


Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<p>• Potential for PAIN and alteration in comfort level related to Diabetes Mellitus, Hx of RT. Acetabular fracture, Left inguinal pain, abdominal pain. Most Current Pain Score is 0</p> <p>Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• Promote LTCF Pain Score of 0 through to the next review.</p> <p>Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/27/2025</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.</p> <p>Revision on: 09/20/2024 Revision by: Maryola Perion (RN)</p>	<p>RN Registered Practical Nurse</p> <p>Registered Practical Nurse RN</p>				
<p>• SPIRITUAL BELIEFS: Laszlo chooses not to participate in spiritual activities.</p> <p>Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• To provide Laszlo spiritual support as interested through to the next review date.</p> <p>Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/27/2025</p>	<p>• PERSONAL CHOICE: Respect Laszlo's right to decline participation in Spiritual Program.</p> <p>Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide)</p>					
<p>• Potential to experience alteration in CARDIAC FUNCTION related to: Angina Pectoris, Atrial Fibrillation, Coronary Artery Disease, Hyperlipidaemia, Hypertension, angina like episodes</p> <p>Revision on: 02/28/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• To treat and minimize signs/symptoms or complications associated with Angina Pectoris, Atrial Fibrillation, Coronary Artery Disease, Hyperlipidaemia, Hypertension through to the next review date.</p> <p>Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Angina Pectoris, Atrial Fibrillation, Coronary Artery Disease, Hyperlipidaemia, Hypertension for changes to health status and alteration or complications affecting cardiac function.</p> <p>Revision on: 09/20/2024 Revision by: Maryola Perion (RN)</p> <p>• MEDICATION: Administer medication as per MD Order and monitor for side effects.</p> <p>Revision on: 09/20/2024 Revision by: Maryola Perion (RN)</p>	<p>Registered Practical Nurse RN</p>				
<p>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being</p>	<p>• Team members will support Laszlo in decreasing social isolation by participating in</p>	<p>• STRUCTURED ACTIVITIES: Invite Laszlo to programs of personal interest; music programs, Happy hour, reading programs, special events, etc.</p> <p>Revision on: 10/13/2024</p>					
Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang		
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Aczel, Laszlo (922131005587)		Admission Date	09/20/2024	Location	7 701 B	
Last Care Plan Review Completed:		08/27/2025					

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<p>related to adjusting to life in a new environment.</p> <p>ISE score: 4/6</p> <p>Revision on: 02/20/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p>		<p>activities of personal choice for 5-10 times per month by the next review date.</p> <p>Revision on: 01/03/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 11/27/2025</p> <p>• To support Laszlo's Psycho-Social well being through to the next review.</p> <p>Revision on: 01/03/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 11/27/2025</p>	<p>Revision by: Laura Morris (Restorative Care Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage Laszlo to engage in self-directed activities such as watching TV in his room, walking, conversing with other residents and staff.</p> <p>Revision on: 10/13/2024</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p>				
<p>• Nutrition Risk Level</p>		<p>• Laszlo will be adequately nourished aeb consuming >75% at meals and snacks through to next review date.</p> <p>Revision on: 01/03/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 11/27/2025</p> <p>• Will weigh within GWR/IBW/Realistic weight range of 65-73kg kg/BMI 24-27 through to next review date.</p> <p>Revision on: 01/03/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>Target Date: 11/27/2025</p> <p>• Laszlo will be adequately hydrated aeb drinking at least</p>	<p>• NUTRITION RISK: Laszlo is moderate risk level.</p> <p>Revision on: 08/14/2025</p> <p>Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• DIET ORDER: Laszlo will receive regular diet, regular texture</p> <p>Revision on: 10/02/2024</p> <p>Revision by: Lexi Dakin (Dietitian (RD))</p> <p>• FLUID CONSISTENCY: Laszlo drinks REGULAR/THIN Level 0 Fluids.</p> <p>Revision on: 04/14/2025</p> <p>Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Laszlo to drink a minimum of 1322 ml/day</p> <p>Revision on: 08/14/2025</p> <p>Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• DINING INSTRUCTIONS: Resident avoids milk, juice, and pop. Likes to drink water and coffee.</p> <p>Revision on: 08/14/2025</p> <p>Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• FOOD ALLERGY/INTOLERANCE: Resident avoids milk due to GI upset. Provide Lactaid milk if he requests.</p> <p>Revision on: 08/14/2025</p> <p>Revision by: Holly Laasanen (Dietitian (RD))</p>				
Allergies	No Known Allergies			D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Aczel, Laszlo (922131005587)			Admission Date	09/20/2024	Location	7 701 B
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• Nutrition Risk Level	80% of TFR: 1652 ml/day (25 ml/kg using 66.1 kg weight) through to next review date. Revision on: 08/14/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/27/2025	• HIGH CALORIE/PROTEIN HS SNACK: assorted sandwich daily Revision on: 08/14/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Offer fruit rite daily at breakfast (per his request) Revision on: 08/25/2025 Revision by: Brittany Hyde (Registered Dietitian)	PCA 	

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Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)	day through to the review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025				
<ul style="list-style-type: none"> Altered VISION related to Glaucoma. Macular Degeneration, Bilateral Vision loss. Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)	<ul style="list-style-type: none"> To treat and minimize complications of Glaucoma. Macular Degeneration, Bilateral Vision loss through to next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	<ul style="list-style-type: none"> EYEGLASSES: Laszlo wears eyeglasses. Assist to clean eyeglasses as needed and store in night table drawer when sleeping. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)	PCA		
<ul style="list-style-type: none"> Increased risk for FALLS related to History of falls, Bilateral vision loss, HTN, tremor, Glaucoma and stoke. Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)	<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: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	<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: 09/20/2024 Revision by: Maryola Perion (RN)	PCA	D/E/N	
		<ul style="list-style-type: none"> ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:(walker) Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		<ul style="list-style-type: none"> ENVIRONMENT: Secure environment: reduce clutter, etc. to reduce fall risk for Laszlo. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)	PCA		
Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses				
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Resident	Aczel, Laszlo (922131005587)	Admission Date	09/20/2024	Location	7 701 B
Last Care Plan Review Completed:		08/27/2025			

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			• FOOTWEAR: Ensure resident wears appropriate footwear for transfers, ambulation. PCA Revision on: 09/20/2024 Revision by: Maryola Perion (RN)				
• Expressed Wishes and Beliefs related to Laszlo Medical Treatment and End of Life Care Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)		• To support and honor Laszlo's expressed wishes and beliefs through to the End of Life. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• CPR: 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)				
• Gait training Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)		• Improved gait from poor foot clearance to good foot clearance B/L in next 6 months Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• Sup 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: 12/13/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Strength Training Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)		• Increased strength in B/L LE from 3+/5 to 4/5 in next 3 months Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• Strengthening exs for B/L UE and LE, within pain limits, 1lbs to 2lbs, 10 reps, 1-2 sets, 2-3 x a week; Isometric strengthening exs B/L Quads and Hams, hold for 10 sec, 5 reps, 2-3 x a week; Revision on: 08/25/2025 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Balance Training Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)		• Increase Tinetti scores from 19 to 20 in next 3 months. Revision on: 05/27/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 11/27/2025	• 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. Revision on: 10/01/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Potential to experience complications and side effects impacting quality of life related		• To monitor effectiveness and for side effects of medication	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using poly-pharmacy for changes to health status and alteration or complications				
Allergies	No Known Allergies		D.O.B.	06/27/1938	Physician	Wallace Liang	
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Aczel, Laszlo (922131005587)		Admission Date	09/20/2024	Location	7 701 B	
Last Care Plan Review Completed:		08/27/2025					

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to use of multi-pharmacy. Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)		used each day through to the next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	affecting functioning or quality of life. Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.		Registered Staff	
• Potential for bruising, bleeding, clotting or other complications related to use of ANTICOAGULANT medication. Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• To monitor for bleeding and minimize complications related to use of Apixaban through the review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• 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: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) • BLEEDING ALERT: Notify nurse immediately if Laszlo is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 09/27/2024 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	
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 09/25/2024 Revision by: Mitchell Atkinson (Recreation Aide)		• To promote adequate rest/sleep for Laszlo based on identified sleep patterns/preferences each night through to the next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• PREFERENCE: Laszlo likes to have warm drink prior to bed. Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • REST PATTERN: Preferred bedtime: Around 9pm, usual wake time: around 6am Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		PCA	
• Potential for CONSTIPATION related to (daily use of medication with binding effect, etc.) Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		• To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord	• 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		Registered Staff Registered Staff	
Allergies	No Known Allergies		D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Aczel, Laszlo (922131005587)		Admission Date	09/20/2024	Location	7 701 B
Last Care Plan Review Completed:		08/27/2025				

Care Plan Report

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	Back-up) Target Date: 11/27/2025 • Laszlo will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	Plan. • BOWEL PROTOCOL: In place as per MD order	Registered Staff		
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 09/20/2024 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• COMMUNICATION: Involve/collaborate with (Laszlo)/SDM in decision making for BPH care management. Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • 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. • MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)	Registered Staff		
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 09/20/2024 Revision by: Maryola Perion (RN)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• COMMUNICATION: Involve/collaborate with Laszlo/SDM in decision making for GERD Management. Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • 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.	PCA Registered Staff		
Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...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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			• MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.		Registered Staff	
• BOWEL Continence - Laszlo is continent and has self recognition of urge to defecate. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		• Laszlo to remain continent of bowels through next review date Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• BOWEL Continence level is CONTINENT. Report change to level as noted. • SELF TOILETING: Laszlo toilets self for bowel movements. Each shift ask if he/she had BOWEL MOVEMENT and document accordingly. Report changes to bowel movements or continence level to Registered Staff as noted. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		PCA PCA	
• URINARY Continence - Laszlo is continent and has self recognition of urge to void. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		• Laszlo will maintain continence level through next review date Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	• URINARY Continence Level is: CONTINENT/ using incontinence products at night time per resident request Revision on: 09/24/2024 Revision by: Jane Del Rosario (RPN) • SELF TOILETING: Laszlo toilets self. Each shift ask if he/she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		PCA PCA	
• Altered ability to complete Activities of Daily Living (ADLs) related to bind on both eyes, Macular Degeneration, Diabetes Mellitus, Glaucoma. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		• Laszlo 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: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025 • Laszlo will have ALL ADL care needs met each day through the next review date.	• BATHING: Laszlo prefers (shower/tub bath) on (Thursdays and Sundays on Day shift - prefers to have it at 9AM when able). Laszlo participates by (providing a washcloth and cues). One staff (limited) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Laszlo is Independent and able to turn and reposition while in bed. Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • DRESSING: Laszlo is able to dress himself from head to toe without any assistance from staff. Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up)		PCA PCA PCA	
Allergies	No Known Allergies		D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses					
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	Revision on: 01/03/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/27/2025	<ul style="list-style-type: none"> • EATING: Laszlo is Independent with set up from staff. Eats in the main dining room. PCA Laszlo prefers to come to the dining room early for breakfast and have his meals before scheduled start time. Revision on: 03/11/2025 Revision by: Danielle Loreto (RAI Coordinator) • LOCOMOTION: Laszlo is able to walk Independently and require the use of a walker as his aid for ambulation PCA Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • PERSONAL HYGIENE: Laszlo is Independent and able to wash/dry his hands, face and to do his own peri care. PCA Revision on: 09/20/2024 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. PCA Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • TOILET USE: Laszlo is able to use the toilet Independently. Able to adjust his own clothes, get on and off the toilet and cleanses himself. However Laszlo requires team member to apply a brief at night time per his request. PCA Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Laszlo is Independent and able to transfer from a sitting to standing position with the use of his walker as aid. PCA Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • ORAL CARE: Laszlo has his own teeth. He is Independent with his oral hygiene. PCA Revision on: 09/20/2024 Revision by: Maryola Perion (RN) • FOOT CARE: Foot Care Nurse to complete toenail care. Report long toe nails or other abnormalities as noted. PCA Revision on: 09/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SHAVING - Laszlo prefers to be shaved on his bath days and as needed. PCA 		D	
Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...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 bind on both eyes, Macular Degeneration, Diabetes Mellitus, Glaucoma. Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		Revision on: 09/20/2024 Revision by: Maryola Perion (RN)		

Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses				
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Diagnosis

Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hyperplasia of prostate(N40), Hyperlipidaemia, unspecified(E78.5), Type 2 diabetes mellitus with poor control, so described(E11.64), Atherosclerotic heart disease of native coronary artery(I25.10), Blindness, binocular(H54.0), Angina pectoris, unspecified(I20.9), Stroke, not specified as haemorrhage or infarction(I64), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Unilateral or unspecified inguinal hernia, without obstruction or gangrene(K40.9), Abnormal cardiovascular function studies (biomarkers or ECG) suggestive of non ST segment elevation myocardial infarction [NSTEMI](R94.31), Benign hypertension(I10.0), Tremor, unspecified(R25.1), Fracture of acetabulum, closed(S32.400), Cardiovascular disease, unspecified(I51.6), Bradycardia, unspecified(R00.1)

Allergies	No Known Allergies	D.O.B.	06/27/1938	Physician	Wallace Liang
Diagnosis	Aortic (valve) stenosis(I35.0), Atrial fibrillation, unspecified(I48.90), Degeneration of macula and posterior pole(H35.3), Glaucoma, unspecified(H40.9), Gastro-oesophageal reflux disease without...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Laszlo (922131005587)	Admission Date	09/20/2024	Location	7 701 B
Last Care Plan Review Completed:		08/27/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 4/6</p> <p>Revision on: 10/25/2025</p> <p>Revision by: Laura Morris (Restorative Care Aide)</p>	<p>• Vera will be supported to maintain participation in activities 10-20 times per month by the next review date.</p> <p>Revision on: 08/07/2024</p> <p>Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>Target Date: 01/18/2026</p>	<p>• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Friendly/1: 1 visits, comedy corner, exercise groups, physical games, music appreciation, reading - short stories, sensory stimulation, special events, drumming circle, hymn sing, beauty club, spiritual discussion, TV/movie programs, etc.</p> <p>Revision on: 05/07/2025</p> <p>Revision by: Megan Pipe (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, etc.</p> <p>Revision on: 10/13/2022</p> <p>Revision by: Hannelore (Hannah) Steinke-Nelson (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Accompany in elevator, Walk with, Guide to, Cue Direction, Reminders, etc.</p> <p>Revision on: 03/27/2023</p> <p>Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, music, humor, etc.</p> <p>Revision on: 07/25/2022</p> <p>Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: High. Visits with family often.</p> <p>Revision on: 04/30/2025</p> <p>Revision by: Megan Pipe (Recreation Aide)</p>	ACT			
<p>• Alteration in skin integrity related to BRUISE to the left forearm #22</p> <p>Revision on: 09/28/2025</p> <p>Revision by: Jane Del Rosario (RPN)</p>	<p>• To promote intact skin integrity through healing of BRUISE by next weekly assessment</p> <p>Revision on: 09/14/2025</p> <p>Revision by: Idylle Labrado (RPN)</p> <p>Target Date: 01/18/2026</p>	<p>• 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> <p>Revision on: 09/14/2025</p> <p>Revision by: Idylle Labrado (RPN)</p>				
<p>• ROM Exs</p> <p>Revision on: 05/08/2025</p> <p>Revision by: Shina Wadhwa (Physical Therapist)</p>	<p>• To improve B/L shoulder flexion from AA100 to AA-110 in next 3 months;</p> <p>Revision on: 10/30/2025</p> <p>Revision by: Shina Wadhwa (PT - Physiotherapist)</p>	<p>• AAROM exs for B/L UE and LE, as best tolerated, within pain limits,10 reps, 1-2 sets, 2-3 x a week;</p> <p>Passive stretching for B/L Hams and Calf with 15-20 sec hold, 3-5 reps, 2-3 x a week;</p> <p>Revision on: 05/08/2025</p> <p>Revision by: Shina Wadhwa (Physical Therapist)</p>	PT - Physiotherapist PTA			
Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A	
Last Care Plan Review Completed:		07/31/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • ROM Exs Revision on: 05/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	Target Date: 01/18/2026				
<ul style="list-style-type: none"> • Potential for Expressive Behaviour of VERBAL (hx of calling others names, yelling at others) and physical, arguing, accusing the residents for taking her money related to Sundowning, Dementia. Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> • To promote safety for Vera and/or others during each episode of verbal and physical behaviours through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Vera for indications to change in or for escalating expressive behaviour risk. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> • TRIGGERS leading to PHYSICAL (Hitting, Punching, Slapping, Biting, Kicking, etc.) as expression of behaviour include (anger, frustration, confusion, Sundowning, etc.) Revision on: 12/14/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • PHYSICAL Behaviour: If Vera is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> • TRIGGERS leading to VERBAL (yelling) as expression of behaviour include (frustration, limitation in self expression, misunderstanding care intention, etc.) Revision on: 05/02/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> • VERBAL Behaviour: If Vera 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: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> • MEDICATION: Administer medication for therapeutic treatment of Expressed Behaviour as per MD Order. Monitor effectiveness and for side effects. Revision on: 12/14/2022 Revision by: Maryola Perion (RN)	Registered Practical Nurse RN		
<ul style="list-style-type: none"> • Altered ability to complete Activities of Daily Living (ADLs) related to Hypertension, High Cholesterol, Dementia (with Sundowning), Atrial Fib, 	<ul style="list-style-type: none"> • Vera will have ALL ADL care tasks met each day through the next review date. Revision on: 04/30/2024	<ul style="list-style-type: none"> • BATHING: Vera prefers (shower) on (Thursdays and Sundays in Evening shift). Vera participates by (providing a washcloth and cues. Two staff (MAXIMAL) assistance for bathing. Sit to stand lift for transfer with two staff to assist. Nail care to be provided on shower/bath day. 	PCA		
Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>Hypercholesterolemia.</p> <p>Revision on: 02/04/2025</p> <p>Revision by: Holly Laasanen</p>	<p>Revision by: Katie Savo</p> <p>Target Date: 01/18/2026</p>	<p>Revision on: 07/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Maximal Assist: Vera requires weight bearing assistance from two team members help to turn and reposition in bed.</p> <p>Revision on: 07/31/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• DRESSING: Maximal Assist: Vera is able to guide her upper body through the clothes though she requires two team members to dress her upper/lower body. Compression stockings worn. To be applied in the morning and removed in the evening.</p> <p>Revision on: 05/08/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• EATING: Vera needs set up help from staff with eating. Vera eats at the main dining room.</p> <p>Vera prefers to have her breakfast before meal start times in the main dining room.</p> <p>Revision on: 03/11/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• LOCOMOTION: Vera requires the use of a wheelchair with one person assist to push her on/off the unit.</p> <p>Revision on: 11/07/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Maximal Assist: Vera is able to wash her face, brush her teeth/dentures with cuing. Requires weight bearing assist from two members with providing pericare.</p> <p>Revision on: 05/08/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDERS assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene.</p> <p>Revision on: 04/28/2022</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• TOILET USE: Vera requires two team members to transfer her to the bed with sara lift and change her when soiled. Team member to adjust her clothes and re-applying an incontinence product after.</p> <p>Revision on: 11/07/2024</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>		
Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
a plan), Repetitive questions, suspicious of the team related to her diagnosis of Dementia Revision on: 08/12/2024 Revision by: Katie Savo (RAI Coordinator)		range of 0-2 by the review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • FAMILY SUPPORT: Vera enjoys visits from her family. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • SLEEP/REST: Promote adequate sleep and rest to stability of Vera's mood. Report changes in sleeping habits to Registered Staff as noted. Revision on: 06/18/2024 Revision by: Maryola Perion (RN) • SPECIAL CONSIDERATION to support MOOD: Vera has become suspicious of the PCA team talking about her when she overhears conversations. Team to assist with re-directing Vera and providing therapeutic communication and re-assurance. Revision on: 07/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Increased risk for FALLS related to history of falls while getting up to the bathroom. 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: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• CALL BELL: Place call bell within Vera's reach, check that it is in working order and remind/encourage to use it. Revision on: 05/19/2023 Revision by: Jenny Liu (RAI Coord Back-up) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: Encourage use of walker. Resident forgets to use walker at times. Revision on: 07/25/2023 Revision by: Chelsea Campbell-Wright (ADOC) • FOOTWEAR: Ensure Vera wears appropriate footwear while ambulating and transferring. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. AAROM 2 sets 5-10 reps/xcise, Trunk mobility AAROM in flexion and side flexion 5-10 reps/xcise, Sitting balance- assistance into position to maintain 10s 5-10 reps with PT- 3-5x week Revision on: 08/29/2025 Revision by: Courtney Cipparone (PT - Physiotherapist) • FLOOR MAT: both sides of bed floor mat, on floor next to left and right side of the bed to lower the risk of injury. Revision on: 08/26/2025				
Allergies	No Known Allergies			D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)			Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025					

