision on: 07/25/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Sleep Patterns; Potential for alteration in sleep patterns related to new admission. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• To promote adequate rest/sleep for Perry based on identified sleep patterns/preferences each night through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• REST PATTERN: Preferred bedtime: Around 22:00, usual wake time: Between 7:30-8:00 Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • SLEEPWEAR: Perry prefers to wear Pyjamas Revision on: 02/25/2022 Revision by: Maryola Perion (RN)			PCA PCA	
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: CEREBROVASCULAR ACCIDENT (CVA) with Left side hemiparesis Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• To treat and minimize signs/symptoms or complications associated with CEREBROVASCULAR ACCIDENT (CVA) with Left side hemiparesis through to the next review date.	• COMMUNICATION: Involve/ collaborate with (Perry)/ SDM in decision making of neurological care management for CEREBROVASCULAR ACCIDENT (CVA) with Left side hemiparesis. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with CEREBROVASCULAR ACCIDENT (CVA) with Left side hemiparesis for changes to			PCA	
Allergies	No Known Allergies			D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)			Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	health status and alteration or complications affecting neurological function. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • Observe SWALLOWING: Inform Registered staff of changes or any signs of difficulty in swallowing (coughing during eating, drooling, etc.).			PCA Registered Staff	
• Potential for muscular dysfunction, contractures and bone deformity related to OSTEOARTHRITIS		• To treat and minimize signs/symptoms or complications associated with OSTEOARTHRITIS through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/ collaborate with (Perry)/SDM in decision making of musculoskeletal care management. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of OSTEOARTHRITIS for discomfort/ complications or changes to health status. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)				
• Potential for altered bone density related to diagnosis of OSTEOPOROSIS.		• To treat and minimize complications associated with OSTEOPOROSIS through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/ collaborate with Perry/SDM in decision making of osteoporosis care management. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of osteoporosis for discomfort/ complications or changes to health status.			Registered Staff	
• URINARY (Mixed) INCONTINENCE related to altered mobility, CVA with Left side hemiparesis Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• Perry will receive support to (use toilet, urinal) and promote urinary continence each shift through to the next review. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 • Perry will have urinary	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • URINARY Continence level is Incontinent. Report change to level as noted. Revision on: 11/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Resident uses BAR A brief per prevail list. Revision on: 02/04/2025 Revision by: Jenny Liu (RAI Coord Back-up)			PCA PCA	
Allergies	No Known Allergies			D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)			Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		incontinence managed every shift through to the next review period. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• ADAPTIVE EQUIPMENT/AID: Resident uses raised toilet seat, urinal. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)			PCA	
• Altered VISION related to Macular Degeneration, using a bifocals Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• To treat and minimize complications of macular degeneration through to next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 • Perry will use glasses for vision correction daily through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with (Perry)/SDM for decision making pertaining to change in visual status as needed. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • EYEGLASSES: Perry wears eyeglasses. Assist to clean eyeglasses as needed and store in night table drawer when sleeping. Revision on: 02/25/2022 Revision by: Maryola Perion (RN)				
• Altered COMMUNICATION as exhibited by 50% deficit to Left ear & 20% to Rt. ear Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• perry will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• COMMUNICATION: Involve/collaborate with (Perry)/SDM for decision making about strategies needed to support effective communication. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • PRIMARY LANGUAGE: Perry primary language is English. He is able to speak/understand English. Revision on: 02/25/2022 Revision by: Maryola Perion (RN) • HEARING AID: Perry is able Apply/Remove to/from both ears. Perry does not wear his hearing aid daily. He will put it on if he needs it. Revision on: 11/16/2022			PCA	D/E
Allergies	No Known Allergies			D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)			Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Altered COMMUNICATION as exhibited by 50% deficit to Left ear & 20% to Rt. ear Revision on: 02/25/2022 Revision by: Maryola Perion (RN)		• Perry will be able to make basic needs known each day through to the review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	Revision by: Jenny Liu (RAI Coord Back-up) • HEARING AID CARE: Check function, volume control before insertion. Hearing Aid to be stored: bed side table Revision on: 02/25/2022 Revision by: Maryola Perion (RN)				
• Nutrition Risk Level		• Perry will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 • Weight will be stable or decrease towards realistic weight range of 130-140 kg through to next review date. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026 • Perry will drink within his fluid restriction of 2000 ml/day through to next review date. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026	• NUTRITION RISK: Perry is moderate risk level. Revision on: 08/14/2023 Revision by: Debora Choi (Dietitian) • DIET ORDER: Perry will receive regular diet, regular texture. Special instructions: cut meat/fish and large pieces of vegetables into small pieces before serving (do not need to cut up sandwiches). Revision on: 02/04/2025 Revision by: Holly Laasanen • FLUID CONSISTENCY: Perry drinks REGULAR/THIN Level 0 Fluids. Revision on: 02/25/2022 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: 2000 ml fluid restriction Fluid Schedule is: Breakfast: 3 x 175ml fluids (includes milk in cereal) Lunch: 3 x 175ml fluids + 1 x 175ml soup Dinner: 3 x 175ml fluids AM, PM, or HS snack: 1 x 125ml fluids Total: 1875ml/day at meals/snacks (+ some fluids with medpass) Revision on: 07/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: Remind resident to take his time chewing his food & to alternate bites of food with sips of fluid.				
Allergies	No Known Allergies			D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)			Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level		Revision on: 02/04/2025 Revision by: Holly Laasanen • ADAPTIVE AIDS: Perry requires rimmed plate at meals Revision on: 02/28/2022 Revision by: Anna Slack (Registered Dietitian) • LOW CALORIE: Offer Perry low calorie foods at meals/snacks for weight management: - At breakfast serve EITHER 1 bowl of cereal or 2 slices of toast with fruit and protein - Encourage water or diet juice to drink over regular fruit juice - Encourage single servings at meals - Encourage fruit for dessert or half portion of baked good dessert Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))	Diet PCA PCA	

Diagnosis

Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis (M15.0), Other lipid storage disorders(E75.5), Degeneration of macula and posterior pole(H35.3), Unspecified fracture of neck of femur, closed(S72.090), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Idiopathic peripheral autonomic neuropathy(G90.0), Fracture of other and unspecified parts of wrist and hand, closed(S62.800), Fracture of lower leg, part unspecified, closed(S82.900), Fracture of ankle NOS, closed(S82.890), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Congestive heart failure(I50.0), Other specified intervertebral disc disorders(M51.8)

Allergies	No Known Allergies	D.O.B.	09/30/1947	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Stroke, not specified as haemorrhage or infarction(I64), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0), Other lipid storage disorders(E...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Lucier, Perry (922131005455)	Admission Date	02/25/2022	Location	6 602 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• Joann DECLINES PARTICIPATION in structured programs related to personal choice.</p> <p>ISE Score: 4/6 Revision on: 09/03/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Joann participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p>	<p>• SELF-DIRECTED ACTIVITIES: Encourage Joann to engage in self-directed activities such as family/friends phone call, watching TV, visiting with residents/team members, smoking on the patio, patio socializing/enjoying outdoors, family/friend visits, independent community outings, helping team members, etc. Revision on: 07/13/2020 Revision by: Shayna Lee Wonsch (Activation Manager)</p> <p>• FRIENDLY VISIT: Provide Joann one to one visits as tolerated. Touch Base to maintain contact and to converse about topics of interest, identify up-coming special events, etc. Revision on: 04/20/2020 Revision by: Shayna Lee Wonsch (Activation Manager)</p> <p>• INVITATION: Offer friendly invites to structured programs scheduled in the home. Joann enjoys socials - Happy Hour, special events, tuck shop, etc. Revision on: 06/12/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>	ACT			
<p>• Potential for Acute PAIN and alteration in comfort level related to Osteoporosis. Most Current Pain Score is (0) Revision on: 06/04/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• Promote MDS Pain Score of 0 through to the next review. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</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>	RN Registered Practical Nurse			
<p>• POTENTIAL FOR FALLING r/t Psychotropic drug use, Osteoporosis, Anxiety, Seizure disorder. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)</p>	<p>• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p>	<p>• PT/OT to assess.</p> <p>• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)</p> <p>• FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for (transfers and ambulation). Revision on: 06/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries. Revision on: 06/25/2020</p>	Registered Staff PCA PCA	 D/E/N		
Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified(F41.9), He...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A	
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• POTENTIAL FOR FALLING r/t Psychotropic drug use, Osteoporosis, Anxiety, Seizure disorder. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)			Revision by: Qiufeng Liu (RPN/RAI back up)			
• Behaviour problem(resistive to shower/ medications, disruptive noises) r/t Dementia, Anxiety, Depression, Hallucinations, Delusions and Persecutory Preoccupation Revision on: 07/30/2023 Revision by: Elsie Calumpang (RN)		• To decrease episodic frequency of (resist care) by next review date. ABS score will be less than (1). Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• Behaviour management plan: Use active listening, decrease noise, escort out of area, keep away from certain residents, provide medications, remove noisy residents, have Joann go back to her room or have her go outside for a smoke or out of the building to help decrease behaviours. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Joann for indications to change in or for escalating expressive behaviour risk. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat, refusing medication, etc.) as expression of behaviour includes her dx with hallucinations and delusions. Revision on: 09/15/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Joann is refusing to (take medications) re-approach when resident is calm. Report episode to Registered Staff. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to SOCIALLY Inappropriate (disruptive vocalizations, .) as expression of behaviour include (poor judgement) Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy)			
Allergies	Ibuprofen, NSAIDs		D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)		Admission Date	05/17/2024	Location	6 607 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Behaviour problem(resistive to shower/medications, disruptive noises) r/t Dementia, Anxiety, Depression, Hallucinations, Delusions and Persecutory Preoccupation Revision on: 07/30/2023 Revision by: Elsie Calumpang (RN)		<ul style="list-style-type: none"> SOCIALLY Inappropriate Behaviour: If Joann 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 provide reassurance, comfort and validation. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 06/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) SPECIAL CONSIDERATIONS:The resident is High Intensity for preferred accommodation. Revision on: 09/28/2024 Revision by: Ranjita Yadav (RPN) BSO RECOMMENDATIONS: Joanne is being followed by Internal BSO. Joanne is on HIN and in a private room due to her physical and responsive behaviors. TRIGGERS leading to VERBAL (yelling, screaming) as an expression of behavior include (loss of control, frustration, being misunderstood, the noise on the unit and other residents). VERBAL Behaviour: If Joann 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. Joanne enjoys the outdoors and being around some residents. TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat, refusing medication, etc.) as an expression of behavior include (misunderstanding care needs, paranoid thought process, etc.) TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat, refusing medication, etc.) as an expression of behavior include (misunderstanding care needs, paranoid thought process, etc.) Going outside for fresh air can help Joann if she's agitated. Behavior management plan: Use active listening, decrease noise, escort out of the area, keep away from certain residents, provide medications, remove noisy residents, have Joann go back to her room, or have her go outside for a smoke or out of the building to help decrease behaviors. <p>provide comfort,reassurance,active listening to her concerns and feelings. Revision on: 03/26/2025 Revision by: Leslie Meloche (Recreation Aide)</p>	Registered Practical Nurse RN	

Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A
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 (hx of persistent anger with self or others, restlessness and anxious complaints) related to Dx of Anxiety, Dementia, Depression, Hallucination and Delusions, Persecutory Preoccupation.</p> <p>Revision on: 07/30/2023 Revision by: Elsie Calumpang (RN)</p>	<p>• To decrease episodic frequency of (persistent anger with self or others, restlessness and anxious complaints.) by next review date. DRS score will be less than (0).</p> <p>Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Joann for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</p> <p>Revision on: 06/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>• RESIDENT STRENGTHS: Build on Joann's effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Listening to Joanne as she vents out her frustration, validating her concerns work for her when she has outbursts.</p> <p>Revision on: 04/15/2022 Revision by: Elsie Calumpang (RN)</p> <p>• MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects.</p> <p>Revision on: 06/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>				
<p>• ACTIVITIES OF DAILY LIVING self care r/t Musculoskeletal impairment, seizure disorder, dementia, HIV, Osteoporosis, herpes viral infection, Anxiety, and Persecutory Preoccupation</p> <p>Revision on: 07/30/2023 Revision by: Elsie Calumpang (RN)</p>	<p>• Joann 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.</p> <p>Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p>	<p>• BATHING: Joann prefers Shower and she is able to wash herself completely, but supervision provided from 1 staff.</p> <p>Tuesday and Friday evenings. Joann often refuses her showers.</p> <p>Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Joann is able to turn and reposition herself when in bed</p> <p>Revision on: 01/06/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• DRESSING: Joann is able to dress/undress herself from head to toe without assistance from staff. Staff to ensure she dressed properly all the time.</p> <p>Revision on: 06/04/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• EATING: INDEPENDENT and Joann eats in main dining room.</p> <p>Revision on: 03/24/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Joann is independent without any assistance or any device.</p> <p>Revision on: 01/07/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Joann is able to wash her hands, face, comb her hair,</p>	<p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p>			
Allergies	Ibuprofen, NSAIDs		D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Meyer, Joann (922131002568)		Admission Date	05/17/2024	Location	6 607 A
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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			provide peri-care. May require set up help only from one staff member. Revision on: 04/15/2022 Revision by: Elsie Calumpang (RN) • HAND HYGIENE: 1 staff to provide REMINDER assistance to use soap/water or apply sanitizer, rub hands together, dry hands, for hand hygiene. Revision on: 09/30/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TOILET USE: Joann is able to go on/off the toilet, and clean herself and adjust clothes. Revision on: 01/07/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Joann is able to transfer herself from bed or chair to a standing position. Revision on: 01/07/2021 Revision by: Jenny Liu (RAI Coord Back-up) • ORAL CARE: INDEPENDENT. Joann brushes her own teeth. Has natural tooth loss; no dentures/partials. Revision on: 12/30/2015 Revision by: Emma Rigakos (Registered Practical Nurse) • FOOT CARE: Joann is able to take care of her foot care as needed. Help provided as requested. Revision on: 01/18/2016 Revision by: Clarisa Amir (Registered Practical Nurse) • HAIR CARE: Joann washes her own hair in the shower. She sees facility hairdresser as needed. Revision on: 01/18/2016 Revision by: Clarisa Amir (Registered Practical Nurse)			PCA	
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: SEIZURE Disorder		• To treat and minimize signs/symptoms or complications associated with seizure through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• MEDICATION: Administer medication for SEIZURE as per MD order. Monitor effectiveness and for side effects. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with SEIZURE for changes to health status and alteration or complications affecting neurological function. Revision on: 06/26/2020				
Allergies	Ibuprofen, NSAIDs		D.O.B.	07/01/1958	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)		Admission Date	05/17/2024	Location	6 607 A	
Last Care Plan Review Completed:		09/05/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision by: Qiufeng Liu (RPN/RAI back up) • SEIZURE Disorder: If seizure activity occurs alert registered staff immediately; place on side, protect from injury, maintain open airway. • SEIZURE Disorder: Joann has potential for seizure activity, injury related to seizure disorder. Inform MD as it occurs. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA Registered Staff All	
• Potential to experience complications and side effects impacting quality of life related to use of (use of anti-psychotic medications) Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To promote Joann understanding of treatment regime and possible side effects of medication taken through to the next review. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025 • To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • PREFERENCE: Joann takes her medication whole with water. Revision on: 01/07/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			Registered Staff	
• Potential to experience (rash, hives, anaphylaxis, etc.) related to ALLERGY of Ibuprofen, NSAIDS Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• Joann will be protected from exposure to allergen each day through next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (NSAIDS and Ibuprofen) for changes to health status and complications mortality. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • ALLERGY ALERT: Joann has ALLERGY to Ibuprofen and NSAIDS. Prevent contact with and report if noted to experience symptoms (rash, hives, swelling, difficulty breathing, etc.).				
Allergies	Ibuprofen, NSAIDs		D.O.B.	07/01/1958	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Meyer, Joann (922131002568)		Admission Date	05/17/2024	Location	6 607 A	
Last Care Plan Review Completed:		09/05/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MD/PHARMACY ALERT: Notify the MD and Pharmacy of Joann Allergy and minimize risk for exposure to allergen. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• SPIRITUAL BELIEFS: Joann is not religious. Revision on: 04/20/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Joann spiritual support as interested through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• PERSONAL CHOICE: Respect Joann's right to decline participation in Spiritual Program. Does not partake in faith programs. Revision on: 10/15/2019 Revision by: Shayna Lee Wonsch (Activation Manager)			ACT	
• Expressed Wishes and Beliefs related to Joann Medical Treatment and End of Life Care Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To support and honor Joann expressed wishes and beliefs through to the End of Life. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• CPR: Joann wishes to have CPR and TRANSFER to hospital. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)			All	
• LEAVE OF ABSENCE. Revision on: 11/12/2017 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Joann safety will be maintained through next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• Staff to ensure Joann signs out on her floor before leaving the facility. Revision on: 11/12/2017 Revision by: Qiufeng Liu (Registered Practical Nurse) • Staff to inform oncoming staff if Joann is absent from the facility and document her return Revision on: 11/12/2017 Revision by: Qiufeng Liu (Registered Practical Nurse)			PCA Registered Staff Registered Staff PCA	
• Nutrition Risk Level (diet details)		• Joann will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 09/18/2023	• NUTRITION RISK: Joann is low risk level. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Joann will receive regular diet, regular texture Revision on: 01/17/2021			Dietitian (RD) Diet Food Services	
Allergies	Ibuprofen, NSAIDs		D.O.B.	07/01/1958	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)		Admission Date	05/17/2024	Location	6 607 A	
Last Care Plan Review Completed:		09/05/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	<p>Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p> <p>• Will weigh within realistic GWR 80-90 kg through to next review date. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/05/2025</p> <p>• Joann will be adequately hydrated aeb drinking at least 1659mL per day based on 75% of total fluid requirement 2213-2655mL per day @ 25-30mL/kg, 88.5kg through to next review date. Revision on: 06/11/2024 Revision by: Anika Dhalla (Dietitian (RD)) Target Date: 12/05/2025</p>	<p>Revision by: Anna Slack</p> <p>• FLUID CONSISTENCY: Joann drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern)</p> <p>• FLUID TARGET: Encourage Joann to drink a minimum 1639mL/D. Likes cranberry juice, orange juice and chocolate milk Revision on: 12/13/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>• LABELLED SNACK:Joann receives 115 ml icecream at HS nourishment pass as per preference. Revision on: 06/11/2024 Revision by: Anika Dhalla (Dietitian (RD))</p>	<p>Aide PCA Diet PCA</p> <p>PCA</p> <p>Dietary aide PCA</p> <p>PCA</p>	<p>Nour</p>	
<p>• Joann has potential for safety hazard, injury related to smoking Revision on: 02/14/2016 Revision by: Maryola Perion (Registered Nurse)</p>	<p>• Joann will be safe when choosing to smoke through to the next review. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025</p>	<p>• Safe smoking assessment quarterly and prn.</p> <p>• SMOKING CONTRACT: Joann has agreed to follow safe smoking rules and accepts the consequences of breaking those agreed upon rules by signing the smoking contract (refer to chart). Revision on: 06/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>	<p>Registered Staff Social Worker Administrator</p>		
<p>• Joann is IMMUNITY IMPAIRED related to HIV, Herpes Viral Infection Revision on: 01/19/2016</p>	<p>• To have infection adequately managed and treated without further complications through</p>	<p>• HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (hand hygiene, visitation, PPEs, isolation, transmission, etc.).</p>			
Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A
Last Care Plan Review Completed:		09/05/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Clarisa Amir (Registered Practical Nurse)	the next review day. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PPE PRECAUTIONS: Precaution identified as universal- Risk Analysis at point of care. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATIONS: Administer medication/oxygen as per MD/NP order. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• BOWEL CONTINENT Revision on: 01/19/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• Joann to remain continent of bowels through next review date Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• BOWEL Continence level is CONTINENT. Report change to level as noted. • SELF TOILETING: Joann 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. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA PCA		
• BLADDER CONTINENT Revision on: 01/19/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• Joann will maintain continence level through next review date Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• URINARY Continence Level is: CONTINENT • SELF TOILETING: Joann toilets self. Each shift ask if she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA PCA		
• Potential for injury complications, discomfort related to diagnosis of OSTEOPOROSIS. Revision on: 01/19/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To treat and minimize complications associated with OSTEOPOROSIS through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of osteoporosis for discomfort/ complications or changes to health status. Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A
Last Care Plan Review Completed:		09/05/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• RISK FOR/IMPAIRED SKIN INTEGRITY r/t Fragile Skin (aging process), Osteoporosis, Herpes Viral Infection, HIV. Revision on: 01/19/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To protect and maintain skin integrity each day through to the next review. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• 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.	PCA	
• SLEEP PATTERNS Revision on: 01/18/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To promote adequate rest/sleep for Joann based on identified sleep patterns/preferences each night through to the next review date. Revision on: 09/18/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/05/2025	• REST PATTERN: Joann goes to bed whenever she feels like, there is not a specific time, it varies, usually wake time, varies too. Revision on: 07/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: Preferred night attire for Joann is her own nightgowns Revision on: 06/26/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	

Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A
Last Care Plan Review Completed:		09/05/2025			


Care Plan Report

Diagnosis

Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified(F41.9), Herpesviral infection of genitalia and urogenital tract(A60.0), Seizure disorder, so described(R56.80), Pneumonia, unspecified(J18.9), Delusional disorder(F22.0), Hallucinations, unspecified(R44.3), Depressive episode, unspecified(F32.9)

Allergies	Ibuprofen, NSAIDs	D.O.B.	07/01/1958	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Human immunodeficiency virus [HIV] disease(B24), Osteoporosis, unspecified(M81.9), Other forms of herpesviral infection(B00.8), Anxiety disorder, unspecified (F41.9), He...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Meyer, Joann (922131002568)	Admission Date	05/17/2024	Location	6 607 A
Last Care Plan Review Completed:		09/05/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• Use of PASD two 1/4 bedrails in Activity of Daily Living, personal care, turning and repositioning. Tilt wheelchair for positioning. Revision on: 09/13/2025 Revision by: Maryola Perion (RN)	• Craig will be effectively supported with use of 2 1/4 bedarils to optimize Activity of Daily Living (personal care, turning and repositioning), tilt wheelchair for positioning each day through to the next review date. Revision on: 09/13/2025 Revision by: Maryola Perion (RN) Target Date: 12/17/2025	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate personal care, turning and repositioning and transferring. Revision on: 02/11/2025 Revision by: Maryola Perion (RN)	Registered Staff			
		• BED RAIL (TWO PARTIAL): (1/4 Rails) in USE as a PASD to assist resident with personal care, turning and repositioning. Monitor every shift. Revision on: 02/11/2025 Revision by: Maryola Perion (RN)	PCA	D/E/N		
		• TILTED CHAIR in USE as a PASD to support resident with positioning. Monitor every shift. Revision on: 09/13/2025 Revision by: Maryola Perion (RN)	PCA	D/E/N		
• Increased risk for FALLS related to Impaired Mobility, attempting to self transfer, History of falls. Revision on: 09/05/2025 Revision by: Jenny Liu (RAI Coordinator)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	• COMMUNICATION: Involve/collaborate with Craig/SDM in decision making in fall prevention Plan of Care. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)				
		• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Haley Cadarian (Quality Lead)	PCA	D/E/N		
		• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair. Revision on: 10/05/2023 Revision by: Maryola Perion (RN)	PCA			
		• ENVIRONMENT: Secure environment (reduce clutter, quiet environment, etc.) to reduce fall risk for Craig. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	PCA			
		• BED: place bed in lowest position to lower risk for injury. Revision on: 10/05/2023 Revision by: Maryola Perion (RN)	PCA			
		• HIP PROTECTORS: "Resident Name" wears hip protectors all the time to safeguard against injury. Report to Registered Staff if not wearing. Revision on: 07/08/2025	PCA	D/E/N		
Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng	
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision(Z74.3), ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Mulholland, Craig (92213100724)		Admission Date	02/03/2017	Location	
Last Care Plan Review Completed:		09/17/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<div>• Increased risk for FALLS related to Impaired Mobility, attempting to self transfer, History of falls. Revision on: 09/05/2025 Revision by: Jenny Liu (RAI Coordinator)</div>			<div>Revision by: Gurjit Kaur (RN) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. H/S Stretches 30s, 3 reps/xcise bilateral; UE strengthening- AROM, with minimal weights 5-10 reps/xcise, AAROM LE 5-10 reps/xcise bilateral U+LE; Sitting balance- perturbations 10 reps, PT- 3-5x week, recommended to participate with group exs classes- 3x week Revision on: 09/16/2025 Revision by: Courtney Cipparone (PT - Physiotherapist) • FLOOR MAT: Position (floor mat) on floor next to Right side of bed to lower risk of injury. Revision on: 07/24/2021 Revision by: Maryola Perion (RN) • ALARMS: Requires Bed/Chair alarm. Check placement and working order. Monitor for self removal of alarm. Revision on: 07/24/2021 Revision by: Maryola Perion (RN) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries. Revision on: 03/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</div>			PCA	
<div>• STRONG PARTICIPATION in Activities. ISE Score: 6/6 Revision on: 08/21/2025 Revision by: Laura Morris (Restorative Care Aide)</div>		<div>• Craig will be supported to maintain participation in activities 20-30 times per month by the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025</div>	<div>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1: 1 visits, mens club, discussion groups, exercise groups, games, Montessori programs, music groups, sensory stimulation, special events, etc. Revision on: 09/03/2025 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV (sport; basketball & football), listening to music (pianos & Rolling Stones), visiting with residents/team members, etc. Revision on: 06/01/2025 Revision by: Judy Woods (Activation aide) • ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Accompany off home area, Walk with, Guide to, Cue Direction, Reminders, etc. Revision on: 06/01/2025 Revision by: Judy Woods (Activation aide)</div>				Q1H
Allergies	No Known Allergies			D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)			Admission Date	02/03/2017	Location	6 601 B
Last Care Plan Review Completed:		09/17/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 6/6 Revision on: 08/21/2025 Revision by: Laura Morris (Restorative Care Aide)</p>		<p>• HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions: Craig is interested in hockey, basketball, football, horses, dogs, fishing. Craig has a good sense of humor and enjoys hearing jokes and may offer some jokes of his own. Revision on: 06/01/2025 Revision by: Judy Woods (Activation aide)</p> <p>• ONE to ONE: Provide him with individual visits for conversation, iPad visits, reminiscing, music, humor, sports talk, etc. Revision on: 06/01/2025 Revision by: Judy Woods (Activation aide)</p>			
<p>• Potential for Expressive Behaviour of (hx of WANDERING, RESISTANCE to care need) related to Hx of MVA, Obsessive-Compulsive Disorder, Intracranial Injury. Revision on: 06/05/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• To decrease the episodic frequency of Expressive behavior by next review date. ABS score will be maintained to 0. Revision on: 01/07/2024 Revision by: Maryola Perion (RN) Target Date: 12/17/2025</p>	<p>• COMMUNICATION: Involve/collaborate with Craig/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)</p> <p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Craig for indications to change in or for escalating expressive behaviour risk. Revision on: 10/25/2021 Revision by: Maryola Perion (RN)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to eat, refusing care, take his medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 10/05/2023 Revision by: Maryola Perion (RN)</p> <p>• RESISTANCE to Care Need: If Craig is declining to bathe, eat, refusing care, take his medication, etc., re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 10/05/2023 Revision by: Maryola Perion (RN)</p> <p>• WANDERING: Craig will propel his wheelchair within the unit. Redirect away from exit doors, elevator or other resident rooms as needed. Revision on: 05/04/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>BSO - Internal BSO - External Social Worker</p> <p>Registered Staff</p>		
Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location	6 601 B
Last Care Plan Review Completed:		09/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Potential for Acute PAIN and alteration in comfort level related to Hx of MVA, Intracranial Injury, impaired mobility, Most Current Pain Score is 0. Revision on: 06/05/2025 Revision by: Jenny Liu (RAI Coordinator)</div>	<div>• To promote resident comfort and effectively manage ACUTE pain as episode occurs through to the next review. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025</div> <div>• Promote RAI Pain Score of 0 through to the next review. Revision on: 09/05/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/17/2025</div>	<div>• COMMUNICATION: Involve/collaborate with Craig/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)</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.</div> <div>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 04/07/2023 Revision by: Maryola Perion (RN)</div>	<div>RN Registered Practical Nurse</div> <div>Registered Practical Nurse RN</div>			
<div>• Activities of Daily Living, self care r/t Impaired Mobility, Hx of MVA, Obsessive-Compulsive Disorder, Left eye vision loss. Revision on: 06/25/2024 Revision by: Laura Seibel (Dietitian (RD))</div>	<div>• Craig will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025</div>	<div>• BATHING: Craigs bath/shower days are Tuesday and Saturday - afternoon shift. Nail care to be provided after a shower/bath. Craig requires two staff assistance for transfer. One staff total assistance with bathing activity. Revision on: 09/12/2025 Revision by: Alyssa Egan (Interim ADOC)</div> <div>• BED MOBILITY: Craig requires extensive assistance from one to two team members to turn and reposition in bed. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• DRESSING: Extensive to Maximal assistance from one to two staff to dress his upper/lower body. Craig will minimally assist by guiding and lifting his limbs. Revision on: 06/05/2025 Revision by: Jenny Liu (RAI Coordinator)</div> <div>• EATING: Craig is Independent once set up by a staff member. Eats in the main dining room Revision on: 03/10/2025</div>	<div>PCA</div> <div></div> <div>PCA</div> <div>PCA</div> <div>PCA</div>			
Allergies	No Known Allergies		D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)		Admission Date	02/03/2017	Location	6 601 B
Last Care Plan Review Completed:		09/17/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved	
<div>• Activities of Daily Living, self care r/t Impaired Mobility, Hx of MVA, Obsessive-Compulsive Disorder, Left eye vision loss. Revision on: 06/25/2024 Revision by: Laura Seibel (Dietitian (RD))</div>			Revision by: Jenny Liu (RAI Coordinator)						
			• LOCOMOTION: Wheelchair as primary mode of locomotion. Craig requires one staff to push his wheelchair on longer distances on and off the unit and he is able to propel it on short distances.						PCA
			Revision on: 07/08/2023						
			Revision by: Maryola Perion (RN)						
			• PERSONAL HYGIENE: Craig requires Maximal assistance from two staff to assist with providing peri care and brief change. One staff assist with shaving and oral hygiene needs.						PCA
			Revision on: 06/05/2025						
			Revision by: Jenny Liu (RAI Coordinator)						
			• HAND HYGIENE: 1 staff to provide Limited assistance to apply sanitizer or use wipes for hand hygiene.						PCA
			Revision on: 07/12/2022						
			Revision by: Maryola Perion (RN)						
			• TOILET USE: Craig requires two team member's assist for transferring him onto and off of the toilet.Craig can use the Sara lift if he is resistive. He is incontinent of urine and does require assistance from one to two staff to check and change his incontinent products in bed as well.						PCA
			Revision on: 04/30/2025						
			Revision by: Judith Aguilar (RPN)						
			• TRANSFERRING: Craig requires two staff to transfer him to and from bed to wheelchair.						PCA
			Revision on: 10/26/2023						
			Revision by: Katie Wolters-Savo (RAI Coordinator)						
			• ORAL CARE: Craig requires one team member to assist with providing oral care. He has some teeth missing and not using dentures.						PCA
			Revision on: 04/16/2022						
			Revision by: Maryola Perion (RN)						
			• FOOT CARE: Footcare to be completed by PSW Staff on shower days and PRN. Report long toe nails or other abnormalities as noted.						PCA
			Revision on: 01/25/2023						
			Revision by: Katherine Arca (RPN)						
			• SHAVING - Craig will be shave on shower/bath days and when needed.						PCA
			Revision on: 01/08/2023						
Allergies	No Known Allergies		D.O.B.	04/24/1951		Physician	Roseanne Ng		
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses								
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Resident	Mulholland, Craig (92213100724)		Admission Date	02/03/2017		Location	6 601 B		
Last Care Plan Review Completed:		09/17/2025							

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Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Activities of Daily Living, self care r/t Impaired Mobility, Hx of MVA, Obsessive-Compulsive Disorder, Left eye vision loss. Revision on: 06/25/2024 Revision by: Laura Seibel (Dietitian (RD))		Revision by: Maryola Perion (RN)		
<ul style="list-style-type: none"> Urinary Incontinence related to Impaired Mobility Revision on: 06/05/2024 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> Craig will receive support to (use toilet) and promote urinary continence each shift through to the next review. Revision on: 06/09/2024 Revision by: Maryola Perion (RN) Target Date: 12/17/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 08/18/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Staff	
		<ul style="list-style-type: none"> INCONTINENCE PRODUCT: Resident uses Blue color brief during days and evening. Orange color brief at night per prevail sheet. Revision on: 06/05/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
		<ul style="list-style-type: none"> TOTAL INCONTINENCE MANAGEMENT: Resident has TOTAL Urinary Incontinence; Requires check and change/toileting to meet his continence care needs. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> Risk for Impaired SKIN INTEGRITY related to cognitive decline, Incontinence, 	<ul style="list-style-type: none"> To protect and maintain skin integrity each day through to the 	<ul style="list-style-type: none"> SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to 	PCA	Registered
Allergies	No Known Allergies		D.O.B.	04/24/1951
			Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses			
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Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location 6 601 B
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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Impaired mobility, use of containment product and fragile skin. Revision on: 03/29/2024 Revision by: Maryola Perion (RN)		next review. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	Staff as noted. • EQUIPMENT: Craig requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
• Strength B/L UE and LE Revision on: 02/16/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increase strength of B/L LE from 3+/5 to 4/5 in 3 months Revision on: 09/25/2024 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/17/2025	• B/L UE and LE strengthening with 1-2lbs, hip flexion, knee extension, hip abd, Hip add, 10 reps, 3-5x a week; Passive stretching for B/L Hams and Calf, 5 sec hold,3-5 reps; 2-3 x a week Revision on: 09/04/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Sit to stand Revision on: 02/16/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Reduce assistance needed for sit to stand at wall bar from 1 assist to Sup assist in next 3 months. Revision on: 09/25/2024 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/17/2025	• 1:1 assist, sit to stand at wall bar, Increase standing endurance gradually. Cue for marching and weight shifts, 2-3 reps or as best tolerated, 2-3 x a week; Revision on: 09/04/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Potential for BOWEL INCONTINENCE related to impaired mobility. Revision on: 01/07/2024 Revision by: Maryola Perion (RN)		• Craig will have bowel incontinence managed every shift through to the next review period. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025 • Craig will receive support to (use toilet) and promote optimal	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. Revision on: 10/06/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • BOWEL Continence level is Frequently Incontinent. Report change to level as noted. Revision on: 03/29/2024 Revision by: Maryola Perion (RN) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 10/06/2022			Registered Staff PCA PCA	
Allergies	No Known Allergies		D.O.B.	04/24/1951	Physician	Roseanne Ng	
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)		Admission Date	02/03/2017	Location	6 601 B	
Last Care Plan Review Completed:		09/17/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential for BOWEL INCONTINENCE related to impaired mobility. Revision on: 01/07/2024 Revision by: Maryola Perion (RN)		bowel continence each day through to the next review. Revision on: 03/29/2024 Revision by: Maryola Perion (RN) Target Date: 12/17/2025	Revision by: Katie Wolters-Savo (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses Blue color brief during days and evening. Orange color brief at night per prevail sheet. Revision on: 06/05/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
• Potential for Alteration in skin integrity related to Lump seen/felt on the left groin. Revision on: 10/25/2023 Revision by: Maryola Perion (RN)		• To promote intact skin integrity through to the target date. Revision on: 10/25/2023 Revision by: Maryola Perion (RN) Target Date: 12/17/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Lump seen/felt on the left groin for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/25/2023 Revision by: Maryola Perion (RN)		Registered Practical Nurse RN	
• Potential to experience FOOT/FEET complications Revision on: 04/07/2023 Revision by: Maryola Perion (RN)		• To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	• COMMUNICATION: Involve/collaborate with Craig in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Craig requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Craig likes to have footcare completed on shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		Footcare Nurse - Internal <	

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Target Date: 12/17/2025	complications affecting functioning or quality of life. Revision on: 04/07/2023 Revision by: Maryola Perion (RN) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.			Registered Staff	
• Potential to experience alteration in MOOD as exhibited by (persistent anger with self or others, repetitive physical movement) related to Obsessive-Compulsive Disorder, MVA, Intracranial Injury Revision on: 01/22/2022 Revision by: Maryola Perion (RN)		• Craig will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	• COMMUNICATION: Involve/collaborate with Craig/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 01/22/2022 Revision by: Maryola Perion (RN) • HEALTH EDUCATION: Provide education and support to Craig/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed. Revision on: 01/22/2022 Revision by: Maryola Perion (RN) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Craig for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 03/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESIDENT STRENGTHS: Build on Craig's effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)			RN Registered Practical Nurse	
• Potential for CONSTIPATION related to (decreased mobility, etc.) Revision on: 07/24/2021 Revision by: Maryola Perion (RN)		• To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025 • Craig will have regular soft formed bowel movements every	• COMMUNICATION: Involve/collaborate with Craig/SDM for decision making regarding constipation management. Revision on: 07/24/2021 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan.			Registered Staff Registered Staff	
Allergies	No Known Allergies			D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses						
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Resident	Mulholland, Craig (92213100724)			Admission Date	02/03/2017	Location	6 601 B
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Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none">• Potential for CONSTIPATION related to (decreased mobility, etc.) Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	1-2 days through to the next review. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	<ul style="list-style-type: none">• NUTRITION increased fibre intervention in place. See Nutrition Care Plan.• BOWEL PROTOCOL: In place as per MD order	Diet Registered Staff Registered Staff			
<ul style="list-style-type: none">• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension.) related to Hx of MVA, Closed Head Injury Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none">• Craig will be supported to maintain current communication abilities to (express self, comprehend information, etc.) each day through to the review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025• Craig will be able to make basic needs known each day through to the review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	<ul style="list-style-type: none">• PRIMARY LANGUAGE: Craig primary language is English. He is able to speak/understand English. Revision on: 03/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)• SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed. Revision on: 03/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)• INSTRUCTION GUIDANCE: Craig needs intermittent cueing or demonstrative instruction in tasks and activities. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	ACT			
<ul style="list-style-type: none">• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, poor judgement, etc.) related to Hx of MVA, Closed head injury Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none">• Craig will be supported to maintain cognitive function through the review date. Current CPS is 3/6. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo	<ul style="list-style-type: none">• ORIENTATION: Gently reorient to (person, place, time) as needed when Craig is feeling lost or in confused state. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)• PERSONAL ROUTINE: Provide consistency in care routine and activities Revision on: 03/13/2020	PCA			
Allergies	No Known Allergies		D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses					
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	(RAI Coordinator) Target Date: 12/17/2025	Revision by: Qiufeng Liu (RPN/RAI back up)			
<ul style="list-style-type: none"> Altered VISION related to Left eye vision loss. Revision on: 07/24/2021 Revision by: Maryola Perion (RN) 	<ul style="list-style-type: none"> Craigs vision will remain adequate for every day functioning through to his next review date Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025 	<ul style="list-style-type: none"> Adapt environment to Craig's individual needs to ensure she is able to recognize objects in the environment Revision on: 07/24/2021 Revision by: Maryola Perion (RN) 	PCA		
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: Craig does not have a religious affiliation. Revision on: 05/05/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 	<ul style="list-style-type: none"> To provide Craig spiritual support as interested through to the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025 	<ul style="list-style-type: none"> PERSONAL CHOICE: Respect Craig's right to decline participation in Spiritual Programs. Revision on: 06/01/2025 Revision by: Judy Woods (Activation aide) 			
<ul style="list-style-type: none"> Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Craig/SDM in decision making for BPH care management. Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up) HEALTH TEACHING: Engage with Craig/SDM to enhance his comprehension of (specify: treatment, possible complications, disease trajectory, etc.) associated with BPH. Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 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. Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up) MEDICATION: Administer medication as per MD order and monitor for side effects 			
Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses				
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Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location	6 601 B
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<ul style="list-style-type: none"> Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		and effectiveness. Revision on: 03/06/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
<ul style="list-style-type: none"> Advanced Wishes and Beliefs related to End of Life. Revision on: 08/18/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	<ul style="list-style-type: none"> Support Resident in expressing advanced wishes and beliefs related to End of Life. Honor/follow Resident expressed wishes and beliefs. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	<ul style="list-style-type: none"> DO NOT ATTEMPT CPR: Do not transfer to hospital, plan includes death at home - see PoET Individualized Summary Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> Sleep Patterns. Revision on: 02/25/2017 Revision by: Maryola Perion (Registered Nurse)	<ul style="list-style-type: none"> To meet Craig's personal preferences for sleep patterns through the next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	<ul style="list-style-type: none"> REST PATTERN: Preferred bedtime: Between 1900-2000, usual wake time: Between 0600-0700. Revision on: 07/24/2021 Revision by: Maryola Perion (RN)	PCA		
		<ul style="list-style-type: none"> SLEEPWEAR: Craig prefers to wear regular clothes. Revision on: 03/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA		
<ul style="list-style-type: none"> Nutrition Risk Level (diet details) 	<ul style="list-style-type: none"> Craig will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 10/12/2023	<ul style="list-style-type: none"> NUTRITION RISK: Craig is moderate risk level. Revision on: 11/03/2020 Revision by: Anna Slack (Registered Dietitian)	Dietitian (RD) Dietary Manager		
		<ul style="list-style-type: none"> DIET ORDER: Craig will receive regular diet, puree texture 	Diet Food Services		
Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses				
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Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location	6 601 B
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<p>Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025</p> <p>• Will weigh within GWR/IBW/Realistic weight range of 70-75 kg/BMI 27-30 through to next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025</p> <p>• Craig will be adequately hydrated aeb drinking at least 1326 ml per day based on 75% of total fluid requirement of 1768-2121ml @ 25-30 ml/kg, 70.7kg through to next review date. Revision on: 03/26/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 12/17/2025</p> <p>• Will meet estimated nutritional requirements of 1768-2121 kcal @ 25-30 kcal/kg, 71g protein @ 1.0g/kg through to next review date. Revision on: 03/26/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 12/17/2025</p>	<p>Revision on: 01/04/2022 Revision by: Anna Slack (Registered Dietitian)</p> <p>• THICKENED FLUIDS: Craig drinks thickened fluids at moderately thick(MO3) consistency Revision on: 04/24/2024 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Craig to drink a minimum of 1326ml per day. He likes to drink water, coffee, assorted juice</p> <p>Revision on: 03/26/2024 Revision by: Anna Slack (Registered Dietitian)</p> <p>• PORTION SIZE: Provide large/double portions of protein/entree at each meal Revision on: 03/08/2024 Revision by: Anna Slack (Registered Dietitian)</p> <p>• ADAPTIVE AIDS: Craig requires a rimmed/lip plate at meals Revision on: 01/03/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• HIGH CALORIE/PROTEIN IN MEALS: Offer Greek yogurt at breakfast daily Revision on: 06/23/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• HIGH FIBRE: Offer 200ml prune juice once daily at breakfast Revision on: 06/03/2022 Revision by: Anna Slack (Registered Dietitian)</p>	<p>Aide PCA Diet PCA</p> <p>PCA</p> <p>Diet PCA</p> <p>Diet PCA</p> <p>PCA</p> <p>Diet PCA</p>	<p></p> <p></p> <p></p> <p>BLD</p> <p>D</p>

Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location	6 601 B
Last Care Plan Review Completed:		09/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Craig is at high risk for elopement related to High Elopement Risk Revision on: 02/03/2017 Revision by: Joe Albano (RAI Coordinator)	<ul style="list-style-type: none"> Craig will remain safe within the home unless accompanied by staff or other authorized persons through next review date. Revision on: 10/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/17/2025	<ul style="list-style-type: none"> Ensure area is safe and redirect as needed. 	PCA	


Diagnosis

Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision(Z74.3), Retention of urine(R33), Other cystitis(N30.8), Paranoid personality disorder(F60.0), Hyperplasia of prostate(N40), Intracranial injury, unspecified(S06.9), Cellulitis of other sites(L03.8)

Allergies	No Known Allergies	D.O.B.	04/24/1951	Physician	Roseanne Ng
Diagnosis	Person injured in unspecified traffic motor-vehicle accident(V89.2), Obsessive-compulsive disorder, unspecified(F42.9), Unspecified injury of head(S09.9), Need for continuous supervision (Z74.3), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mulholland, Craig (92213100724)	Admission Date	02/03/2017	Location	6 601 B
Last Care Plan Review Completed:		09/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Altered Mood, Loss of Independence. <p>ISE Score: 4/6 Revision on: 08/31/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<ul style="list-style-type: none"> To support Carl's Psycho-Social well being through to the next review by participating in self-directed activities. <p>Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026</p>	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite him to programs of personal interest; Friendly/1: 1 visits, exercise groups, games, music programs, reminiscing groups, special events, etc. <p>Revision on: 08/08/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <ul style="list-style-type: none"> SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, drawing, etc. <p>Revision on: 08/08/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <ul style="list-style-type: none"> ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Accompany in elevator, Walk with, Guide to, Cue Direction, Reminders, etc. <p>Revision on: 08/08/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <ul style="list-style-type: none"> ONE to ONE: Provide him with individual visits for conversation (family, hockey), reading, reminiscing, electronic pet visits, sensory, etc. <p>Revision on: 08/08/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p>	<p>ACT</p> <p>ACT</p> <p>ACT</p> <p>ACT</p>	
<ul style="list-style-type: none"> Potential for PAIN and alteration in comfort level related to (Arthritis and Brain injury), toothache. Most Current Pain Score is (0) <p>Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<ul style="list-style-type: none"> To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. <p>Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026</p> <ul style="list-style-type: none"> Promote MDS Pain Score of 0 through to the next review. <p>Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026</p>	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Carl)/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. <p>Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> PREFERENCES: Carl has identified preference for pain management (PRN pain meds only.). <p>Revision on: 03/24/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>Registered Staff</p> <p>RN Registered Practical Nurse</p>	