Care Plan Report

Focus		Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Increased risk for FALLS related to history of falls while getting up to the bathroom. Revision on: 01/29/2024 Revision by: Maryola Perion (RN)			Revision by: Sonpreet Gurm (Registered Nurse) <ul style="list-style-type: none"> ALARMS: Requires Bed clip alarm. Check placement and working order while in bed. Staff to respond promptly to resident when alarm sounding. Revision on: 06/26/2023 Revision by: Chelsea Campbell-Wright (IPAC LEAD) <ul style="list-style-type: none"> SUPPLEMENT: Calcium supplement and Denosumab as per MD order to maintain bone density to prevent injuries. Revision on: 05/28/2024 Revision by: Katie Savo	PCA	D/E/N
<ul style="list-style-type: none"> Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretics. Revision on: 12/31/2023 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 12/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Vera)/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. Revision on: 12/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. Revision on: 12/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> PROMOTE FLUIDS: Promote Vera to consume fluids; amount as per Nutrition Care Plan. Revision on: 12/31/2023 Revision by: Jenny Liu (RAI Coord Back-up)	Diet Registered Staff	Registered Staff
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Medical Treatment and End of Life Care Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To support and honor Vera's expressed wishes and beliefs through to the End of Life. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none"> CPR: Vera wishes express NO CPR and NO TRANSFER to hospital. Revision on: 03/22/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		
<ul style="list-style-type: none"> COGNITIVE LOSS; alteration in thought 		<ul style="list-style-type: none"> Vera will be supported to make independent choice and safe 	<ul style="list-style-type: none"> ORIENTATION: Gently reorient to place, time as needed when Vera is feeling lost or in confused state. 		
Allergies	No Known Allergies			D.O.B.	04/27/1940
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses			Physician	Wallace Liang
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)			Admission Date	04/28/2022
				Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
processes memory loss, difficulty concentrating, poor judgement, etc. related to Dementia Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	decisions each day through to the review date. Current CPS is 3/6. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Dementia. Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Vera is unable to express self and will be supported to have needs interpreted each day through the next review. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• COMMUNICATION: Involve/collaborate with Vera/SDM for decision making about strategies needed to support effective communication. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Vera's primary language is German though she is able to understand and communicate in English as well. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Altered VISION related to wears glasses for reading. Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Vera will use glasses for vision correction daily through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• EYEGLASSES: Vera wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA		
• Risk for Impaired SKIN INTEGRITY related to frail skin, edema to bilateral lower legs. Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Revision on: 08/09/2024 Revision by: Elsie Calumpang (RN) 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. • HEALTH EDUCATION: Engage resident/SDM in health education regarding prevention of skin impairment and management of edema. Encourage elevation of legs. Revision on: 01/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA		
Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			<ul style="list-style-type: none"> • EQUIPMENT: Vera requires Systam cushion to offload pressure. 			PCA	
Revision on: 09/17/2024 Revision by: Janina Lucero (RN)							
<ul style="list-style-type: none"> • Potential for BOWEL INCONTINENCE related to occasional bowel incontinence. 		<ul style="list-style-type: none"> • Vera will have bowel incontinence managed every shift through to the next review period. 	<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	
Revision on: 12/20/2022 Revision by: Mitchell Atkinson (Recreation Aide)		Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none"> • BOWEL Continence level is Incontinent. Report change to level as noted. 			PCA	
			<ul style="list-style-type: none"> • BOWEL MOVEMENT: Monitor Vera for bowel movement each shift and document number of occurrences, size and consistency. 			PCA	
			<ul style="list-style-type: none"> • INCONTINENCE PRODUCT: Vera usus blue color brief per prevail sheet. 			PCA	
Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up)							
<ul style="list-style-type: none"> • SPIRITUAL BELIEFS: Vera is of the Lutheran Faith. 		<ul style="list-style-type: none"> • To provide Vera spiritual support as interested through to the next review date. 	<ul style="list-style-type: none"> • PERSONAL CHOICE: Respect Vera's right to decline participation in Spiritual Program. Attempt to engage if she chooses to attend. 			ACT	
Revision on: 06/13/2022 Revision by: Mitchell Atkinson (Recreation Aide)		Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	Revision on: 07/25/2022 Revision by: Mitchell Atkinson (Recreation Aide)				
<ul style="list-style-type: none"> • URINARY (stress) INCONTINENCE related to occasional urinary incontinence. 		<ul style="list-style-type: none"> • Vera will have urinary incontinence managed every shift through to the next review period. 	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of Vera for toileting needs, changes to health status and alteration of continence level. 				
Revision on: 05/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none"> • URINARY Continence level is incontinent. Report change to level as noted. 			PCA	
			<ul style="list-style-type: none"> • INCONTINENCE PRODUCT: Vera usus blue color brief per prevail sheet. 			PCA	
Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up)							
<ul style="list-style-type: none"> • Sleep Patterns; Potential for alteration in 		<ul style="list-style-type: none"> • To promote adequate 	<ul style="list-style-type: none"> • REST PATTERN: Vera has no specific bed time and no preferred wake up time. 			PCA	
Allergies	No Known Allergies		D.O.B.	04/27/1940	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Aczel, Vera (922131005465)		Admission Date	04/28/2022	Location	7 701 A	
Last Care Plan Review Completed:		07/31/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
sleep patterns related to new environment. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	rest/sleep for Vera based on identified sleep patterns/preferences each night through to the next review date. Revision on: 06/04/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/18/2026	Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension, Atrial Fib. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with Hypertension and Atrial Fib through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Vera with HTN and AFib for changes to health status and alteration or complications affecting cardiac function. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for HTN/AFib as per MD Order and monitor for side effects. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse RN		
• Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic medications, etc. Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To promote Vera understanding of treatment regime and possible side effects of medication taken through to the next review. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• 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: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • PHARMACY MEDICATION REVIEW: Request Pharmacy Medication Review when clinically appropriate Revision on: 04/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Nutrition Risk Level	• Vera will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/01/2023	• NUTRITION RISK: Vera is moderate risk level. Revision on: 05/09/2022 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Vera will receive regular diet, pureed texture Revision on: 07/04/2024	Dietitian (RD) Dietary Manager PCA		
Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026 • Will weigh within GWR of 60-65 kg through to next review date. Revision on: 07/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026 • Vera will be adequately hydrated aeb drinking at least 75% of total fluid requirement: 1542 ml/day (25 ml/kg using 61.7 kg weight) through to next review date. Revision on: 07/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026	Revision by: Raj Dhaliwal (Dietitian (RD)) • FLUID CONSISTENCY: Vera drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/28/2022 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Vera to drink a minimum of 1157 ml/day Revision on: 07/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • ADAPTIVE AIDS: Vera requires kennedy cup at meals and snacks. Revision on: 10/02/2024 Revision by: Lexi Dakin (Dietitian (RD)) • FOOD ALLERGY/INTOLERANCE: intolerance to milk beverage (reaction: diarrhea). Provide Lactaid milk only. Revision on: 07/17/2025 Revision by: Holly Laasanen (Dietitian (RD))	Diet PCA PCA Dietary aide PCA PCA PCA Restorative Care Aide	

Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			


Care Plan Report

Diagnosis

Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema (J81), Respiratory failure, unspecified, type unspecified(J96.99), Congestive heart failure(I50.0)

Allergies	No Known Allergies	D.O.B.	04/27/1940	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Pulmonary oedema(J81), Respiratory failure, unspecified, type...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Aczel, Vera (922131005465)	Admission Date	04/28/2022	Location	7 701 A
Last Care Plan Review Completed:		07/31/2025			

Care Plan Report

Focus	Goal	Interventions				Position	Freq/Resolved
• Potential for Acute PAIN and alteration in comfort level related to impaired mobility, stroke, pain on both thighs. Most Current RAI Pain Score is (0) Revision on: 10/10/2025 Revision by: Jenny Liu (RAI Coordinator)	• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Hamaid/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)				Registered Staff	
		• 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	
		• MEDICATION: Administer medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)				Registered Practical Nurse RN	
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest and sleep/rest patterns. ISE Score: 3/6 Revision on: 10/02/2025 Revision by: Megan Pipe (Recreation Aide)	• Hamaid will be encouraged to participate in 10-15x activities per month through the next review date. Revision on: 04/17/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/10/2026	• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as patio socializing/enjoying outdoors, watching/listening to TV, visiting with residents/team members, listening to music/radio, etc. Revision on: 05/22/2023 Revision by: Mitchell Atkinson (Recreation Aide)				ACT	
		• FRIENDLY VISIT: Provide him one to one visits as tolerated. Touch Base to maintain contact and to converse about topics of interest, family, weather, sports, identify up-coming special events, etc. Revision on: 12/06/2021 Revision by: Mitchell Atkinson (Recreation Aide)				ACT	
		• INVITATION: Offer friendly invitations to structured programs scheduled in the home. Hamaid enjoys tuck shop, discussion, exercise - fun & fitness, music programs, movies, special events and spiritual programs, etc. Revision on: 01/15/2025 Revision by: Laura Morris (Restorative Care Aide)					
• RISK for/Impaired SKIN INTEGRITY related to Fragile Skin (ageing process), Decreased Mobility, Incontinence. Revision on: 02/07/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To protect and maintain skin integrity each day through to the next review. Revision on: 08/02/2024 Revision by: Katie Savo (RAI	• 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.	02/10/1958	Physician	Wallace Liang		
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Al Mansury, Hamaid (922131003826)		Admission Date	10/08/2013	Location		7 721 C
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Coordinator) Target Date: 01/10/2026	• EQUIPMENT: Green Pressure relieving sling used and kept under Hammid. Revision on: 02/02/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Hamaid's preference to offload pressure. Revision on: 12/28/2020 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA PCA	 Q2h
• Increased risk for FALLS related to Antidepressant Usage, PASD Usage, Stroke with Right Sided Weakness, Post-Traumatic Stress Disorder and Hypertension. 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: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• CALL BELL: Place call bell within resident's reach (left side due to hemiplegia to right side), 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: high/low bed, wheelchair. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • BED: place bed in lowest position to lower risk for injury. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)			PCA PCA All PCA Registered Staff	 D/E/N
• Potential for Expressive Behaviour of (hx of SEXUAL, calling out because he wants to go out smoke, refuse care) nature related to Depression, Post traumatic stress syndrome. Inappropriately touching other residents. Revision on: 02/22/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote safety for Hamaid and others during each episode of behaviors through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk. Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • PHYSICAL Behaviour: Can become physically aggressive, when angry he will throw his personal items on the floor. Demanding for the nurse and will call out for them repeatedly, cursing and yelling. Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement)				
Allergies	No Known Allergies		D.O.B.	02/10/1958		Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)		Admission Date	10/08/2013		Location	7 721 C
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		<p>Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <ul style="list-style-type: none"> • RESISTANCE to Care Need: If Hamaid is refusing to (eat) re-approach in 10-15 minutes. Report episode to Registered Staff. <p>Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <ul style="list-style-type: none"> • TRIGGERS leading to SOCIALLY Inappropriate (calling out/disruptive vocalization) as expression of behaviour include (confusion, decreased insight, poor judgement, etc.) <p>Revision on: 05/26/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none"> • SOCIALLY Inappropriate Behaviour: If Hamaid is noted to (make loud disruptive noises in bedroom.) gently redirect him to focus on task at hand or escort to quieter area. <p>Revision on: 05/26/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none"> • SEXUAL Behaviour: Hamaid has inappropriate behaviors grabbing staff's breasts the staff is to firmly remind him that behaviors are not accepted. Staff to keep their distance during care. <p>Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <ul style="list-style-type: none"> • SEXUAL Behaviour: Hamaid demonstrates the habit of looking at female resident's breasts and attempts to physically touch them. Keep Hamaid away from female residents and know his whereabouts at all times. Report episode to Registered Staff. Allow Hamaid to spend more of his time on the main floor, bringing him back to the unit to rest or be changed. When Hamaid returns to the unit, staff needs to be informed so that they can monitor him when he is present around female residents. BSO recommends playing Arabic music or turning on Hamaid's tv (Price is Right) if he is agitated as this can be calming for him. Hamaid also enjoys animals, the outdoors, his family, and soccer. <p>Revision on: 11/27/2021 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <ul style="list-style-type: none"> • MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. <p>Revision on: 11/24/2020</p>	Registered Practical Nurse		
Allergies	No Known Allergies	D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)	Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus	Goal	Interventions				Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for Expressive Behaviour of (hx of SEXUAL, calling out because he wants to go out smoke, refuse care) nature related to Depression, Post traumatic stress syndrome. Inappropriately touching other residents. Revision on: 02/22/2023 Revision by: Jenny Liu (RAI Coord Back-up)		Revision by: Jenny Liu (RAI Coord Back-up)				RN	
<ul style="list-style-type: none">• Potential to experience FOOT/FEET complications related to diabetic 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. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Hamaid 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: Hamaid requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) <ul style="list-style-type: none">• PREFERENCE: Hamaid likes to have footcare completed on shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)				Footcare Nurse - Internal	
<ul style="list-style-type: none">• Use of PASD (Tilt chair and one 1/4 right-side bed rail) to assist resident with Activity of Daily Living (posture and reposition) Revision on: 10/25/2022	<ul style="list-style-type: none">• Hamaid will be effectively supported with use of Tilt chair and one right 1/4 bed rail to optimize Activity of Daily Living	<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 Tilt chair and bed rail. Revision on: 10/25/2022 Revision by: Suzanne Azar (RN)					
Allergies	No Known Allergies		D.O.B.	02/10/1958	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(110.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Al Mansury, Hamaid (922131003826)		Admission Date	10/08/2013	Location	7 721 C	
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

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Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
			<ul style="list-style-type: none">• PERSONAL HYGIENE: Hamaid require Total Assistance from two staff to do peri-care, shaving. May requires more assistance at times. Revision on: 04/23/2025 Revision by: Jenny Liu (RAI Coordinator)• HAND HYGIENE: 1 staff to provide Total assistance to use sanitizer wipes to wipe hands for hand hygiene. Revision on: 02/07/2024 Revision by: Jenny Liu (RAI Coord Back-up)• TOILET USE: Hamaid require Total Assistance from Two staff, to be changed in bed when soiled. Revision on: 06/15/2021 Revision by: Jenny Liu (RAI Coord Back-up)• TRANSFERRING: Hamaid require Total Assistance from two staff with the use of a Maxi Lift. To leave the sling (green) underneath him after transferring to his wheelchair. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)• TRANSFER LIFT/SLING: Large SIZE sling Revision on: 11/24/2022 Revision by: Jenny Liu (RAI Coord Back-up)• ORAL CARE: Hamaid require Extensive Assistance from one staff. No teeth remaining, upper and lower dentures Revision on: 12/03/2021 Revision by: Jenny Liu (RAI Coord Back-up)• FOOT CARE: Personal Care Aides. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up)• HAIR CARE: T-Gel Shampoo on shower days; obtain from Registered staff. Revision on: 01/13/2016 Revision by: Kenya Mosely (Registered Practical Nurse)• SHAVING - Hamaid prefers (beard, mustache, face) shaved on his bath days. Revision on: 04/30/2024 Revision by: Jenny Liu (RAI Coord Back-up)				PCA	
• Potential to experience alteration in MOOD as exhibited related to Post-		• Hamaid will be supported to maintain mood stability as	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Hamaid for indications to change in MOOD including labile mood or increase of symptoms					
Allergies	No Known Allergies			D.O.B.	02/10/1958		Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)			Admission Date	10/08/2013		Location	7 721 C
Last Care Plan Review Completed:		10/10/2025						

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Traumatic Stress Disorder and Depression. Revision on: 03/28/2021 Revision by: Jenny Liu (RAI Coord Back-up)		evidenced by DRS score at a range of 0-2 by the review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	that negatively impact residents quality of life. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) • RESIDENT STRENGTHS: Build on Hamaid effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 11/24/2020 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: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up)			
• Expressed Wishes and Beliefs related to Hamaid Medical Treatment and End of Life Care Revision on: 12/28/2020 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To support and honor Hamaid expressed wishes and beliefs through to the End of Life. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• CPR: Hamaid wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 07/17/2025 Revision by: Jenny Liu (RAI Coordinator)			
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up)		• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Hamaid/SDM in decision making for BPH care management. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord 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: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: STROKE		• To treat and minimize signs/symptoms or complications associated with STROKE	• MEDICATION: Administer medication for STROKE as per MD order. Monitor effectiveness and for side effects. Revision on: 11/25/2020			
Allergies	No Known Allergies		D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)		Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up)	through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	Revision by: Jenny Liu (RAI Coord Back-up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with STROKE for changes to health status and alteration or complications affecting neurological function. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up) • Observe SWALLOWING: Inform Registered staff of changes or any signs of difficulty in swallowing (coughing during eating, drooling, etc.).	PCA Registered Staff	
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD) Revision on: 11/25/2020 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: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord 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: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	
• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications. Revision on: 11/24/2020 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: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Hamaid/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-depressant medication, poly-pharmacy) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)	Registered Staff Registered Staff Registered Staff	