Allergies	No Known Allergies	D.O.B.	07/09/1936	Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)	Admission Date	11/07/2019	Location	6 625 B	
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
<div>• Potential for Expressive Behaviour of (yelling, very loud voice, grabbing, hitting and resist care and sexual inappropriate toward staff) nature related to Brain injury. Revision on: 07/08/2024 Revision by: Jenny Liu (RAI Coord Back-up)</div>		<div>• To decrease episodic frequency of (yelling and resist care) by next review date. ABS score will be less than (1). Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026</div>	<div>• COMMUNICATION: Involve/collaborate with (Carl)/SDM) about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Carl for indications to change in or for escalating expressive behaviour risk. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • TRIGGERS leading to PHYSICAL (Hitting, grabbing.) as expression of behaviour include (anger, frustration, fearfulness, confusion, invasion of personal space, etc.) Revision on: 05/02/2023 Revision by: Jenny Liu (RAI Coord Back-up) • PHYSICAL Behaviour: If Carl is attempting to strikeout; move back from his reach. Calmly indicate that care will continue when he is calm/ready. Seek Registered Staff assistance. Revision on: 05/02/2023 Revision by: Jenny Liu (RAI Coord Back-up) • 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, paranoid thought process, etc.) Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Carl is refusing to (bathe, change clothes, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to SOCIALLY Inappropriate (disruptive vocalizations) as expression of behaviour include (confusion, decreased insight, poor judgement, limitation in communication.) Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) • SOCIALLY Inappropriate Behaviour: If Carl is noted to (make loud disruptive noises</div>				Registered Staff BSO - Internal BSO - External Social Worker Registered Staff	
Allergies	No Known Allergies		D.O.B.	07/09/1936		Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre					Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)		Admission Date	11/07/2019		Location	6 625 B	
Last Care Plan Review Completed:		10/06/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (yelling, very loud voice, grabbing, hitting and resist care and sexual inappropriate toward staff) nature related to Brain injury. Revision on: 07/08/2024 Revision by: Jenny Liu (RAI Coord Back-up)		in dining room/program, etc.) gently redirect him to focus on task at hand or escort to quieter area. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction)The resident has had sexual behaviours, exposing himself, masturbating during care or touching staff. Triggers: Confusion. If the resident has these expressions tell the resident that his actions are inappropriate and use stop and go approach. Re-approach when the resident is ready. Revision on: 08/05/2024 Revision by: Leslie Meloche (Recreation Aide)			
<ul style="list-style-type: none"> Increased risk for FALLS related to: history of falls, Unsteady gait and balance. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	<ul style="list-style-type: none"> CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) <ul style="list-style-type: none"> ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair Ensure good positioning when up in wheelchair. Revision on: 10/28/2025 Revision by: Alyssa Egan (ADOC)	PCA	D/E/N	
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by (repetitive physical movement) related to Loss of Independence Revision on: 10/22/2023 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> To decrease episodic frequency of (persistent anger with self or others and repetitive physical movement) by next review date. DRS score will be less than (0). Revision on: 10/22/2023 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Car for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> RESIDENT STRENGTHS: Build on Carl effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up)			
Allergies	No Known Allergies	D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	O'Callaghan, Carl (922131005299)	Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	Target Date: 01/06/2026					
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to decreased fluid consumption. Revision on: 04/19/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. Revision on: 04/19/2023 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff			
• Potential to experience alteration in RESPIRATORY FUNCTION related to Hypoxia. Revision on: 08/09/2022 Revision by: Jenny Liu (RAI Coord Back-up)	• To treat and minimize signs/symptoms or complications associated with Hypoxia each day through to next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with hypoxia for changes to health status and alteration or complications affecting respiratory function. Revision on: 08/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) • OXYGEN: Administer Oxygen as per MD order as needed. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Potential for BOWEL INCONTINENCE related to Arthritis, Ataxia and Diffuse Brain injury. Revision on: 02/17/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Carl will have bowel incontinence managed every shift through to the next review period. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• BOWEL CHECK and CHANGE: Carl experiences TOTAL incontinence and requires checks and change each time noted to be soiled Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. • INCONTINENCE PRODUCT: Resident uses white brief daily per prevail sheet Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA			
• Risk for/Impaired Skin Integrity r/t Incontinence, Thin fragile Skin, Cognitive decline. Revision on: 02/12/2021	• To protect and maintain skin integrity each day through to the next review. Revision on: 08/07/2023	• 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.	PCA			
Allergies	No Known Allergies		D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)		Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Jenny Liu (RAI Coord Back-up)		Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• EQUIPMENT: Carl requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
• Altered ability to complete Activities of Daily Living (ADLs) related to Arthritis, Ataxia and Brain injury. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Carl will maintain current self sufficiency in ADL abilities in all ADLs through the review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• BATHING: Carl's bath days will be Tuesday and Friday dayshift. Total assistance- one staff to complete the shower without his help once in the shower. Bed bath given due to Carl refusing to get up at times. Nail care to be provided on shower/bath day. Revision on: 03/26/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Extensive assistance -Carl is able to minimally assist with bed mobility, weight bearing assistance needed from 1 team member to turn and position in bed. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) • DRESSING: Carl is able to help in dressing process such as lift up his upper and lower extremities but requires Extensive assistance from one staff to pull his pants up, put on his socks and shoes and adjust the clothes. Revision on: 11/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) • EATING: Team member to feed Carl most of the meal, he may eat by himself with supervision from the team member. Carl eats on floor 6 hallway as res.does not want with other res. Revision on: 10/28/2025 Revision by: Judith Aguilar (RPN) • LOCOMOTION: Wheelchair used for locomotion and requires one staff to propel on the unit. Revision on: 06/19/2024 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL HYGIENE: Carl requires 1 team member extensive to total assistance from team member to wash his face, hands, and do peri-care. Revision on: 08/26/2025			PCA	
Allergies	No Known Allergies		D.O.B.	07/09/1936	Physician	Roseanne Ng	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)		Admission Date	11/07/2019	Location	6 625 B	
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Arthritis, Ataxia and Brain injury. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up)		Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide TOTAL assistance to sanitizer wipes to rub hands together, dry hands for hand hygiene. Revision on: 08/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TOILET USE: Carl requires extensive assistance from 1 team member to clean, re-apply brief and adjust clothes, and he doesn't use the toilet. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> TRANSFERRING: Carl requires extensive assistance from two staffs to transfer him between surfaces. Revision on: 01/18/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> ORAL CARE: Carl requires Total assistance from one staff to brush his teeth, some teeth are broken, or carious. No teeth on the upper, some missing on the lower Revision on: 10/22/2023 Revision by: Jenny Liu (RAI Coord Back-up)	PCA			
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Carl Medical Treatment and End of Life Care Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> To support and honor Carl expressed wishes and beliefs through to the End of Life. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	<ul style="list-style-type: none"> CPR: Carl wishes express NO CPR and NO TRANSFER to hospital. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	All			
<ul style="list-style-type: none"> Altered Communication r/t usually understand and sometimes understood. Revision on: 05/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	<ul style="list-style-type: none"> Carl will maintain current communication abilities (SPECIFY: communication with others, understanding others, engaging in every day decision making) by (SPECIFY: making sounds, using appropriate gestures, responding to yes/no questions appropriately) through 	<ul style="list-style-type: none"> Primary language is English. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) <ul style="list-style-type: none"> SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.). Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> INSTRUCTION GUIDANCE: Carl needs (intermittent) cueing or demonstrative instruction in tasks and activities. Revision on: 08/26/2025	All			
Allergies	No Known Allergies		D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)		Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Altered Communication r/t usually understand and sometimes understood. Revision on: 05/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		the review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026 • Carl will be able to make basic needs known on a daily basis through the review date Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	Revision by: Danielle Loreto (RAI Coordinator)			
• Cognitive Loss or alteration in thought processes r/t short memory problem and decision making poor. Revision on: 05/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• Carl will maintain current cognitive abilities through the review date. Current CPS is 4/6. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026 • Carl will be able to communicate basic needs through the review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• ORIENTATION: Gently reorient to (person, place, time) as needed when Carl is feeling lost or in confused state. Revision on: 02/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL ROUTINE: Provide consistency in care routine and activities Revision on: 02/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) • CUE TASKS: Break tasks into manageable subtasks, Carl can comprehend and follow. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• URINARY INCONTINENCE. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Carl will receive support to (use toilet) and promote urinary continence each shift through to the next review. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • CHECK and CHANGE: Carl experiences TOTAL incontinence and requires checks and change each time noted to be soiled.		Registered Staff PCA	
Allergies	No Known Allergies			D.O.B.	07/09/1936	Physician Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	O'Callaghan, Carl (922131005299)			Admission Date	11/07/2019	Location 6 625 B
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	(RAI Coordinator) Target Date: 01/06/2026	Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses white brief daily per prevail sheet Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA			
• Impaired vision related to: able to see large print, but not regular print. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	• Carl will be able to function safely in his environment through next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026 • Carl will use glasses for decreased vision daily with no complications through next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• EYEGLASSES: Carl wears eyeglasses. Assist to clean eyeglasses as needed and store (in night table drawer) when sleeping. Encourage him to wear it for reading as needed. Revision on: 02/07/2023 Revision by: Jenny Liu (RAI Coord Back-up)	PCA			
• Sleep Patterns. Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	• To promote adequate rest/sleep for Carl based on identified sleep patterns/preferences each night through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• REST PATTERN: Preferred bedtime 2000, usual wake time 0700: Bedfast all of time except shower days. Revision on: 08/26/2025 Revision by: Danielle Loreto (RAI Coordinator) • SLEEPWEAR: regular clothes Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	PCA PCA			
• Potential for pain, discomfort related to Dx of Arthritis. Revision on: 11/23/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	• Carl will be/remain free of complications related to arthritis, such as contractures, joint	• Administer medications as ordered and monitor for side effects and effectiveness Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Staff			
Allergies	No Known Allergies		D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	O'Callaghan, Carl (922131005299)		Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved	
Nurse)		stiffness, swelling, or decline in mobility through next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026 • Carl will maintain acceptable level of comfort (as expressed by resident) through next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• Assess for pain and document, using Carl own words as possible. Use standardized pain scale in order to evaluate severity and response to interventions Revision on: 11/24/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • Assess/record/report to MD prn s/sx or complications related to arthritis: joint pain, joint stiffness, swelling, decline in mobility, decline in self care, contracture formation, crepitus (creaking or clicking with joint movement) • Reassess after administering pain medications, Notify MD of pain unrelieved by ordered interventions.		Registered Staff Registered Staff Registered Staff		
• SPIRITUAL BELIEFS: Carl is of the Roman Catholic Faith. Revision on: 11/21/2019 Revision by: Judy Woods (Activation aide)		• To provide Carl spiritual support as interested through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026	• PERSONAL CHOICE: Respect Carl's right to decline participation in Spiritual Programs at this time. Revision on: 11/21/2019 Revision by: Judy Woods (Activation aide)		ACT		
• Nutrition Risk Level (diet details)		• Carl will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/06/2026 • Will weigh within GWR of 40.5-54kg/BMI 18-24 through to next	• Labelled Item Dinner: Carl receives a magic cup at dinner for additional kcals. Revision on: 05/28/2025 Revision by: Brittany Hyde (Registered Dietitian) • Labelled Item Lunch: Magic cup Revision on: 12/04/2024 Revision by: Lexi Dakin (Dietitian (RD)) • NUTRITION RISK: Carl is high risk level.		PCA Registered Practical Nurse RN PCA Registered Practical Nurse RN Dietitian (RD)	E D	
Allergies	No Known Allergies			D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	O'Callaghan, Carl (922131005299)			Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<p>review date. (h=150cm) Revision on: 06/11/2024 Revision by: Anika Dhalla (Dietitian (RD)) Target Date: 01/06/2026</p> <p>• Carl will be adequately hydrated aeb drinking at least 1000mL per day based 25-30mL/kg, through to next review date. Revision on: 02/24/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/06/2026</p> <p>• Will meet estimated nutritional requirements of 1230-1438kCal @ 30-35kCal/kg, 49-62g protein @ 1.2-1.5g/kg through to next review date. Revision on: 09/11/2024 Revision by: Alexandra Breau (Dietitian (RD)) Target Date: 01/06/2026</p>	<p>Revision on: 08/03/2022 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Carl will receive regular diet, pureed texture Revision on: 06/14/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID CONSISTENCY: Carl drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Carl to drink a minimum 1000 ml per day. Revision on: 02/24/2025 Revision by: Brittany Hyde (Registered Dietitian) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>• ADAPTIVE AIDS: Carl requires adaptive aids rimmed plate, 2 handled mug Revision on: 11/02/2022 Revision by: Anna Slack (Registered Dietitian) • HIGH CALORIE/PROTEIN IN MEALS: super cereal at breakfast Revision on: 02/24/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• MEDPASS SUPPLEMENTS: -120ml Resource 2.0 + 1 scoop protein powder TID -Boost plus 237ml at HS daily Revision on: 08/11/2025 Revision by: Brittany Hyde (Registered Dietitian)</p>	<p>Dietary Manager Diet Food Services Aide PCA Diet PCA PCA Dietary aide PCA Diet PCA PCA Personal Support Workers Registered Staff</p>	D

Allergies	No Known Allergies	D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	O'Callaghan, Carl (922131005299)	Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report


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Diagnosis

Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier of drug-resistant Clostridium difficile(Z22.303), Resistance to methicillin(U82.1)

Allergies	No Known Allergies	D.O.B.	07/09/1936	Physician	Roseanne Ng
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Ataxia, unspecified(R27.0), Diffuse brain injury without open intracranial wound(S06.25), Osteomyelitis, unspecified, lower leg(M86.96), Carrier ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	O'Callaghan, Carl (922131005299)	Admission Date	11/07/2019	Location	6 625 B
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">Keith is experiencing episode of UTI. Onset date 10/29/2025 Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN)		<ul style="list-style-type: none">To have infection adequately managed and treated without further complications by 7 days Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN) Target Date: 11/04/2026	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of monitoring resident for hydration status, overall health condition, process of healing, secondary infections, exacerbation of their chronic condition until stable. Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN)VITAL SIGNS: Monitor VITAL SIGNS every shift until on antibiotics Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN)MEDICATIONS: Administer antibiotics twice daily for 7 days as per MD order. Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN)				
<ul style="list-style-type: none">Potential for Expressive Behaviour of (VERBAL, SOCIALLY Inappropriate, Hit another resident on 6\6, refuse care) nature related to Dx with Dementia. Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">To decrease episodic frequency of (verbally abusive and socially inappropriate) by next review date. Maintain ABS score as of 0. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none">ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Keith for indications to change in or for escalating expressive behaviour risk. Revision on: 02/11/2024 Revision by: Jenny Liu (RAI Coord Back-up)TRIGGERS leading to PHYSICAL (Hitting) as expression of behaviour include (anger, frustration, fearfulness, confusion, invasion of personal space, etc.) Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator)PHYSICAL Behaviour: If Keith is attempting to strikeout; move back from his reach. Calmly indicate that care will continue when he is calm/ready. Seek Registered Staff assistance. Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator)TRIGGERS leading to VERBAL (swearing, yelling) as expression of behaviour include (loss of control, frustration, limitation in self expression, etc.) Revision on: 05/24/2023 Revision by: Jenny Liu (RAI Coord Back-up)VERBAL Behaviour: If Keith is heard swearing; calmly remind to lower his voice and that chosen words are not appropriate. Attempt to resolve his concern. Report episode to Registered Staff. Revision on: 11/09/2022 Revision by: Jenny Liu (RAI Coord Back-up)TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor				
Allergies	No Known Allergies		D.O.B.	09/24/1945	Physician	Roseanne Ng	
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Oliver, Keith (922131005319)		Admission Date	12/13/2019	Location	6 612 A	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for Expressive Behaviour of (VERBAL, SOCIALLY Inappropriate, Hit another resident on 6\6, refuse care) nature related to Dx with Dementia. Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator)			<p>judgement, fearfulness, paranoid thought process, etc.) Revision on: 11/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• RESISTANCE to Care Need: If Keith is declining to (bathe, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 11/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)• TRIGGERS leading to SOCIALLY Inappropriate (looking through the linen cart at times as expression of behaviour include (confusion, decreased insight, poor judgement, etc.) Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator)• SOCIALLY Inappropriate Behaviour: looking through the linen cart at times. Staff asked resident not to go through cart as clothing would be distributed to him and for IPAC reasons. Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Potential for PAIN and alteration in comfort level related to headache, Dx of pain and c/o headache. Most Current RAI Pain Score is (0/3) Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/16/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/17/2026	<ul style="list-style-type: none">• 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.• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 03/20/2021 Revision by: Maryola Perion (RN)			RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none">• STRONG PARTICIPATION in Activities. ISE Score: 6/6 Revision on: 07/10/2025 Revision by: Laura Morris (Restorative Care Aide)		<ul style="list-style-type: none">• Keith will be supported to maintain participation in activities 20-30 times per month by the next review date. Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/17/2026	<ul style="list-style-type: none">• STRUCTURED ACTIVITIES: Invite Keith to programs of personal interest; Friendly visits/1:1 visits, men's club, physical games, games - cranium crunches, trivia & bingo, happy hour, music & relaxation, reminiscing group, Resident Council & Food Committee, sensory - YouTube videos, special events, spiritual programs, tuck shop, TV/movie programs, etc. Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide)				
Allergies	No Known Allergies			D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)			Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			<ul style="list-style-type: none">• SELF-DIRECTED ACTIVITIES: Encourage Keith to engage in self-directed activities such as visiting with residents/team members, listening to music, watching/listening to TV, patio socializing/enjoying outdoors, etc. Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide)• ONE to ONE: Provide Keith with individual visits for conversations (family, cars, religion), reminiscing (previous jobs - canning factories, department stores, restaurants), puzzles, iPad, etc. Revision on: 10/16/2025 Revision by: Laura Morris (Restorative Care Aide)				
<ul style="list-style-type: none">• Potential for altered hematologic symptoms or complications related to BLOOD IN STOOL/urine Revision on: 04/30/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">• To treat and/or minimize complications associated with bleeding each day through to the next review date. Revision on: 12/30/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/17/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with bleeding for complications or changes to health status. Revision on: 12/30/2024 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Alteration in skin integrity with risk for infection or complications related to small fissure like outside anal area Revision on: 03/15/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• To promote optimal healing of fissure within the target date. Revision on: 03/15/2025 Revision by: Maryola Perion (RN) Target Date: 01/17/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with fissure for changes to health status and alteration or complications affecting skin integrity. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)• TREATMENT PLAN: Administer treatment for fissure as per MD Order. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)				
<ul style="list-style-type: none">• Risk for/Impaired Skin Integrity r/t Thin fragile Skin, bowel incontinence, Hemorrhoids Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• To protect and maintain skin integrity each day through to the next review. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	<ul style="list-style-type: none">• 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	No Known Allergies			D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)			Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Risk for/Impaired Skin Integrity r/t Thin fragile Skin, bowel incontinence, Hemorrhoids Revision on: 11/01/2024 Revision by: Danielle Loreto (RAI Coordinator)				
• Increased risk for FALLS related to HTN, unsteady gait, hx of falls. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: walker Revision on: 09/15/2021 Revision by: Jenny Liu (RAI Coord Back-up) • BED: place bed in lowest position to lower risk for injury. Revision on: 10/28/2025 Revision by: Alyssa Egan (ADOC) • FOOTWEAR: Ensure resident wears appropriate footwear for (transfers and ambulation). Revision on: 06/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)	PCA <	

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
and restlessness) related to HTN, GERD, DM, impaired mobility and Pain. Revision on: 08/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)		complaints) by next review date. DRS score will be less than (0). Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	that negatively impact residents quality of life. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESIDENT STRENGTHS: Build on Keith effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• BOWEL INCONTINENCE. Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Keith will have bowel incontinence managed every shift through to the next review period. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up) • BOWEL Continence level is frequently Incontinent. Report change to level as noted. PCA Revision on: 05/02/2024 Revision by: Katie Savo • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 08/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)		Registered Staff	
• Altered ability to complete Activities of Daily Living (ADLs) related to GERD, DM, Impaired mobility, Pain, Dementia and HTN. Revision on: 03/22/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Keith 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. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• BATHING: BATHING: Keith's bath days will be Tuesday and Friday day shift. Requires extensive assistance with bath activity, and able to transfer himself to the bath chair. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Keith is able to turn, reposition and move Independently while in bed. Revision on: 12/13/2019 Revision by: Mary Mpesha (Registered Nurse) • DRESSING: Keith is able to dress self Independently. Care level may vary due to impaired recall he may require limited assistance from 1		PCA PCA PCA	
Allergies	No Known Allergies		D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)		Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		<p>team member to assist him with dressing.</p> <p>Needs reminders to change clothing at times.</p> <p>Revision on: 11/01/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: Keith is able to eat Independently only set up required and he eats in the main dining room flr. 1.</p> <p>Revision on: 03/11/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Independent and Keith uses walker for ambulation.</p> <p>Revision on: 12/19/2020</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Keith is able to wash his face, hands, shaving and peri-care, however he is not clean himself properly after BM, Staff to check him and clean him as needed.</p> <p>Revision on: 05/24/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• HAND HYGIENE: 1 staff to provide Reminder assistance to use hand sanitizer/ use hand sanitizer wipes for hand hygiene.</p> <p>Revision on: 08/19/2021</p> <p>Revision by: Chelsea Campbell-Wright (IPAC LEAD)</p> <p>• TOILET USE: Keith is able to go on/off the toilet himself, and pull his pants up after and change his pull up as needed. Limited assistance provided by staff due to frequently incontinent with bowel recently.</p> <p>Revision on: 08/13/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRANSFERRING: Keith is able to transfer Independently between surfaces.</p> <p>Revision on: 08/24/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• ORAL CARE: Keith has missing teeth, has dentures but doesn't wear them. Able to perform oral care on his own</p> <p>Revision on: 11/01/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• FOOT CARE: PSW to complete toenail care every on his bath days. Report long toe nails or other abnormalities as noted.</p>	PCA <	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to GERD, DM, Impaired mobility, Pain, Dementia and HTN.</div> <div>Revision on: 03/22/2021</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>		<div>Revision on: 06/30/2020</div> <div>Revision by: Qiufeng Liu (RPN/RAI back up)</div> <div>• SHAVING - Keith will have his face shaved on his bath days</div> <div>Revision on: 02/12/2024</div> <div>Revision by: Maryola Perion (RN)</div>	PCA	D	
<div>• COGNITIVE LOSS; alteration in thought processes (memory loss, poor decision making.) related to Cognitive decline and Dementia.</div> <div>Revision on: 03/22/2021</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>	<div>• Keith will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is (2)</div> <div>Revision on: 11/13/2024</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>Target Date: 01/17/2026</div>	<div>• ORIENTATION: Gently reorient to (person, place, time) as needed when Keith is feeling lost or in confused state.</div> <div>Revision on: 06/30/2020</div> <div>Revision by: Qiufeng Liu (RPN/RAI back up)</div> <div>• PERSONAL ITEMS: Keep (eyeglasses, walker) in a consistent place.</div> <div>Revision on: 12/19/2020</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA		
<div>• Keith is at high risk for elopement related to documented history of exit seeking.</div> <div>Revision on: 12/03/2020</div> <div>Revision by: Katie Wolters-Savo (RAI</div>	<div>• Keith will remain safe within the home unless accompanied by staff or other authorized persons through next review</div>	<div>• Assess/record/report to MD risk factors for potential elopement such as; wandering, repeated requests to leave the building, statements such as "I'm going home", attempts to leave, previous attempts</div>	Registered Staff		
Allergies	No Known Allergies	D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)	Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Coordinator)		date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• Develop an activities program to divert attention and meet needs for social and cognitive stimulation • Ensure area is safe and redirect as needed.		ACT PCA	
• Expressed Wishes and Beliefs related to Keith Medical Treatment and End of Life Care Revision on: 12/03/2020 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To support and honor Keith expressed wishes and beliefs through to the End of Life. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• CPR: Keith wishes express NO CPR and NO TRANSFER to hospital. Revision on: 05/15/2020 Revision by: Maryola Perion (RN)			
• Altered VISION related to Right Eye sight decreased stated by resident. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• Keith will use glasses for vision correction daily through to the next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• Adapt environment to Keith individual needs to ensure he is able to recognize objects in the environment. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • EYEGLASSES: Keith wears eyeglasses. Assist to clean eyeglasses as needed and store (on night table or in night table drawer) when sleeping. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA PCA	
• SPIRITUAL BELIEFS: Keith is of the Roman Catholic Faith. Revision on: 01/08/2020 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		• To provide Keith spiritual support as interested through to the next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• PERSONAL CHOICE: Respect Keith's right to decline participation in Spiritual Programs. Attempt to actively engage him if he decides to attend. Revision on: 07/07/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		ACT	
• URINARY INCONTINENCE. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Keith will have urinary incontinence managed every shift through to the next review period. Revision on: 11/13/2024	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • URINARY Continence level is (frequently Incontinent). Report change to level as		Registered Staff PCA	
Allergies	No Known Allergies		D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)		Admission Date	12/13/2019	Location	6 612 A
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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	noted. Revision on: 05/02/2024 Revision by: Katie Savo • INCONTINENCE PRODUCT: Keith wears blue color brief. Revision on: 02/04/2025 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• Sleep Patterns. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To promote adequate rest/sleep for Keith based on identified sleep patterns/preferences each night through to the next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• REST PATTERN: Preferred bedtime, usual wake time and daytime naps: usually Stays in bed between meals all the time. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • SLEEPWEAR: T-shirt and brief Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)			PCA PCA	
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To treat and/or minimize discomfort/ complications associated with GERD through to the next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• COMMUNICATION: Involve/collaborate with (Keith)/SDM in decision making for GERD Management. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. • POSITIONING: Encourage resident to avoid lying down for at least one hour after eating; elevate head of bed, encourage resident to sit/stand upright after meals. • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.			Registered Staff PCA Registered Staff Registered Staff	
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES.		• To minimize episodes of DIABETIC hypoglycemia and/or hyperglycemia each day through to the next review date.	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD			Registered Staff Registered	
Allergies	No Known Allergies		D.O.B.	09/24/1945	Physician	Roseanne Ng	
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)		Admission Date	12/13/2019	Location	6 612 A	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved	
		Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	order. • MEDICATION: Administer medication for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • RESCUE MEDICATION: Administer GLUCAGON for hypoglycemia as per MD order.		Staff Registered Staff Registered Staff		
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension		• To treat and minimize signs/symptoms or complications associated with HTN through to the next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• COMMUNICATION: Involve/collaborate with Keith/SDM in decision making of Cardiac Care Management for HTN. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • MEDICATION: Administer medication for as per MD Order and monitor for side effects. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • BP MONITORING: Monitor BLOOD PRESSURE (monthly and as needed). Notify MD of abnormalities as needed. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		Registered Staff Registered Staff Registered Practical Nurse RN Registered Staff		
• Nutrition Risk Level (diet details)		• Keith will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026	• NUTRITION RISK: Keith is moderate risk level. Revision on: 12/04/2020 Revision by: Anna Slack • DIET ORDER: Keith will receive regular diet, regular texture - provide minced texture when Keith requests Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Keith drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021		Dietitian (RD) Dietary Manager PCA Diet PCA		
Allergies	No Known Allergies			D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)			Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)	<p>• Will weigh within Realistic weight range of 68 - 73kg/BMI 29 - 31 through to next review date. Revision on: 01/30/2025 Revision by: Debora Choi (Dietitian (RD)) Target Date: 01/17/2026</p> <p>• Keith will be adequately hydrated aeb drinking at least 1181 ml per day based on 75% of total fluid requirement of 1575-1890 ml @ 25-30ml/kg, 63kg through to next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026</p> <p>• Will meet estimated nutritional requirements of 1575-1890 kcal @ 25-30 kcal/kg, 63g protein @ 1g/kg through to next review date. Revision on: 11/13/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/17/2026</p>	<p>Revision by: Olivia Kuhlmann (Dietetic Intern)</p> <p>• FLUID TARGET: Encourage Keith to drink a minimum 1181ml per day Revision on: 10/29/2024 Revision by: Lexi Dakin (Dietitian (RD))</p> <p>• DINING INSTRUCTIONS: Provide minced texture when Keith requests (will ask for minced raw vegetables/salads sometimes) Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD))</p>	PCA	Registered Practical Nurse

Allergies	No Known Allergies	D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)	Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report


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Diagnosis

Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain, unspecified(R52.9), Benign hypertension(I10.0), Acute hepatitis C(B17.1), Unspecified dementia(F03), Personal history of COVID-19(U07.5)

Allergies	No Known Allergies	D.O.B.	09/24/1945	Physician	Roseanne Ng
Diagnosis	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Need for assistance due to reduced mobility(Z74.0), Pain...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Oliver, Keith (922131005319)	Admission Date	12/13/2019	Location	6 612 A
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• Pap Margaret is experiencing episode of RESPIRATORY INFECTION suspected Pneumonia, CoPD on set Oct/08/2025. Revision on: 10/08/2025 Revision by: Sonpreet Gurm (Registered Nurse)</p>	<p>• To effectively treat and manage RESPIRATORY INFECTION without further complications by (enter target date). Target Date: 12/05/2025</p>	<p>• COMMUNICATION: Involve/collaborate with (resident name/SDM) with decision making for RESPIRATORY INFECTION treatment plan and update accordingly.</p> <p>• HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (Specify; hand hygiene, visitation, PPEs, isolation, transmission, etc.).</p> <p>• MEDICATIONS: Administer medication/oxygen for (specify; infection, pain, fever, symptoms, SOB, etc.) as per MD/NP order.</p> <p>• MONITORING: Utilize holistic perspective of monitoring resident with RESPIRATORY INFECTION for (Specify; signs/symptoms, hydration status, overall health condition, process of healing, secondary infections, exacerbation of their chronic condition such as Diabetes/COPD, etc.) until stable.</p> <p>• VITAL SIGNS: Monitor VITAL SIGNS (Specify type and duration of monitoring per order).</p>	<p>Registered Staff</p> <p>Registered Staff</p> <p>Registered Staff</p> <p>Personal Support Workers</p> <p>Registered Staff</p>			
<p>• Potential for ACUTE OR CHRONIC PAIN and alteration in comfort level related to Osteoporosis, back pain, complaints of oral pain. Most Current Pain Score is (0) Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• Promote RAI Pain Score of 0 through to the next review. Revision on: 09/05/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/05/2025</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>• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 04/01/2022 Revision by: Elsie Calumpang (RN)</p>	<p>RN Registered Practical Nurse</p> <p>Registered Practical Nurse RN</p>			
<p>• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic, decreased oral and fluid intake. Revision on: 07/24/2025</p>	<p>• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 07/28/2025</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. Revision on: 10/23/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PROMOTE FLUIDS: Promote Margaret to consume fluids; amount as per Nutrition</p>	<p>Registered Staff</p>			
Allergies	No Known Allergies	D.O.B.	04/07/1936	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Pap, Margaret (922131003919)	Admission Date	04/14/2015	Location	6 621 A	
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Maryola Perion (RN)	Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/05/2025	Care Plan. Revision on: 10/23/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> • Margaret is experiencing colonization with Antibiotic Resistant Organism (MRSA - nasal) as of confirmed date: 2/19/2024, Jan. 22, 2025. MRSA+ to rectum, confirmed date: 2023/11/12 Revision on: 01/26/2025 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with (Cecille/SDM) with decision making for Antibiotic Resistant Organism treatment plan and update accordingly. Revision on: 07/23/2022 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of monitoring resident for (signs/symptoms of secondary infection, overall health condition, etc.). Revision on: 07/23/2022 Revision by: Maryola Perion (RN) • PPE PRECAUTIONS: Precaution identified as (CONTACT) for MRSA and requires use of the following PPEs (Gloves, Gown, Mask,) when (providing direct care, handling soiled clothes and linens, disposing of incontinent product, etc.). Revision on: 07/23/2022 Revision by: Maryola Perion (RN) 	Personal Support Workers		
<ul style="list-style-type: none"> • RISK FOR IMPAIRED SKIN INTEGRITY r/t fragile skin (aging process), Impaired Mobility, Incontinence Revision on: 12/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • To protect and maintain skin integrity each day through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 	<ul style="list-style-type: none"> • 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. 	PCA		
<ul style="list-style-type: none"> • FALLS, AT RISK/potential for falling r/t Daily Psychotropic drug use, Hx. of Falls and Alcohol Abuse, Decrease Balance, Osteoporosis, Hypertension, COPD, Bipolar Affective Disorder, Dementia, Depression. Revision on: 01/29/2024 Revision by: Maryola Perion (RN) 	<ul style="list-style-type: none"> • To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 	<ul style="list-style-type: none"> • PT/OT to assess. • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • BED: Use high/low bed to lower risk for injury. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	Registered Staff PCA PCA	D/E/N	
Allergies	No Known Allergies	D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)	Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			<ul style="list-style-type: none"> • FOOTWEAR: Ensure resident wears appropriate footwear (NON-slip footwear) for transfers. 		PCA	
			Revision on: 07/26/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> • Potential to experience alteration in MOOD as exhibited by (sad, worried facial expression)related to cognitive decline Dementia, Depression, Bipolar Affective Disorder and Delirium. 		<ul style="list-style-type: none"> • Margaret will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. 	<ul style="list-style-type: none"> • 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. 		PCA	
Revision on: 07/19/2023 Revision by: Jenny Liu (RAI Coord Back-up)		Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> • RESIDENT STRENGTHS: Build on Margaret effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. 			
			Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. 			
			Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
<ul style="list-style-type: none"> • Margaret has potential for complications, s/sx related to diagnosis of COPD, Bronchospasm, Hx of Bronchitis, COPD exacerbation (June 22/23) 		<ul style="list-style-type: none"> • Margaret will be free of s/sx of respiratory distress, and maintain optimal functioning within limitations imposed by disease process through next review date. 	<ul style="list-style-type: none"> • Provide Nebulizer/Inhalers treatments as ordered. Monitor effectiveness, side effects(rapid pulse). 		Registered Staff	
Revision on: 06/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	Revision on: 06/05/2017 Revision by: Qiufeng Liu (Registered Practical Nurse) <ul style="list-style-type: none"> • Assess/record/report to MD prn; anxiety, restlessness, SOB, wheezing, dyspnea, respiration rapid or shallow cough, cyanosis, confusion, altered mental status, fatigue, headache 		Registered Staff	
			<ul style="list-style-type: none"> • Encourage coughing, deep breathing 		Registered Staff	
			Revision on: 04/26/2016 Revision by: POC_Go_Live <ul style="list-style-type: none"> • Administer oxygen prn as ordered,Make sure O2 sats above 90% every shift. 		PCA	
			Revision on: 11/03/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • Administer medications as ordered and monitor for side effects, effectiveness. 			
			Revision on: 06/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
<ul style="list-style-type: none"> • At Risk for SOCIAL ISOLATION and/or 		<ul style="list-style-type: none"> • To support Margaret's Psycho- 	<ul style="list-style-type: none"> • STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Friendly/1: ACT 			
Allergies	No Known Allergies		D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)		Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
alteration to PSYCHO-SOCIAL well-being related to Disinterest, Low Motivation, Rest/Sleep Patterns, Withdrawn. ISE Score: 2/6 Revision on: 10/21/2022 Revision by: Mitchell Atkinson (Recreation Aide)		Social well being through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	1 visits, arts & crafts, Montessori games, sensory programs, special events, etc. Revision on: 07/25/2022 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED ACTIVITIES: Encourage Margaret to engage in self-directed activities such as watching/listening to TV, listening to music, etc. Revision on: 05/26/2020 Revision by: Shayna Lee Wonsch (Activation Manager) • HELPFUL HINTS: Identify Helpful Hints to ease communication while providing interactions for Margaret such as the topic of interest such as family, plants, animals, hobbies, health, her life in Hungary/Budapest, dancing, making movies, etc. Revision on: 11/15/2019 Revision by: Shayna Lee Wonsch (Activation Manager) • ONE to ONE: Provide Margaret with individual visits for; conversation (family, hockey), music (Hungarian), videos (Hungary, animals), reminiscing, etc. Revision on: 09/14/2022 Revision by: Sandy Croley (Director of Activation)				ACT	
• Expressed Wishes and Beliefs related to Margaret Medical Treatment and End of Life Care Revision on: 05/18/2021 Revision by: Shayna Lee Wonsch		• To support and honor Margaret's expressed wishes and beliefs through to the End of Life. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• CPR: Margaret wishes express NO CPR and NO TRANSFER to hospital. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)					
• Margaret has Chronic Renal Failure (CRF) related to diagnosis of Renal Failure Revision on: 05/17/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• To treat and minimize complications associated with Chronic Renal Failure through to next review date Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with CRF for changes to health status and alteration or complications affecting renal function Revision on: 08/13/2020 Revision by: Anna Slack (Registered Dietitian) • WEIGHT: Check/ Document weight as per MD order. Notify MD of any sudden weight change Revision on: 04/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)					
• Altered ability to complete Activities of		• Margaret will be supported to	• BATHING: Physical help in part of bathing of extensive assistance from 1 team				PCA	
Allergies	No Known Allergies			D.O.B.	04/07/1936		Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)			Admission Date	04/14/2015		Location	6 621 A
Last Care Plan Review Completed:		09/05/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>Daily Living (ADLs) related to Osteoporosis, Dementia, Bipolar Affective Disorder, Depression, COPD, HTN, Hx. of alcohol abuse and Dehydration.</p> <p>Revision on: 02/12/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>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.</p> <p>Revision on: 12/04/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 12/05/2025</p>	<p>member.</p> <p>Margaret is able to assist with transferring and washing most of her upper body. Often Margaret refuses shower. Bath--> Thursday/Sunday on days</p> <p>Revision on: 07/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Extensive assistance- Margaret is able to help minimally, She requires extensive assistance from team member to help her to turn and reposition in bed.</p> <p>Revision on: 10/23/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• DRESSING: Margaret is able to guide her arms through the clothes, but requires EXTENSIVE ASSISTANCE from one to two staff to be fully dressed or undressed.</p> <p>Revision on: 04/26/2023</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• EATING: Margaret requires supervision/guidance assistance from team member with eating. She eats on the floor by the hallway at breakfast and lunch as res.does not want to be with other res.Res.eats in her room at supper.</p> <p>Has complaints of oral pain present at times that will interfere with intake. Team to please monitor and report pain. Offer soft foods when needed. Refer to RD as needed.</p> <p>Revision on: 10/28/2025</p> <p>Revision by: Judith Aguilar (RPN)</p> <p>• LOCOMOTION: Margaret stays in the room all the time either sitting on the bed or laying in the bed per her choice.</p> <p>Wheelchair used and one staff to porter her on the unit when she comes out for meals recently</p> <p>Revision on: 06/13/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• PERSONAL HYGIENE: Margaret is able to wash her hands, face and comb her hair, but requires Extensive assistance from one to two staff to provide peri-care.</p> <p>Revision on: 04/26/2023</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>PCA</p> <p>PCA</p> <p>PCA</p> <p>PCA</p>	<p></p> <p></p> <p></p> <p></p>		
Allergies	No Known Allergies		D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)		Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Osteoporosis, Dementia, Bipolar Affective Disorder, Depression, COPD, HTN, Hx. of alcohol abuse and Dehydration. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide REMINDER assistance to use sanitizer wipes rub hands together, dry hands, etc. for hand hygiene. Revision on: 11/03/2021 Revision by: Jenny Liu (RAI Coord Back-up) TOILET USE: Extensive assistance -Margaret likes to stand up when get changed when soiled by staff, and adjust clothes after and re-apply brief. Revision on: 04/27/2022 Revision by: Jenny Liu (RAI Coord Back-up) TRANSFERRING: Margaret requires one staff member to physically assist her with her transfer between surfaces. Revision on: 01/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) ORAL CARE: Extensive assistance from one staff. own teeth Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) FOOT CARE: PSW to complete toenail care on her bath days. Report long toe nails or other abnormalities as noted. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	PCA			
<ul style="list-style-type: none"> Bowel Incontinence Revision on: 09/07/2020 Revision by: Mitchell Atkinson (Activities/Rec Therapy)	<ul style="list-style-type: none"> Margaret will have bowel incontinence managed every shift through to the next review period. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. BOWEL Continence level is Totally Incontinent. Report change to level as noted. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	Registered Staff PCA PCA			
<ul style="list-style-type: none"> Potential for CONSTIPATION related to daily use of medication with binding effect, decreased mobility, etc. Revision on: 07/09/2020 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 12/04/2024 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Margaret/SDM for decision making regarding constipation management. Revision on: 07/09/2020 Revision by: Maryola Perion (RN) MONITORING: Utilize holistic perspective of continuous monitoring of resident for 	Registered			
Allergies	No Known Allergies		D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Pap, Margaret (922131003919)		Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 • Margaret will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	constipation management and changes to health status and symptoms/ complications of constipation. • BOWEL PROTOCOL: In place as per MD order		Staff Registered Staff	
• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• Medication preferences: Margaret takes her medications whole with water. Revision on: 12/17/2015 Revision by: Judith Aguilar (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		Registered Staff	
• Potential for Expressive Behaviour of (RESISTANCE to care need) nature related to Bipolar disorder, Dementia, Depression and Delirium. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To decrease episodic frequency of (resist care) by next review date. ABS score will be less than (1). Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk. • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to eat, etc.) as expression of behaviour include (poor judgment. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESISTANCE to Care Need: If Margaret is refusing to (bathe, eat, etc.) re-approach in 5-10 minutes. Report episode to Registered Staff.		Registered Staff	
Allergies	No Known Allergies		D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)		Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision on: 10/11/2023 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for therapeutic treatment of resist care as per MD Order. Monitor effectiveness and for side effects. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			Registered Practical Nurse RN	
• Altered VISION related to ability to see large print but not regular print in newspapers or books (aging process). Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• Margaret will be able to function safely in her environment through next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• Adapt environment to Margaret individual needs to ensure she is able to recognize objects in the environment. Revision on: 12/17/2015 Revision by: Judith Aguilar (Registered Practical Nurse) • READING: Margaret use large print materials with Margaret. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA PCA	
• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension.) related to Dementia, Depression, Bipolar Affective Disorder. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• Margaret will be supported to maintain current communication abilities to (express self, comprehend information, etc.) each day through to the review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 • Margaret will be able to make basic needs known on a daily basis through the review date Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• PRIMARY LANGUAGE: Margaret primary language is English. She is able to speak/understand English. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• COGNITIVE LOSS; alteration in thought		• Margaret will be supported to	• ORIENTATION: Gently reorient to (person, place, time) as needed when Margaret				
Allergies	No Known Allergies			D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)			Admission Date	04/14/2015	Location	6 621 A
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 to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease, Hyperlipidaemia , Hypertension			Revision by: Jenny Liu (RAI Coord Back-up) • OXYGEN: Administer Oxygen as per MD order. Revision on: 12/02/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • BP MONITORING: Monitor BLOOD PRESSURE (prior administer BP meds). Notify MD of abnormalities as needed. Revision on: 12/02/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)			Registered Practical Nurse RN Registered Staff	
• Urinary Incontinence Revision on: 03/17/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Margaret will receive support to (use toilet) and promote urinary continence each shift through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 06/30/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • URINARY Continence level is Totally Incontinent. Report change to level as noted. Revision on: 02/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) • CHECK and CHANGE: Margaret experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 02/08/2023 Revision by: Brandi West (Director of Care) • INCONTINENCE PRODUCT:resident uses white color brief per Prevail sheet on the floor Revision on: 03/10/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA PCA PCA	every 2 hrs
• Nutrition Risk Level (diet details)		• Margaret will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• Labelled Item Breakfast: Magic Cup daily Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • Labelled Item Dinner: assorted pudding daily Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN PCA Registered Practical Nurse	D E
Allergies	No Known Allergies			D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)			Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	<ul style="list-style-type: none"> • Will weigh within Realistic weight range of 50-55kg through to next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025 • Will be adequately hydrated aeb drinking at least 75% of total fluid requirement: 1482 ml daily (30 ml/kg) through to next review date. Revision on: 03/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/05/2025 	<ul style="list-style-type: none"> • Labelled Item Lunch: ice cream cup daily Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Margaret is moderate risk level Revision on: 05/31/2025 Revision by: Brittany Hyde (Registered Dietitian) • DIET ORDER: Margaret will receive regular diet, regular texture. Cut food into small pieces. Revision on: 08/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Margaret drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Margaret to drink a minimum of 1112 ml per day. Revision on: 03/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: - Cut food into small pieces - Encourage coming out to the dining room for meals vs. eating in her room - If she refuses a meal, may serve Rice Crispies with milk Revision on: 08/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: 120mL Resource 2.0 three times a day Revision on: 08/24/2023 Revision by: Anna Slack (Registered Dietitian) • HIGH FIBRE: Offer Margaret 200ml prune juice at breakfast daily, 1 package FruitRite at breakfast Revision on: 01/10/2025 Revision by: Rachelle Ly (Dietitian (RD)) 	RN PCA Registered Practical Nurse RN Dietitian (RD)	D		
<ul style="list-style-type: none"> • Margaret has potential for complications, s/sx related to Vit. B1 DEFICIENCY. Revision on: 01/27/2016 	<ul style="list-style-type: none"> • To treat and/or minimize complications associated with ANEMIA each day through to 	<ul style="list-style-type: none"> • Assess/record/report to MD prn: Vit B1 deficiency s/sx such as; weight loss, weakness, irregular heart rate, emotional disturbances. Revision on: 01/27/2016 	Registered Staff			
Allergies	No Known Allergies	D.O.B.	04/07/1936	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Pap, Margaret (922131003919)		Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision by: Clarisa Amir (Registered Practical Nurse)	the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	Revision by: Clarisa Amir (Registered Practical Nurse) • Administer medications as ordered and monitor for side effects, effectiveness Revision on: 03/12/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Staff	
• Potential for injury complications, discomfort related to diagnosis of OSTEOPOROSIS. Revision on: 01/27/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• Margaret will remain free of injuries, discomfort or complications related to osteoporosis through next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• Administer medication as ordered Revision on: 06/05/2017 Revision by: Qiufeng Liu (Registered Practical Nurse) • Assess/record/report to MD prn s/sx or complications related to osteoporosis; acute fracture, compression fractures, loss of height, Kyphosis, pain - especially back pain • Margaret was discharged from PT program (Nov/2014) due to continuous refusal to participate Revision on: 04/01/2022 Revision by: Elsie Calumpang (RN)	Registered Staff Registered Staff	
• SLEEP PATTERN Revision on: 01/27/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To meet Margaret personal preferences for sleep patterns through the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/05/2025	• Usual bedtime: bedfast most of the time. and usual wake time: 0700-0730 hr. Revision on: 05/17/2021 Revision by: Jenny Liu (RAI Coord Back-up) • Preferred night attire: Margaret wears own PJ. Revision on: 12/17/2015 Revision by: Judith Aguilar (Registered Practical Nurse)	PCA PCA	

Allergies	No Known Allergies	D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)	Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025			


Care Plan Report

Diagnosis

Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, unspecified(F31.9), Acute renal failure, unspecified(N17.9), Acute bronchitis, unspecified(J20.9), Dehydration (E86.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Hyperlipidaemia, unspecified(E78.5), Thiamine deficiency, unspecified(E51.9), Resistance to methicillin(U82.1), Delirium, unspecified(F05.9)

Allergies	No Known Allergies	D.O.B.	04/07/1936	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Osteoporosis, unspecified(M81.9), Benign hypertension(I10.0), Personal history of alcohol abuse(Z86.40), Other depressive episodes(F32.8), Bipolar affective disorder, u...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pap, Margaret (922131003919)	Admission Date	04/14/2015	Location	6 621 A
Last Care Plan Review Completed:		09/05/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest and adjusting to life in new environment. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide)		<ul style="list-style-type: none">Team members will support Gabriel in decreasing social isolation by participating in activities of personal choice for 5-10 times per month by the next review date. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 12/16/2025	<ul style="list-style-type: none">STRUCTURED ACTIVITIES: Invite Gabriel to programs of personal interest; concerts, cards, games, movies, parties, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide)				
		<ul style="list-style-type: none">To support Gabriel's Psycho-Social well being through to the next review. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 12/16/2025	<ul style="list-style-type: none">SELF-DIRECTED ACTIVITIES: Encourage Gabriel to engage in self-directed activities such as watching TV, conversing with peers, enjoying outdoors, etc. Revision on: 10/21/2025 Revision by: Laura Morris (Restorative Care Aide)				
<ul style="list-style-type: none">Alteration in skin integrity related to blisters on the left calf and Left Calf (Lateral). Revision on: 10/20/2025 Revision by: Baljinder Sidhu (RPN)		<ul style="list-style-type: none">To promote intact skin integrity through healing of blisters by target date. Revision on: 10/20/2025 Revision by: Baljinder Sidhu (RPN) Target Date: 12/16/2025	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident with blisters for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/20/2025 Revision by: Baljinder Sidhu (RPN)			Registered Practical Nurse RN	
			<ul style="list-style-type: none">COMMUNICATION: Involve/collaborate with (resident name)/SDM in decision making for treatment of skin issues. Revision on: 10/20/2025 Revision by: Baljinder Sidhu (RPN)				
			<ul style="list-style-type: none">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. Revision on: 10/20/2025 Revision by: Baljinder Sidhu (RPN)				
<ul style="list-style-type: none">Alteration in skin integrity with risk for infection or complications related to		<ul style="list-style-type: none">To promote optimal healing of SKIN TEAR within the target	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident with SKIN TEAR for changes to health status and alteration or complications affecting				
Allergies	No Known Allergies		D.O.B.	06/29/1968	Physician	Roseanne Ng	
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Pontich, Gabriel (922131005662)		Admission Date	09/17/2025	Location	6 608 A	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
#6 - Skin Tear - Partial Flap Loss Right Shin Onset date: 9/29/25 Revision on: 10/02/2025 Revision by: Maryola Perion (RN)	date. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) Target Date: 12/16/2025	skin integrity. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) • TREATMENT PLAN: Administer treatment for SKIN TEAR as per MD Order. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) • 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. Revision on: 10/02/2025 Revision by: Maryola Perion (RN)		
• Potential for Expressive Behaviour of (VERBAL, refuse care, refusing medications) nature related to Personal history of substance abuse. Revision on: 09/29/2025 Revision by: Alyssa Egan (Interim ADOC)	• Gabrielc will be supported to adjust to his new environment to lower risk of triggering former (VERBALLY) behaviour episodes through to the next review. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• TRIGGERS leading to VERBAL (swearing, yelling, calling names, etc.) as expression of behaviour include (loss of control, frustration, limitation in self expression, misunderstanding care intention, etc.) Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • VERBAL Behaviour: If Gabrielc 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. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • SOCIALLY Inappropriate Behaviour: If Gabrielc is noted to have a knife, inform the charge nurse immediately. Keep other residents from the area. If resident is making threats, do not approach him and contact the police immediately. Resident will sign out for LOA's and will stay past his time ordered. Team to monitor for resident leaving the building. Get details on where is planning to go and remind him of the importance to come back to the home when he says he plans to. Team to monitor for his return. Revision on: 09/29/2025 Revision by: Danielle Loreto (RAI Coordinator)		
• Potential for Persistent PAIN and alteration in comfort level related to pain on shoulder, head. Most Current LTCF Pain	• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review.	• 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.	RN Registered Practical Nurse	
Allergies	No Known Allergies		D.O.B.	06/29/1968
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses		Physician	Roseanne Ng
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Pontich, Gabrielc (922131005662)	Admission Date	09/17/2025	Location 6 608 A

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Score is 3 Revision on: 09/28/2025 Revision by: Maryola Perion (RN)		Target Date: 12/16/2025 • Promote RAI Pain Score of 0 through to the next review. Target Date: 12/16/2025	• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 09/28/2025 Revision by: Maryola Perion (RN)		Registered Practical Nurse RN	
• Gabriece has potential for recurrence of SUBSTANCE ABUSE, related to history of polysubstance use, Crack pipes found in his room September 24th 2025 and were removed by police Revision on: 09/26/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Gabriece will remain free of non-prescribed (alcohol/narcotics) through next review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• SET BOUNDARIES: Discuss behavioural limits and expectations with (Gabriece). Be very clear with limits to establish behaviour boundaries. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • ROOM CHECK: Check (Gabriece) room/belongings for (alcohol, narcotic, drug paraphernalia, etc.) each (shift). If any found report to Charge Nurse/DOC/ED/SW. Revision on: 09/26/2025 Revision by: Danielle Loreto (RAI Coordinator)		Social Worker Director of Care Executive Director	
• Potential to experience alteration in MOOD as exhibited by agitation/argumentative to Decline in Health Condition, Loss of Independence Revision on: 09/26/2025 Revision by: Jenny Liu (RAI Coordinator)		• Gabriece will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Gabriece for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • RESIDENT STRENGTHS: Build on Gabriece effort to maintain control. Encourage him/her to express self, state preferences and make safe choices for care and activities. Revision on: 09/26/2025 Revision by: Jenny Liu (RAI Coordinator)			
• Potential to experience complications and side effects impacting quality of life related to use of (Methadone Clinic.) Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To monitor effectiveness and for side effects of medication used each day through to the next review date Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator)	• COMMUNICATION: Involve/collaborate with Gabriece/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using (methadone, poly-pharmacy, etc.) for changes to health status and alteration or			
Allergies	No Known Allergies		D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pontich, Gabriece (922131005662)		Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Coordinator) Target Date: 12/16/2025 • To promote GabrieC understanding of treatment regime and possible side effects of medication taken through to the next review. Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	complications affecting functioning or quality of life. Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 09/25/2025 Revision by: Danielle Loreto (RAI Coordinator)		Registered Staff	
• Balance Training Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Reduce fall risk from high to moderate in next 6 months; Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/16/2025	• 1:1 balance training with wall bar/walker, Include marching, heel raise, mini squats, front, side and back touches. 10 reps/exs, 2-3 x a week; 1:1 assist gait training with RW, rest breaks as needed, cue for proper foot clearance and heel toe pattern, Distance as best tolerated; 2-3 x a week;; Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• ROM Exs Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Increase B/L shoulder flexion from Rt/Lt 100/110 to WFL in next 3 months Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/16/2025	• A-AAROM exs for B/L UE and LE;10 reps, 1-2 sets or as best tolerated. 2-3 x a week; Revision on: 09/24/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Pontich GabrieC is experiencing colonization with Antibiotic Resistant Organism VRE rectal as of confirmed date: 23/09/2025 Revision on: 09/23/2025 Revision by: Simran Patel (Registered Nurse)		• To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Target Date: 12/16/2025	• COMMUNICATION: Involve/collaborate with resident with decision making for Antibiotic Resistant Organism treatment plan and update accordingly. Revision on: 09/23/2025 Revision by: Simran Patel (Registered Nurse) • HEALTH EDUCATION: Engage with resident to enhance their knowledge of infection control practices (Specify; hand hygiene, PPEs, isolation, transmission, etc.) for Antibiotic Resistant Organism. Revision on: 09/23/2025			
Allergies	No Known Allergies		D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pontich, GabrieC (922131005662)		Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision by: Simran Patel (Registered Nurse) • PPE PRECAUTIONS: Precaution identified as CONTACT for VRE and requires use of the following PPEs (specify; Gloves, Gown) when (specify; providing direct care, handling soiled clothes and linens, disposing of incontinent product, etc.). Revision on: 09/23/2025 Revision by: Simran Patel (Registered Nurse)		
• Altered VISION related to Presbyopia	• Gabriel supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• EYEGLASSES: Gabriel wears eyeglasses. Assist to clean eyeglasses as needed and store on night table, in night table drawer, etc. when sleeping. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to new environment Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote adequate rest/sleep for Gabriel based on identified sleep patterns/preferences each night through to the next review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• REST PATTERN: Preferred bedtime 2000, usual wake time 1000 and daytime naps at his own leisure. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
• Nutrition: Swallowing difficulty related to Dysphasia Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To maintain safe swallowing through to next review date Target Date: 12/16/2025 • To obtain or maintain adequate intake to meet estimated nutritional requirements through to next review date Target Date: 12/16/2025	• Refer to RD if he changes his mind and is willing to receive safer, texture-modified diet. • Provide diet/texture interventions as per Nutrition Risk Level		