Allergies	No Known Allergies	D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)	Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • ALTERED VISION related to: Stroke and HTN. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • Hamaid will be able to function safely in his environment through next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 	<ul style="list-style-type: none"> • READING: Hamaid uses large print material to aid with reading. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA		
<ul style="list-style-type: none"> • Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension, slurred speech, mumbled speech, etc.) related to Stroke and Post-Traumatic Stress Disorder and Depression. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • Hamaid will be supported to maintain current communication abilities to (express self, comprehend information) each day through to the review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 • Hamaid will be able to make basic needs known on a daily basis through the review date Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 	<ul style="list-style-type: none"> • PRIMARY LANGUAGE: Hamaid's primary language is Arabic. He is able to speak/understand English. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) • SUPPORTIVE TECHNIQUES: Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 			
<ul style="list-style-type: none"> • COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgement) related to Post-Traumatic Stress Disorder and depression. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 	<ul style="list-style-type: none"> • Hamaid will be supported to maintain cognitive function through the review date. Current CPS is 3/6. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 	<ul style="list-style-type: none"> • ORIENTATION: Gently reorient to (person, place, time) as needed when Hamaid is feeling lost or in confused state. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL ROUTINE: Provide consistency in care routines and activities. Revision on: 11/24/2020 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA		
Allergies	No Known Allergies	D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)	Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> • SPIRITUAL BELIEFS: Hamaid is of the Muslim Faith. Revision on: 01/04/2020 Revision by: Megan Pipe (Restorative Care Aide) 		<ul style="list-style-type: none"> • To provide Hamaid spiritual support as interested through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 	<ul style="list-style-type: none"> • SPIRITUAL RITUALS: Hamaid identifies with spiritual need to refrain from eating pork in recognition of faith. Revision on: 04/20/2020 Revision by: Shayna Lee Wonsch (Activation Manager) • SELF-DIRECTED SPIRITUAL Activities: Encourage open communication about Hamaid's independent practices such as listening to spiritual music, praying, etc. Revision on: 04/20/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 		ACT	ACT
<ul style="list-style-type: none"> • Potential for CONSTIPATION related to decreased mobility Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse) 		<ul style="list-style-type: none"> • To minimize the potential for episodes/ complications of constipation through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 • Hamaid will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Hamaid/SDM for decision making regarding constipation management. Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • NUTRITION increased fibre intervention in place. See Nutrition Care Plan. 		Registered Staff	Registered Staff
<ul style="list-style-type: none"> • Potential to experience alteration in CARDIAC FUNCTION related to: Hypertension Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse) 		<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with hypertension through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Hamaid/SDM in decision making of Cardiac Care Management for hypertension. Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with hypertension for changes to health status and alteration or complications affecting cardiac function. 		Registered Staff	Registered Staff
Allergies	No Known Allergies		D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)		Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Coordinator) Target Date: 01/10/2026	Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse) • MEDICATION: Administer medication for hypertension as per MD Order and monitor for side effects. Revision on: 10/19/2019 Revision by: Maryola Perion (Registered Nurse)			Registered Practical Nurse RN	
• BOWEL INCONTINENCE. Revision on: 07/15/2017 Revision by: Maryola Perion (Registered Nurse)		• Hamaid will have bowel incontinence managed every shift through to the next review period. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• 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: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • INCONTINENCE PRODUCT: Resident wears orange color brief. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff PCA PCA PCA	
• URINARY INCONTINENCE. Revision on: 07/15/2017 Revision by: Maryola Perion (Registered Nurse)		• Hamaid will have urinary incontinence managed every shift through to the next review period. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse) • INCONTINENCE PRODUCT: Resident wears orange color brief. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff PCA PCA	
• Nutrition Risk Level- diet details Revision on: 04/14/2016 Revision by: Anna Slack (Registered Dietitian)		• Hamaid will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI	• LABELLED SNACK PM: peanut butter and crackers with assorted fruit daily Revision on: 07/10/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Hamaid is moderate risk level.			PCA Registered Practical Nurse RN Dietitian (RD)	D
Allergies	No Known Allergies			D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)			Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved	
		Coordinator) Target Date: 01/10/2026 • Hamaid weigh within realistic GWR 65-75 kg through to next review date. Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/10/2026 • Hamaid be adequately hydrated aeb drinking at least 75% of total fluid requirement @ 20-25ml/kg, through to next review Revision on: 03/12/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/10/2026 • Hamaid will meet estimated nutritional requirements 2000-2400kcal (25-30kcal/kg/day), 80g protein (1g/kg/day) @ CBW 80kg. Revision on: 01/20/2025 Revision by: Debora Choi (Dietitian (RD)) Target Date: 01/10/2026	Revision on: 10/06/2025 Revision by: Brittany Hyde (Registered Dietitian) • DIET ORDER: Hamaid will receive regular diet, Regular texture Revision on: 06/26/2024 Revision by: Laura Seibel (Dietitian (RD)) • FLUID CONSISTENCY: Hamaid drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Hamaid to drink a minimum of 1000 mL/D. Likes to drink coffee Revision on: 03/12/2025 Revision by: Brittany Hyde (Registered Dietitian) • DINING INSTRUCTIONS: Do not serve pork Cut food into small pieces Dislikes gravy/extra sauce on his food Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) • ADAPTIVE AIDS: Hamaid requires rimmed plate and 2 handled sip cup Revision on: 07/10/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH PROTEIN IN MEALS: Offer special-labelled Greek yogurt at lunch daily Revision on: 04/24/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Offer Hamaid fibre spread/fruit rite with each medpass Revision on: 06/06/2023 Revision by: Anna Slack (Registered Dietitian)				PCA Diet PCA PCA Registered Practical Nurse PCA PCA Diet PCA	 	
• SLEEP PATTERN Revision on: 01/12/2016 Revision by: Kenya Mosely (Registered Practical Nurse)		• To promote adequate rest/sleep for Hamaid based on identified sleep patterns/preferences each night	• REST PATTERN: Preferred bedtime 19:00, usual wake time 06:00-06:30 and doesn't take daytime naps. Revision on: 11/25/2020 Revision by: Jenny Liu (RAI Coord Back-up)				PCA		
Allergies	No Known Allergies			D.O.B.	02/10/1958		Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses								
Facility	Berkshire Care Centre						Print Date	10/30/2025	
Resident	Al Mansury, Hamaid (922131003826)			Admission Date	10/08/2013		Location	7 721 C	
Last Care Plan Review Completed:		10/10/2025							

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
	through to the next review date. Revision on: 08/02/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none"> • SLEEPWEAR: Hamaid prefers to wear his own clothes Revision on: 01/12/2020 Revision by: Maryola Perion (Registered Nurse)	PCA	

Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of unspecified type of dominant side(G81.90), Post-traumatic stress disorder(F43.1), Constipation(K59.0), Hyperplasia of prostate(N40), Type 2 diabetes mellitus with poor control, so described(E11.64), Depressive episode, unspecified(F32.9)

Allergies	No Known Allergies	D.O.B.	02/10/1958	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Other depressive episodes(F32.8), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Al Mansury, Hamaid (922131003826)	Admission Date	10/08/2013	Location	7 721 C
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> John is having wound infection on Left dorsum hand - ulnar. 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) <ul style="list-style-type: none"> VITAL SIGNS: Monitor VITAL SIGNS every shift until on antibiotics Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN) <ul style="list-style-type: none"> MEDICATIONS: Administer antibiotics QID for 7 days as per NP order. Revision on: 10/29/2025 Revision by: Gurjit Kaur (RN)			
<ul style="list-style-type: none"> Alteration in skin integrity with risk for infection or complications related to SKIN TEAR to Left dorsum. Revision on: 10/29/2025 Revision by: Mary Kagayutan (RPN)		<ul style="list-style-type: none"> To promote optimal healing of SKIN TEAR within the next review date. Revision on: 10/29/2025 Revision by: Mary Kagayutan (RPN) Target Date: 01/09/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with SKIN TEAR to Left dorsum for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/29/2025 Revision by: Mary Kagayutan (RPN) <ul style="list-style-type: none"> TREATMENT PLAN: Administer treatment for SKIN TEAR to Left dorsum as per MD Order. Revision on: 10/29/2025 Revision by: Mary Kagayutan (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. 		Registered Staff	
<ul style="list-style-type: none"> Potential for Expressive Behaviour, refusal of care (showers), hx of making sexual comments related to Schizophrenia, Bipolar Disorder. Revision on: 10/09/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none"> To promote safety for John and/or others during each episode of Expressive Behaviour through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of John for indications to change in or for escalating expressive behaviour risk. Revision on: 08/05/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> RESISTANCE to Care Need: If Phillip is refusing to bathe re-approach in 10-15 			
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Ashe, John Phillip (922131003336)		Admission Date	04/29/2010	Location	7 718 B
Last Care Plan Review Completed:		10/09/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			minutes. Report episode to Registered Staff. Revision on: 12/29/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • SEXUAL Behaviour: John made sexual comments to staff. Registered staff spoke to him and said that he has to be respectful to staff and it is not acceptable. Report episode to Registered Staff. Revision on: 11/14/2024 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA Registered Practical Nurse RN	
• Potential for Acute PAIN and alteration in comfort level related to GERD, Osteoarthritis, Lumbar spine vertebral fracture , CAD and COPD, back pain and thigh pain. Most Current RAI Pain Score is 0 Revision on: 10/09/2025 Revision by: Jenny Liu (RAI Coordinator)		• Promote RAI Pain Score of 0 through to the next review on Low back Revision on: 07/11/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/09/2026	• COMMUNICATION: Involve/collaborate with John)/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 09/12/2020 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 medication as per MD order for pain relief/management.			RN Registered Practical Nurse Registered Practical Nurse RN	
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Low Motivation, disinterest. ISE Score: 4/6 Revision on: 10/02/2025 Revision by: Megan Pipe (Recreation Aide)		• To support John's Psycho-Social well being through to the next review. Revision on: 07/09/2024 Revision by: Mitchell Atkinson (Recreation Aide) Target Date: 01/09/2026	• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; Friendly/1: 1 visits, Music programs, movie nights, reading - poetry, social programs, special events, tuck shop, virtual visits, etc. Revision on: 04/10/2024 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as community outings, visiting with residents/team members, listening to music, watching/listening to TV, patio socializing, etc. Revision on: 07/30/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)			ACT	
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Ashe, John Phillip (922131003336)		Admission Date	04/29/2010	Location	7 718 B	
Last Care Plan Review Completed:		10/09/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			<ul style="list-style-type: none"> • ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, comedy, sports talk, music, etc. Revision on: 07/30/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy) 			ACT	
<ul style="list-style-type: none"> • Increased risk for FALLS related to Diabetes mellitus, Psychotropic drug use, Cardiac Medications, CVA, ASHD, diabetes mellitus, kidney disease, c/o dizziness, history of falls, impaired balance. Revision on: 04/18/2025 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: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026 	<ul style="list-style-type: none"> • PT/OT to assess. Revision on: 03/17/2018 Revision by: Qiufeng Liu (Registered Practical Nurse) • COMMUNICATION: Involve/collaborate with (John)/SDM in decision making in fall prevention Plan of Care. Revision on: 12/01/2023 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: Jenny Liu (RAI Coord Back-up) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: walker Revision on: 12/01/2023 Revision by: Maryola Perion (RN) • ENVIRONMENT: Secure environment (reduce clutter, quiet environment, etc.) to reduce fall risk for John. Revision on: 12/01/2023 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip) for transfers and ambulation. Revision on: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • HIP PROTECTORS: John wears hip protectors worn at all times to safeguard against injury. Report to Registered Staff if not wearing. Revision on: 11/26/2024 Revision by: Rose Obli (RPN) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. LE strengthening- QOR, terminal knee extension, knee extension with weights 5-10 reps/xcise, Sitting balance- perturbations maintain 10s 5-10 reps, Standing balance- EO, EC, tandem, perturbations, reaching 10 reps, Ambulation with rollator walker 100+ feet, supervised, increase distance a little each 			Registered Staff	
			<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: Jenny Liu (RAI Coord Back-up) 			PCA	D/E/N
			<ul style="list-style-type: none"> • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: walker Revision on: 12/01/2023 Revision by: Maryola Perion (RN) 			PCA	
			<ul style="list-style-type: none"> • ENVIRONMENT: Secure environment (reduce clutter, quiet environment, etc.) to reduce fall risk for John. Revision on: 12/01/2023 Revision by: Maryola Perion (RN) 			PCA	
			<ul style="list-style-type: none"> • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip) for transfers and ambulation. Revision on: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 			PCA	
			<ul style="list-style-type: none"> • HIP PROTECTORS: John wears hip protectors worn at all times to safeguard against injury. Report to Registered Staff if not wearing. Revision on: 11/26/2024 Revision by: Rose Obli (RPN) 			PCA	D/E/N
			<ul style="list-style-type: none"> • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. LE strengthening- QOR, terminal knee extension, knee extension with weights 5-10 reps/xcise, Sitting balance- perturbations maintain 10s 5-10 reps, Standing balance- EO, EC, tandem, perturbations, reaching 10 reps, Ambulation with rollator walker 100+ feet, supervised, increase distance a little each 			PT - Physiotherapist PCA PTA	
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Ashe, John Phillip (922131003336)		Admission Date	04/29/2010	Location	7 718 B	
Last Care Plan Review Completed:		10/09/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Increased risk for FALLS related to Diabetes mellitus, Psychotropic drug use, Cardiac Medications, CVA, ASHD, diabetes mellitus, kidney disease, c/o dizziness, history of falls, impaired balance. Revision on: 04/18/2025 Revision by: Jenny Liu (RAI Coordinator)			time PT- 3-5x week, participates with group exs classes-3x week. Revision on: 08/19/2025 Revision by: Courtney Cipparone (PT - Physiotherapist)				
• Individualized Fall Prevention and Injury Reduction Plan. Had witness fall on January 06, 2025. Revision on: 01/06/2025 Revision by: Veerpal Kaur Gill (Registered Nurse)		• To decrease the number of falls for throughout this review period. Target Date: 01/09/2026	• Encourage and remind resident to ask for assistance.				
• URINARY INCONTINENCE. Revision on: 01/19/2024 Revision by: Gurjit Kaur (RN)		• John will have urinary incontinence managed every shift through to the next review period. Revision on: 01/19/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 11/30/2024 Revision by: Baljinder Sidhu (RPN) • URINARY Continence level is frequently Incontinent. Report change to level as PCA noted. Revision on: 10/20/2024 Revision by: Jenny Liu (RAI Coord Back-up)				
Allergies	Demerol		D.O.B.	06/26/1949		Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...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

Focus		Goal	Interventions		Position	Freq/Resolved
• URINARY INCONTINENCE. Revision on: 01/19/2024 Revision by: Gurjit Kaur (RN)			• INCONTINENCE PRODUCT: Resident wears a blue color brief. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (repositions and get up from bed). Revision on: 08/14/2023 Revision by: Alyssa Egan (Staff Development Coordinator)		• John will be effectively supported with use of (bed rails) to optimize Activity of Daily Living (repositioning or assist John get up) each day through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of bed rails. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • BED RAIL (TWO PARTIAL): John uses 2 1/4 Rails in USE as a PASD to assist resident with turning and repositioning while in bed. Monitor every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	D/E/N
• COGNITIVE LOSS; alteration in thought processes (memory loss) related to Schizophrenia and bipolar., Revision on: 05/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• John will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is (1) Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• ORIENTATION: Gently reorient to (person, place, time) as needed when John is feeling lost or in a confused state. Revision on: 01/27/2023 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential to experience FOOT/FEET complications related to diabetic 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: 07/31/2023	• COMMUNICATION: Involve/collaborate with John in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: John requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022		Footcare Nurse - Internal	
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Ashe, John Phillip (922131003336)		Admission Date	04/29/2010	Location	7 718 B
Last Care Plan Review Completed:		10/09/2025				

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	Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	Revision by: Katherine Arca (RPN) • PREFERENCE: John 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 (ageing process) and Dx of Diabetes Mellitus. Revision on: 08/02/2022 Revision by: Elsie Calumpang (RN)	• To protect and maintain skin integrity each day through to the next review. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• 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 CONSTIPATION related to (daily use of medication with binding effect, decreased mobility, etc.) Revision on: 04/28/2022 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: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026 • John will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for constipation management and changes to health status and symptoms/ complications of constipation. • PHYSICAL ACTIVITY: Promote ACTIVITY/ MOVEMENT to stimulate bowels. • BOWEL PROTOCOL: In place as per MD order	Registered Staff Registered Staff Registered Staff		
• John has Chronic Renal Failure (CRF) related to diagnosis of Renal Failure. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To treat and minimize complications associated with Chronic Renal Failure through to next review date.	• COMMUNICATION: Involve/collaborate with John)/SDM in decision making for CRF care management. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
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		Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• 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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential to experience alteration in RESPIRATORY FUNCTION related to [specify: Chronic Obstructive Pulmonary Disorder (COPD). Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To treat and minimize signs/symptoms or complications associated with (COPD) each day through to next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• COMMUNICATION: Involve/collaborate with John/SDM in decision making of Respiratory Management for COPD. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • 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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • OXYGEN: Administer Oxygen as per MD order. Revision on: 04/01/2021 Revision by: Danielle Loreto (RPN) • MEDICATION: Administer medication (inhalers) for COPD as per MD order and monitor for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: CEREBROVASCULAR ACCIDENT (CVA)		• To treat and minimize signs/symptoms or complications associated with CVA through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• COMMUNICATION: Involve/ collaborate with John/ SDM in decision making of neurological care management for CVA. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for CVA as per MD order. Monitor effectiveness and for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with CVA for changes to health status and alteration or complications affecting neurological function. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
• Potential for muscular dysfunction,		• To treat and minimize	• COMMUNICATION: Involve/ collaborate with John/SDM in decision making of			
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses					
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Resident	Ashe, John Phillip (922131003336)		Admission Date	04/29/2010	Location	7 718 B
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contractures and bone deformity related to Osteoarthritis. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	signs/symptoms or complications associated with Osteoarthritis through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	musculoskeletal care management. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for management of (specify diagnosis/etiology) as per MD order. Monitor effectiveness and for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of Osteoarthritis for discomfort/ complications or changes to health status. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • PAIN MANAGEMENT for Osteoarthritis prescribed and in place; refer to Pain Care Plan. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To treat and/or minimize complications associated with ANEMIA each day through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with ANEMIA for complications or changes to health status. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD) Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. Revision on: 09/13/2020 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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.			
Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
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		Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		
• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease	• To treat and minimize signs/symptoms or complications associated with CAD through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• 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. • MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 03/04/2021 Revision by: Jenny Liu (RAI Coord Back-up) • BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed. Revision on: 04/07/2021 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff Registered Practical Nurse RN	
• Potential to experience (rash, hives, anaphylaxis, etc.) related to ALLERGY of Demerol. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• John will be protected from exposure to allergen each day through next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Demerol for changes to health status and complications mortality. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MD/PHARMACY ALERT: Notify the MD and Pharmacy of John) Allergy to Demerol and minimize risk for exposure to allergen. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESCUE MEDICATION: Administer EPINEPHRINE as per MD/NP Order. Monitor effectiveness and immediately notify MD/NP of use.	Registered Staff	
• Potential to experience complications and side effects impacting quality of life related to use of anti-psychotic medications. Revision on: 09/13/2020 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: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• 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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		

Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
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• BOWEL Continence - John is continent and has self recognition of urge to defecate. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• John to remain continent of bowels through next review date Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• BOWEL Continence level is Usually CONTINENT. Report change to level as noted. PCA Revision on: 04/27/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • SELF TOILETING: John 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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
• Expressed Wishes and Beliefs related to John Medical Treatment and End of Life Care Revision on: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To support and honor John expressed wishes and beliefs through to the End of Life. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• CPR: John wishes to have CPR and TRANSFER to hospital. Revision on: 10/21/2024 Revision by: Gurjit Kaur (RN)			
• SPIRITUAL BELIEFS: John is of the Evangelical Christian Faith. Revision on: 05/26/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide John spiritual support as interested through to the next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• PERSONAL CHOICE: Respect John's right to decline participation in Spiritual Programs. Revision on: 11/09/2019 Revision by: Shayna Lee Wonsch (Activation Manager)		ACT	
• Potential for Mood problem r/t Bipolar disorder, Schizophrenia Revision on: 05/20/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• John will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	• COMMUNICATION: Involve/collaborate with John)/SDM) about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of John for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESIDENT STRENGTHS: Build on John effort to maintain control. Encourage him			
Allergies	Demerol		D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses					
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			to express self, state preferences and make safe choices for care and activities. Revision on: 09/12/2020 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: 09/12/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
• Nutrition Risk Level - Diet details Revision on: 03/17/2016 Revision by: Anna Slack (Registered Dietitian)		• John will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026 • Will weigh within realistic GWR 68-78 kg through to next review date. Revision on: 07/04/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/09/2026 • Will be adequately hydrated aeb drinking at least 90% of total fluid requirement: 1665 ml/day (25 ml/kg using 66.6 kg weight) through to next review date. Revision on: 07/04/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/09/2026	• NUTRITION RISK: John is moderate risk level. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • DIET ORDER: John will receive regular diet, regular texture Revision on: 11/05/2020 Revision by: Anna Slack (Registered Dietitian) • FLUID CONSISTENCY: John drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage John to drink at least 1500 ml per day. He likes to drink milk and orange juice. Revision on: 07/04/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • DINING INSTRUCTIONS: No coffee at supper/HS nourishment for sleep Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FOOD PREFERENCES: John Phillip dislikes eating pasta Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • MEDPASS SUPPLEMENTS: Boost Carb Smart (1 bottle) once daily to support weight maintenncance Revision on: 07/04/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK AM:			Dietitian (RD) Dietary Manager Diet Food Services Aide PCA Diet PCA PCA Dietary aide PCA Registered Practical Nurse Diet PCA PCA	 <