Allergies	No Known Allergies	D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pontich, Gabriel (922131005662)	Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for CONSTIPATION related to (daily use of medication with binding effect, decreased mobility) Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• To minimize the potential for episodes/ complications of constipation through to the next review date Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation.• FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan.• BOWEL PROTOCOL: In place as per MD order	Registered Staff Registered Staff Registered Staff	
<ul style="list-style-type: none">• BOWEL Continence - GabrieC is continent and has self recognition of urge to defecate. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• GabrieC to remain continent of bowels through next review date Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	<ul style="list-style-type: none">• BOWEL Continence level is CONTINENT. Report change to level as noted.• SELF TOILETING: GabrieC toilets self for bowel movements. Each shift ask if he had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA	
<ul style="list-style-type: none">• URINARY Continence - GabrieC is continent and has self recognition of urge to void. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• GabrieC will maintain continence level through next review date Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	<ul style="list-style-type: none">• URINARY Continence Level is: CONTINENT• SELF TOILETING: GabrieC toilets self. Each shift ask if he has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA	
<ul style="list-style-type: none">• Potential for hypo/hyperglycemia and other complications related to history of hypoglycemia Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Target Date: 12/16/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status.	Registered Staff	

Allergies	No Known Allergies		D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pontich, GabrieC (922131005662)		Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Gabrielec is experiencing episode of INFECTION HEPETITIS C. Onset date PRESENT ON ADMISSION Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To have infection adequately managed and treated without further complications. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	• MONITORING: Utilize holistic perspective of monitoring resident for (signs/symptoms, hydration status, overall health condition, process of healing, secondary infections, exacerbation of their chronic condition such as Diabetes/COPD, etc.) until stable. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • PPE PRECAUTIONS: Precaution identified as (CONTACT) for Hepatitis C and requires use of the following PPEs (Gloves, Gown, Mask, Faceshield, Goggles, etc.) when (specify; providing direct care, 2 metres away from influenza affected resident, handling soiled clothes and linens, disposing of incontinent product, etc.). Revision on: 09/20/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Nutrition Risk Level		• Gabrielec will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025 • Will weigh within GWR/IBW/Realistic weight range of 50-60kg through to next review date. Revision on: 09/22/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 12/16/2025 • Michael will be adequately hydrated aeb drinking at least 80% of total fluid requirement @ 25ml/kg, through to next review date.	• Labelled Item Lunch: 355 ml can gingerale daily per his request Revision on: 10/03/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Michael is moderate risk level. Revision on: 09/22/2025 Revision by: Brittany Hyde (Registered Dietitian) • DIET ORDER: Gabrielec will receive Regular diet, Regular texture at risk Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Michael drinks REGULAR/THIN Level 0 Fluids at risk Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID TARGET: Encourage Michael to drink a minimum of 1000ml per day. Revision on: 09/22/2025 Revision by: Brittany Hyde (Registered Dietitian) • DINING INSTRUCTIONS: To minimize choking/aspiration risk, encourage softer options and cut food into small pieces. Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: Ensure Plus Calories Butter Pecan 3 bottles daily Revision on: 10/07/2025			PCA Registered Practical Nurse RN Dietitian (RD)	D
Allergies	No Known Allergies			D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Pontich, Gabrielec (922131005662)			Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Nutrition Risk Level		Revision on: 09/22/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 12/16/2025 • Will meet estimated nutritional requirements of 25-30 kcal/kg/d & protein @ 1.2-1.5g/kg/d through to next review date. Revision on: 09/22/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 12/16/2025	Revision by: Holly Laasanen (Dietitian (RD))			
• Risk for Impaired SKIN INTEGRITY related to Frailty		• To protect and maintain skin integrity each day through to the next review. Target Date: 12/16/2025	• 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.		PCA	
• Increased risk for FALLS related to (history of polysubstance abuse). Limitation of cognitive function/altered judgement Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 12/16/2025	• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED: place bed in lowest position, use high/low bed to lower risk for injury. Revision on: 09/17/2025 Revision by: Jane Del Rosario (RPN) • FOOTWEAR: Ensure resident wears appropriate footwear for transfers, ambulation. Revision on: 09/17/2025 Revision by: Jane Del Rosario (RPN)		PCA	D/E/N
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation		• Gabriel will be supported to maintain current self participation in ADL care and assisted to ensure all ADL care needs are met each day through	• BATHING: Gabriel prefers (shower) on (Mondays and Thursday evening). Resident participates by completing his upper body and face. (1) staff (specify; EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 09/26/2025		PCA	
Allergies	No Known Allergies		D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Pontich, Gabriel (922131005662)		Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved				
		to the next review date. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/16/2025	Revision by: Shelby McCarthy (Registered Practical Nurse)								
			• BED MOBILITY: Gabriec is able to move themselves in bed on their own.			PCA					
			Revision on: 09/17/2025								
			Revision by: Danielle Loreto (RAI Coordinator)								
			• DRESSING: Gabriec requires 1 team member extensive assistance with his lower body. He is able to dress his upper body independently.			PCA					
			Revision on: 09/17/2025								
			Revision by: Danielle Loreto (RAI Coordinator)								
			• EATING: Gabriec is able to eat independently with set up assistance.			PCA					
			Revision on: 09/17/2025								
			Revision by: Danielle Loreto (RAI Coordinator)								
			• LOCOMOTION: Gabriec walks independently with a walker, wheelchair or without any assistance device on the unit.			PCA					
			He is independent with his locomotion in his wheelchair when off the unit or go out.								
			Revision on: 09/26/2025								
			Revision by: Jenny Liu (RAI Coordinator)								
			• PERSONAL HYGIENE: Gabriec completes his own personal hygiene with set up support.			PCA					
			Revision on: 09/17/2025								
			Revision by: Danielle Loreto (RAI Coordinator)								
			• HAND HYGIENE: 1 staff to provide (REMINDERS) assistance to (use soap/water, apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene.			PCA					
			Revision on: 09/17/2025								
			Revision by: Danielle Loreto (RAI Coordinator)								
			• TOILET USE: Gabriec is able to transfer himself on and off toilet. Once on toilet his will complete his own continence care.			PCA					
			Revision on: 09/26/2025								
			Revision by: Jenny Liu (RAI Coordinator)								
			• TRANSFERRING: Gabriec requires 1 team member physical assistance with his transferring. However he has been transfer himself between surfaces.			PCA					
			Revision on: 09/26/2025								
			Revision by: Jenny Liu (RAI Coordinator)								
			• ORAL CARE: Gabriec has his own teeth and some are missing. He is independent with his oral care.			PCA					
			Revision on: 09/17/2025								
			Allergies		No Known Allergies			D.O.B.	06/29/1968	Physician	Roseanne Ng
			Diagnosis		Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses						
Facility		Berkshire Care Centre					Print Date	10/30/2025			
Resident		Pontich, Gabriec (922131005662)			Admission Date	09/17/2025	Location	6 608 A			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation		Revision by: Danielle Loreto (RAI Coordinator) • FOOT CARE: (PSW) to complete toenail care on shower days and as needed. Report long toe nails or other abnormalities as noted. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator) • SHAVING -Offer to shave Gabric on his shower days. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA	D
• Expressed Wishes and Beliefs related to Gabrieec Medical Treatment and End of Life Care Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To support and honor (resident's name) expressed wishes and beliefs through to the End of Life. Target Date: 12/16/2025	• CPR: Gabeiec wishes to have CPR and TRANSFER to hospital decision will be made at the time of transfer. Revision on: 09/17/2025 Revision by: Danielle Loreto (RAI Coordinator)		

Allergies	No Known Allergies	D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pontich, GabrieC (922131005662)	Admission Date	09/17/2025	Location	6 608 A


Care Plan Report

Diagnosis

Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to use of opioids, dependence syndrome(F11.2), Mental and behavioural disorders due to use of unknown psychoactive substance, harmful use(F19.199), Acute hepatitis C(B17.1), Other peritonitis(K65.8), Cellulitis, unspecified(L03.9)

Allergies	No Known Allergies	D.O.B.	06/29/1968	Physician	Roseanne Ng
Diagnosis	Cholecystitis, unspecified(K81.9), Pneumonitis due to food and vomit(J69.0), Dysphasia and aphasia(R47.0), Other and unspecified cirrhosis of liver(K74.6), Mental and behavioural disorders due to...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Pontich, GabrieC (922131005662)	Admission Date	09/17/2025	Location	6 608 A

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
• Alteration in skin integrity related to RASH Moisture Associated Skin Damage (MASD)Coccyx October 30th 2025 Revision on: 10/30/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote intact skin integrity through healing of RASH by next review date. Revision on: 10/30/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Moisture Associated Skin Damage (MASD) Coccyx for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/30/2025 Revision by: Danielle Loreto (RAI Coordinator) • 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 Revision on: 10/30/2025 Revision by: Danielle Loreto (RAI Coordinator)				Registered Practical Nurse RN	
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest. ISE Score: 3/6 Revision on: 10/02/2025 Revision by: Laura Morris (Restorative Care Aide)		• Team members will support Michael in decreasing social isolation by participating in activities of personal choice 10-20 times per month by the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; 1:1 visits, games - Bingo, community trip/outing, Montessori programs, reminiscing groups, sensory programs, special events, spiritual, tuck shop, etc. Revision on: 05/08/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, spending time outdoors, etc. Revision on: 05/08/2023 Revision by: Mitchell Atkinson (Recreation Aide) • ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 05/08/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Michael to make friendships and sit with friends during activities. Revision on: 05/25/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)				ACT	
• Michael has HEP C A need to monitor Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To have infection adequately managed and treated without further complications by next review date Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)	• PPE PRECAUTIONS: Precaution identified universal. Risk analysis at all points of care. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)					
Allergies	No Known Allergies		D.O.B.	08/18/1958	Physician	Roseanne Ng		
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A		
Last Care Plan Review Completed:		10/06/2025						

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> • Michael has HEP C A need to monitor Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)		Target Date: 01/06/2026				
<ul style="list-style-type: none"> • Potential to experience side effects or complications related to use of BOTOX as treatment as Focal Spasticity Management Revision on: 04/09/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none"> • To monitor effectiveness (change in movement & spasticity level) and for side effects of medication used through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Michael in decision making and health teaching about Focal Spasticity Management and appropriate medication use. Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator)		RN Registered Practical Nurse	
<ul style="list-style-type: none"> • Potential for VISION related to cataracts Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none"> • Michael will use glasses for vision correction daily through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> • EYEGLASSES: Michael has glasses he does not usually wear. He can don and doff PCA at his own choosing. Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
<ul style="list-style-type: none"> • Potential for CONSTIPATION related to (Gastroparesis, history of obstruction December 2024) Revision on: 01/02/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none"> • Michael will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 01/02/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/06/2026	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. 		Registered Staff	
		<ul style="list-style-type: none"> • To minimize the potential for episodes/ complications of constipation through to the next 	<ul style="list-style-type: none"> • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. 		Registered Staff	
			<ul style="list-style-type: none"> • BOWEL PROTOCOL: In place as per MD order 		Registered Staff	
Allergies	No Known Allergies		D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• Potential for CONSTIPATION related to (Gastroparesis, history of obstruction December 2024) Revision on: 01/02/2025 Revision by: Danielle Loreto (RAI Coordinator)	review date Revision on: 01/02/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/06/2026					
• Increased risk for FALLS related to hx of falls, MS, Osteoarthritis, DDD, Fibromyalgia, episodes of syncope. Revision on: 01/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• CALL BELL: Place call bell within Michael's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • FOOTWEAR: Ensure Michael wears appropriate footwear when transferring. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA	D/E/N		
• Potential for Persistent PAIN and alteration in comfort level related to c/o overall generalized pain, MS, Osteoarthritis, Fibromyalgia, lower back pain, mild RUQ and epigastric discomfort. Pain score is 0/3. Revision on: 01/15/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Promote MDS Pain Score of 0 through to the next review. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	RN Registered Practical Nurse Registered Practical Nurse RN			
• Use of two 1/4 bed rails to assist resident with turning and repositioning while in bed . Revision on: 08/14/2023	• Michael will be effectively supported with use of bedrails to optimize Activity of Daily Living	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use bedrails as to support appropriate (assigned ADL). Revision on: 02/13/2023				
Allergies	No Known Allergies		D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision by: Alyssa Egan (Staff Development Coordinator)	(turning and repositioning) each day through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	Revision by: Jenny Liu (RAI Coord Back-up) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with turning and bed mobility. Monitor every shift. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)	PCA	D/E/N		
• Potential for bruising, bleeding, clotting or other complications related to use of (Anti-platelet) medication. Revision on: 02/08/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• To monitor for bleeding and minimize complications related to use of Plavix through the review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using Anticoagulant therapy for changes to health status and complications causing bleeding or clotting issues. Revision on: 02/13/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BLEEDING ALERT: Notify nurse immediately if Michael is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 02/13/2023 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medications as per MD Order. Report abnormal or unexplained bleeding, unexplained or excessive bruising, etc. to MD as noted.	PCA Registered Staff			
• Potential to experience FOOT/FEET complications related to diabetes diagnosis. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	• To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/collaborate with Michael in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Michael requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Michael likes to have footcare completed during shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	Footcare Nurse - Internal Footcare Nurse - Internal			
• Potential for Expressive Behaviour of resistive to care (refuses catheter changes) nature related to Depression, MS	• To promote safety for Michael and/or others during each episode of resisting care through	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk.	Registered Staff			
Allergies	No Known Allergies		D.O.B.	08/18/1958		
			Physician	Roseanne Ng		
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
Revision on: 11/14/2022 Revision by: Mitchell Atkinson (Recreation Aide)	to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• TRIGGERS leading to RESISTANCE to Care Needs of (refuse to get up , change catheter) as expression of behaviour per his choices. Revision on: 05/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Michael is refusing to change his catheter re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 08/11/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)					
• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to MS, Hard of hearing. Revision on: 08/17/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Michael will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• PRIMARY LANGUAGE: Michael communicates best in English Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • SUPPORTIVE TECHNIQUES: Instill 2 drop in both ears two times a day as per order. Revision on: 07/04/2024 Revision by: Jenny Liu (RAI Coord Back-up)					
• Risk for/Impaired SKIN INTEGRITY related to impaired mobility, bowel incontinence. Revision on: 08/17/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• 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. • POSITIONING: Michael receives assistance to turn and reposition with support from one team member for positioning, comfort and prevention of skin breakdown. Revision on: 10/14/2025 Revision by: Alyssa Egan (Interim ADOC)	PCA PCA	 Q2h			
• URINARY CONTINENCE related to suprapubic catheter in situ, neurogenic Bladder, Bladder spasms. Revision on: 11/08/2021 Revision by: Katie Wolters-Savo (RAI	• Michael will have urinary continence managed every shift through to the next review period. Revision on: 11/01/2024	• URINARY Continence level is continent with the use of a suprapubic catheter. Report change to level as noted. Catheter has leaked one to two times a week. Revision on: 07/05/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • CATHETER INSERTION/CHANGE: Resident has #16 french foley suprapubic	PCA RN				
Allergies	No Known Allergies		D.O.B.	08/18/1958	Physician	Roseanne Ng	
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A	
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
Coordinator)		Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	Catheter. Change suprapubic catheter, inflate with 30 ml balloon once weekly (Wednesday) as per MD Order and document procedure. Check if bypassing urine. Report to MD/NP. Revision on: 02/11/2024 Revision by: Elsie Calumpang (RN) • CATHETER CARE: Provide routine care; wash with soap and water every shift. • CATHETER OUTPUT: Empty catheter bag and document output in mL every shift and as needed. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) • CATHETER MONITORING: Check catheter patency, tubing placement, monitor effect of catheter each shift and as needed. Report complaints of pain or discomfort. • CATHETER IRRIGATION: Irrigate catheter per MD order see EMAR Revision on: 07/05/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • CATHETER BAG: Change BAG weekly on Wednesday. Revision on: 03/02/2022 Revision by: Jennifer Pye (RPN)				PCA PCA PCA Registered Staff RN PCA	D/E/N
• Sleep Patterns Revision on: 07/14/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote adequate rest/sleep for Michael based on identified sleep patterns/preferences each night through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• REST PATTERN: Preferred bedtime , usual wake time: has been bedfast all of time per resident's request Revision on: 07/14/2021 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: Michael prefers to wear his own PJs Revision on: 07/14/2021 Revision by: Jenny Liu (RAI Coord Back-up)				PCA PCA	
• SPIRITUAL BELIEFS: Michael is of the Catholic Faith. Revision on: 06/07/2021 Revision by: Shayna Lee Wonsch		• To provide Michael spiritual support as interested through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord	• PERSONAL CHOICE: Respect Michael's right to decline participation in Spiritual Program. Does not partake in faith programs at this time. Revision on: 06/07/2021 Revision by: Shayna Lee Wonsch				ACT	
Allergies	No Known Allergies			D.O.B.	08/18/1958	Physician	Roseanne Ng	
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre					Print Date	10/30/2025	
Resident	Salisbury, Michael (922131005401)			Admission Date	05/19/2021	Location	6 601 A	
Last Care Plan Review Completed:		10/06/2025						

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Back-up) Target Date: 01/06/2026				
• Potential to experience alteration in MOOD related to diagnosis of Depression. Revision on: 05/25/2021 Revision by: Shayna Lee Wonsch		• Michael will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Michael for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 04/25/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential for BOWEL INCONTINENCE related to immobility. Revision on: 05/20/2021 Revision by: Shayna Lee Wonsch		• Michael will have bowel incontinence managed every shift through to the next review period. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• BOWEL Continence level is incontinent. Report change to level as noted. Revision on: 05/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BOWEL MOVEMENT: Monitor Michael for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • INCONTINENCE PRODUCT: Michael uses a brief.Blue Prevail brief Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• Nutrition Risk Level		• Michael will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 • Will weigh within Realistic weight range of 100- 105kg/BMI 32- 34 through to next review date.	• LABELLED SNACK PM: Pudding (71 ml) Mon/Wed/Fri Applesauce (99 ml) Tues/Thurs/Sat/Sun Revision on: 06/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Michael is moderate risk level. Revision on: 04/03/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Michael will receive regular diet, regular texture with 4 small meals daily re: gastroparesis (breakfast, 10am meal, lunch, dinner) plus regular snack offerings. If resident dislikes both lunch choices, offer peanut butter sandwich. Revision on: 06/17/2024 Revision by: Laura Seibel (Dietitian (RD))		PCA Registered Practical Nurse RN Dietitian (RD)	D
Allergies	No Known Allergies		D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Revision on: 01/06/2025 Revision by: Debora Choi (Dietitian (RD)) Target Date: 01/06/2026 • Michael will be adequately hydrated aeb drinking 75% of total fluid requirement: 20-25 ml/kg. Revision on: 05/07/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/06/2026	• FLUID CONSISTENCY: Michael drinks REGULAR/THIN Level 0 Fluids. Revision on: 05/19/2021 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Michael to drink 1570 ml/day Revision on: 05/07/2025 Revision by: Brittany Hyde (Registered Dietitian) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • DINING INSTRUCTIONS: - Do not serve corn, mashed potatoes, rice, yogurt, cottage cheese, or sour cream per his preference - If there are no grain/starch choices he likes at a meal, offer to make him toast Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • PORTION SIZE: Provide small portions at meals. Revision on: 06/06/2024 Revision by: Helen Bradley (Dietitian (RD)) • ADAPTIVE AIDS: Michael requires 2-handled sippy cup at meals and snacks. Revision on: 06/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH CALORIE/PROTEIN AM SNACK: cold cereal with milk Revision on: 06/06/2024 Revision by: Helen Bradley (Dietitian (RD)) • HIGH CALORIE/PROTEIN HS SNACK: Labelled half sandwich Revision on: 06/06/2024 Revision by: Helen Bradley (Dietitian (RD)) • DIABETIC CARE: Offer Michael diabetic juice instead of regular fruit juice and half portions of baked good desserts. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))	Diet PCA PCA Dietary aide PCA Registered Practical Nurse PCA PCA PCA PCA	
• Potential for altered bone density related to diagnosis of OSTEOARTHRITIS. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI)	• To treat and minimize complications associated with OSTEOARTHRITIS through to the next review date.	• MEDICATION: Administer medication for osteoarthritis management. Monitor effectiveness and for side effects. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		
Allergies	No Known Allergies	D.O.B.	08/18/1958	Physician Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre	Print Date	10/30/2025	
Resident	Salisbury, Michael (922131005401)	Admission Date	05/19/2021	Location 6 601 A
Last Care Plan Review Completed:		10/06/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Coordinator)		Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Michael's for management of osteoarthritis for discomfort/ complications or changes to health status. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD) Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Michael with COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.			Registered Staff PCA	
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Michael has his own glucometer and kept in his bedside table. Revision on: 03/29/2022 Revision by: Elsie Calumpang (RN) • MEDICATION: Administer medication for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • LAB WORK: Monitor lab and diagnostic results for and report results to MD as needed. Follow up as indicated. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience alteration in CARDIAC FUNCTION related to; HTN. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with HTN through to the next review date.	• MONITORING: Utilize holistic perspective of continuous monitoring of Michael with HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
Allergies	No Known Allergies		D.O.B.	08/18/1958		Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)		Admission Date	05/19/2021		Location	6 601 A
Last Care Plan Review Completed:		10/06/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• MEDICATION: Administer medication for HTN as per MD Order and monitor for side effects. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse RN		
• Altered ability to complete Activities of Daily Living (ADLs) related to MS, Osteoarthritis, Neurogenic Bladder, DDD, IDDM type 2, Fibromyalgia, HTN, Depression, COPD. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Michael will have ALL ADL care tasks met each day through the next review date. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• BATHING: Michael prefers to have a shower. His shower days are Monday and Thursday Day shift. Michael requires two team members with SARA lift to assist him into the shower chair. Once in the shower he requires one team member extensive assist with lower body, back and hair. Encourage Michael to wash his face and front, team to complete when he is not able. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Extensive Assist. Michael requires one team member to assist with turning and repositioning him while in bed. Bedrails in place to support bed mobility Revision on: 02/13/2023 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Extensive-Maximal Assist. Michael requires one or two team members weight bearing assist to dress from head to toe. Michael minimally assists with guiding his limbs through his clothing. Revision on: 07/02/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: Michael is able to eat independently without assistance from staff. Michael eats on his bed due to bedfast all of time per his choice. Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator) • LOCOMOTION: Michael has been bedfast most of time per his choice, usually get up for few hours on Tuesday, Wednesday and Friday. Michael has a electric wheelchair available and is able to operate it independently Electric wheelchair temporarily out of use. Manual wheelchair provided requiring one	PCA		
Allergies	No Known Allergies	D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)	Admission Date	05/19/2021	Location	6 601 A
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Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved					
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to MS, Osteoarthritis, Neurogenic Bladder, DDD, IDDM type 2, Fibromyalgia, HTN, Depression, COPD.</div> <div>Revision on: 05/19/2021</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div>			staff member total assistance for locomotion.										
			Revision on: 10/16/2025										
			Revision by: Alyssa Egan (ADOC)										
			• PERSONAL HYGIENE: Extensive to Maximal Assist. Michael requires one or two team members to assist with washing his face, providing oral hygiene, shaving and providing pericare.										
			Revision on: 07/02/2025										
			Revision by: Jenny Liu (RAI Coordinator)										
			• HAND HYGIENE: 1 staff to provide Reminder assistance to sanitize wipes for hand hygiene.										
			Revision on: 05/12/2023										
			Revision by: Jenny Liu (RAI Coord Back-up)										
			• TOILET USE: Maximal Assist. Michael has a suprapubic catheter and is dependent of the team to empty his bag. Michael is transferred back to bed to have his incontinence product changed if incontinent of bowel. Transferred via his transfer status to be toileted when requested.										
			Revision on: 04/10/2025										
			Revision by: Jenny Liu (RAI Coordinator)										
			• TRANSFERRING: Michael requires two team members with the use of a sit to stand lift to transfer from his bed to his wheelchair and onto and off of the toilet.										
			Revision on: 10/18/2024										
			Revision by: Jenny Liu (RAI Coord Back-up)										
			• TRANSFER LIFT/SLING: large SIZE of sling needed for transfer.										
			Revision on: 08/17/2022										
			Revision by: Jenny Liu (RAI Coord Back-up)										
			• ORAL CARE: Michael has no teeth remaining. Team members to encourage Michael to communicate if he is experiencing any pain or discomfort to his oral cavity.										
			Revision on: 05/19/2021										
			Revision by: Katie Wolters-Savo (RAI Coordinator)										
			• FOOT CARE: Completed by registered staff during shower days and PRN										
			Revision on: 12/28/2022										
			Revision by: Katherine Arca (RPN)										
			• SHAVING - Michael is dependent of one team member to assist with shaving him on his bath days.										
			Revision on: 11/16/2022										
Allergies		No Known Allergies			D.O.B.		08/18/1958		Physician		Roseanne Ng		
Diagnosis		Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses											
Facility		Berkshire Care Centre								Print Date		10/30/2025	
Resident		Salisbury, Michael (922131005401)			Admission Date		05/19/2021		Location		6 601 A		
Last Care Plan Review Completed:		10/06/2025											

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to MS, Osteoarthritis, Neurogenic Bladder, DDD, IDDM type 2, Fibromyalgia, HTN, Depression, COPD. Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision by: Alyssa Egan (Staff Development Coordinator)		
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Medical Michael's Treatment and End of Life Care Revision on: 05/19/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor Michael expressed wishes and beliefs through to the End of Life. Revision on: 11/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> CPR: Attempt CPR: transfer to hospital decisions to be made as needed - see PoET Individualized Summary for details. Revision on: 01/16/2025 Revision by: Danielle Loreto (RAI Coordinator)		

Allergies	No Known Allergies	D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)	Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report


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Diagnosis

Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type 1 diabetes mellitus without (mention of) complication(E10.9), Fibromyalgia(M79.7), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Cataract, unspecified(H26.9), Other specified diseases of stomach and duodenum(K31.88), Urinary tract infection, site not specified(N39.0), Pneumonia, unspecified(J18.9), Other and unspecified intestinal obstruction(K56.6)

Allergies	No Known Allergies	D.O.B.	08/18/1958	Physician	Roseanne Ng
Diagnosis	Multiple sclerosis(G35), Primary generalized (osteo)arthrosis(M15.0), Uninhibited neuropathic bladder, not elsewhere classified(N31.0), Other specified intervertebral disc disorders(M51.8), Type ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Salisbury, Michael (922131005401)	Admission Date	05/19/2021	Location	6 601 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Linda is experiencing episode of RESPIRATORY INFECTION repeat X-Ray shows that pneumonia is still presenting in the lungs Onset date: results October 28th 2025 Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) 		<ul style="list-style-type: none"> To effectively treat and manage RESPIRATORY INFECTION without further complications by the next 10 days Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/07/2025 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Linda/SDM) with decision making for RESPIRATORY INFECTION treatment plan and update accordingly. Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (hand hygiene, visitation, PPE). Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) MEDICATIONS: Administer medication/oxygen for (infection, fever, symptoms, SOB, etc.) as per MD/NP order. Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) MONITORING: Utilize holistic perspective of monitoring resident with RESPIRATORY INFECTION for (signs/symptoms, hydration status, overall health condition, process of healing, secondary infections) until stable. Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) PPE PRECAUTIONS: Precaution identified as CONTACT & DROPLET for RESPIRATORY INFECTION and requires use of the following PPE: GOWN, MASK, GLOVES & FACESHIELD for direct care, handling soiled clothes and linens, disposing of incontinent product, etc Revision on: 10/29/2025 Revision by: Danielle Loreto (RAI Coordinator) 			
<ul style="list-style-type: none"> At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation 		<ul style="list-style-type: none"> Team members will support Linda in decreasing social isolation by participating in activities of personal choice for 10-15 times per month by the next review date. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/18/2026 To support Linda's Psycho- 	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite Linda to programs of personal interest; music programs, happy hour, movies, parties, tea social, manicures and hand massages. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) SELF-DIRECTED ACTIVITIES: Encourage Linda to engage in self-directed activities such as watching TV, visiting with other residents and staff etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) ASSISTANCE: Provide assistance/encouragement to get Linda to scheduled activities - Porter to and from program. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) 			
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation	Social well being through to the next review. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/18/2026	• ONE to ONE: Provide Linda with individual visits for reading, videos on IPAD, manicures and hand massages, montessori etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) • FAMILY INVOLVEMENT: Strong Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide)				
• Potential for PAIN and alteration in comfort level related to osteoarthritis. Most Current LTCF Pain Score is 0 Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator)	• Promote RAI Pain Score of 0 through to the next review. Target Date: 01/18/2026	• 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.	RN Registered Practical Nurse			
• Alteration in skin integrity related to abrasion to left lower hip. Revision on: 07/24/2025 Revision by: Navkiran Kaur (Registered Practical Nurse)	• To promote intact skin integrity through healing of Abrasion to left lower hip. Revision on: 07/24/2025 Revision by: Navkiran Kaur (Registered Practical Nurse) Target Date: 01/18/2026	• COMMUNICATION: Involve/collaborate with Linda in decision making for treatment of bruise as skin issue. Revision on: 07/28/2025 Revision by: Janina Lucero (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with Abrasion to left lower hip for changes to health status and alteration or complications affecting skin integrity. Revision on: 07/28/2025 Revision by: Janina Lucero (RN) • 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. Revision on: 07/28/2025 Revision by: Janina Lucero (RN)				
• Gait training Revision on: 07/23/2025 Revision by: Shina Wadhwa (Physical Therapist)	• Increased walking endurance from 70 to 120ft in next 3 months;	• 2:1 assist gait training with 2WW with w/c follow up, distance as best tolerated, 2-3 x a week; Revision on: 10/15/2025	PT - Physiotherapist			
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Revision on: 10/30/2025 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 01/18/2026	Revision by: Shina Wadhwa (Physical Therapist)		PTA	
• Strengthening exs Revision on: 07/23/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Increased strength for B/L UE and LE from 3/5 to 3+/5 in next 3 months. Revision on: 07/23/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/18/2026	• Strengthening exs for B/L UE and LE; within pain limit; 10reps;1-2 sets with 1-2lbs: as best tolerated:2-3 x a week Passive stretching for B/L Knees, 20-30sec hold, 3-5 reps, 2-3 x a week; Revision on: 10/15/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Transfer Training Revision on: 07/23/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Reduce assistance needed for transfers from 2 assist to 1 assist in next 6 months; Revision on: 07/23/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/18/2026	• 2 person side to side assist with RW; Ensure pushing from armrest when getting up and hands back to armrest when sitting in the chair. 2-3 x a week; Revision on: 10/15/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Nutrition Risk Level		• Linda will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026 • Will weigh within GWR 70-80 kg through to next review date. Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026	• NUTRITION RISK: Linda is moderate risk level. Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Linda is provided a regular diet, minced texture Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Linda drinks REGULAR/THIN Level 0 Fluids. Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID TARGET: Encourage Linda to drink a minimum of 1570 ml/day. Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.		Dietitian (RD) PCA PCA PCA Dietary aide PCA	
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Nutrition Risk Level		• Linda will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1962 ml/day (25 ml/kg using 78.5 kg weight) through to next review date. Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026	• DINING INSTRUCTIONS: Encourage small, slow sips of fluids Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD)) • ADAPTIVE AIDS: Lipped plate, kennedy cup with straw Revision on: 09/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIABETIC CARE: Provide diet juice or dilute regular juice with water Revision on: 07/31/2025 Revision by: Holly Laasanen (Dietitian (RD))			Registered Practical Nurse PCA PCA	
• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to cognitive loss, new home Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote adequate rest/sleep for Chronic Obstructive Pulmonary Disorder (COPD) based on identified sleep patterns/preferences each night through to the next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• REST PATTERN: Preferred bedtime 2000, usual wake time 0530. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)			PCA	
• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD) Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with Chronic Obstructive Pulmonary Disorder (COPD) each day through to next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Chronic Obstructive Pulmonary Disorder (COPD) for changes to health status and alteration or complications affecting respiratory function. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.			Registered Staff PCA	
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A	

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD) Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)						
• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease, Hypertension		• To treat and minimize signs/symptoms or complications associated with Coronary Artery Disease, Hypertension through to the next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• 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.		Registered Staff	
• Potential for BOWEL INCONTINENCE related to cognitive loss Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Linda will have bowel incontinence managed every shift through to the next review period. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • BOWEL Continence level is (Total Incontinence). Report change to level as noted. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. • INCONTINENCE PRODUCT: Resident uses XL brief on all shifts. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		Registered Staff PCA PCA PCA	
• URINARY (functional) INCONTINENCE		• Linda will have urinary	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for			
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
related to altered mobility, Dementia Diagnosis Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		incontinence managed every shift through to the next review period. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	toileting needs, changes to health status and alteration of continence level Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • URINARY Continence level is (Incontinent). Report change to level as noted. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses XL brief on all shifts. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)			PCA	
• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, Frailty, Incontinence		• To protect and maintain skin integrity each day through to the next review. Target Date: 01/18/2026	• 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. • POSITIONING: Turn, reposition every 2 hours when in bed/wheelchair to offload pressure. Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	Q2h
• Altered VISION related to left eye blurred vision- has bifocals for reading but rarely wears as she is not reading much anymore Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To treat and minimize complications of vision loss through to next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• EYEGLASSES: Linda wears eyeglasses rarely anymore as she is no longer reading. Offer them to her when she is reading Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • VISUAL IMPAIRMENT: Resident has left eye blurred vision. Approach resident from the right. Place items within her visual field. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)			PCA	
• Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension) related to vascular dementia Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Linda will be supported to maintain current communication abilities to (express self, comprehend information) each day through to the review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	• COMMUNICATION: Involve/collaborate with Linda /SDM for decision making about strategies needed to support effective communication. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • HEARING AID; Apply/Remove to/from (left) ear/s. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • HARD of HEARING strategies to support hearing are (Adjust tone, have her			PCA	D/E
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A	

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Target Date: 01/18/2026	attention, visual contact, speak slowly) Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.). Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • INSTRUCTION GUIDANCE: Linda needs (intermittent) cueing or demonstrative instruction in tasks and activities. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • SPEECH THERAPY: Linda speech is unclear if spoken but mostly is absent of speech. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, altered judgement, etc.) related to progression of vascular dementia Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Linda will be supported to maintain cognitive function through the review date. Current CPS is 5 Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/18/2026	• COMMUNICATION: Involve/collaborate with Linda /SDM in decision making of Cognitive Loss for vascular dementia Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • ORIENTATION: Gently reorient to (person, place, time) as needed when Linda is feeling lost or in confused state. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • CUE TASKS: Break tasks into manageable subtasks,Linda can comprehend and follow. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Increased risk for FALLS related to Limitation of cognitive function/altered judgement vascular dementia Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 01/18/2026	• High fall risk: purposeful rounding to check for positioning. • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • HIP PROTECTORS: "Resident Name" wears hip protector at all times to safeguard against injury. Report to Registered Staff if not wearing.				
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng	
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A	

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			Revision on: 08/21/2025 Revision by: Gurjit Kaur (RN) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. LE strengthening- AROM and strengthening with minimal weights 5-10 reps/xcise, sit to stands 5-10 reps/xcise, Sitting balance- perturbations to maintain 10s 5-10 reps, 1:1 gait training with rollator walker 100 feet, with PT- 3-5x week, participates with group exs classes-3x week Revision on: 09/20/2025 Revision by: Courtney Cipparone (PT - Physiotherapist) • ALARM: Requires Bed/Chair alarm. Check placement and working order. Staff respond when alarm is heard. Pad chair alarm. Revision on: 07/23/2025 Revision by: Suzanne Azar (RN)		PCA PCA	 D/E/N
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation		• Linda will have ALL ADL care needs met each day through the next review date. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/18/2026	• BATHING: Linda prefers Alternate tub and shower. Linda cannot participate much with her bathing and requires extensive assistance. She will follow simple direction. Nail care to be provided on shower/bath day. Revision on: 10/23/2025 Revision by: Judith Aguilar (RPN) • BED MOBILITY: Linda requires 1 team member extensive assistance with her movement in bed. Maximal 2 team members as needed when fatigued or decrease strength is present. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • DRESSING: Linda requires 1 team member extensive assistance with dressing her upper and lower body. She can help with movement of her limbs. Maximal 2 team members as needed when fatigued or decrease strength is present. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • EATING: Supervision- Linda tends to eat really fast therefore supervision required from the team to ensure she eats her food safely. She eats on the floor dining room. Revision on: 07/30/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA PCA PCA	
Allergies	Codeine		D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)		Admission Date	07/22/2025	Location	6 605 A

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation 		<ul style="list-style-type: none"> LOCOMOTION: Linda is dependent in a wheelchair for locomotion. Linda is using a transport chair at this time while a new one is being ordered. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) PERSONAL HYGIENE: Linda requires extensive assistance with her personal hygiene. She can participate with movement of her limbs. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) HAND HYGIENE: 1 staff to provide TOTAL assistance to (se soap/water, apply sanitizer, rub hands together, dry hands) for hand hygiene. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) TOILET USE: Linda requires 2 person maximal assistance with her toileting and continence care. <p>For check and change 1 team member assistance. 2 if fatigued or decreased strength is present. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none"> TRANSFERRING: Linda requires a 2 person side by side assistance with transferring. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) ORAL CARE: Linda has full upper dentures. Requires the team members to complete oral care and denture care. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) 	PCA	
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Linda Medical Treatment and End of Life Care Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor (resident's name) expressed wishes and beliefs through to the End of Life. Target Date: 01/18/2026	<ul style="list-style-type: none"> CPR: Linda wishes express NOT ATTEMPT CPR: Transfer to hospital decision will be made as needed - see PoET Individualized Summary for details. Revision on: 07/22/2025 Revision by: Danielle Loreto (RAI Coordinator) 		

Allergies	Codeine	D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)	Admission Date	07/22/2025	Location	6 605 A

Care Plan Report


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Diagnosis

Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native coronary artery(I25.10), Chronic obstructive pulmonary disease, unspecified(J44.9), Dysarthria and anarthria(R47.1)

Allergies	Codeine	D.O.B.	08/30/1943	Physician	Roseanne Ng
Diagnosis	Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Vascular dementia, unspecified(F01.9), Carcinoma in situ of tongue(D00.06), Atherosclerotic heart disease of native corona...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Seguin, Linda (922131005646)	Admission Date	07/22/2025	Location	6 605 A

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for Persistent PAIN and alteration in comfort level related to Chronic right shoulder, left knee, back pain and Arthritis, pins/needles pain to her LT arm/hand, pain/paresthesia left upper extremity, L-knee OA, left side inner mouth pain, jaw pain. Hit in the face by another resident December 21st 2024 Most Current LTCF Pain Score is (0) Revision on: 05/14/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Lynda about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)• 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.• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 07/18/2021 Revision by: Jenny Liu (RAI Coord Back-up)				RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none">• Altered COMMUNICATION as exhibited by limitations to (comprehension, etc.) related to may ask someone to repeat communication when in loud areas at times Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Lynda will be supported to maintain current communication abilities to (comprehend information, etc.) each day through to the review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	<ul style="list-style-type: none">• PRIMARY LANGUAGE: Lynda's primary language is English. She is able to speak/understand English. Revision on: 03/11/2024 Revision by: Maryola Perion (RN)• SUPPORTIVE TECHNIQUES: May need to repeat information when in areas that are loud at times. She will mention if she cannot hear. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)					
<ul style="list-style-type: none">• Lynda has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of overdosing, INTOXICATION OF ALCOHOL THAT MAY LEAD TO FALLS. Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Lynda will remain free of non-prescribed (drugs) through next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	<ul style="list-style-type: none">• SET BOUNDARIES: Discuss behavioural limits and expectations with Lynda. Be very clear with limits to establish behaviour boundaries. Revision on: 04/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)				Social Worker Director of Care Executive Director	
Allergies	No Known Allergies		D.O.B.	08/11/1964	Physician	Roseanne Ng		
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing (R06.8), Pain, unspecified(R52...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Siender (Sweeney), Lynda (922131009015)		Admission Date	10/28/2016	Location	6 618 C		
Last Care Plan Review Completed:		08/10/2025						

Care Plan Report

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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> • Potential for muscular dysfunction, contractures and bone deformity related to ARTHRITIS, L-knee OA Revision on: 11/25/2023 Revision by: Maryola Perion (RN) 	<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with Arthritis, L-knee OA through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/ collaborate with Lynda/SDM in decision making of musculoskeletal care management. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for management as per MD order. Monitor effectiveness and for side effects. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of Arthritis for discomfort/ complications or changes to health status. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PAIN MANAGEMENT for Arthritis/L-knee OA prescribed and in place; refer to Pain Care Plan. Revision on: 11/25/2023 Revision by: Maryola Perion (RN) 				
<ul style="list-style-type: none"> • Lynda DECLINES PARTICIPATION in structured programs related to personal choice. ISE 4/6 Revision on: 09/04/2023 Revision by: Mitchell Atkinson (Recreation Aide) 	<ul style="list-style-type: none"> • Lynda participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as smoking on the patio, patio socializing/enjoying outdoors, watching/listening to TV, visiting with residents/team members, etc. Revision on: 07/18/2022 Revision by: Mitchell Atkinson (Recreation Aide) • FRIENDLY VISIT: Provide her one to one visits as tolerated. Touch Base to maintain contact and to converse about topics of interest, identify up-coming special events, provide emotional support when needed, etc. Revision on: 11/01/2019 Revision by: Shayna Lee Wonsch (Activation Manager) • INVITATION: Offer friendly invite to structured programs scheduled in the home. Lynda enjoys games (Bingo), socials - Happy Hour (She loves classic rock music), special events - Pet therapy, tuck shop, etc. Revision on: 11/27/2023 Revision by: Mitchell Atkinson (Recreation Aide) 	ACT	ACT		
<ul style="list-style-type: none"> • Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (turning and repositioning) Revision on: 08/14/2023 	<ul style="list-style-type: none"> • Lynda will be effectively supported with use of bedrails to optimize Activity of Daily Living each day through to the next 	<ul style="list-style-type: none"> • Consent for PASD discussed and obtained with resident. Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator) • HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of 				
Allergies	No Known Allergies		D.O.B.	08/11/1964	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Siender (Sweeney), Lynda (922131009015)		Admission Date	10/28/2016	Location	6 618 C
Last Care Plan Review Completed:		08/10/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Alyssa Egan (Staff Development Coordinator)		review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	possible benefits and challenges associated with Use of Bedrails. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use bed rails as to support appropriate (turning and repositioning). Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility, transfer in/out of bed. Monitor every shift. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator)			PCA	D/E/N
• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications. Revision on: 03/12/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• Potential for Expressive Behaviour of Hx of leaving the unit to meet other residents therefore leaves the floor without informing staff and socially inappropriate, going to other resident's room and looking for cigarette related to boredom and depression, hoarding food, Refuses meals, refuses showers/baths. Revision on: 01/10/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote safety for Lynda and/or others during each episode of expressive behavior through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Lynda about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Lynda for indications to change in or for escalating expressive behaviour risk. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat breakfast/lunch, sleeps during day. Refuses her bathing) as expression of behaviour per her personal choices Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • REFUSAL OF CARE: If Lynda is refusing to bathe, change clothes, take			BSO - Internal BSO - External Social Worker	
Allergies	No Known Allergies		D.O.B.	08/11/1964	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Siender (Sweeney), Lynda (922131009015)		Admission Date	10/28/2016	Location	6 618 C	
Last Care Plan Review Completed:		08/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		<p>medications, eat, etc. re-approach in 10-15 minutes. Report episode to Registered Staff.</p> <p>Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TRIGGERS leading to SOCIALLY Inappropriate (smoking in the room, INTOXICATION) as expression of behaviour include (confusion and depression)</p> <p>Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• SOCIALLY Inappropriate Behaviour: If Lynda is noted to (smoke in the room.) gently redirect her, health teaching.</p> <p>Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• SOCIALLY Inappropriate Behaviour: Going into other residents room and looking for cigarettes. Calmly asked Linda to leave the room and inform her that she is not allowed to go to other resident's room and to look for cigarette.</p> <p>Revision on: 09/27/2021 Revision by: Maryola Perion (RN)</p> <p>• MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects.</p> <p>Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>	Registered Practical Nurse RN	
<p>• Lynda has potential for safety hazard, injury related to unsafe SMOKING (smoking in room).</p> <p>Revision on: 02/02/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>• Lynda will be safe when choosing to smoke through to the next review</p> <p>Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026</p>	<p>• COMMUNICATION: Involve Lynda/SDM in review of smoking legislation (No smoking inside the home or within 9 meters from any doorway) and identify the designated area/s where smoking is permitted.</p> <p>Revision on: 09/29/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• STORAGE: Smoking materials to be appropriately stored in med room.</p> <p>Revision on: 02/02/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• SMOKING CONTRACT: Lynda has agreed to follow safe smoking rules and accepts the consequences of breaking those agreed upon rules by signing the smoking contract (refer to chart).</p> <p>Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p>	Social Worker Clerk Social Worker Administrator	
• Expressed Wishes and Beliefs related to	• To support and honor Lynda	• CPR: Lynda wishes Attempt CPR: transfer to hospital decisions to be made as		
Allergies	No Known Allergies		D.O.B.	08/11/1964
Physician			Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Siender (Sweeney), Lynda (922131009015)	Admission Date	10/28/2016	Location 6 618 C
Last Care Plan Review Completed:		08/10/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Lynda Medical Treatment and End of Life Care Revision on: 08/10/2020 Revision by: Joe Albano (RAI Coordinator)	expressed wishes and beliefs through to the End of Life. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	needed - see PoET Individualized Summary for details. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Potential to experience alteration in RESPIRATORY FUNCTION related to Dx of SOB. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To treat and minimize signs/symptoms or complications associated with SOB each day through to next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Dx of SOB for changes to health status and alteration or complications affecting respiratory function. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • OXYGEN: Administer Oxygen as per MD order as needed. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Bowel Continent Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• Lynda to remain continent of bowels through next review date Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• BOWEL Continence level is CONTINENT. Report change to level as noted. • SELF TOILETING: Lynda 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. Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA PCA		
• SPIRITUAL BELIEFS: Lynda is of the Roman Catholic Faith. Revision on: 04/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	• To provide Lynda spiritual support as interested through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• PERSONAL CHOICE: Respect Lynda's right to decline participation in Spiritual Programs. Does not partake in faith programs at this time. Revision on: 04/22/2020 Revision by: Shayna Lee Wonsch (Activation Manager)	ACT		
• Urinary Incontinence. Revision on: 05/22/2019 Revision by: Qiufeng Liu (Registered Practical	• Lynda will have urinary incontinence managed every shift through to the next review	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 07/01/2020			
Allergies	No Known Allergies	D.O.B.	08/11/1964	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Siender (Sweeney), Lynda (922131009015)	Admission Date	10/28/2016	Location	6 618 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq./Resolved
Nurse)	period. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	Revision by: Qiufeng Liu (RPN/RAI back up) • URINARY Continence level is Occasionally to Frequently Incontinent. Report change to level as noted. Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses Pull up per prevail sheet Revision on: 05/14/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	
• Activities of Daily Living, self care r/t Dementia, Right shoulder pain, Arthritis, Depression and SOB. Revision on: 11/21/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)	• Lynda 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. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• BATHING: Supervision, but often refuses bathing. Lynda is able to transfer herself to the bath chair. Lynda's REQUEST to have bath will be Monday and Thursday Evening shift around 1930 as per resident request. Nail care to be provided after shower/bath Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Lynda is able to turn and reposition herself independently with the use of two 1/4 bedrails. Revision on: 04/06/2022 Revision by: Maryola Perion (RN) • DRESSING: Lynda is able to fully dress and undress herself. Intermittent limited assistance required. She can call for assistance when needed. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • EATING: Lynda is independent and eats in the main floor dining room. Encourage Lynda to work towards more daytime (vs. nighttime) intake by waking up for meals. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LOCOMOTION: Independent without any assistive device or staff. Revision on: 04/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)			PCA 	
Allergies	No Known Allergies	D.O.B.	08/11/1964	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Siender (Sweeney), Lynda (922131009015)	Admission Date	10/28/2016	Location	6 618 C	
Last Care Plan Review Completed:		08/10/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved	
<ul style="list-style-type: none">Activities of Daily Living, self care r/t Dementia, Right shoulder pain, Arthritis, Depression and SOB. Revision on: 11/21/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)			<ul style="list-style-type: none">PERSONAL HYGIENE: Lynda is able to wash her hands, face or comb her hair and PCA peri-care. Revision on: 05/14/2025 Revision by: Jenny Liu (RAI Coordinator)HAND HYGIENE: 1 staff to provide reminder assistance to use sanitizer wipes for PCA hand hygiene. Revision on: 04/06/2022 Revision by: Maryola Perion (RN)TOILET USE: Lynda is able to go to the toilet herself, pull the pants down, re-apply PCA pull up as needed and re-adjust clothes after. However at times Lynda will soiled her pants or bed, staff to assist her as needed. Revision on: 04/06/2022 Revision by: Maryola Perion (RN)TRANSFERRING: Lynda is Independent to transfer herself between bed or chair to PCA a standing position. Revision on: 01/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)ORAL CARE: Lynda is Independent.- Own teeth Revision on: 10/28/2016 Revision by: Maryola Perion (Registered Nurse)FOOT CARE: HCA Revision on: 10/28/2016 Revision by: Maryola Perion (Registered Nurse)						
<ul style="list-style-type: none">Sleep Patterns. Revision on: 11/21/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)		<ul style="list-style-type: none">To promote adequate rest/sleep for Lynda based on identified sleep patterns/preferences each night through to the next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	<ul style="list-style-type: none">REST PATTERN: Lynda prefers to sleep in and does not have a preferred bed PCA time. She prefers to go to bed between the hours of 0200 and 0500hrs and wakes up around 1500hrs. Varies daily. She spends a majority of the afternoon shift in bed or outside in the smoking area. Revision on: 11/26/2024 Revision by: Danielle Loreto (RAI Coordinator)SLEEPWEAR: Preferred night attire regular clothes Revision on: 07/01/2020 Revision by: Qiufeng Liu (RPN/RAI back up)						
<ul style="list-style-type: none">Nutrition Risk Level (diet details)		<ul style="list-style-type: none">Lynda will be adequately nourished aeb consuming >75%	<ul style="list-style-type: none">LABELLED SNACK HS: PCA Greek yogurt daily				Registered	E	
Allergies	No Known Allergies			D.O.B.	08/11/1964		Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses								
Facility	Berkshire Care Centre						Print Date	10/30/2025	
Resident	Siender (Sweeney), Lynda (922131009015)			Admission Date	10/28/2016		Location	6 618 C	
Last Care Plan Review Completed:		08/10/2025							