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<ul style="list-style-type: none"> • Nutrition Risk Level - Diet details Revision on: 03/17/2016 Revision by: Anna Slack (Registered Dietitian)			Greek yogurt Mon/Wed/Fri Assorted fruit and cheese Tues/Sat Peanut butter and crackers Thurs/Sun Revision on: 07/04/2025 Revision by: Holly Laasanen (Dietitian (RD))		
<ul style="list-style-type: none"> • Potential for hyper/hypoglycemia, other complications related to Diabetes Mellitus. 		<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: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	<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: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD order. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> • MEDICATION: Administer medication (ORAL ANTIHYPERGLYCEMIC medication) for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> • RESCUE MEDICATION: Administer GLUCAGON for hypoglycemia as per MD order. 	Registered Staff	
<ul style="list-style-type: none"> • SLEEP PATTERNS Revision on: 12/22/2015 Revision by: Emma Rigakos (Registered Practical Nurse)		<ul style="list-style-type: none"> • To promote adequate rest/sleep for John based on identified sleep patterns/preferences each night through to the next review date. Revision on: 07/31/2023	<ul style="list-style-type: none"> • Required hs medication to assist with sleeping. Revision on: 12/10/2017 Revision by: Qiufeng Liu (Registered Practical Nurse) <ul style="list-style-type: none"> • REST PATTERN: Usual bed time 2200hrs and usual wake time 0900hrs Revision on: 09/13/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	Registered Staff PCA	
Allergies	Demerol		D.O.B.	06/26/1949	Physician Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
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	Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026	<ul style="list-style-type: none"> • SLEEPWEAR: John prefers to wear regular clothes to bed. 	PCA		
<ul style="list-style-type: none"> • ACTIVITIES OF DAILY LIVING self care r/t Stroke, ASHD, COPD, Diabetes mellitus, kidney failure, Bipolar disorder, schizophrenia. 	<ul style="list-style-type: none"> • John will maintain current self sufficiency in ADL abilities in ADL's through the review date. 	<ul style="list-style-type: none"> • BATHING: John prefers (shower) on (Wednesdays and Saturdays on Day shift). John participates by (providing a washcloth and washing his upper part of the body). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. 	PCA		
<ul style="list-style-type: none"> Revision on: 12/22/2015 Revision by: Emma Rigakos (Registered Practical Nurse) 	<ul style="list-style-type: none"> Revision on: 07/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/09/2026 	<ul style="list-style-type: none"> Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: John is able to turn and reposition in bed INDEPENDENTLY aim with bedrails, may requires limited assistance when he is weak. 	PCA		
		<ul style="list-style-type: none"> Revision on: 10/28/2024 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: John is able to dress his upper body, but requires extensive assistance from one team member to help dress his lower body. 	PCA		
		<ul style="list-style-type: none"> His care needs may vary day to day, he may requires more assistance when he is weak 			
		<ul style="list-style-type: none"> Revision on: 07/11/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: INDEPENDENT. Eats in main dining room on main floor. 	PCA		
		<ul style="list-style-type: none"> Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Walks independently with rollator walker. staff to ensure he uses his walker at all times. 	PCA		
		<ul style="list-style-type: none"> Transport wheelchair to be used when he is tired. 			
		<ul style="list-style-type: none"> Revision on: 07/11/2025 Revision by: Jenny Liu (RAI Coordinator) • PERSONAL HYGIENE: John is able to wash hands, face or comb his hair, shaving and but requires peri-care from team member due to he has incontinence episodes and health decline recently. 	PCA		
		<ul style="list-style-type: none"> Revision on: 10/20/2024 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, etc.) for hand hygiene. 	PCA		
Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<p>• ACTIVITIES OF DAILY LIVING self care r/t Stroke, ASHD, COPD, Diabetes mellitus, kidney failure, Bipolar disorder, schizophrenia.</p> <p>Revision on: 12/22/2015</p> <p>Revision by: Emma Rigakos (Registered Practical Nurse)</p>		<p>Revision on: 01/23/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• TOILET USE: John is able to transfer himself onto and off of the toilet, team member to re-apply incontinence product and adjust his clothes after.</p> <p>Revision on: 04/18/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• TRANSFERRING: John is Able to transfer himself between surfaces. However his care varies, there is time he requires one team member assist for transferring from a sit to stand position.</p> <p>Revision on: 04/18/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• ORAL CARE: INDEPENDENT. He has no teeth or dentures.</p> <p>Revision on: 08/05/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• FOOT CARE: Toenails to be trimmed and assessed by footcare nurse every 6 weeks.</p> <p>Revision on: 04/02/2024</p> <p>Revision by: Cristina Paquette (Registered Practical Nurse)</p> <p>• HAIR CARE: INDEPENDENT. John washes his own hair. See's facility hairdresser as needed for a trim.</p> <p>Revision on: 12/22/2015</p> <p>Revision by: Emma Rigakos (Registered Practical Nurse)</p> <p>• SHAVING - John prefers (beard, mustache, face) shaved on his bath days and as needed.</p> <p>Revision on: 01/23/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>	PCA	

Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ashe, John Phillip (922131003336)	Admission Date	04/29/2010	Location	7 718 B
Last Care Plan Review Completed:		10/09/2025			


Care Plan Report

Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspecified kidney failure(N19), Schizoaffective disorder, unspecified(F25.9), Other specified injuries of head(S09.8), Bipolar affective disorder, unspecified(F31.9), Schizophrenia, unspecified(F20.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Primary generalized (osteo)arthrosis(M15.0), Chronic kidney disease, unspecified(N18.9), Vitamin B12 deficiency anaemia, unspecified(D51.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Constipation(K59.0), Fracture of other and unspecified parts of lumbar spine and pelvis, closed(S32.800)

Allergies	Demerol	D.O.B.	06/26/1949	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Type 2 diabetes mellitus without (mention of) complications(E11.9), Unspe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Ashe, John Phillip (922131003336)	Admission Date	04/29/2010	Location	7 718 B
Last Care Plan Review Completed:		10/09/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<ul style="list-style-type: none"> Potential for chronic PAIN and alteration in comfort level. Pain score is 0 Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> To promote resident comfort and effectively manage chronic pain as episode occurs through to the next review. Revision on: 11/22/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026 	<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: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) 	RN Registered Practical Nurse Registered Practical Nurse RN				
<ul style="list-style-type: none"> STRONG PARTICIPATION in Activities. ISE Score: 6/6 Revision on: 08/06/2025 Revision by: Megan Pipe (Recreation Aide) 	<ul style="list-style-type: none"> Margaret will be supported to maintain participation in activities 40-45 times per month by the next review date. Revision on: 07/29/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/26/2026 	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Friendly/1: 1 visits, arts & crafts, comedy corner, games - bingo & trivia, manicures & hand massages, patio programs, reminiscing group, social - welcome tea, special events, spiritual celebrations, prayer circle, tuck shop, TV - movie night, happy hour, exercise, relaxation programs etc. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide) 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, crosswords, adult colouring, etc. Revision on: 05/22/2023 Revision by: Mitchell Atkinson (Recreation Aide) ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - reminders, etc. Revision on: 12/20/2021 Revision by: Mitchell Atkinson (Recreation Aide) ONE to ONE: Provide her with individual visits for conversation, games, reminiscing, videos, music, humor, etc. Revision on: 05/22/2023 Revision by: Mitchell Atkinson (Recreation Aide) 	ACT ACT ACT				
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to CAD with HTN, Mild Vascular Dementia, Moderate Mitral Regurgitation, Chronic Renal insufficiency, hypercholesterolemia with 	<ul style="list-style-type: none"> Margaret 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: Margaret prefers (shower) on (Mondays and Thursdays on Evening shift). Margaret participates by (capable of washing her face once provided the washcloth). One staff (LIMITED to EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. 	PCA				
Allergies	Sulfa Antibiotics	D.O.B.	03/10/1933	Physician	Wallace Liang		
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location	7 719 B	
Last Care Plan Review Completed:		09/08/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved		
CAD, COPD, GERD, OA of both right and left knees, Osteoporosis. Revision on: 08/12/2024 Revision by: Laura Seibel (Dietitian (RD))		Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Independent- Margaret is able to turn and reposition in bed with Bedrails, set up help only from the team member.				PCA			
			Revision on: 02/15/2024 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Margaret is capable of assisting with guiding her arms and lower legs into her clothing, but requires weight bearing assistance from team to completed lower body dressing.				PCA			
			Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • EATING: Set up assist. Margaret requires the team to assist with setting her up. Once set up she is capable of eating independently. Margaret eats on the main floor dining room.				PCA			
			Revision on: 03/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Independent- Margaret is able to walk with the walker independently.				PCA			
			Revision on: 06/25/2021 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL HYGIENE: Margaret requires limited to extensive assist from one team member to provide pericare due to incontinence. She is capable of washing her face and soaking and brushing her dentures.				PCA			
			Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • TOILET USE: Independent with sitting on toilet. Margaret requires limited assistance with applying a new incontinence product & pericare.				PCA			
			Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRANSFERRING: Independent- Margaret is able to transfer from a sit to stand position with the use of her four wheeled walker.				PCA			
			Revision on: 09/12/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORAL CARE: full upper denture. No teeth remaining on lower palate. Able to take own dentures out and soak/rinse them.				PCA			
			Allergies		Sulfa Antibiotics		D.O.B.	03/10/1933	Physician	Wallace Liang
			Diagnosis		Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses					
Facility		Berkshire Care Centre				Print Date	10/30/2025			
Resident		Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location	7 7 19 B			
Last Care Plan Review Completed:		09/08/2025								

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 CAD with HTN, Mild Vascular Dementia, Moderate Mitral Regurgitation, Chronic Renal insufficiency, hypercholesterolemia with CAD, COPD, GERD, OA of both right and left knees, Osteoporosis. Revision on: 08/12/2024 Revision by: Laura Seibel (Dietitian (RD))		Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> FOOT CARE: PSW to complete toenail care on her shower days and as needed. Report long toenails or other abnormalities as noted. Revision on: 09/21/2021 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	
<ul style="list-style-type: none"> Margaret is enrolled in TRANSFER TRAINING nursing restorative maintenance program and has the potential to show improvement to muscle or standing strength, balance related to personal motivation to participate in exercise program, ability to follow directions and functional ability to safely perform exercises. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator)	<ul style="list-style-type: none"> MAINTENANCE GOAL: To maintain Margaret's strength and endurance to perform safe sit-stand-sit transfers using one team member supervision assist each day through to next review date. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/26/2026	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Margaret when partaking in TRANSFER TRAINING Nursing Restorative Program. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) <ul style="list-style-type: none"> SIT to STAND/STAND to SIT TRANSFER: Provide one staff with Supervision assistance with Margaret for sit to stand/stand to sit transfer exercises from bed, toilet, chair. Complete for 6-7 days per week with a minimum of 15 minutes per day. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) <ul style="list-style-type: none"> TIME SPENT: Enter amount of time in MINUTES that Margaret performed exercises for TRANSFER TRAINING. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator)	Restorative Care Aide	D/E
Allergies	Sulfa Antibiotics		D.O.B.	03/10/1933
Physician	Wallace Liang			
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)	Admission Date	03/26/2021	Location
			7 719 B	
Last Care Plan Review Completed:		09/08/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • Margaret is enrolled in ACTIVE RANGE OF MOTION nursing restorative program and has the potential to show improvement to bilateral upper extremities function related to personal motivation to participate in exercise program, ability to follow directions and functional ability to safely perform exercises. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) 	<ul style="list-style-type: none"> • LONG TERM GOAL: To improve Margaret's upper extremity AROM strength to be able to optimally self perform dressing & grooming each day through the next review date. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Margaret when partaking in AROM Nursing Restorative Program. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) • TIME SPENT: Enter amount of time in MINUTES that Margaret performed upper and lower AROM exercises. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) 	Registered Staff		
<ul style="list-style-type: none"> • Balance (prevent falls) Revision on: 02/14/2024 Revision by: Shina Wadhwa (PT - Physiotherapist) 	<ul style="list-style-type: none"> • To improve balance scores from 14 to 16 in next 3 months Revision on: 08/22/2023 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • Dynamic standing balance exe. at the rails +1A, 1set, 10 rps, 2-3/wk as tolerated. Revision on: 08/22/2023 Revision by: Shina Wadhwa (PT - Physiotherapist) 	PT - Physiotherapist PTA		
<ul style="list-style-type: none"> • Increased risk for FALLS related to hx of falls. Fall with fx to right hip and right shoulder. 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: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • CALL BELL: Place call bell within Margaret's reach to left side, 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) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for (transfers, ambulation). Revision on: 09/21/2021 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA	D/E/N	
<ul style="list-style-type: none"> • URINARY Mixed INCONTINENCE related to impaired mobility s/t right shoulder and right hip fractures (closed); 	<ul style="list-style-type: none"> • Margaret will have urinary incontinence managed every shift through to the next review 	<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: 11/22/2023 			
Allergies	Sulfa Antibiotics	D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location 7 7 19 B
Last Care Plan Review Completed:		09/08/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
use of diuretics. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)		period. Revision on: 05/30/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	Revision by: Jenny Liu (RAI Coord Back-up) • URINARY Continence level is occasionally to Frequently Incontinent. Report change to level as noted. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses a blue color brief per prevail sheet. Revision on: 02/19/2025 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
• Potential for altered VISION related to use of eyeglasses Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)		• Margret will use glasses for vision correction daily through to the next review date. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• EYEGLASSES: Margaret wears eyeglasses. Assist to clean eyeglasses as needed and store in night table drawer when sleeping. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		PCA	
• Sleep Patterns; Potential for alteration in sleep patterns. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)		• To promote adequate rest/sleep for Margret based on identified sleep patterns/preferences each night through to the next review date. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• PREFERENCE: Margaret prefers to wake up at 0700hrs and retire at 2200hrs. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • SLEEPWEAR: Margaret prefers to wear night gown. Revision on: 09/21/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MONITOR: Monitor Margaret's sleeping patterns. Document when awake or asleep. Revision on: 10/16/2025 Revision by: Mary Kagayutan (RPN)		PCA	Q1H
• Potential to experience alteration in MOOD as exhibited by crying due to pain and recent passing of her son related to Decline in Health Condition, Dementia Revision on: 09/02/2023 Revision by: Maryola Perion (RN)		• Margaret will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 05/29/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• 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. Revision on: 05/29/2023 Revision by: Jenny Liu (RAI Coord Back-up) • 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: 05/29/2023 Revision by: Jenny Liu (RAI Coord Back-up)			
Allergies	Sulfa Antibiotics		D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location	7 719 B
Last Care Plan Review Completed:		09/08/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			• MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 05/29/2023 Revision by: Jenny Liu (RAI Coord Back-up)			
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (transfer and bed mobility). Revision on: 08/22/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Margaret 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: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• 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: 10/04/2022 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 bed mobility and transfer. Revision on: 10/04/2022 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: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	D/E/N
• Potential for BOWEL INCONTINENCE related to impaired mobility s/t right shoulder and right hip fracture, closed. Revision on: 02/24/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• Margaret will have bowel incontinence managed every shift through to the next review period. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• BOWEL Continence level is occasionally Incontinent. Report change to level as noted. Revision on: 08/10/2025 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 a blue color brief per prevail sheet. Revision on: 02/19/2025 Revision by: Jenny Liu (RAI Coord Back-up)		PCA PCA PCA	
• Potential to experience FOOT/FEET complications related to diabetic 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: 03/07/2023 Revision by: Jenny Liu (RAI Coord	• COMMUNICATION: Involve/collaborate with Margaret in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Margaret requires footcare/treatment during shower days, and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		Footcare Nurse - Internal	
Allergies	Sulfa Antibiotics		D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location	7 719 B
Last Care Plan Review Completed:		09/08/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential to experience FOOT/FEET complications related to diabetic diagnosis. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		Back-up) Target Date: 01/26/2026	• PREFERENCE: Margaret likes to have footcare completed during shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		Footcare Nurse - Internal	
• COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgement, etc.) related to Vascular Dementia. Revision on: 06/01/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Margaret will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 2. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Margaret/SDM in decision making of Cognitive Loss for Dementia. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to (person, place, time) as needed when Margaret is feeling lost or in confused state. Revision on: 02/15/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic. Revision on: 09/21/2021 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: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• COMMUNICATION: Involve/collaborate with Margaret/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. Revision on: 09/21/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. Remains on isolation for suspected C-Diff infection, Contact precaution maintained until stool sample come back negative. Revision on: 05/07/2021 Revision by: Jenny Liu (RAI Coord Back-up) • PROMOTE FLUIDS: Promote Margaret to consume fluids; amount as per Nutrition Care Plan. Revision on: 09/21/2021 Revision by: Jenny Liu (RAI Coord Back-up)		Diet	
• Expressed Wishes and Beliefs related to Margaret Medical Treatment and End of Life Care		• To support and honor Margaret expressed wishes and beliefs through to the End of Life.	• CPR: DO NOT ATTEMPT CPR: Do not transfer to hospital, plan includes death at home - see PoET Individualized Summary Revision on: 08/10/2025			
Allergies	Sulfa Antibiotics		D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021	Location	7 719 B
Last Care Plan Review Completed:		09/08/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision on: 06/28/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	Revision by: Danielle Loreto (RAI Coordinator)			
• SPIRITUAL BELIEFS: Margaret is of the Anglican Faith. Revision on: 03/29/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)	• To provide Margaret spiritual support as interested through to the next review date. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including Church Service when it becomes available, one to one spiritual visits, etc. Revision on: 03/29/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)			
• Margaret has Chronic Renal Insufficiencies Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize complications associated with Chronic Renal Failure through to next review date Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret with CRF for changes to health status and alteration or complications affecting renal function. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • LABWORK: Monitor lab and diagnostic results and report results to MD as needed. Follow up as indicated. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience alteration in RESPIRATORY FUNCTION related to COPD. Revision on: 03/26/2021 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: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of COPD for changes to health status and alteration or complications affecting respiratory function. Revision on: 03/26/2021 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 to experience alteration in CARDIAC FUNCTION related to CAD with	• To treat and minimize signs/symptoms or complications associated with	• MONITORING: Utilize holistic perspective of continuous monitoring of Margaret with CAD, HTN, Hypercholesterolemia for changes to health status and alteration or complications affecting cardiac function.			
Allergies	Sulfa Antibiotics	D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)	Admission Date	03/26/2021	Location	7 719 B
Last Care Plan Review Completed:		09/08/2025			

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
HTN, Concentric LVH, Mod mitral Regurg, Hypercholesterolemia with CAD. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		altered cardiac functioning through to the next review date. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for CAD, HTN, Hypercholesterolemia as per MD Order and monitor for side effects. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				Registered Practical Nurse RN	
• Potential for CONSTIPATION related to hx of chronic constipation. Revision on: 03/26/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Margaret will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• 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	
• Nutrition Risk Level (diet details)		• Margaret will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 03/07/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026 • Will weigh within GWR weight range of 61-69 kg/BMI 28-32) through to next review date. Revision on: 05/16/2024 Revision by: Helen Bradley (Dietitian (RD)) Target Date: 01/26/2026	• LABELLED SNACK HS: crustless peanut butter or ham sandwich (alternating) daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK PM: ice cream cup daily Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Margaret is moderate risk level. Revision on: 11/11/2024 Revision by: Lexi Dakin (Dietitian (RD)) • DIET ORDER: Margaret will receive regular diet, regular texture Revision on: 09/05/2021 Revision by: Anna Slack (Registered Dietitian)				PCA Registered Practical Nurse RN PCA Registered Practical Nurse RN Dietitian (RD) Diet Food Services Aide PCA	E D
Allergies	Sulfa Antibiotics		D.O.B.	03/10/1933		Physician	Wallace Liang	
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre					Print Date	10/30/2025	
Resident	Bablitz, Margaret (922131005385)		Admission Date	03/26/2021		Location	7 719 B	
Last Care Plan Review Completed:		09/08/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)	• Margaret will be adequately hydrated aeb drinking at least 75% of total fluid requirement of 1500 ml/day (25 ml/kg) through to next review date. Revision on: 02/07/2025 Revision by: Holly Laasanen Target Date: 01/26/2026	• FLUID CONSISTENCY: Margaret drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Margaret to drink a minimum 1125 ml per day. Likes apple juice. Revision on: 02/07/2025 Revision by: Holly Laasanen • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • DINING INSTRUCTIONS: Crustless toast/bread only. Encourage softer food choice at meals Margaret likes to take a beverage in a sippy cup "to go" when she is done her meal. Margaret may eat her breakfast earlier approximately 0730hrs in the main dining room per her request as she is up early in the morning. Revision on: 03/27/2025 Revision by: Emma Rigakos (RPN) • MEDPASS SUPPLEMENTS: 60 ml of Resource 2.0 QID for weight/muscle maintenance Revision on: 09/26/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: 200 ml prune juice at breakfast Mon/Wed/Fri Revision on: 10/30/2025 Revision by: Holly Laasanen (Dietitian (RD))	Diet PCA PCA Dietary aide PCA Registered Practical Nurse PCA	D/E