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<p>at meals and snacks through to next review date. Revision on: 12/04/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026</p> <p>• Will weigh within realistic GWR 85-95 kg through to next review date. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/26/2026</p> <p>• Lynda will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2325 ml/day (25 ml/kg using 93 kg weight) through to next review date. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/26/2026</p>	<p>Assorted sandwich Mon/Wed/Fri 2 hard boiled eggs Tues/Thurs/Sat/Sun Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• SNACK PM - encourage Lynda to wake up and eat standard snack from the snack cart Revision on: 10/30/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• NUTRITION RISK: Lynda is low risk level. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• DIET ORDER: Lynda will receive regular diet, regular texture. Revision on: 11/27/2020 Revision by: Anna Slack</p> <p>• FLUID CONSISTENCY: Linda drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern)</p> <p>• FLUID TARGET: Encourage Lynda to drink a minimum 1860 ml/day. She drinks from her own water bottles. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>• DINING INSTRUCTIONS: Encourage Lynda to work towards more daytime (vs. nighttime) intake for general health. Revision on: 07/29/2025 Revision by: Holly Laasanen (Dietitian (RD))</p>	<p>Practical Nurse RN</p> <p>PCA Registered Practical Nurse RN Dietitian (RD)</p> <p>Diet Food Services Aide PCA Diet PCA</p> <p>PCA</p> <p>Dietary aide PCA</p> <p>Registered Practical Nurse</p>	D

Allergies	No Known Allergies	D.O.B.	08/11/1964	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Siender (Sweeney), Lynda (922131009015)	Admission Date	10/28/2016	Location	6 618 C
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Care Plan Report

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Diagnosis

Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified(R52.9), Periapical abscess without sinus(K04.7)

Allergies	No Known Allergies	D.O.B.	08/11/1964	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Other and unspecified abnormalities of breathing(R06.8), Pain, unspecified (R52...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Siender (Sweeney), Lynda (922131009015)	Admission Date	10/28/2016	Location	6 618 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">Robert has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Cocaine use and alcohol abuse. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">Robert will remain free of non-prescribed (alcohol/narcotics) through next review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">SET BOUNDARIES: Discuss behavioural limits and expectations with Robert. Be very clear with limits to establish behaviour boundaries. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			Social Worker Director of Care Executive Director	
<ul style="list-style-type: none">Potential for Persistent PAIN and alteration in comfort level related to history of fractures, Osteoarthritis, Rt. hip pain, Back pain . Most Current Pain Score is 3/4 Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">Promote MDS Pain Score of 0 through to the next review. Target Date: 11/19/2025	<ul style="list-style-type: none">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.PREFERENCES: Robert has identified preference for pain management is involved in activity and takes PRN medication when he can . Revision on: 07/25/2024 Revision by: Ranjita Yadav (RPN) <ul style="list-style-type: none">MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none">At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest. ISE Score: 4/6 Revision on: 02/19/2025 Revision by: Laura Morris (Restorative Care Aide)		<ul style="list-style-type: none">To support Robert's Psycho-Social well being through to the next review. Robert will be encouraged to participate in 5-10x group and/or 1:1 activities per month through the next review date. Revision on: 05/23/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 11/19/2025	<ul style="list-style-type: none">STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1:1 visits, bingo, patio visits, music programs, happy hour, tuck shop, outings/trips, special events, etc. Revision on: 08/14/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none">SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, etc. Revision on: 02/22/2024 Revision by: Mitchell Atkinson (Recreation Aide) <ul style="list-style-type: none">ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, etc.				
Allergies	Eggs		D.O.B.	10/12/1943	Physician	Roseanne Ng	
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Thomson, Robert Bruce (922131005543)		Admission Date	11/28/2023	Location	6 609 A	
Last Care Plan Review Completed:		08/19/2025					



Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		Revision on: 02/22/2024 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Robert to make friendships and sit with friends during activities. Revision on: 02/22/2024 Revision by: Mitchell Atkinson (Recreation Aide)			
• Potential to experience alteration in RESPIRATORY FUNCTION as evidence by Oxygen use Revision on: 02/18/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and minimize signs/symptoms or complications each day through to next review date. Revision on: 02/18/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	• POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. • OXYGEN: Administer Oxygen (2L via nasal canula) as per MD order. Revision on: 02/18/2025 Revision by: Danielle Loreto (RAI Coordinator)	Registered Staff PCA		
• Potential to experience alteration in MOOD as exhibited by history of depression related to loss of wife, history of suicidal ideation, negative statements of not wanting to live (no plan of self harm). Revision on: 02/06/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Robert will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Robert for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • RESIDENT STRENGTHS: Build on Robert effort to maintain control. Encourage him/her to express self, state preferences and make safe choices for care and activities. Revision on: 02/06/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential for Expressive Behaviour of refusing care (showers/get up) in nature related to personal preference. Revision on: 05/31/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To promote safety for Robert and/or others during each episode of resisting care through to the next review date. Revision on: 12/08/2023 Revision by: Katie Wolters-Savo	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Robert for indications to change in or for escalating expressive behaviour risk. Revision on: 02/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat/get up) as expression of behaviour include (confusion, misunderstanding care needs, poor			
Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	(RAI Coordinator) Target Date: 11/19/2025	judgement, fearfulness, paranoid thought process, etc.) Revision on: 02/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Robert is declining to shower or change his clothing re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 12/08/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 09/03/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SPECIAL CONSIDERATIONS: BSO SSW has put a note in the activity room asking staff to take the resident to main floor activities when possible. Revision on: 10/15/2024 Revision by: Leslie Meloche (Recreation Aide)	Registered Practical Nurse RN		
• Altered ability to complete Activities of Daily Living (ADLs) related to history of falls with fractures, impaired mobility. Revision on: 05/28/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• Robert will have ALL ADL care needs met each day through the next review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• BATHING: Robert prefers to have a shower. His shower days are on Monday and Friday afternoon shift. He requires two team members to assist him in transferring onto the shower chair. Once in the shower he requires one team member extensive assistance to bathe him from head to toe. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Maximal Assist: Robert is able to grab the bedrails to help with bed mobility, he requires weight bearing assistance from 2 team members to turn and reposition in bed. Revision on: 05/21/2025 Revision by: Jenny Liu (RAI Coordinator) • DRESSING: Maximal Assist: Robert requires two team members weight bearing assist to dress from head to toe. Robert is minimally able to assist with guiding and	PCA		
Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		lifting his limbs through his clothing. Revision on: 05/21/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: Robert is able to eat independently once set up by the team. He eats in the floor dining room or in bed, supervision may be needed. Revision on: 05/31/2024 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Robert has a wheelchair that he uses as his primary mode of locomotion. He is able to self propel short distances and requires one team member to push him longer distances. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PERSONAL HYGIENE: Maximal Assist: Robert needs assistance to wash his face, comb his hair. Two team members to provide peri-care Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • HAND HYGIENE: 1 staff to provide limited assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • TOILET USE: Maximal Assist: Robert requires Maxi lift to transferring from the chair to bed get changed. Two team members weight bearing assist to check and change his incontinence product. He uses a urinal for voiding. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRANSFERRING: Robert is transferred with a maxi lift and two team member assist. Revision on: 01/17/2024 Revision by: Judith Aguilar (RPN) • TRANSFER LIFT/SLING: Comfort sling, size green Revision on: 08/16/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA		
Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to history of falls with fractures, impaired mobility. Revision on: 05/28/2024 Revision by: Jenny Liu (RAI Coord Back-up)			• ORAL CARE: Robert has no teeth remaining. His fingers are contracted. He requires one team member to assist with oral care. Revision on: 05/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SHAVING - Robert has a beard. The team approaches Robert on his shower days to see if he wants to have his beard trimmed or shaved. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	D
• Robert is at high risk for ELOPEMENT related to exit seeking, found outside the building (4/12/24) Revision on: 04/14/2024 Revision by: Maryola Perion (RN)		• To promote Robert safety and minimize risk for episode of elopement each day through next review date. Revision on: 04/14/2024 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	• ALERT: Robert has potential to attempt elopement. If heard making requests to leave the building or seen attempting to use exit doors report to Supervisor immediately. Revision on: 04/14/2024 Revision by: Maryola Perion (RN) • ELOPEMENT ALERT: Redirect Robert away from elevator or exit doors as needed. Revision on: 04/14/2024 Revision by: Maryola Perion (RN)			PCA	
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic, watery stool. Revision on: 02/18/2024 Revision by: Maryola Perion (RN)		• To promote fluid consumption and minimize risk for dehydration each day through to the next review date Revision on: 11/28/2023 Revision by: Katie Wolters-Savo	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. • PROMOTE FLUIDS: Promote Robert to consume fluids; amount as per Nutrition Care Plan. Revision on: 11/28/2023			Registered Staff	
Allergies	Eggs		D.O.B.	10/12/1943	Physician	Roseanne Ng	
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Thomson, Robert Bruce (922131005543)		Admission Date	11/28/2023	Location	6 609 A	
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
		(RAI Coordinator) Target Date: 11/19/2025	Revision by: Katie Wolters-Savo (RAI Coordinator)					
• Increased risk for FALLS related to history of falls, impaired mobility. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 11/19/2025	• CALL BELL: Place call bell within Roberts reach, check that it is in working order and remind/encourage to use it. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Ensure Roberts environment is clean and clear of clutter. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • FOOTWEAR: Ensure Robert wears appropriate footwear at all times. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PURPOSEFUL ROUNDING: Conduct purposeful rounding to assess residents needs; for pain, positioning, peri-needs or possessions for safety. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)				PCA PCA PCA Registered Practical Nurse RN	D/E/N
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility). Revision on: 12/10/2023 Revision by: Suzanne Azar (RN)		• Robert will be effectively supported with use of (two 1/4 bed rails) to optimize Activity of Daily Living (bed mobility) each day through to the next review date. Revision on: 12/08/2023 Revision by: Suzanne Azar (RN) Target Date: 11/19/2025	• HEALTH EDUCATION: Engage with Robert to enhance their knowledge of possible benefits and challenges associated with Use of two 1/4 bed rails. Revision on: 12/10/2023 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate Bed mobility. Revision on: 12/10/2023 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility. Monitor every shift. Revision on: 12/10/2023 Revision by: Suzanne Azar (RN)				PCA	D/E/N
• ROM Revision on: 12/08/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Increased Active Rt hip-knee flexion from 80 degrees to 100 degrees in next 3 months Revision on: 02/20/2025 Revision by: Shina Wadhwa (Physical Therapist)	• A-AA ROM exs for B/L Hip-Knee-Ankle, 10 reps, 1-2 sets or as best tolerated, 2-3 x a week Revision on: 05/30/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)				PT - Physiotherapist PTA	
Allergies	Eggs			D.O.B.	10/12/1943	Physician	Roseanne Ng	
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses							
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Resident	Thomson, Robert Bruce (922131005543)			Admission Date	11/28/2023	Location	6 609 A	
Last Care Plan Review Completed:		08/19/2025						

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> • ROM Revision on: 12/08/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		Target Date: 11/19/2025					
<ul style="list-style-type: none"> • Strength Revision on: 12/08/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		<ul style="list-style-type: none"> • Maintain strength in B/L UE in next 3 months Revision on: 06/25/2024 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 11/19/2025	<ul style="list-style-type: none"> • Strengthening exs for B/L UE with 1-2lbs, 10 reps, 1-2 sets or as best tolerated, 2-3 x a week; Revision on: 05/30/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
<ul style="list-style-type: none"> • Nutrition Risk Level 		<ul style="list-style-type: none"> • Robert will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 11/28/2023 Revision by: Anna Slack (Registered Dietitian) Target Date: 11/19/2025	<ul style="list-style-type: none"> • LABELLED SNACK AM: 355 ml diet Pepsi and 1 jug of ice daily Revision on: 08/19/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
		<ul style="list-style-type: none"> • Will weigh within realistic GWR 85-95 kg through to next review date. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/19/2025	<ul style="list-style-type: none"> • LABELLED SNACK HS: Crustless turkey sandwich (no mayo) Mon/Wed/Fri Crustless ham sandwich (no mayo) Tues/Thurs/Sat/Sun Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
		<ul style="list-style-type: none"> • Robert will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2192 ml/day (25 ml/kg using 87.7kg weight) through to next 	<ul style="list-style-type: none"> • NUTRITION RISK: Robert is HIGH risk level. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			Dietitian (RD)	
			<ul style="list-style-type: none"> • DIET ORDER: Robert will receive regular diet, regular texture (cut up, minced veggies, crustless bread, extra sauces/condiments) Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			<ul style="list-style-type: none"> • FLUID CONSISTENCY: Robert drinks REGULAR/THIN Level 0 Fluids. Revision on: 01/17/2024 Revision by: Anna Slack (Registered Dietitian)			Diet PCA	
			<ul style="list-style-type: none"> • FLUID TARGET: Encourage Robert to drink a minimum of 1754 ml/day Revision on: 10/30/2025 Revision by: Debora Choi (Dietitian (RD))			PCA	
Allergies	Eggs		D.O.B.	10/12/1943	Physician	Roseanne Ng	
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Thomson, Robert Bruce (922131005543)		Admission Date	11/28/2023	Location	6 609 A	
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
• Nutrition Risk Level		review date. Revision on: 10/30/2025 Revision by: Debora Choi (Dietitian (RD)) Target Date: 11/19/2025	• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • DINING INSTRUCTIONS: Cut up his food, provide minced veggies, crustless bread, and extra sauces/condiments Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FOOD ALLERGY/INTOLERANCE: egg itself (boiled egg, quiche, scrambled eggs, quiche, omelette, etc.). Reactions include "itchiness." He can have cooked dishes containing egg. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FOOD PREFERENCES: Robert likes to go out to eat fish and chips Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH CALORIE/PROTEIN PM SNACK: Cheese and crackers Mon/Wed/Fri Peanut butter and crackers Tues/Thurs/Sat/Sun Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: Robert receives a banana at supper daily as per preference. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIABETIC CARE: Encourage water to drink at meals/snacks. No juice. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))				Dietary aide PCA Registered Practical Nurse PCA Restorative Care Aide Diet PCA PCA PCA PCA	D D/E
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Robert for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • LAB WORK: Monitor lab and diagnostic results and report results to MD as needed. Follow up as indicated. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)					
Allergies	Eggs			D.O.B.	10/12/1943		Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)			Admission Date	11/28/2023		Location	6 609 A
Last Care Plan Review Completed:		08/19/2025						

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension		• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Robert with Hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To monitor effectiveness and for side effects of medication used each day through to the next review date Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Robert using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		Registered Staff	
• Potential for BOWEL INCONTINENCE related to impaired mobility Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Robert will have bowel incontinence managed every shift through to the next review period. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Robert for changes to health status, alteration of continence level or bowel function. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • CHECK and CHANGE: Robert experiences TOTAL incontinence and requires checks every and change each time noted to be soiled.. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL MOVEMENT: Monitor Robert for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		PCA	PCA
Allergies	Eggs		D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)		Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Potential for BOWEL INCONTINENCE related to impaired mobility Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> INCONTINENCE PRODUCT: Robert wears an Beige color brief per prevail sheet Revision on: 05/21/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> URINARY (Mixed) INCONTINENCE related to impaired mobility. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> Robert will have urinary incontinence managed every shift through to the next review period. Revision on: 12/01/2023 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Robert for toileting needs, changes to health status and alteration of continence level. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> CHECK and CHANGE: Robert experiences TOTAL incontinence and requires checks every and change each time noted to be soiled. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> INCONTINENCE PRODUCT: Robert wears an Beige color brief per prevail sheet Revision on: 05/21/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> Risk for Impaired SKIN INTEGRITY related to incontinence, impaired mobility. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To protect and maintain skin integrity each day through to the next review. Target Date: 11/19/2025	<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> AIR MATTRESS: Resident has air mattress for pressure relief. Leave on alternating. Report issue with inflation to Registered Staff immediately as noted. Revision on: 10/31/2024 Revision by: Janina Lucero (RN) <ul style="list-style-type: none"> POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair to offload pressure. Revision on: 10/28/2024 Revision by: Janina Lucero (RN)	PCA PCA RN Registered Practical Nurse PCA	Q2h

Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<div>• Altered VISION related to use of eyewear to read small print. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>	<div>• Robert will be supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025</div>	<div>• COMMUNICATION: Involve/collaborate with Robert for decision making pertaining to change in visual status as needed. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• EYEGLASSES: Robert wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping. Often will not wear. He can request when he wants them on. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• READING: Robert uses (large print material) to aid with reading. Revision on: 05/21/2025 Revision by: Jenny Liu (RAI Coordinator)</div>	PCA		
<div>• Expressed Wishes and Beliefs related to Robert's Medical Treatment and End of Life Care Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>	<div>• To support and honor Robert's expressed wishes and beliefs through to the End of Life. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025</div>	<div>• CPR: Robert wishes express NO CPR and NO TRANSFER to hospital. Revision on: 11/05/2024 Revision by: Jiss Mathew (RN)</div>			
<div>• Altered COMMUNICATION as exhibited by limitations to comprehension related to Hard of hearing (cannot hear out of right ear. 75% of left ear). Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>	<div>• Robert will be supported to make basic needs known each day through to the review date. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025</div>	<div>• COMMUNICATION: Involve/collaborate with Robert for decision making about strategies needed to support effective communication. Communicate with Robert to his left side in a quiet environment. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• HEARING AID; Staff to remind Robert to apply his hearing aids in the morning; Remove from Both ears at night. Revision on: 03/04/2025 Revision by: Jenny Liu (RAI Coordinator)</div> <div>• HEARING AID CARE: Check function, volume control before insertion. Robert has them. Revision on: 03/04/2025 Revision by: Jenny Liu (RAI Coordinator)</div>	PCA	D/E	
<div>• Sleep Patterns; Potential for alteration in</div>	<div>• To promote adequate</div>	<div>• REST PATTERN: Robert prefers to wake up at approximately 1000hrs and resides</div>	PCA		
Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
sleep patterns related to new environment. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	rest/sleep for Robert based on identified sleep patterns/preferences each night through to the next review date. Revision on: 12/28/2023 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	around 2300hrs. He naps at no particular time during the day for approximately 1-2hrs. Revision on: 11/28/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		

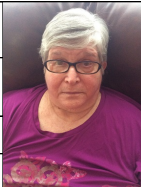
Diagnosis

Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of ilium, closed(S32.300), Hallucinations, unspecified(R44.3), Primary generalized (osteo)arthrosis(M15.0), Embolism and thrombosis of other specified veins(I82.8), Cellulitis of other sites(L03.8)

Allergies	Eggs	D.O.B.	10/12/1943	Physician	Roseanne Ng
Diagnosis	Depressive episode, unspecified(F32.9), Personal history of alcohol abuse(Z86.40), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Fracture of iliu...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Thomson, Robert Bruce (922131005543)	Admission Date	11/28/2023	Location	6 609 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Marsha is experiencing episode of RESPIRATORY INFECTION (URI, SOB) Onset date: 10/24/25 Revision on: 10/25/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• To effectively treat and manage RESPIRATORY INFECTION without further complications by the target date. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) Target Date: 11/03/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with (Marsha/SDM) with decision making for RESPIRATORY INFECTION treatment plan and update accordingly. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)• MEDICATIONS: Administer medication/oxygen as per MD/NP order. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)• MONITORING: Utilize holistic perspective of monitoring resident with RESPIRATORY INFECTION for (signs/symptoms, hydration status, overall health condition, process of healing, etc.) until stable. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)• VITAL SIGNS: Monitor VITAL SIGNS every shift as per orders. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)				
<ul style="list-style-type: none">• Potential to experience alteration in RESPIRATORY FUNCTION related to: Shortness of breath Revision on: 10/25/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with SOB each day through to next review date. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) Target Date: 12/10/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with SOB for changes to health status and alteration or complications affecting respiratory function. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)• POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.• MEDICATION: Administer medication inhalers, etc. for (SOB as per MD order and monitor for side effects. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) <div>Registered Staff PCA</div>				
<ul style="list-style-type: none">• Alteration in skin integrity related to BRUISE to Bruise red/Pinkish color on Right Outer Forearm Revision on: 06/30/2025 Revision by: Baljinder Sidhu (RPN)		<ul style="list-style-type: none">• To promote intact skin integrity through healing of BRUISE by the target date. Revision on: 06/30/2025 Revision by: Baljinder Sidhu (RPN) Target Date: 12/10/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with (resident name Marsha W in decision making for treatment of bruise as skin issue. Revision on: 06/30/2025 Revision by: Baljinder Sidhu (RPN)• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Specify; isolated or chronic BRUISE) for changes to health status and alteration or complications affecting skin integrity Revision on: 09/03/2025				
Allergies	Clindamycin, Macrobid, Penicillins		D.O.B.	03/24/1948	Physician	Roseanne Ng	
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Wright, Marsha (922131004082)		Admission Date	03/13/2015	Location	6 622 A	
Last Care Plan Review Completed:		09/10/2025					



Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			Revision by: Brittany Hyde (Registered Dietitian) • 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 Revision on: 09/03/2025 Revision by: Brittany Hyde (Registered Dietitian)				
• Marsha DECLINES PARTICIPATION in structured programs related to personal choice. ISE Score: 5/6 Revision on: 06/17/2025 Revision by: Laura Morris (Restorative Care Aide)		• Marsha participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as reading independently, watching/listening to TV, visiting with residents/team members, family/friend visits, community outings (Amy's Helping Hands), etc. Revision on: 05/04/2020 Revision by: Shayna Lee Wonsch (Activation Manager) • FRIENDLY VISIT: Provide her one to one visits as tolerated. Touch Base to maintain contact and to converse about topics of interest (sports talk), books, identify up-coming special events, etc. Revision on: 06/17/2025 Revision by: Laura Morris (Restorative Care Aide) • INVITATION: Offer friendly invite to structured programs scheduled in the home. Marsha enjoys attending socials, outings,Resident Council and special events, etc. Revision on: 09/11/2025 Revision by: Laura Morris (Restorative Care Aide) • HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions for topics of interest such as family, NFL (Buffalo Bills & KC Chiefs), NBA, Toronto Raptors, College sports (Football & Basketball), family (children), travel, reading, etc. Revision on: 04/26/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)				
• Potential for Persistent PAIN and alteration in comfort level related to (Osteoporosis and complaints of pain to knee, headaches. Most Current Pain Score is (0) Revision on: 06/11/2025 Revision by: Jenny Liu (RAI Coordinator)		• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 04/28/2022				
Allergies	Clindamycin, Macrobid, Penicillins			D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)			Admission Date	03/13/2015	Location	6 622 A
Last Care Plan Review Completed:		09/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<ul style="list-style-type: none"> Promote RAI Pain Score of 0 through to the next review. Revision on: 09/10/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/10/2025	Revision by: Katie Wolters-Savo (RAI Coordinator)		
<ul style="list-style-type: none"> Alteration in skin integrity related to RASH Dermatitis to the left foot Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To promote intact skin integrity through healing of RASH by the next 10 days Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/10/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with dermatitis to left foot for changes to health status and alteration or complications affecting skin integrity. Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> TOPICAL TX: Apply topical treatment to left foot as MD Order. Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> 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 Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	Registered Practical Nurse RN Registered Practical Nurse Registered Practical Nurse	
<ul style="list-style-type: none"> Potential to experience complications and side effects impacting quality of life related to use of (use of antidepressant medications) Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To monitor effectiveness and for side effects of medication used each day through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Marsha/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. 	Registered Staff	