Allergies	Sulfa Antibiotics	D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)	Admission Date	03/26/2021	Location	7 7 19 B
Last Care Plan Review Completed:		09/08/2025			


Care Plan Report

Diagnosis

Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified (F01.9), Cardiomegaly(I51.7), Mitral (valve) insufficiency(I34.0), Chronic kidney disease, unspecified(N18.9), Pure hypercholesterolaemia(E78.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hypothyroidism, unspecified(E03.9), Dysthymia(F34.1), Disorders of initiating and maintaining sleep [insomnias](G47.0), Constipation(K59.0), Osteoporosis, unspecified(M81.9), Primary generalized (osteo)arthrosis(M15.0)

Allergies	Sulfa Antibiotics	D.O.B.	03/10/1933	Physician	Wallace Liang
Diagnosis	Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Vascular dementia, unspecified(F01.9), Cardiomegaly(I51.7), Mitral (valve) ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Bablitz, Margaret (922131005385)	Admission Date	03/26/2021	Location	7 719 B
Last Care Plan Review Completed:		09/08/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Alteration in skin integrity related to Skin tear to right outer arm. Revision on: 10/01/2025 Revision by: Navkiran Kaur (Registered Practical Nurse)	<ul style="list-style-type: none"> To promote intact skin integrity through healing of Skin tear by the target date. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) Target Date: 12/11/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Darryl)/SDM in decision making for treatment of Skin Tear as skin issue. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) <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. Revision on: 10/01/2025 Revision by: Navkiran Kaur (Registered Practical Nurse) <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: 10/02/2025 Revision by: Maryola Perion (RN)				
<ul style="list-style-type: none"> Alteration in skin integrity related to BRUISE to Right dorsum. Revision on: 10/01/2025 Revision by: Navkiran Kaur (Registered Practical Nurse)	<ul style="list-style-type: none"> To promote intact skin integrity through healing of BRUISE by right dorsum. Revision on: 10/01/2025 Revision by: Navkiran Kaur (Registered Practical Nurse) Target Date: 12/11/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Darryl)/SDM in decision making for treatment of bruise as skin issue. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with bruise to right dorsum for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) <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: 10/02/2025 Revision by: Maryola Perion (RN)				
<ul style="list-style-type: none"> Alteration in skin integrity related to BRUISE to left inner arm. Revision on: 10/01/2025 Revision by: Navkiran Kaur (Registered Practical Nurse)	<ul style="list-style-type: none"> To promote intact skin integrity through healing of BRUISE by the target date. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) Target Date: 12/11/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Darryl)/SDM in decision making for treatment of bruise as skin issue. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with Bruise to left inner arm for changes to health status and alteration or complications affecting skin integrity. 				
Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang	
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date		
Resident	Banfill, Darryl (922131005605)			Location		
Admission Date	12/23/2024			7 722 A		
Last Care Plan Review Completed:	09/11/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision on: 10/01/2025 Revision by: Navkiran Kaur (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: 10/02/2025 Revision by: Maryola Perion (RN)		
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Cognitive Limitation ISE score: 4/6 Revision on: 09/02/2025 Revision by: Megan Pipe (Recreation Aide)	• Team members will support Darryl in decreasing social isolation by participating in activities of personal choice for 10-20 times per month by the next review date. Revision on: 06/04/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 12/11/2025	• STRUCTURED ACTIVITIES: Invite Darryl to programs of personal interest; Bingo, church, Happy Hour, sports, movies, parties, tea social, comedy corner, etc. Revision on: 06/04/2025 Revision by: Megan Pipe (Recreation Aide) • SELF-DIRECTED ACTIVITIES: Encourage Darryl to engage in self-directed activities such as reading paper, telephone conversations, watching TV in his own room, conversing with peers, etc. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide) • ASSISTANCE: Provide assistance/encouragement to get Darryl to scheduled activities - Porter to and from programs, Reminders, etc.) Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide) • ONE to ONE: Provide Darryl with individual visits for conversation, bedside activity, reading, reminiscing, etc.) Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide)		
• Risk for Impaired SKIN INTEGRITY related to fragile skin. Revision on: 09/01/2025 Revision by: Janina Lucero (RN)	• To protect and maintain skin integrity each day through to the next review. Revision on: 01/19/2025 Revision by: Ravinder Kaur (Registered Nurse) Target Date: 12/11/2025	• 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. Revision on: 09/01/2025 Revision by: Janina Lucero (RN) • GARMENT: Geri sleeves for both arms to protect fragile skin. Revision on: 06/26/2025 Revision by: Kristin Kerekes (RPN STUDENT)	PCA Registered Practical Nurse PCA	D/E/N
• Potential for (Persistent) PAIN and alteration in comfort level related to (GERD, Impaired mobility, heart failure,	• To promote resident comfort and effectively manage ACUTE pain as episode occurs through	• 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	
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location 7 722 A
Last Care Plan Review Completed:		09/11/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
ANASARCA, RESTLESS LEGS, Complaints of generalized body pains, lower legs and knees bilaterally). Most Current LTCF Pain Score is 0 Revision on: 06/14/2025 Revision by: Jenny Liu (RAI Coordinator)	to the next review. Target Date: 12/11/2025 • To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Target Date: 12/11/2025	• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	Nurse Registered Practical Nurse RN			
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD) Frequent emesis. Revision on: 03/31/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Target Date: 12/11/2025	• 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			
• Strengthening Exs Revision on: 03/11/2025 Revision by: Shina Wadhwa (Physical Therapist)	• Increase B/L UE strength from 3+/5 to 4/5 in next 3 months Target Date: 12/11/2025	• B/L UE strengthening with weights 1-3 lbs,10 reps or as best tolerated, 2-3 x week. Revision on: 03/11/2025 Revision by: Shina Wadhwa (Physical Therapist)				
• ROM Exs Revision on: 03/11/2025 Revision by: Shina Wadhwa (Physical Therapist)	• Increase B/L knee extension from -10 degrees to WFL in next 3 months: Revision on: 09/09/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/11/2025	• AAROM exs for B/L LE as best tolerated, 10 reps, 1-2 sets, 2-3 x a week; Revision on: 09/09/2025 Revision by: Shina Wadhwa (Physical Therapist)	PT - Physiotherapist PTA			
• SPIRITUAL BELIEFS: is of the Baptist	• To provide Darryl spiritual	• SPIRITUAL PROGRAMS: Encourage Darryl to attend spiritual programs of his				
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)		Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Faith. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide)		support as interested through to the next review date. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide) Target Date: 12/11/2025	choice including; Hymn Sing, Bible Study, Church Service, etc. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide) • SELF-DIRECTED SPIRITUAL Activities: Darryl engages in prayers in his room. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide) • PERSONAL CHOICE: Respect Darryl's right to decline participation in Spiritual Programs. Revision on: 01/25/2025 Revision by: Judy Woods (Activation aide)				
• Use of PASD - Two 1/4 bedrails to be used when in bed to aid in turning and repositioning. Revision on: 01/15/2025 Revision by: Maryola Perion (RN)		• Darryl will be effectively supported with use of Two 1/4 bedrails to be used when in bed to aid in turning and repositioning each day through to the next review date. Revision on: 01/15/2025 Revision by: Maryola Perion (RN) Target Date: 12/11/2025	• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of possible benefits and challenges associated with Use of Two 1/4 bedrails. Revision on: 01/15/2025 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use of Two 1/4 bedrails to be used when in bed to aid in turning and repositioning. Revision on: 01/15/2025 Revision by: Maryola Perion (RN) • BED RAIL (TWO PARTIAL): 1/4 rails in USE as a PASD to assist Darryl when in bed to aid in turning and repositioning. Monitor every shift. Revision on: 01/15/2025 Revision by: Maryola Perion (RN)			PCA	D/E/N
• Potential for CONSTIPATION related to (decreased mobility) Revision on: 01/15/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Darryl will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 01/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• 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.			Registered Staff	Registered Staff
• Potential to experience complications and side effects impacting quality of life related		• To monitor effectiveness and for side effects of medication	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication, poly-pharmacy, etc.) for changes to health status				
Allergies	Sulfa Antibiotics, Latex			D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)			Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
to use of (multi-pharmacy, use of anti-psychotic medications, etc.) Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	used each day through to the next review date. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/11/2025	and alteration or complications affecting functioning or quality of life. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff			
• Potential to experience (rash, hives, anaphylaxis, etc.) related to ALLERGY of Sulfa Antibiotics, Latex. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	• Darryl will be protected from exposure to allergen each day through next review date. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/11/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Sulfa Antibiotics, Latex for changes to health status and complications. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) • MD/PHARMACY ALERT: Notify the MD and Pharmacy of Darryl Allergy to Sulfa Antibiotics, Latex minimize risk for exposure to allergen. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)				
• Potential for bruising, bleeding, clotting or other complications related to use of (ANTICOAGULANT) medication. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	• To monitor for bleeding and minimize complications related to use of (Apixaban) through the review date. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/11/2025	• 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: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up) • BLEEDING ALERT: Notify nurse immediately if Darryl is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 01/02/2025 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			
• Altered COMMUNICATION as exhibited by limitations to (hearing loss-refusal tos use hearing aids, etc.) related to Hard of hearing both ears Revision on: 01/02/2025	• Darryl will be supported to maintain current communication abilities to (understanding, making self understood and hearing loss) each day through	• PRIMARY LANGUAGE: Darryl primary language is (English). He is able to speak/understand English. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask				
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Banfill, Darryl (922131005605)		Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Jenny Liu (RAI Coord Back-up)		to the review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	yes/no questions, uses simple words/phrases, etc.). Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • INSTRUCTION GUIDANCE: Darryl needs (minimal, intermittent, or constant) cueing or demonstrative instruction in tasks and activities. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)			
• Altered VISION related to Presbyopia		• Darryl supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• EYEGLASSES: Darryl wears eyeglasses for reading. Assist to clean eyeglasses as needed and store (on night table or in night table drawer) when sleeping. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• Expressed Wishes and Beliefs related to DARRYL Medical Treatment and End of Life Care Revision on: 12/23/2024 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: 12/11/2025	• CPR: DARRYL-DO NOT ATTEMPT CPR: Transfer to hospital decision will be made as needed - see PoET Individualized Summary for details. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)			
• Nutrition Risk Level		• Darryl will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 12/30/2024 Revision by: Rachelle Ly (Dietitian (RD)) Target Date: 12/11/2025 • Will weigh within RWR of 95-100kg through to next review date.	• NUTRITION RISK: Darryl is moderate risk level. Revision on: 03/10/2025 Revision by: Brittany Hyde (Registered Dietitian) • DIET ORDER: Darryl will receive regular diet, minced texture Revision on: 12/30/2024 Revision by: Rachelle Ly (Dietitian (RD)) • FLUID CONSISTENCY: Darryl drinks REGULAR/THIN Level 0 Fluids. Revision on: 12/30/2024 Revision by: Rachelle Ly (Dietitian (RD)) • FLUID TARGET: Encourage Darryl to drink at least 1444 ml/day. Revision on: 10/22/2025 Revision by: Brittany Hyde (Registered Dietitian)		FSM Dietitian (RD) PCA PCA PCA	
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)		Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
		Revision on: 12/30/2024 Revision by: Rachelle Ly (Dietitian (RD)) Target Date: 12/11/2025 • Darryl will be adequately hydrated aeb drinking at least 80% of fluids goal at 25 ml/kg through to next review date. Revision on: 10/22/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 12/11/2025	• DINING INSTRUCTIONS: -Offer cold breakfast daily: crustless toast, Fruitrite paste, rice crispies with lactose-free milk, Greek yogurt, and/or minced fruit. Diet ginger ale to drink. -Encourage cold lunch choice daily. -Serve soup in a 2-handled mug (no lid). -Provide lactose free milk only. -No regular juice (provide diet). -No added salt. -Encourage Darryl to eat slowly at his meals/snacks. Revision on: 09/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • ADAPTIVE AIDS: 2-handled mug (no lid) for soup at lunch Revision on: 09/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Fruitrite spread at breakfast daily Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: Greek yogurt at breakfast daily Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD))				Registered Practical Nurse 	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025			
<ul style="list-style-type: none"> Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Target Date: 12/11/2025	<ul style="list-style-type: none"> 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. MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff	
<ul style="list-style-type: none"> Potential to experience alteration in RESPIRATORY FUNCTION related to (COPD) Hypercapnic respiratory failure Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with (COPD) each day through to next review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	<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. POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. OXYGEN: Administer Oxygen as needed (refer to MAR) as per MD order. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)	Registered Staff PCA	
<ul style="list-style-type: none"> Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES (NIDDM). Revision on: 12/23/2024 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: 12/11/2025	<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. MEDICATION: Administer medication (ORAL ANTIHYPERGLYCEMIC medication) for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff	

Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential to experience alteration in CARDIAC FUNCTION related to; Atrial Fibrillation , Chronic Heart Failure (CHF), Coronary Artery Disease, Hypertension		• To treat and minimize signs/symptoms or complications associated with (Atrial Fibrillation , Chronic Heart Failure (CHF), Coronary Artery Disease, Hypertension) through to the next review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• 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	
			• MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)		Registered Practical Nurse RN	
• Potential for BOWEL INCONTINENCE related to (limited mobility) Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		• Darryl will have bowel incontinence managed every shift through to the next review period. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• BOWEL Continence level is (Total Incontinence). Report change to level as noted. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.		PCA	
• URINARY (Functional) INCONTINENCE related to altered mobility Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		• Darryl will receive support to (check and change of brief)each shift through to the next review. Revision on: 01/07/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for continence care needs, changes to health status and alteration of continence level Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)			
			• URINARY Continence level is (TOTAL Incontinent). Report change to level as noted. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• CHECK and CHANGE: Darryl experiences TOTAL incontinence and requires checks and change- bed bound at this time: each time noted to be soiled. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• INCONTINENCE PRODUCT: Resident uses BEIGE color brief per prevail sheet Revision on: 04/06/2025		PCA	
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)		Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • URINARY (Functional) INCONTINENCE related to altered mobility Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) 		Revision by: Jenny Liu (RAI Coordinator)			
<ul style="list-style-type: none"> • Potential to experience alteration in MOOD as exhibited by (low mood, restlessness, agitation, awake at night-negative statements, repetitive verbalizations calling out for wife at night related to History of Depression, short term memory loss. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> • Darryl will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025 	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Darryl for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • FAMILY SUPPORT: Darryl enjoys visits from (family members). Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • SLEEP/REST: Promote adequate sleep and rest to stability of Darryl's mood. Report changes in sleeping habits to Registered Staff as noted. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) 			
<ul style="list-style-type: none"> • Nutrition: Swallowing difficulty Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> • To maintain safe swallowing through to next review date Target Date: 12/11/2025 	<ul style="list-style-type: none"> • Provide diet/texture interventions as per Nutrition Risk Level 			
<ul style="list-style-type: none"> • Potential for Expressive Behaviour of (DELUSIONS-Thinking that he is Texas still that has to go to work and that he is still driving and managing his own care nature- HALLUCINATIONS- seeing indigenous people on the roof of the 	<ul style="list-style-type: none"> • To promote safety for Darryl's and/or others during each episode of (Delusions) through to the next review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI 	<ul style="list-style-type: none"> • HALLUCINATION: (HALLUCINATIONS- seeing indigenous people on the roof of the houses across the street, seeing his daughter and children on TV, Seeing indigenous people around his wife) Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • DELUSION: (DELUSIONS-Thinking that he is Texas still that has to go to work and 	Registered Practical Nurse RN		
Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
houses across the street, seeing his daughter and children on TV, Seeing indigenous people around his wife related to- Short term memory loss Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		Coordinator) Target Date: 12/11/2025	that he is still driving and managing his own care) Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		Practical Nurse RN	
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty making decisions, understanding) Short term memory loss Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		• Darryl will be supported to maintain cognitive function through the review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/11/2025	• ORIENTATION: Gently reorient to (person, place, time) as needed when Darryl is feeling lost or in confused state. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)			
• Increased risk for FALLS related to (cognitive loss, physical loss). Altered Physical function Revision on: 12/23/2024 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: 12/11/2025	• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) • BED: place bed in lowest position, use high/low bed to lower risk for injury. Revision on: 02/05/2025 Revision by: Rose Obli (RPN) • FLOOR MAT: Position floor mat, on floor next to left and right side of bed to lower risk of injury. Revision on: 02/05/2025 Revision by: Rose Obli (RPN)		PCA PCA PCA	D/E/N
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility		• Darryl will have ALL ADL care needs met each day through the next review date. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)	• BATHING: Darryl prefers (shower/bed bath) on (Wednesdays and Sundays on Day shift). Darryl participates by (washing his face and upper body). Two staff (MAXIMAL) 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		PCA	
Allergies	Sulfa Antibiotics, Latex		D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)		Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 12/11/2025	Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: DARRYL requires (2) staff to provide (Maximal) assistance for bed mobility. Revision on: 06/14/2025 Revision by: Jenny Liu (RAI Coordinator) • DRESSING: DARRYL is able to (lift arms,lean forward) (2) staff to provide (Maximal) assistance for dressing. Revision on: 06/14/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: DARRYL is able to eat by himself once set up done by staff. He eats in the main dining room- flr. 1 Revision on: 06/14/2025 Revision by: Jenny Liu (RAI Coordinator) • LOCOMOTION: Darryl requires wheelchair for locomotion and requires one team member to porter on the unit.		PCA	
			Revision on: 03/17/2025 Revision by: Jenny Liu (RAI Coordinator) • PERSONAL HYGIENE: Darryl is able to (wash hands and face). (2) staff to provide Maximal Assistance for hygiene, such as peri-care. However he chose not to participate a lot of times, so total assistance provided. Revision on: 09/11/2025 Revision by: Jenny Liu (RAI Coordinator) • HAND HYGIENE: 1 staff to provide (EXTENSIVE=) assistance to (=use soap/water, PCA apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• TOILET USE:Darryl is not able to participate in continence care. (2) staff to provide (TOTAL) assistance for check and change. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			• TRANSFERRING: (2) staff to provide (TOTAL using MECHANICAL LIFT) assistance for transferring. Revision on: 06/14/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang	
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre	Print Date	10/30/2025			
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location	7 722 A	
Last Care Plan Review Completed:		09/11/2025				

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 Cognitive Limitation, Limited Mobility 		<ul style="list-style-type: none"> TRANSFER LIFT/SLING: medium SIZE of sling needed for transfer. Revision on: 12/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) ORAL CARE: Darryl has (dentures- full upper and partial lower) 1 staff to provide (TOTAL) assistance for oral care. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) SHAVING - (DARRYL) requires 1 team member to shave him at his discretion. He can indicate. Team to ask. Revision on: 12/23/2024 Revision by: Danielle Loreto (RAI Coordinator) 	PCA	D

Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025			


Care Plan Report

Diagnosis

Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaemia, unspecified(D64.9), Respiratory failure, unspecified, type II [hypercapnic](J96.91), Other specified diabetes mellitus without (mention of) complication(E13.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Benign neoplasm of prostate(D29.1), Osteoporosis, unspecified(M81.9), Restlessness and agitation(R45.1), Essential tremor(G25.0), Pure hypercholesterolaemia(E78.0), Other cervical disc degeneration(M50.3), Depressive episode, unspecified(F32.9), Acute upper respiratory infection, unspecified(J06.9)

Allergies	Sulfa Antibiotics, Latex	D.O.B.	12/07/1946	Physician	Wallace Liang
Diagnosis	Congestive heart failure(I50.0), Chronic atrial fibrillation(I48.02), Atherosclerotic heart disease of native coronary artery(I25.10), Benign hypertension(I10.0), Generalized oedema(R60.1), Anaem...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Banfill, Darryl (922131005605)	Admission Date	12/23/2024	Location	7 722 A
Last Care Plan Review Completed:		09/11/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for PAIN and alteration in comfort level related to history of right hip fracture. Complaints of pain to right hip, headache, right upper tooth ache (10/21/25). Most Current Pain Score is 1/3 Revision on: 10/21/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• Promote MDS Pain Score of 0 through to the next review. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	<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 relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none">• Karolina is at risk for ELOPEMENT related to exit seeking Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• To promote Karolina safety and minimize risk for episode of elopement each day through next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	<ul style="list-style-type: none">• ELOPEMENT ALERT: Redirect Karolina away from exit doors on the main floor Resident can only leave the premises with a POA or staff member from Berkshire Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)			PCA	
<ul style="list-style-type: none">• Karolina has potential to experience a safety hazard/burn injury related to inappropriate SMOKING habits smoking in room. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Karolina will be supported in a smoking sensation program through to next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve Karolina 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.• SMOKING CONTRACT: Karolina 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). Due to smoking in Room Karolina is not permitted to smoking on property. Team to remove smoking articles and keep with Registered team and notify Leadership. Revision on: 10/04/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			Social Worker Social Worker Administrator	
<ul style="list-style-type: none">• Potential to experience alteration in MOOD as exhibited by low mood,		<ul style="list-style-type: none">• Karolina will be supported to maintain mood stability as	<ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Karolina for indications to change in MOOD including labile mood or increase of				
Allergies	No Known Allergies		D.O.B.	12/22/1975	Physician	Wallace Liang	
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Benak, Karolina (922131005480)		Admission Date	09/20/2022	Location	7 708 A	
Last Care Plan Review Completed:		08/22/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
repetitive question, pacing anxious, Feels as she's been lied to, suicidal ideation related to Depression, new environment. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	evidenced by DRS score at a range of 0-2 by the review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	symptoms that negatively impact residents quality of life. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • RESIDENT STRENGTHS: Build on Karolina effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 03/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) • DISTRACTION ACTIVITIES: Karolina can be calmed doing activities of interest including crossword puzzles, cards, painting. Revision on: 10/04/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • FAMILY SUPPORT: Karolina enjoys visits from her Mother Revision on: 09/20/2022 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: 03/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) • SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if Karolina expresses thoughts to harm to self. Revision on: 04/14/2024 Revision by: Maryola Perion (RN)	ACT			
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Altered Mood, Loss of Independence. ISE Score: 5/6 Revision on: 08/13/2025 Revision by: Megan Pipe (Recreation Aide)	• Team members will support Karolina in decreasing social isolation by participating in activities of personal choice 20-25 times per month by the next review date. Revision on: 05/19/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/22/2025	• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; friendly/1:1 visits, exercise groups, crafts, trivia, music programs, social - Happy Hour, special events, spiritual service, TV/movie programs, etc. Revision on: 06/08/2024 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as; Smoking on the patio, family/friend visits, watching/listening to TV, listening to music, patio socializing/enjoying outdoors. Revision on: 10/31/2022 Revision by: Mitchell Atkinson (Recreation Aide) • ONE to ONE: Provide her with individual visits for conversation, reminiscing, music, humor, etc. Revision on: 10/31/2022	ACT			
Allergies	No Known Allergies		D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Benak, Karolina (922131005480)		Admission Date	09/20/2022	Location	7 708 A
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Karolina to make friendships and sit with friends during activities. Revision on: 10/31/2022 Revision by: Mitchell Atkinson (Recreation Aide)	ACT			
• Potential for Expressive Behaviour of VERBAL, SOCIALLY Inappropriate (smoking in the room Oct. 2, 2022, drinking alcohol 12/22), RESISTANCE to care need, ongoing drug use and purchasing of drugs in the courtyard area, soliciting herself at the fence for money and another resident reported today that last evening she was participating in acts at the fence for money related to history of verbal and physical expressions, sexual expressions towards others, spitting, hallucinations, Schizophrenia. Revision on: 06/11/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• Karolina will be supported to adjust to her new environment to lower risk of triggering former WANDERING, PHYSICAL inappropriate, VERBALLY inappropriate behaviour episodes through to the next review. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Karolina 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 VERBAL (yelling, screaming, calling names, etc.) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, misunderstanding care intention, etc.) Revision on: 06/16/2023 Revision by: Jenny Liu (RAI Coord Back-up) • VERBAL Behaviour: If Karolina 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: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 06/16/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Karolina is refusing to (bathe) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 06/16/2023 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to SOCIALLY Inappropriate (spitting on floor) as expression of behaviour include (confusion, decreased insight, poor judgement, limitation in communication, over stimulation, etc.) Revision on: 06/16/2023 Revision by: Jenny Liu (RAI Coord Back-up)				
Allergies	No Known Allergies		D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Benak, Karolina (922131005480)		Admission Date	09/20/2022	Location	7 708 A
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<p>• Potential for Expressive Behaviour of VERBAL, SOCIALLY Inappropriate (smoking in the room Oct. 2, 2022, drinking alcohol 12/22), RESISTANCE to care need, ongoing drug use and purchasing of drugs in the courtyard area, soliciting herself at the fence for money and another resident reported today that last evening she was participating in acts at the fence for money related to history of verbal and physical expressions, sexual expressions towards others, spitting, hallucinations, Schizophrenia.</p> <p>Revision on: 06/11/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p>		<p>• SOCIALLY Inappropriate Behaviour: If Karolina is noted to spitting on floor clean area using appropriate PPE. Report episode to Registered Staff. Revision on: 03/15/2023 Revision by: Leslie Meloche (Activities/Rec Therapy)</p> <p>• MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 12/13/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>PCA</p> <p>Registered Practical Nurse RN</p>	
<p>• Increased risk for FALLS related to impaired mobility, Hx of right hip fracture.</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: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025</p>	<p>• CALL BELL: Place call bell within Karolina'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)</p> <p>• ENVIRONMENT: Ensure environment is clean and clear of clutter. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>PCA</p> <p>PCA</p>	D/E/N

Allergies	No Known Allergies	D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses				
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Resident	Benak, Karolina (922131005480)	Admission Date	09/20/2022	Location	7 708 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Risk for Impaired SKIN INTEGRITY related to history of right hip fracture, impaired mobility, Eczema. Revision on: 12/11/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)</div>	<div>• To protect and maintain skin integrity each day through to the next review. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025</div>	<div>• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.</div>	PCA			
<div>• Altered VISION related to able to read larger print but not regular print in newspapers or books. Revision on: 12/11/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)</div>	<div>• To treat and minimize complications of decreased vision through to next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025</div>	<div>• READING: Karolina uses larger print material to aid with reading. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>	PCA			
<div>• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to difficulty at times expressing herself. Revision on: 12/11/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)</div>	<div>• Karolina will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025</div>	<div>• COMMUNICATION: Involve/collaborate with Karolina/SDM for decision making about strategies needed to support effective communication. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Karolina communicates best in English and understands English. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>				
<div>• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement related to short term memory loss. Revision on: 12/11/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)</div>	<div>• Krolina will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 2/6 Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord</div>	<div>• COMMUNICATION: Involve/collaborate with Karolina/SDM in decision making of Cognitive Loss for short term memory loss and confused conversation. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to time and place as needed when Karolina is feeling lost or in confused state. Revision on: 09/20/2022</div>				
Allergies	No Known Allergies		D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Benak, Karolina (922131005480)		Admission Date	09/20/2022	Location	7 708 A
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Back-up) Target Date: 11/22/2025	Revision by: Katie Wolters-Savo (RAI Coordinator)			
• SPIRITUAL BELIEFS: Karolina is of the Catholic Faith. Revision on: 03/27/2023 Revision by: Mitchell Atkinson (Recreation Aide)		• To provide Karolina spiritual support as interested through to the next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• PERSONAL CHOICE: Respect Karolina's right to decline participation in Spiritual Program. Attempt to engage her if she decides to attend/participate in spiritual programs Revision on: 03/27/2023 Revision by: Mitchell Atkinson (Recreation Aide)		ACT	
• Potential risk for safety related to history of elicate of drug use. Revision on: 10/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• The team and Karolina will remain safe within the home through to next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• PPE PRECAUTIONS: Precaution identified as CONTACT for risk of possible exposure to illicit drugs and requires use of the following PPEs NITRO Gloves, Gown, Mask when providing direct care, handling soiled clothes and linens, disposing of incontinent product, etc Revision on: 10/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Karolina has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of NARCOTIC Abuse and previous addiction to crystal methamphetamines. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC)		• Karolina will remain free of non-prescribed substances and narcotics through next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• SET BOUNDARIES: Discuss behavioural limits and expectations with Karolina. Be very clear with limits to establish behaviour boundaries. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC) • ROOM CHECK: Check Karolina room/belongings for (narcotic, drug paraphernalia) as needed if suspected to be under the influence. If any found report to Charge Nurse/DOC/ED/SW. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATIONS: Administer Methadone as ordered and monitor for side effects/effectiveness. Report to MD as necessary. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC) • UNSUPERVISED LEAVE: NOT PERMITTED as per MD. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC)		Social Worker Director of Care Executive Director	
Allergies	No Known Allergies		D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Benak, Karolina (922131005480)		Admission Date	09/20/2022	Location	7 708 A
Last Care Plan Review Completed:		08/22/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Karolina has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of NARCOTIC Abuse and previous addiction to crystal methamphetamines. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC)			Executive Director		
<ul style="list-style-type: none"> Karolina is experiencing Hepatitis C. Onset date: Admission: 09/27/2022 Revision on: 09/30/2022 Revision by: Chelsea Campbell-Wright (IPAC LEAD)	<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: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	<ul style="list-style-type: none"> HEALTH EDUCATION: Engage with Karolina to enhance their knowledge of infection control practices: hand hygiene, visitation, PPEs, isolation, transmission, etc. for Hepatitis C. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of monitoring Karolina for signs/symptoms of secondary infection, overall health condition, etc. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> PPE PRECAUTIONS: Precaution identified universal- Risk analysis at point of care. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> Nutrition Risk Level 	<ul style="list-style-type: none"> Karolina will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/22/2025	<ul style="list-style-type: none"> NUTRITION RISK: Karolina is at low nutrition risk level. Revision on: 02/19/2025 Revision by: Ronnie Fung (FSM - Food Services Manager) <ul style="list-style-type: none"> DIET ORDER: Karolina will receive regular diet, regular texture Revision on: 09/20/2022 Revision by: Anna Slack (Registered Dietitian) <ul style="list-style-type: none"> FLUID CONSISTENCY: Karolina drinks REGULAR/THIN Level 0 Fluids. Revision on: 09/20/2022	Dietitian (RD) Diet Food Services Aide PCA Diet PCA		
Allergies	No Known Allergies	D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Benak, Karolina (922131005480)	Admission Date	09/20/2022	Location	7 708 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	• Will weigh within Realistic weight range of 80-90kg kg/BMI 25-29through to next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025 • Karolina will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2332 ml/day (25 ml/kg using 93.3 kg weight) through to next review date. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/22/2025	Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Karolina to drink a minimum of 1866 ml/day Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK HS: Crackers with peanut butter Tues/Thurs/Sat Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA PCA	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Coordinator)	Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff		
• BOWEL Continence - Karolina is continent and has self recognition of urge to defecate. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Karolina to remain continent of bowels through next review date Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• BOWEL Continence level is CONTINENT. Report change to level as noted. • SELF TOILETING: Karolina 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: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA		
• URINARY Continence - Karolina is continent and has self recognition of urge to void. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Karolina will maintain continence level through next review date Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• URINARY Continence Level is: CONTINENT • SELF TOILETING: Karolina toilets herself. Each shift ask if she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA		
• Altered ability to complete Activities of Daily Living (ADLs) related to hx of right leg fracture in 2006- several infections lead to impaired mobility. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Karolina will have ALL ADL care tasks met each day through the next review date. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	• BATHING: Karolina prefers (shower) on (Thursdays and Sundays on evening shift). Karolina is able to do her own shower. Often will not use the shower and will give self partial baths in her washroom. If she does require assistance 2 team approach. Contact precaution to be used at all times due to history of having drug paraphernalia on her or in her clothing, sheets etc. Nail care to be provided on shower/bath day. Revision on: 08/22/2025	PCA		
Allergies	No Known Allergies	D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses				
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		<p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Karolina is able to turn and reposition herself while in bed without PCA assistance or oversight from the team.</p> <p>Contact precaution to be used at all times due to history of having drug paraphernalia on her or in her clothing, sheets etc.</p> <p>Revision on: 08/22/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• DRESSING: Karolina is able to dress herself from head to toe without assistance or PCA oversight from the team.</p> <p>If assistance is needed 2 team members to provide.</p> <p>Contact precaution to be used at all times due to history of having drug paraphernalia on her or in her clothing, sheets etc.</p> <p>Revision on: 08/22/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: Karolina is able to eat independently without assistance or oversight from PCA the team once set up. She eats on the floor dining room.</p> <p>Revision on: 01/01/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Karolina utilizes a wheelchair as her primary mode of locomotion PCA and is able to self propel on and off the unit.</p> <p>Revision on: 09/14/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Karolina is independent with her personal hygiene needs. PCA</p> <p>If assistance is needed 2 team members to provide.</p> <p>Contact precaution to be used at all times due to history of having drug paraphernalia on her or in her clothing, sheets etc.</p> <p>Revision on: 08/22/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDERS assistance to use soap/water, PCA</p>		
Allergies	No Known Allergies		D.O.B.	12/22/1975
Physician	Wallace Liang			
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses			
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Resident	Benak, Karolina (922131005480)	Admission Date	09/20/2022	Location 7 708 A
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 hx of right leg fracture in 2006- several infections lead to impaired mobility. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		apply sanitizer, rub hands together, dry hands for hand hygiene. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> TOILET USE: Karolina is able to transfer herself onto and off of the toilet as well as re-adjust clothing after toileting task has been completed without assistance If assistance is needed 2 team members to provide. Contact precaution to be used at all times due to history of having drug paraphernalia on her or in her clothing, sheets etc. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> TRANSFERRING: Karolina is able to transfer herself from a sit to stand position without assistance or oversight from the team. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> ORAL CARE: Karolina has her own teeth remaining. Some are broken. She is able to brush her own teeth once set up to do so. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> SPECIFIC RESIDENT Detail: Karolina requires 2 people present for care AT ALL TIMES. Revision on: 10/28/2022 Revision by: Meghan Sears (ADOC)	PCA	
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Karolina's Medical Treatment and End of Life Care Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor Karolina expressed wishes and beliefs through to the End of Life. Revision on: 09/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/22/2025	<ul style="list-style-type: none"> CPR: Karolina wishes to have CPR and TRANSFER to hospital. Revision on: 09/20/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		

Allergies	No Known Allergies	D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses				
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Care Plan Report


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Diagnosis

Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Depressive episode, unspecified(F32.9), Eczema herpeticum(B00.0)

Allergies	No Known Allergies	D.O.B.	12/22/1975	Physician	Wallace Liang
Diagnosis	Asthma, unspecified, without stated status asthmaticus(J45.90), Chronic viral hepatitis, unspecified(B18.9), Drug abuse counselling and surveillance(Z71.5), Schizophrenia, unspecified(F20.9), Dep...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Benak, Karolina (922131005480)	Admission Date	09/20/2022	Location	7 708 A
Last Care Plan Review Completed:		08/22/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 6/6 Revision on: 08/19/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• Michael will be supported to maintain participation in activities 45-50 times per month by the next review date. Revision on: 08/19/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/30/2025</p>	<p>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; 1:1 visits, arts & crafts, discussion groups, exercise groups, games - trivia & Bingo, reading groups, library cart, reminiscing group, Resident Council & Food Committee, Happy Hour, tea social, special events, spiritual groups, TV/movie programs, etc. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as; Reading independently, watching/listening to TV, listening to music, Solitaire, individual spiritual activities, family/friends phone calls, word puzzles, gardening. Revision on: 07/04/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ONE to ONE: Provide him with individual visits for conversation to get to know him better, reading, reminiscing, etc. Revision on: 07/20/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)</p>				
<p>• Risk for/Impaired SKIN INTEGRITY related to PVD, Impaired Mobility, Surgical incision, edema Rt. hand, Surgical incision on the abdomen, swelling to right hand Revision on: 04/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• To protect and maintain skin integrity each day through to the next review. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025</p>	<p>• 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.</p> <p>• EQUIPMENT: Michael requires Roho cushion to offload pressure. Offload heels while in bed. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	PCA			
<p>• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility and care). Revision on: 09/03/2024 Revision by: Shina Wadhwa (Physical Therapist)</p>	<p>• Michael will be effectively supported with use of two 1/4 bed rails to optimize Activity of Daily Living (bed mobility & care) each day through to the next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord)</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: 08/26/2022 Revision by: Suzanne Azar (RN)</p> <p>• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails as to support appropriate bed mobility & care. Revision on: 08/26/2022 Revision by: Suzanne Azar (RN)</p>				
Allergies	No Known Allergies	D.O.B.	01/14/1950	Physician	Wallace Liang	
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Beszterczey, Michael (922131005388)	Admission Date	04/13/2021	Location	7 724 B	
Last Care Plan Review Completed:		08/30/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Back-up) Target Date: 11/30/2025	• 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)			PCA	D/E/N
• 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. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	• COMMUNICATION: Involve/collaborate with Michael/SDM in decision making in fall prevention Plan of Care. Revision on: 04/13/2021 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: Jenny Liu (RAI Coord Back-up) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair Revision on: 04/13/2021 Revision by: Maryola Perion (RN)			PCA	D/E/N
• Potential for Persistent PAIN and alteration in comfort level related to PVD, Impaired Mobility, pacemaker placed April 2023 and gallbladder stone. Pain score is 0 Revision on: 12/20/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	• COMMUNICATION: Involve/collaborate with Michael/SDM about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 04/13/2021 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: 09/19/2023 Revision by: Jenny Liu (RAI Coord Back-up)			RN Registered Practical Nurse Registered Practical Nurse RN	
• Wheelchair Mobility. Revision on: 04/03/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Michael to improve in repositioning/ pressure reliving on buttocks in the W/C in 3 months. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord	• W/C pressure reliving exe. 1set,5rps.,hold up to 10-15 mint., 3-5/wk as tolerated. Revision on: 06/11/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
Allergies	No Known Allergies			D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)			Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> • Wheelchair Mobility. Revision on: 04/03/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		Back-up) Target Date: 11/30/2025				
<ul style="list-style-type: none"> • Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none"> • To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Michael/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. 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 with altered fluid intake for changes to health status and risk for dehydration. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • PROMOTE FLUIDS: Promote Michael to consume fluids; amount as per Nutrition Care Plan. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)		Diet Registered Staff Registered Staff All	
<ul style="list-style-type: none"> • Potential to experience alteration in CARDIAC FUNCTION related to: Pulmonary Hypertension, Angina Revision on: 10/31/2022 Revision by: Haley Cadarian (Quality Lead)		<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with Pulmonary Hypertension through to the next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Michael/SDM in decision making of Cardiac Care Management for Pulmonary Hypertension Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with angina/pulmonary hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 10/31/2022 Revision by: Haley Cadarian (Quality Lead) <ul style="list-style-type: none"> • MEDICATION: Administer medication for Pulmonary Hypertension\ Angina as per MD Order and monitor for side effects. Revision on: 10/31/2022 Revision by: Haley Cadarian (Quality Lead) <ul style="list-style-type: none"> • OXYGEN: Administer Oxygen as per MD order. Revision on: 04/13/2021 Revision by: Maryola Perion (RN)		Registered Practical Nurse RN Registered Practical Nurse RN	
Allergies	No Known Allergies		D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)		Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience alteration in CARDIAC FUNCTION related to: Pulmonary Hypertension, Angina Revision on: 10/31/2022 Revision by: Haley Cadarian (Quality Lead)			<ul style="list-style-type: none"> PACEMAKER Insitu: Resident has pacemaker 4/25/23. Revision on: 04/26/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Sigmoid Volvulus, PVD, COPD Revision on: 07/19/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		<ul style="list-style-type: none"> Michael 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: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> BATHING: Michael prefers (shower/bath) on (Mondays and Fridays on Evening shift). Michael participates by (providing a washcloth and to wash his upper body). Two staff (MAXIMAL) 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) <ul style="list-style-type: none"> BED MOBILITY: Maximal Assist: Michael is able to assist minimally in turning and repositioning while on the bed. Requires two staffs with weight bearing assistance. Two 1/4 bedrails aim bed mobility Revision on: 05/30/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> DRESSING: Extensive - Maximal Assist: Michael is able to assist minimally by guiding his legs and arms through the clothes and requires one staff to help with her upper body, but requires weight bearing assistance from two team members in removing/putting on his clothes, socks, shoes. Revision on: 05/30/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> EATING: Michael is able to eat Independently once set up by staff and he eats in the main floor dining room. Revision on: 07/21/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> LOCOMOTION: Michael uses a wheelchair as his primary mode of locomotion and able to porter himself. 			PCA	
Allergies	No Known Allergies			D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)			Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to Sigmoid Volvulus, PVD, COPD</div> <div>Revision on: 07/19/2021</div> <div>Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)</div>		<div>Revision on: 12/21/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• PERSONAL HYGIENE: Maximal Assist: Michael requires two staffs Maximal assistance to provide peri care and brief change. Able to wash his hands, face and comb his hair.</div> <div>Revision on: 08/27/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• TOILET USE: Michael has a colostomy in place. Maximal assistance to check and change incontinent products.</div> <div>Revision on: 08/27/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• TRANSFERRING: Michael requires the use of a Maxi lift for transferring too and from bed with two staff assistance.</div> <div>Revision on: 03/18/2024</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• TRANSFER LIFT/SLING: Blue sling with Maxi lift</div> <div>Revision on: 01/03/2023</div> <div>Revision by: Clarisa Amir (RPN)</div> <div>• ORAL CARE: Michael has some teeth missing, he is able to provide oral care with set up help from one team member.</div> <div>Revision on: 03/04/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div> <div>• FOOT CARE: PSW to complete toenail care on his shower days. Report long toe nails or other abnormalities as noted.</div> <div>Revision on: 07/08/2022</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• SHAVING - Michael will have beard shaven on his bath days</div> <div>Revision on: 11/16/2022</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA <	

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Back-up) Target Date: 11/30/2025				
• Strength Revision on: 05/11/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• In next 3 months : Improve strength of B/L LE from 4/5 to 4+/5. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	• Strengthening exe for B/L UE sh, elbow and B/L LE hip and ankle . with use of 3-4 lbs. wt., 1set,10 rps.,2-3x/wk as tolerated. Strengthening exs at the stepper/bike, 10-15 min 2-3 x a week Revision on: 05/27/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, use of anti-psychotic medications) Revision on: 04/25/2021 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: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	• 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: 04/25/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.		Registered Staff	
• SPIRITUAL BELIEFS: Michael is of the Lutheran Faith. Revision on: 04/19/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		• To provide Michael spiritual support as interested through to the next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	• SPIRITUAL PROGRAMS: Encourage him to attend spiritual programs of his choice including Hymn Sing, Church Service, spiritual discussion, bible study, etc. Revision on: 04/11/2022 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED SPIRITUAL Activities: Michael engages in bible reading, individual prayer in his room. Revision on: 06/19/2023 Revision by: Mitchell Atkinson (Recreation Aide)		ACT ACT	
• Bowel Continence with Colostomy in situ Revision on: 04/19/2021 Revision by: Shayna Lee Wonsch		• Michael will receive support and promote optimal bowel continence each day through to the next review. Revision on: 12/10/2024	• BOWEL Continence level is Continent with Colostomy in situ. Report change to level as noted. Revision on: 04/13/2021 Revision by: Maryola Perion (RN) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and		PCA PCA	
Allergies	No Known Allergies		D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)		Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved										
		Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	document number of occurrences, size and consistency. • COLOSTOMY: Resident has Colostomy. Change flange as per MD Order. Flange#: 14604 Bag# 18134 Revision on: 07/26/2022 Revision by: Maryola Perion (RN) • OSTOMY BAG CHANGE: Check OSTOMY every shift; Empty contents of ostomy bag when 1/3 to 1/2 full of stool and release gas as needed. Report any redness, drainage or leaking of ostomy immediately if noted. Revision on: 04/13/2021 Revision by: Maryola Perion (RN)					PCA									
• Nutrition Risk Level (diet details)		• Michael will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025 • Will weigh within Realistic weight range of 80-96kg through to next review date. Revision on: 02/12/2025 Revision by: Brittany Hyde Target Date: 11/30/2025 • Michael will be adequately hydrated aeb drinking at least 88% of total fluid requirement 2260 ml/day (25 ml/kg using 90.4 kg weight) through to next review date. Revision on: 02/15/2025	• NUTRITION RISK: Michael is low risk level. Revision on: 08/25/2025 Revision by: Brittany Hyde (Registered Dietitian) • DIET ORDER: Michael will receive regular diet, regular texture Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Michael drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/14/2021 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Michael to drink a minimum of 2000 ml per day. Revision on: 02/15/2025 Revision by: Holly Laasanen • DINING INSTRUCTIONS: Encourage low sodium at meal ie. limit hot dogs, sausages, bacon, ham, pickles, prepared food ie pizza, pot pie, hamburger , deli meat etc. Revision on: 03/19/2024 Revision by: Anna Slack (Registered Dietitian)					Dietitian (RD)		PCA		Diet PCA		PCA		Registered Practical Nurse	
Allergies		No Known Allergies			D.O.B.	01/14/1950		Physician	Wallace Liang								
Diagnosis		Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses															
Facility		Berkshire Care Centre						Print Date	10/30/2025								
Resident		Beszterczey, Michael (922131005388)			Admission Date	04/13/2021		Location	7 724 B								
Last Care Plan Review Completed:		08/30/2025															

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> • Nutrition Risk Level (diet details) 	Revision by: Holly Laasanen Target Date: 11/30/2025			
<ul style="list-style-type: none"> • Potential for bruising, bleeding, clotting or other complications related to use of ANTICOAGULANT. Revision on: 04/13/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To monitor for bleeding and minimize complications related to use of anticoagulant through the review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Michael/SDM in decision making and health teaching of Anti-coagulation medication use. Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • 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: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • BLEEDING ALERT: Notify nurse immediately if Michael is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • MEDICATION: Administer medications as per MD Order. Report abnormal or unexplained bleeding, unexplained or excessive bruising, etc. to MD as noted. 	Registered Staff	
<ul style="list-style-type: none"> • Sleep Patterns. Revision on: 04/13/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To promote adequate rest/sleep for Michael based on identified sleep patterns/preferences each night through to the next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> • REST PATTERN: Preferred bedtime: No specific time, usual wake time: Between 6:00-7:00 Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • SLEEPWEAR: Michael prefers to wear regular clothes to bed. Revision on: 04/24/2021 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	

Allergies	No Known Allergies	D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)	Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> • URINARY (Functional) INCONTINENCE related to Impaired Mobility, Use of diuretic Revision on: 04/13/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • Michael will have urinary incontinence managed every shift through to the next review period. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<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: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • CHECK and CHANGE: (Resident Name) experiences TOTAL incontinence and requires checks and change each time noted to be soiled. Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • INCONTINENCE PRODUCT: resident uses ORANGE color brief per prevail sheet. Revision on: 04/06/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> • Potential to experience alteration in RESPIRATORY FUNCTION related to Chronic Obstructive Pulmonary Disorder (COPD) Revision on: 04/13/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 12/10/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/30/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Michael/SDM in decision making of Respiratory Management for COPD. Revision on: 04/13/2021 Revision by: Maryola Perion (RN) <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: 04/13/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. <ul style="list-style-type: none"> • OXYGEN: Administer Oxygen as per MD order as needed. Revision on: 08/27/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • MEDICATION: Administer medication inhalers for COPD as per MD order and monitor for side effects. Revision on: 04/13/2021 Revision by: Maryola Perion (RN)	Registered Staff PCA	

Allergies	No Known Allergies	D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)	Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025			

Care Plan Report


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Diagnosis

Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), Chronic obstructive pulmonary disease, unspecified(J44.9), Mitral (valve) insufficiency(I34.0), Colostomy status(Z93.3), Acute ischaemic heart disease, unspecified(I24.9), Presence of cardiac pacemaker(Z95.00), Congestive heart failure(I50.0), Influenza with pneumonia, seasonal influenza virus identified(J10.0)

Allergies	No Known Allergies	D.O.B.	01/14/1950	Physician	Wallace Liang
Diagnosis	Volvulus(K56.2), Other cerebral infarction(I63.8), Hypokalaemia(E87.6), Heart failure, unspecified(I50.9), Peripheral vascular disease, unspecified(I73.9), Primary pulmonary hypertension(I27.0), ...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Beszterczey, Michael (922131005388)	Admission Date	04/13/2021	Location	7 724 B
Last Care Plan Review Completed:		08/30/2025			

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
<ul style="list-style-type: none">• Potential to experience discomfort/complications, including infection of surgical site, pain, impaired mobility, embolism related to FRACTURE of medial malleolus. Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)		<ul style="list-style-type: none">• To promote optimal healing of FRACTURE of medial malleolus until healed. Revision on: 07/15/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/24/2026	<ul style="list-style-type: none">• HEALTH EDUCATION: Ronald prefers to have a black garbage bag over his cast to prevent it from getting wet. Team members to encourage the use of a clear bag to properly assess circulation. If refuses document refusal/assessment. Revision on: 07/18/2024 Revision by: Katie Savo (RAI Coordinator) <ul style="list-style-type: none">• MEDICATION: Administer medication for fracture healing as per MD order. Monitor effectiveness and for side effects. Revision on: 07/15/2024 Revision by: Katie Savo (RAI Coordinator) <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of Ronald for management of fracture to medial malleolus for discomfort or complications or changes to health status. Revision on: 07/15/2024 Revision by: Katie Savo (RAI Coordinator)					
<ul style="list-style-type: none">• Risk for Impaired SKIN INTEGRITY related to Thin fragile Skin,pitting edema to RT lower leg Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)		<ul style="list-style-type: none">• To protect and maintain skin integrity each day through to the next review. Target Date: 01/24/2026	<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">• Ronald requires temporary SAFETY CHECKS smoking in room for duration of 72 hours Due to being found smoking drugs in his room August 7th 2025- police arrived and removed from the residents possession. Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)		<ul style="list-style-type: none">• Safety Check initiated on August 7th 2025 as temporary measure to monitor resident each day until completed date August 11th 2025 Target Date: 01/24/2026	<ul style="list-style-type: none">• Check Ronald location for drug use every 60 minutes. If noted Call charge nurse and Police immediately if Ronald is found with illegal substances. Revision on: 08/07/2025 Revision by: Danielle Loreto (RAI Coordinator)				PCA	Q1H
<ul style="list-style-type: none">• Potential risk for safety related to history of illicit drug use.		<ul style="list-style-type: none">• The team and Ronald will remain safe within the home through to next review date.	<ul style="list-style-type: none">• PPE PRECAUTIONS: Precaution identified as CONTACT for risk of possible exposure to illicit drugs and requires use of the following PPEs NITRO Gloves, Gown, Mask when providing direct care, handling soiled clothes and linens,					
Allergies	No Known Allergies		D.O.B.	08/17/1946	Physician	Wallace Liang		
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024	Location	7 724 C		
Last Care Plan Review Completed:		10/24/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
A need to monitor- HEP C Revision on: 10/21/2025 Revision by: Shina Wadhwa (Physical Therapist)	Ronald will be free of complications related to Hep C through to the next review date. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/24/2026	disposing of incontinent product, etc PPE- Universal precautions with HEP C- Risk analysis at point of care Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• STRONG PARTICIPATION in Self-Directed Activities ISE score: 5/6 Revision on: 10/15/2025 Revision by: Megan Pipe (Recreation Aide)	• To support Ronald's Psycho-Social well being through to the next review. Revision on: 10/23/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/24/2026	• STRUCTURED ACTIVITIES: Invite Ronald to programs of personal interest; tuck shop, music programs, exercise programs, Bingo, card games, special events. Revision on: 04/21/2025 Revision by: Megan Pipe (Recreation Aide) • SELF-DIRECTED ACTIVITIES: Encourage Ronald to engage in self-directed activities such as watching tv, socializing with other residents and staff, reading. Revision on: 05/23/2024 Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide Ronald with individual visits for conversation, reading and reminiscing. Revision on: 05/23/2024 Revision by: Laura Morris (Restorative Care Aide)			
• Ronald has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Drinking and substance use and illegal substance use. Crack pipes in his room and white powder (Oct/1/25) Revision on: 10/02/2025 Revision by: Maryola Perion (RN)	• Ronald will remain free of non-prescribed (alcohol/narcotics/substance use) through next review date. Revision on: 06/24/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 01/24/2026	• SET BOUNDARIES: Discuss behavioural limits and expectations with Ronald. Be very clear with limits to establish behaviour boundaries. Revision on: 05/01/2024 Revision by: Katie Savo • ROOM CHECK: Check for knife- PSW saw one in room but resident denied having one- team were unable to locate it (January 8th 2025) If drug paraphernalia is found report the the Charge Nurse. Educate team to use nitric gloves if they found any drugs in room. Reported to CN/Management if they found any drugs or if he is giving drugs to other resident Revision on: 01/09/2025	Social Worker Director of Care Executive Director		
Allergies	No Known Allergies	D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)	Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none">• Ronald has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Drinking and substance use and illegal substance use. Crack pipes in his room and white powder (Oct/1/25) Revision on: 10/02/2025 Revision by: Maryola Perion (RN)		Revision by: Danielle Loreto (RAI Coordinator) • ALCOHOL USE SUPERVISED: Ronald has a history of drinking until drunk. Has given money to other residents to purchase for him in his past. Monitor for and report concerns of intoxication. Revision on: 05/01/2024 Revision by: Katie Savo				
<ul style="list-style-type: none">• Ronald has potential to experience a safety hazard/burn injury related to personal SMOKING and drug use habits. Crack pipes in his room and white powder (Oct/1/25) Revision on: 10/02/2025 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none">• Ronald will be safe when choosing to smoke through to the next review Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve Ronald 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: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none">• CHECK: Room and personal belongings to be checked for drug paraphernalia materials every shift. Revision on: 11/29/2024 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• SMOKING CONTRACT: Ronald 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: 05/01/2024 Revision by: Katie Savo	Social Worker PCA Social Worker	D/E/N		
<ul style="list-style-type: none">• Potential for persistent PAIN and alteration in comfort level related to Osteoporosis, history of right hip fracture, hypertension, History of Fractured medial malleolus, Left hip pain Most, Back pain Current RAI Pain Score is (0) Revision on: 07/23/2025	<ul style="list-style-type: none">• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/23/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/24/2026	<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. <ul style="list-style-type: none">• MEDICATION: Administer analgesic medication (Specify if topical) as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.	RN Registered Practical Nurse Registered Practical Nurse			
Allergies	No Known Allergies		D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporo...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision by: Jenny Liu (RAI Coordinator)			RN			
<ul style="list-style-type: none">• Nutrition: Swallowing difficulty related to resident complained of swallowing difficulty but refusing crushed meds or diet change (November 24 2024) Revision on: 11/25/2024 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• To maintain safe swallowing through to next review date Target Date: 01/24/2026• To obtain or maintain adequate intake to meet estimated nutritional requirements through to next review date Target Date: 01/24/2026	<ul style="list-style-type: none">• Provide diet/texture interventions as per Nutrition Risk Level• Monitor tolerance to diet. Report concerns to nurse for follow up. Monitor for pocketing, coughing, difficulty swallowing. Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD))				
<ul style="list-style-type: none">• Ronald DECLINES PARTICIPATION in structured programs related to personal choice and his preference for self directed activities. Revision on: 10/23/2024 Revision by: Laura Morris (Restorative Care Aide)	<ul style="list-style-type: none">• Ronald participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 10/23/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/24/2026	<ul style="list-style-type: none">• SELF-DIRECTED ACTIVITIES: Encourage Ronald to engage in self-directed activities such as listening to music, enjoying time outside, watching t.v, and talking on the phone. Revision on: 10/23/2024 Revision by: Laura Morris (Restorative Care Aide)• FRIENDLY VISIT: Provide Ronald one to one visits as tolerated. Revision on: 10/23/2024 Revision by: Laura Morris (Restorative Care Aide)	Recreation Aide			
<ul style="list-style-type: none">• Potential for Expressive Behaviour of RESISTANCE to care need, physical & verbal, swing his arms toward staff, yelling, punching & kicking other residents nature related to history of depression, history of suicidal ideations. Revision on: 08/18/2024 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none">• To decrease episodic frequency of (Specify Expressive Behaviour) by next review date. ABS score will be less than (2). Revision on: 05/13/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Ronald/SDM) about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 05/13/2024 Revision by: Jenny Liu (RAI Coord Back-up)• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Ronald for indications to change in or for escalating expressive behaviour risk. Revision on: 05/13/2024	BSO - Internal Social Worker			
Allergies	No Known Allergies		D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Target Date: 01/24/2026	<p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• TRIGGERS leading to PHYSICAL (swing his arms, punching, kicking, etc.) as expression of behaviour include (anger, frustration, etc.) <p>Revision on: 08/18/2024</p> <p>Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none">• PHYSICAL Behaviour: If Ronald is attempting to strikeout; move back from his reach. Calmly indicate that care will continue when he is calm/ready. Seek Registered Staff assistance. <p>Revision on: 06/30/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• TRIGGERS leading to VERBAL (yelling) as expression of behaviour include (loss of control, frustration, misunderstanding care intention, etc.) <p>Revision on: 05/13/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• VERBAL Behaviour: If Ronald 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. <p>Revision on: 05/13/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• TRIGGERS leading to RESISTANCE to Care Needs of (refusal to bathe, meds etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) <p>Revision on: 01/26/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• RESISTANCE to Care Need: If Ronald is declining to (bathe, meds, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. <p>Revision on: 01/26/2025</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>		
<ul style="list-style-type: none">• Altered ability to complete Activities of Daily Living (ADLs) related to history of right hip fracture, Osteoporosis, History of falls and Impaired mobility. <p>Revision on: 08/05/2024</p> <p>Revision by: Laura Seibel (Dietitian (RD))</p>	<ul style="list-style-type: none">• Ronald will have ALL ADL care needs met each day through the next review date. <p>Revision on: 05/01/2024</p> <p>Revision by: Katie Savo</p> <p>Target Date: 01/24/2026</p>	<ul style="list-style-type: none">• BATHING: Ronald prefers (shower) on (Wednesdays and Sundays on Day shift). Ronald participates by (providing a washcloth and to wash his upper body). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. <p>Revision on: 07/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none">• BED MOBILITY: Ronald is able to turn and reposition himself while in bed	PCA 	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		<p>independently. Revision on: 05/01/2024 Revision by: Katie Savo</p> <p>• DRESSING: Ronald is able to dress himself from head to toe independently without PCA assistance or oversight from the team. Revision on: 05/03/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• EATING: Ronald is able to eat independently once set up by the team. He eats his PCA meals in the downstairs dining room Revision on: 05/28/2025 Revision by: Rana Maghnieh (RPN)</p> <p>• LOCOMOTION: Ronald uses an electric wheelchair as his primary mode of PCA locomotion and is able to use it independently. Revision on: 06/12/2024 Revision by: Gurjit Kaur (RN)</p> <p>• PERSONAL HYGIENE: Ronald is able to brush his teeth, wash his face, brush his PCA hair and complete pericare independently once set up by the team. Revision on: 05/01/2024 Revision by: Katie Savo</p> <p>• HAND HYGIENE: 1 staff to provide reminders to use soap/water, apply sanitizer, PCA rub hands together, dry hands, etc. for hand hygiene. Revision on: 05/01/2024 Revision by: Katie Savo</p> <p>• TOILET USE: Ronald is able to transfer himself onto and off of the toilet, cleanse PCA himself and adjust clothes after. Uses both toilet and urinal (staff to empty his urinal each shift) Revision on: 05/03/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• TRANSFERRING: Ronald requires one team member to assist with supervising him PCA while transferring. However chose to transfer himself all the time. Revision on: 10/30/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• ORAL CARE: Ronald has full upper dentures and is able to clean and store his own PCA dentures. Revision on: 05/01/2024</p>			
Allergies	No Known Allergies	D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)	Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025			