Allergies	Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location	6 622 A
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Potential to experience alteration in MOOD as exhibited by agitation, frustration, complaints and upset to Dx of Dementia. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Marsha will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Marsha for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• RESIDENT STRENGTHS: Build on Marsha effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• MEDICATION: Utilize medications per MD Order. Monitor its effectiveness and for side effects. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)				
<ul style="list-style-type: none">• Marsha is at potential risk for infection due to dx with immunodeficiency syndrome. Onset date: (admission) Revision on: 03/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none">• To effectively treat and manage INFECTION without further complications by target date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with marsha(SDM) with decision making for RESPIRATORY INFECTION treatment plan and update accordingly. Revision on: 03/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• MEDICATIONS: IVIG therapy in the hospital every last second week of the month per resident. Revision on: 06/25/2024 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none">• Increased risk for FALLS related to Dx of Osteoporosis and HTN. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 11/16/2022 Revision by: Alyssa Egan (Staff Development Coordinator) <ul style="list-style-type: none">• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, walker.) Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for transfers and ambulation. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to				
Allergies	Clindamycin, Macrobid, Penicillins		D.O.B.	03/24/1948		Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)		Admission Date	03/13/2015		Location	6 622 A
Last Care Plan Review Completed:		09/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Increased risk for FALLS related to Dx of Osteoporosis and HTN. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)		prevent injuries. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (hx of VERBAL) nature related to: Frontal Lobe Dementia, Excessive Compulsive Behaviour Revision on: 07/10/2023 Revision by: Elsie Calumpang (RN)	<ul style="list-style-type: none"> To decrease episodic frequency of (verbally) by next review date. ABS score will be less than (1). Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Marsha for indications to change in or for escalating expressive behaviour risk. Revision on: 03/18/2022 Revision by: Elsie Calumpang (RN) <ul style="list-style-type: none"> Previous effective BSO Recommendations (resists care/treatment) - if agitation/resistance arises, stop and re-approach when calm. If resists again, attempt a different caregiver/staff. Revision on: 03/29/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> TRIGGERS leading to VERBAL (calling names) as expression of behaviour include (frustration) Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> VERBAL Behaviour: If Marsha is heard 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. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	
<ul style="list-style-type: none"> Potential to experience FOOT/FEET complications related to diabetes diagnosis. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	<ul style="list-style-type: none"> To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Marsha in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) <ul style="list-style-type: none"> TREATMENT PLAN: Marsha requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022	Footcare Nurse - Internal	
Allergies	Clindamycin, Macrobid, Penicillins		D.O.B.	03/24/1948
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses		Physician	Roseanne Ng
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location 6 622 A
Last Care Plan Review Completed:		09/10/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	Revision by: Katherine Arca (RPN) • PREFERENCE: Marsha likes to have footcare completed during shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	Footcare Nurse - Internal	
• RISK FOR/IMPAIRED SKIN INTEGRITY r/t Fragile Skin (aging process) and dry skin. Revision on: 10/12/2022 Revision by: Jenny Liu (RAI Coord Back-up)	• To protect and maintain skin integrity each day through to the next review. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• 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.	PCA	
• Cardio/respiratory Issues r/t shortness of breath Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Marsha will develop skills to manage respiratory difficulties and potential exacerbations through the review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• Give medication/treatment as ordered. Monitor/document side effects and effectiveness. • Monitor/document/report to MD prn s/sx of Respiratory problems: SOB, cough, sputum production or change in amount or character, coughing up blood, wheezing and chest pain, air hunger, increased respirations, cyanosis, intercostal indrawing, forward-leaning posture and use of accessory muscles on inhalation/exhalation, prolonged inhalation/exhalation.	Registered Staff Registered Staff	
• Urinary Incontinence (occasional stress incontinence) Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Marsha will receive support to (use toilet) and promote urinary continence each shift through to the next review. . Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Marsha for toileting needs, changes to health status and alteration of continence level. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • URINARY Continence level is (USUALLY continent). Report change to level as noted. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • INCONTINENCE PRODUCT: Resident uses PUXL per Preval sheet on the floor. Revision on: 06/11/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA PCA	
• Altered ability to complete Activities of	• Marsha will be supported to	• BATHING: Marsha is able to transfer in/out of shower, and able to wash upper	PCA	
Allergies	Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre	Print Date	10/30/2025	
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location 6 622 A
Last Care Plan Review Completed:		09/10/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Daily Living (ADLs) related to Dx. Dementia, Osteoporosis, DM, HTN and Acute kidney injury. Revision on: 03/18/2022 Revision by: Elsie Calumpang (RN)	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. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	body. Extensive assistance in part of bathing activity from one team member (wash lower extremities including assisting with peri care, add shampoo to head). Showers will be Monday, Wednesday and Friday. in AM. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Marsha is able to turn and reposition herself in bed. She sleeps in the recliner chair. PCA Revision on: 04/12/2023 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Marsha is able to guide her limbs through the clothes, but requires PCA Extensive assistance from one staff to complete dressing or undressing specially in the morning and get ready for bed. Revision on: 04/10/2022 Revision by: Jenny Liu (RAI Coord Back-up) • EATING: Marsha is able to eat by herself once set up by staff and eats on the main PCA dining room. Revision on: 04/25/2021 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Marsha is Independent with walker. PCA Revision on: 07/10/2023 Revision by: Elsie Calumpang (RN) • PERSONAL HYGIENE: Marsha is able to wash her face, hands or comb her hair, PCA but Extensive assistance provided (peri-care) per her request. Revision on: 03/18/2022 Revision by: Elsie Calumpang (RN) • HAND HYGIENE: 1 staff to provide REMINDER assistance to (use soap/water, PCA apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene. Revision on: 10/19/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TOILET USE: Marsha is able to go on/off the toilet and adjust clothes after. But she PCA calls for help to assist her with providing pericare and put her pull up on. Extensive assistance from a team member. Revision on: 10/12/2022 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Marsha is able to transfer herself between surfaces. PCA			
Allergies	Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre		Print Date	10/30/2025	
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location	6 622 A
Last Care Plan Review Completed:		09/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none">Altered ability to complete Activities of Daily Living (ADLs) related to Dx. Dementia, Osteoporosis, DM, HTN and Acute kidney injury. Revision on: 03/18/2022 Revision by: Elsie Calumpang (RN)			<div>Revision on: 04/12/2023 Revision by: Jenny Liu (RAI Coord Back-up)</div> <ul style="list-style-type: none">ORAL CARE: Marsha has her own natural teeth and no set up help is needed. <div>Revision on: 03/18/2022 Revision by: Elsie Calumpang (RN)</div> <ul style="list-style-type: none">FOOT CARE: To be completed on shower days by registered staff and PRN for footcare nurse. <div>Revision on: 01/18/2023 Revision by: Katherine Arca (RPN)</div>		PCA	PCA
<ul style="list-style-type: none">Expressed Wishes and Beliefs related to Marsha's Medical Treatment and End of Life Care Revision on: 07/20/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		<ul style="list-style-type: none">To support and honor Marsha's expressed wishes and beliefs through to the End of Life. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">CPR: DO NOT ATTEMPT CPR: Transfer to hospital decision will be made as needed - see PoET Individualized Summary for details Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none">Potential for altered bone density related to diagnosis of OSTEOPOROSIS. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		<ul style="list-style-type: none">To treat and minimize complications associated with OSTEOPOROSIS through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">COMMUNICATION: Involve/ collaborate with Marsha/SDM in decision making of osteoporosis care management. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		<ul style="list-style-type: none">MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects.	Registered Staff
Allergies		Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis		Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses				
Facility		Berkshire Care Centre			Print Date	10/30/2025
Resident		Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location	6 622 A
Last Care Plan Review Completed:		09/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none">• Potential for altered bone density related to diagnosis of OSTEOPOROSIS. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		management of osteoporosis for discomfort/ complications or changes to health status. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
<ul style="list-style-type: none">• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension	<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with HTN through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (HTN) for changes to health status and alteration or complications affecting cardiac function. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• MEDICATION: Administer medication for (HTN)as per MD Order and monitor for side effects. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	Registered Practical Nurse RN			
<ul style="list-style-type: none">• Potential to experience (rash, hives, anaphylaxis, etc.) related to ALLERGY of (Penicillin,Clindamycin). Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none">• Marsha will be protected from exposure to allergen each day through next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	<ul style="list-style-type: none">• ALLERGY ALERT: Marsha has ALLERGY to (Penicillin and Clindamycin) Prevent contact with and report if noted to experience symptoms (rash, hives, swelling, difficulty breathing, etc.). Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• MD/PHARMACY ALERT: Notify the MD and Pharmacy of Marsha Allergy to (Penicillin,Clindamycin) and minimize risk for exposure to allergen. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
<ul style="list-style-type: none">• BOWEL Continence - Marsha is continent and has self recognition of urge to defecate. Revision on: 07/05/2020	<ul style="list-style-type: none">• Marsha to remain continent of bowels through next review date Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none">• BOWEL Continence level is CONTINENT. Report change to level as noted. PCA <ul style="list-style-type: none">• SELF TOILETING: Marsha toilets self for bowel movements. Each shift ask if she had BOWEL MOVEMENT and document accordingly. Report changes to bowel PCA				
Allergies	Clindamycin, Macrobid, Penicillins		D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)		Admission Date	03/13/2015	Location	6 622 A
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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Qiufeng Liu (RPN/RAI back up)		Target Date: 12/10/2025	movements or continence level to Registered Staff as noted. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• NEW: SPIRITUAL BELIEFS: Marsha is of the Jewish Faith. Revision on: 11/01/2019 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Marsha spiritual support as interested through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• PERSONAL CHOICE: Respect Marsha's right to decline participation in Spiritual Program. Does not partake in faith programs at this time. Revision on: 11/01/2019 Revision by: Shayna Lee Wonsch (Activation Manager)		ACT	
• Nutrition Risk Level (diet details)		• Marsha will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025 • Will weigh within Realistic weight range of 90-95 kg through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025 • Marsha will be adequately hydrated aeb drinking at least 2140 ml per day based on 75% of total fluid requirement of 2850ml @ 30ml/kg, 95kg	• NUTRITION RISK: Marsha is moderate risk level Revision on: 07/20/2021 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Marsha will receive regular diet, regular texture Revision on: 11/27/2020 Revision by: Anna Slack • FLUID CONSISTENCY: Marsha drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/15/2021 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Marsha to drink a minimum 2140ml per day. Likes cranberry juice and ice water Revision on: 06/18/2024 Revision by: Sarah Schaeffer (RD) • LOW CALORIE: Offer Marsha low calorie foods at meals/snacks for weight management as per resident/SDM preference, such as - dilute juice half with water, encourage water to drink over juice double portion of vegetables Revision on: 07/26/2024 Revision by: Denise Hackett (Dietitian (RD)) • LABELLED SNACK: Marsha receives Hard boiled egg at breakfast and salad with assorted protein at lunch daily, hummus and crackers at PM Mon/Wed/FRI		Dietitian (RD) Dietary Manager Diet Food Services Aide PCA Diet PCA PCA PCA	Meals
Allergies	Clindamycin, Macrobid, Penicillins		D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)		Admission Date	03/13/2015	Location	6 622 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
• Nutrition Risk Level (diet details)	through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025 • Will meet estimated nutritional requirements 1694-1882 of kcal and 75-94g protein per day through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	Revision on: 02/27/2025 Revision by: Ronnie Fung (FSM - Food Services Manager)			
• Potential for hyper/hypoglycemia, other complications related to DIABETES MELLITUS. Revision on: 01/28/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • COMMUNICATION: Involve/ collaborate with Marsha/SDM in decision making of diabetes care management. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD order. Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication (ORAL ANTIHYPERGLYCEMIC medication and INSULIN) for DIABETES as per MD order. Monitor effectiveness and for side effects Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• SLEEP PATTERNS Revision on: 01/28/2016 Revision by: Clarisa Amir (Registered Practical Nurse)	• To promote adequate rest/sleep for Marsha based on identified sleep	• REST PATTERN: Preferred bedtime Usual bed time:1930-2000hr and usual wake time:0500-0530hr. Revision on: 07/05/2020	PCA		
Allergies	Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location	6 622 A
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Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
Nurse)	patterns/preferences each night through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/10/2025	Revision by: Qiufeng Liu (RPN/RAI back up) • SLEEPWEAR: Marsha preferred night attire:Own PJ Revision on: 07/05/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	

Diagnosis

Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without open wound into cavity(S37.090), Calculus of kidney(N20.0), Immunodeficiency, unspecified(D84.9), Other bacterial infections of unspecified site(A49.8)

Allergies	Clindamycin, Macrobid, Penicillins	D.O.B.	03/24/1948	Physician	Roseanne Ng
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without o...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Wright, Marsha (922131004082)	Admission Date	03/13/2015	Location	6 622 A
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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, low motivation, and rest/sleep patterns.</p> <p>ISE Score: 2/6 Revision on: 08/14/2025 Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• To support Sami's Psycho-Social well being through to the next review.</p> <p>Revision on: 08/03/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 11/19/2025</p>	<p>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1: 1 visits, games- trivia, music programs, special events, etc. Revision on: 08/30/2024 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music/radio, visiting with residents/team members, etc. Revision on: 11/27/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide him with individual visits for conversation, reminiscing, music, etc. Revision on: 11/27/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• SOCIAL INTERACTION: Promote the opportunity for Sami to make friendships and sit with friends during activities. Revision on: 11/27/2023 Revision by: Mitchell Atkinson (Recreation Aide)</p>				
<p>• Potential for Expressive Behaviour of (RESISTANCE to care need, delusions) nature related to Schizophrenia and PTSD. Revision on: 06/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• To decrease episodic frequency of resist care by next review date. ABS score will be less than 1 Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Sami for indications to change in or for escalating expressive behaviour risk. Revision on: 11/18/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (Specify cause; confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 11/18/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• RESISTANCE to Care Need: If Sami is declining to (bathe, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 11/18/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• MEDICATION: Administer medication for therapeutic treatment of (specify Expressed Behaviour) as per MD Order. Monitor effectiveness and for side effects.</p>	Registered Practical Nurse RN			
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies	D.O.B.	02/02/1955	Physician	Roseanne Ng	
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo)arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Yassine, Sami (922131005536)	Admission Date	11/07/2023	Location	6 619 C	
Last Care Plan Review Completed:		08/19/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for Expressive Behaviour of (RESISTANCE to care need, delusions) nature related to Schizophrenia and PTSD. Revision on: 06/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			• DELUSION: Statements of: somebody stole the president Obama watch and I will bring that back" and "Somebody is giving me wrong meds because they want to take my eye. Offer support and reassurance Do not argue with resident Report to the nurse if noted Ensure safety Revision on: 06/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			Registered Practical Nurse RN	
• Potential for PAIN and alteration in comfort level related to Osteoarthritis. Pain to Right knee Most Current LTCF Pain Score is (0) Revision on: 05/14/2025 Revision by: Jenny Liu (RAI Coordinator)		• Promote MDS Pain Score of 0 through to the next review. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• 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. • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 02/16/2024 Revision by: Jenny Liu (RAI Coord Back-up)			RN Registered Practical Nurse Registered Practical Nurse RN	
• Alteration in skin integrity with risk for infection or complications related to RT upper arm shows a hypoechoic soft tissue mass with internal echoes measured 4x3. 2x1.8cm. Sonographic appearance is non specific Revision on: 05/13/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To minimize risk through to the next review date Revision on: 05/13/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with RT upper arm hypoechoic soft tissue mass with internal echoes measured 4x3.2x1. 8cm. Sonographic appearance is non specific for changes to health status, for infection and alteration or complications affecting skin integrity. Revision on: 05/13/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Risk for Impaired SKIN INTEGRITY		• To protect and maintain skin	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any			PCA	
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955		Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)			Admission Date	11/07/2023	Location	6 619 C
Last Care Plan Review Completed:		08/19/2025					

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Focus	Goal	Interventions	Position	Freq/Resolved	
related to memory loss. Right upper arm mass Revision on: 05/08/2025 Revision by: Danielle Loreto (RAI Coordinator)	integrity each day through to the next review. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	new or different observance than the residents' usual skin condition to Registered Staff as noted.			
• Sami is at high risk for ELOPEMENT related to exit seeking, wanting to go home. Revision on: 12/03/2024 Revision by: Danielle Loreto (RAI Coordinator)	• To promote Sami's safety and minimize risk for episode of elopement each day through next review date. Revision on: 05/20/2024 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	• ALERT: Sami has potential to attempt elopement. If heard making requests to leave the building or seen attempting to use exit doors report to Supervisor immediately. Revision on: 05/20/2024 Revision by: Maryola Perion (RN) • ELOPEMENT ALERT: Redirect Sami away from elevator or exit doors as needed. Revision on: 05/20/2024 Revision by: Maryola Perion (RN)	PCA		
• Sami is experiencing colonization with Antibiotic Resistant Organism (VRE) as of confirmed date: 06/18 Revision on: 12/03/2024 Revision by: Danielle Loreto (RAI Coordinator)	• To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Target Date: 11/19/2025	• COMMUNICATION: Involve/collaborate with Sami/SDM with decision making for Antibiotic Resistant Organism treatment plan and update accordingly. Revision on: 06/19/2024 Revision by: Jenny Liu (RAI Coord Back-up) • HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (hand hygiene, visitation, PPEs, isolation, transmission, etc.) for Antibiotic Resistant Organism. Revision on: 06/19/2024 Revision by: Jenny Liu (RAI Coord Back-up) • PPE PRECAUTIONS: Precaution identified as CONTACT for rectal VRE and requires use of the following PPEs (specify; Gloves, Gown, etc.) when (specify; providing direct care, handling soiled clothes and linens, disposing of incontinence product, etc.). Revision on: 06/19/2024 Revision by: Suzanne Azar (RN)			
• URINARY (Functional) INCONTINENCE related to Parkinson's, Schizophrenia, Hypertension, GERD, Osteoarthritis. Revision on: 09/03/2024	• Sami will have urinary incontinence managed every shift through to the next review period.	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 09/03/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies	D.O.B.	02/02/1955	Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)	Admission Date	11/07/2023	Location	6 619 C
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Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Jenny Liu (RAI Coord Back-up)		Revision on: 09/03/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/19/2025 • Sami will receive support to (use toilet) and promote urinary continence each shift through to the next review. Revision on: 09/03/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/19/2025	• The URINARY Continence level is continent when he is weak then he Incontinent. PCA Report change to level as noted. Revision on: 07/26/2025 Revision by: Jiss Mathew (RN) • INCONTINENCE PRODUCT: Using pull up when he is weak and unable to use the washroom only . PCA Revision on: 07/26/2025 Revision by: Jiss Mathew (RN)				
• Increased risk for FALLS related to history of falls, forgetful of use of walker. Revision on: 05/10/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• CALL BELL: Place call bell within Sami's reach, check that it is in working order and remind/encourage to use it. PCA D/E/N Revision on: 11/08/2023 Revision by: Karamjeet Hayer (RN) • ADAPTIVE EQUIPMENT: remind Sami to use his walker. PCA Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • ENVIRONMENT: Secure environment reduce clutter to reduce fall risk. PCA Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • BED: place bed in lowest position, use high/low bed, to lower risk for injury. PCA Revision on: 08/23/2024 Revision by: Jane Del Rosario (RPN) • FOOTWEAR: Ensure Sami wears appropriate footwear at all times. PCA Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PURPOSEFUL ROUNDING: Conduct purposeful rounding throughout all shifts shift to assess residents needs; for pain, positioning, peri-needs or possessions for safety. PCA Registered Practical Nurse RN Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Nutrition Risk Level		• Sami will be adequately	• Honor religious rituals related to diet/eating - Do not serve pork				
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955		Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)		Admission Date	11/07/2023		Location	6 619 C
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Focus	Goal	Interventions	Position	Freq/Resolved	
	<p>nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025</p> <p>• Will weigh within realistic GWR 88-98 kg through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/19/2025</p> <p>• Sami will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2388 ml/day (25 ml/kg using 95.5 kg weight) through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/19/2025</p>	<p>Revision on: 11/08/2023 Revision by: Anna Slack (Registered Dietitian) • LABELLED SNACK PM: ice cream cup daily (115 ml fluid) Revision on: 06/24/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• NUTRITION RISK: Sami is low risk level. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• DIET ORDER: Sami will receive regular diet, regular texture. Special instructions: encourage softer options, cut food into small pieces. Revision on: 06/24/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• FLUID CONSISTENCY: Sami drinks REGULAR/THIN Level 0 Fluids. Revision on: 11/08/2023 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Sami to drink a minimum of 1910 ml/day Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.</p> <p>• DINING INSTRUCTIONS: - Encourage softer options - Cut food into small pieces Revision on: 06/24/2025 Revision by: Holly Laasanen (Dietitian (RD))</p>	<p>PCA Registered Practical Nurse RN Dietitian (RD)</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>Dietary aide PCA</p> <p>Registered Practical Nurse</p>	<p>D</p>	
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement related to progression of Parkinson's, Schizophrenia, short and long-term memory loss. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI	• Sami will be supported to maintain cognitive function through the review date. Current CPS is 4 Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	• ORIENTATION: Gently reorient to place and time as needed when Sami is feeling lost or in confused state. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote Sami's ability to locate room and navigating home area (name plate) outside of room. Revision on: 11/07/2023			
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies	D.O.B.	02/02/1955	Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)	Admission Date	11/07/2023	Location	6 619 C
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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Coordinator)		Target Date: 11/19/2025	Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote adequate rest/sleep for Sami based on identified sleep patterns/preferences each night through to the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• REST PATTERN: Sami is a early riser. He has no preferred bed time and does nap during the day. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To monitor effectiveness and for side effects of medication used each day through to the next review date Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Sami using anti-psychotic medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff
• BOWEL Continence - Sami is continent and has self recognition of urge to defecate. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Sami to remain continent of bowels through next review date Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	• BOWEL Continence level is CONTINENT. Report change to level as noted.			PCA	
			• SELF TOILETING: Sami toilets self for bowel movements. Each shift ask if he has had a BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955		Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)		Admission Date	11/07/2023		Location	6 619 C
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Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by PTSD, Schizophrenia. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> Sami will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Sami for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 11/18/2023 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Parkinson's, Schizophrenia, Hypertension, GERD, Osteoarthritis. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> Sami will have ALL ADL care needs met each day through the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> BATHING: Sami prefers shower or bath. His bath days are on Wednesday and Sunday on day shift. PCA He is able to wash his upper body, requires one team member to provide extensive assistance with his lower body and hard reached areas (back) HE MAY NOT PARTICIPATE DURING- Provide encouragement. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> BED MOBILITY: Sami is able to turn and reposition himself independently when in bed. PCA Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> DRESSING: Sami is able to dress himself up from head to toe. PCA Care level verifies on his cognition, strength and if fatigued. May require 1 team member to provide limited to extensive assistance. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> EATING: Sami is able to eat independently without assistance or oversight from the team. He eats on the floor 6 dining room PCA Revision on: 11/18/2023				
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955		Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
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Care Plan Report

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Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies	D.O.B.	02/02/1955	Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)	Admission Date	11/07/2023	Location	6 619 C
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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Sami Medical Treatment and End of Life Care Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To support and honor Sami's expressed wishes and beliefs through to the End of Life. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> CPR: Sami wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
<ul style="list-style-type: none"> Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Memory loss, Language Barrier. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> Sammi will be supported to maintain current communication abilities to express self, comprehend information each day through to the review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> PRIMARY LANGUAGE: Sami communicates best in Arabic but is able to understand and speak minimal English. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.). Revision on: 11/18/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> INSTRUCTION GUIDANCE: Sami needs (intermittent) cueing or demonstrative instruction in tasks and activities. Revision on: 02/19/2025 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> Potential for altered bone density related to diagnosis of OSTEOARTHRITIS. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To treat and minimize complications associated with OSTEOARTHRITIS through to the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> MEDICATION: Administer medication for OSTEOARTHRITIS management. Monitor effectiveness and for side effects. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Sammi for management of OSTEOARTHRITIS for discomfort/ complications or changes to health status. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
<ul style="list-style-type: none"> Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To treat and/or minimize complications associated with GERD each day through to the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Sami for management of GERD for discomfort/ complications or changes to health status. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955	Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
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Focus		Goal	Interventions			Position	Freq/Resolved
Coordinator)		(RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• POSITIONING: Encourage resident to avoid lying down for at least one hour after eating; elevate head of bed, encourage resident to sit/stand upright after meals.• MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.			PCA Registered Staff Registered Staff	
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension		• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of Sami with Hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)• MEDICATION: Administer medication for Hypertension as per MD Order and monitor for side effects. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			Registered Practical Nurse RN	
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: PARKINSON'S Disease		• To treat and minimize signs/symptoms or complications associated with Parkinson's through to the next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• MEDICATION: Administer medication for Parkinson's as per MD order. Monitor effectiveness and for side effects. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)• MONITORING: Utilize holistic perspective of continuous monitoring of Sami with Parkinson's for changes to health status and alteration or complications affecting neurological function. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience (rash, hives) related to ALLERGY of Penicillin, Ampicillin, Detrol, Afluzosin, Tolterodine. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Sami will be protected from exposure to allergen each day through next review date. Revision on: 02/06/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of Sami with allergy to listed medication for changes to health status and complications. Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)• ALLERGY ALERT: Sami has ALLERGY to Penicillin, Ampicillin, Detrol, Afluzosin, Tolterodine. Prevent contact with and report if noted to experience symptoms (rash, hives, swelling, difficulty breathing, etc.). Revision on: 11/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies		D.O.B.	02/02/1955		Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo) arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)			Admission Date	11/07/2023	Location	6 619 C
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved

Diagnosis

Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo)arthrosis(M15.0), Post-traumatic stress disorder(F43.1), Hyperlipidaemia, unspecified(E78.5)

Allergies

Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol

Allergies	Alfuzosin, Ampicillin, Penicillin, Tolterodine, Detrol...See last page for a complete listing of the Resident's allergies	D.O.B.	02/02/1955	Physician	Roseanne Ng
Diagnosis	Parkinson's disease(G20), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Primary generalized (osteo)arthrosis(M15.0)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Yassine, Sami (922131005536)	Admission Date	11/07/2023	Location	6 619 C
Last Care Plan Review Completed:		08/19/2025			