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 history of right hip fracture, Osteoporosis, History of falls and Impaired mobility. Revision on: 08/05/2024 Revision by: Laura Seibel (Dietitian (RD))			Revision by: Katie Savo <ul style="list-style-type: none">SHAVING - Assist with shaving on shower days. Revision on: 05/01/2024 Revision by: Katie Savo			PCA	D
<ul style="list-style-type: none">Altered VISION related to wears glasses for reading, dry eyes. Revision on: 06/08/2024 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">Ronald will be supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none">EYEGLASSES: Ronald wears eyeglasses. Assist to clean eyeglasses as needed and store (on night table) when sleeping. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none">MEDICATION: Administer ophthalmic medication as as per MD Order. Monitor its effectiveness and for side effects.			PCA	
						Registered Staff	
Nutrition Risk Level		<ul style="list-style-type: none">Ronald will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 05/01/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 01/24/2026	<ul style="list-style-type: none">Labelled Item Breakfast: Greek yogurt daily Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) <ul style="list-style-type: none">LABELLED SNACK HS: assorted sandwich (crustless, no margarine) daily Revision on: 04/24/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN PCA	D
						Registered Practical Nurse	E
Allergies	No Known Allergies		D.O.B.	08/17/1946		Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporo...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024		Location	7 724 C
Last Care Plan Review Completed:		10/24/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		<ul style="list-style-type: none">• Will weigh within GWR/IBW/Realistic weight range of 60-70 kg/BMI 20-24 through to next review date. Revision on: 05/09/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 01/24/2026• Ronald will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1562 ml/day (25 ml/kg using 62.5 kg weight) through to next review date. Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/24/2026	<ul style="list-style-type: none">• LABELLED SNACK PM: assorted diced fruit daily Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			RN	D
			<ul style="list-style-type: none">• NUTRITION RISK: Ronald is moderate risk level. Revision on: 10/21/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN Dietitian (RD)	
			<ul style="list-style-type: none">• DIET ORDER: Ronald will receive Regular diet, Regular texture Revision on: 05/01/2024 Revision by: Anna Slack (Registered Dietitian)			PCA	
			<ul style="list-style-type: none">• FLUID CONSISTENCY: Ronald drinks REGULAR/THIN Level 0 Fluids. Revision on: 05/01/2024 Revision by: Anna Slack (Registered Dietitian)			PCA	
			<ul style="list-style-type: none">• FLUID TARGET: Encourage Ronald to drink a minimum of 1250 ml per day. Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			<ul style="list-style-type: none">• DINING INSTRUCTIONS: Encourage softer options Provide crustless toast at breakfast Cut food into small pieces Add sauce/gravy when available to moisten food Revision on: 09/18/2025 Revision by: Holly Laasanen (Dietitian (RD))• MEDPASS SUPPLEMENTS: Boost Plus 237 mL once daily at 16:00 medpass Revision on: 04/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			Registered Practical Nurse	
<ul style="list-style-type: none">• Potential to experience alteration in RESPIRATORY FUNCTION related to [specify: Chronic Obstructive Pulmonary Disorder (COPD). Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 05/01/2024 Revision by: Katie Savo	<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: 05/01/2024 Revision by: Katie Savo• POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.			Registered Staff	
Allergies	No Known Allergies			D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)			Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 01/24/2026			PCA	
<ul style="list-style-type: none"> • BOWEL Continence - Ronald is continent and has self recognition of urge to defecate. Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> • Ronald will remain continent of bowels through next review date Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<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: Ronald 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: 05/01/2024 Revision by: Katie Savo		PCA	
<ul style="list-style-type: none"> • URINARY Continence - Ronald is continent and has self recognition of urge to void. Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> • Ronald will maintain continence level through next review date Revision on: 05/06/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> • URINARY Continence Level is: CONTINENT. Ronald wears a PUM. Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
<ul style="list-style-type: none"> • Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> • To treat and/or minimize complications associated with GERD each day through to the next review date. Target Date: 01/24/2026	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of GERD for discomfort/ complications or changes to health status. Registered Staff <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. PCA Registered Staff <ul style="list-style-type: none"> • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects. Registered Staff			
<ul style="list-style-type: none"> • Altered COMMUNICATION as exhibited by limitations to comprehension related to minimal difficulty hearing. Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> • Ronald will be supported to make basic needs known each day through to the review date. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> • PRIMARY LANGUAGE: Ronald communicates and understands English. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> • COMMUNICATION: May require a quiet environment when communicating or speaker to adjust ton and quality of voice. Revision on: 05/01/2024			
Allergies	No Known Allergies		D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			Revision by: Katie Savo			
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by low mood related to history of depression, mourns loss of independence, history of suicidal ideations. Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> Ronald will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Ronald for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 05/01/2024 Revision by: Katie Savo <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: 05/01/2024 Revision by: Katie Savo			
<ul style="list-style-type: none"> Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> To promote adequate rest/sleep for Ronald based on identified sleep patterns/preferences each night through to the next review date. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> REST PATTERN: Preferred bedtime 2200 usual wake time 730 am and naps during the day. Revision on: 05/01/2024 Revision by: Elsie Calumpang (RN)		PCA	
<ul style="list-style-type: none"> Potential for altered bone density related to diagnosis of OSTEOPOROSIS. 		<ul style="list-style-type: none"> To treat and minimize complications associated with OSTEOPOROSIS through to the next review date. Target Date: 01/24/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/ collaborate with Ronald/SDM in decision making of osteoporosis care management. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> MEDICATION: Administer medication for osteoporosis management. Monitor effectiveness and for side effects. 		Registered Staff	
<ul style="list-style-type: none"> Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 05/01/2024 Revision by: Katie Savo		<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Target Date: 01/24/2026	<ul style="list-style-type: none"> 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: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness 			
Allergies	No Known Allergies		D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)		Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision on: 05/01/2024 Revision by: Katie Savo		
<ul style="list-style-type: none"> Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension, history of Aortic and Thoracic aneurysms. Revision on: 05/01/2024 Revision by: Katie Savo	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Ronald with Hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> MEDICATION: Administer medication for Hypertension as per MD Order and monitor for side effects. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> RESCUE MEDICATIONS: Administer NITRO-SPRAY for (specify: Angina, chest pain, Tachycardia, etc.) as per MD Order. 	Registered Practical Nurse RN Registered Practical Nurse RN	
<ul style="list-style-type: none"> Increased risk for FALLS related to history of falls, impaired mobility. Revision on: 05/01/2024 Revision by: Katie Savo	<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. Target Date: 01/24/2026	<ul style="list-style-type: none"> CALL BELL: Place call bell within Ronald's reach, check that it is in working order and remind/encourage to use it. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> ENVIRONMENT: Ensure environment is clean and clear of clutter. Revision on: 05/01/2024 Revision by: Katie Savo <ul style="list-style-type: none"> FOOTWEAR: Ensure Ronald wears appropriate footwear at all times. Revision on: 05/01/2024 Revision by: Katie Savo	PCA PCA PCA	D/E/N
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Ronald's Medical Treatment and End of Life Care Revision on: 05/01/2024 Revision by: Katie Savo	<ul style="list-style-type: none"> To support and honor Ronald's expressed wishes and beliefs through to the End of Life. Revision on: 05/01/2024 Revision by: Katie Savo Target Date: 01/24/2026	<ul style="list-style-type: none"> CPR: Ronald's wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 05/01/2024 Revision by: Katie Savo		

Allergies	No Known Allergies	D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)	Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025			

Care Plan Report

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Diagnosis

Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis, unspecified(M81.9), Thoracic aortic aneurysm, ruptured(I71.1), Abdominal aortic aneurysm, ruptured (I71.3), Acute hepatitis C(B17.1), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Benign neoplasm of prostate(D29.1), Personal history of other specified infectious and parasitic diseases(Z86.18), Depressive episode, unspecified(F32.9), Unspecified fracture of neck of femur, closed(S72.090), Fracture of medial malleolus, closed(S82.500)

Allergies	No Known Allergies	D.O.B.	08/17/1946	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Hyperlipidaemia, unspecified(E78.5), Abdominal aortic aneurysm, without mention of rupture(I71.4), Chronic obstructive pulmonary disease, unspecified(J44.9), Osteoporosis...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Carriere, Ronald (922131005561)	Admission Date	05/01/2024	Location	7 724 C
Last Care Plan Review Completed:		10/24/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Nicola is experiencing episode of suspected INFECTION (Gastro) for loose BM. Onset date Oct. 28/25 Revision on: 10/29/2025 Revision by: Suzanne Azar (RN)		• To have infection adequately managed and treated without further complications by 48 hrs. Revision on: 10/29/2025 Revision by: Suzanne Azar (RN) Target Date: 11/24/2025	• COMMUNICATION: Involve/collaborate with SDM with decision making for infection treatment plan and update accordingly. Revision on: 10/29/2025 Revision by: Suzanne Azar (RN) • HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (Specify; hand hygiene, visitation, PPEs, isolation, transmission). Revision on: 10/29/2025 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for loose BM or any GI symptoms until stable. Revision on: 10/29/2025 Revision by: Suzanne Azar (RN)				
• (residents name) has potential to experience a safety hazard/burn injury related to personal SMOKING habits.							
• Increased risk for FALLS related to relocation, cognitive loss, history of falls. Unwitnessed fall on Oct 05 2025. Revision on: 10/05/2025 Revision by: Simran Patel (Registered Nurse)		• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 11/24/2025	<div> • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. PCA D/E/N Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) </div> <div> • ENVIRONMENT: Secure environment (reduce clutter) to reduce fall risk for Nicola PCA Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) </div> <div> • FOOTWEAR: Ensure resident wears appropriate footwear when ambulating. PCA Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator) </div> <div> • FLOOR MAT: Position floor mat on floor next to left side of bed to lower risk of injury. PCA Revision on: 08/11/2025 Revision by: Suzanne Azar (RN) </div> <div> • ALARM: Requires Bed. Check placement and working order. Staff respond when alarm is heard. PCA D/E/N </div>				
Allergies	No Known Allergies	D.O.B.	12/06/1934	Physician	Wallace Liang		
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre	Print Date			10/30/2025		
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location	7 703 A		
Last Care Plan Review Completed:		08/24/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Increased risk for FALLS related to relocation, cognitive loss, history of falls. <p>Unwitnessed fall on Oct 05 2025. Revision on: 10/05/2025 Revision by: Simran Patel (Registered Nurse)</p>		<p>Revision on: 08/24/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>			
<ul style="list-style-type: none"> Alteration in skin integrity related to redness to Rt. lower back, chest r/t fall. Onset date: 9/27/25 <p>Revision on: 09/28/2025 Revision by: Maryola Perion (RN)</p>	<ul style="list-style-type: none"> To promote intact skin integrity through healing of redness within the target date. <p>Revision on: 09/28/2025 Revision by: Maryola Perion (RN) Target Date: 11/24/2025</p>	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with redness for changes to health status and alteration or complications affecting skin integrity. <p>Revision on: 09/28/2025 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: 09/28/2025 Revision by: Maryola Perion (RN)</p>			
<ul style="list-style-type: none"> Alteration in skin integrity related to BRUISE to head r/t fall. Onset date: 9/27/25. <p>Revision on: 09/28/2025 Revision by: Maryola Perion (RN)</p>	<ul style="list-style-type: none"> To promote intact skin integrity through healing of BRUISE within the target date. <p>Revision on: 09/28/2025 Revision by: Maryola Perion (RN) Target Date: 11/24/2025</p>	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with BRUISE for changes to health status and alteration or complications affecting skin integrity. <p>Revision on: 09/28/2025 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: 09/28/2025 Revision by: Maryola Perion (RN)</p>			
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Nicola Medical Treatment and End of Life 	<ul style="list-style-type: none"> To support and honor (resident's name) expressed 	<ul style="list-style-type: none"> CPR: Nicola wishes express DO NOT ATTEMPT CPR: Transfer to hospital decision will be made as needed - see PoET Individualized Summary for details. 			
Allergies	No Known Allergies	D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Care Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	wishes and beliefs through to the End of Life. Target Date: 11/24/2025	Revision on: 05/16/2025 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	<ul style="list-style-type: none"> Nicola will be supported to maintain current self participation in ADL care and assisted to ensure all ADL care needs are met each day through to the next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> BATHING: Nicola prefers a shower. He requires 1 team member to extensively assist him. He can be cued and is able to wash his body upper. Shower days are: Wednesday and Sunday days Nail care to be provided on shower/bath day. Revision on: 07/06/2025 Revision by: Mary Kagayutan (RPN)	PCA		
		<ul style="list-style-type: none"> BED MOBILITY: Nicola is able to independent with his movement in bed mobility Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		<ul style="list-style-type: none"> DRESSING: Nicola is independent with dressing of his lower and upper body. Needs reminders to put on clean clothing and to change clothing. When confused or fatigued 1 team member extensive assistance required. Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		<ul style="list-style-type: none"> EATING: Nicola is independent with eating. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		<ul style="list-style-type: none"> LOCOMOTION: Nicola is independent with his ambulation. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		<ul style="list-style-type: none"> PERSONAL HYGIENE: Nicola is able to assist with washing his face, upper body to refresh. 1 team member extensive assistance with personal hygiene. 	PCA		
		Team to shave resident. Revision on: 08/07/2025 Revision by: Idylle Labrado (RPN)			
		<ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide (REMINDER/CUE) assistance to (use 	PCA		
Allergies	No Known Allergies	D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation</div> <div>Revision on: 09/08/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div>		<div>soap/water, apply sanitizer, rub hands together, dry hands, etc.) for hand hygiene.</div> <div>Revision on: 05/22/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• TOILET USE: Nicola toilets himself. He may require 1 team member extensive assistance due to incontinence. He may refuse assistance.</div> <div>PCA</div> <div>Resident has his toilet seat removed as he has a commode over the toilet.</div> <div>Revision on: 07/04/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• TRANSFERRING: Nicola transfers independently.</div> <div>PCA</div> <div>Revision on: 05/15/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• ORAL CARE: Nicola requires the team to set him up for oral care. If resident is not able to follow direction team to complete his oral care. Resident has tooth loss.</div> <div>PCA</div> <div>Revision on: 05/15/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>				
<div>• Potential for PAIN and alteration in comfort level related to prostate cancer.</div> <div>Revision on: 09/08/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div>	<div>• Promote RAI Pain Score of 0 through to the next review.</div> <div>Target Date: 11/24/2025</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>RN</div> <div>Registered</div> <div>Practical</div> <div>Nurse</div>			
<div>• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, altered judgement, etc.)</div> <div>Revision on: 09/08/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div>	<div>• Nicola will be supported to maintain cognitive function through the review date. Current CPS is 2</div> <div>Revision on: 05/22/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>Target Date: 11/24/2025</div>	<div>• ORIENTATION: Gently reorient to (person, place, time) as needed when Nicola is feeling lost or in confused state.</div> <div>Revision on: 05/15/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• CUE TASKS: Break tasks into manageable subtasks, Nicola can comprehend and follow.</div> <div>Revision on: 05/15/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>				
<div>• Altered COMMUNICATION as exhibited by limitations to (self expression,</div>	<div>• Nicola will be supported to maintain current communication</div>	<div>• PRIMARY LANGUAGE: Nicola primary language is (Italian). He best understands in Italian. Understands simple and direct English. Family can help translate as well</div>				
Allergies	No Known Allergies		D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)		Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
comprehension) Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		abilities to express self, comprehend information) each day through to the review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	lpads on the home area. Revision on: 05/15/2025 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: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • INSTRUCTION GUIDANCE: Nicola needs (intermittent) cueing or demonstrative instruction in tasks and activities. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Altered VISION related to blindness in one eye and recent fall resulting in a hematoma to the other eye causing it to be swollen shut Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• To treat and minimize complications through to next review date. Revision on: 08/11/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	• VISUAL IMPAIRMENT: Resident has (swollen right eye and left eye blindness) team to monitor for safety and assisting with locating items. Revision on: 08/11/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• Potential for Expressive Behaviour of (WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care need) nature related to cognitive limitations. Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• To promote safety for Nicola and/or others during each episode of Expressive Behaviour through to the next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025 • To decrease episodic frequency of Expressive Behaviour by next review date. ABS score will be less than 3 Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	• TRIGGERS leading to PHYSICAL (striking) as expression of behaviour include (frustration towards roommate with wandering and running that roommate does) Monitor interactions. Escort resident from area when required if noted to be triggered. Revision on: 05/16/2025 Revision by: Danielle Loreto (RAI Coordinator) • PHYSICAL Behaviour: If Nicola is attempting to strikeout; move back from his/her reach. Calmly indicate that care will continue when he/she is calm/ready. Seek Registered Staff assistance. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to VERBAL (yelling, screaming, calling names) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, misunderstanding care intention) Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)			
Allergies	No Known Allergies			D.O.B.	12/06/1934	Physician Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)			Admission Date	05/15/2025	Location 7 703 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	Coordinator) Target Date: 11/24/2025 • Nicola will be supported to adjust to his new environment to lower risk of triggering former (WANDERING, PHYSICAL inappropriate, VERBALLY inappropriate, etc.) behaviour episodes through to the next review. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	• VERBAL Behaviour: If Nicola 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: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement) Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • RESISTANCE to Care Need: If Nicola is declining to (bathe, change clothes, take medications, eat) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to SOCIALLY Inappropriate (risk for entering into other residents spaces) as expression of behaviour include (relocation, confusion, decreased insight, poor judgement) Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • SOCIALLY Inappropriate Behaviour: If Nicola is noted to (entering into others spaces) gently redirect him (to focus on task at hand, to move to quieter area, see if he would like to watch TV, Listen to music, colour, busy boxes). Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • WANDERING: Permit Nicola to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) The resident wanders the unit and goes into other residents rooms. The resident enjoys watching tv, watching videos of Italy, funny cat and dog videos listening to Italian music, looking at travel books and sitting by the window looking outside. Nicola also likes gardening and going outside and socializing with other residents, even with the language barrier. Nicola also likes to attend some main floor programs such as Happy hour. These activities can help with his wandering. The resident also		
Allergies	No Known Allergies		D.O.B.	12/06/1934
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses		Physician	Wallace Liang
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location 7 703 A
Last Care Plan Review Completed:		08/24/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for Expressive Behaviour of (WANDERING, VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care need) nature related to cognitive limitations. Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)			has communication cards to help with his needs as he speaks Italian. The resident has books and sorting activities in his room. Revision on: 10/13/2025 Revision by: Leslie Meloche (Recreation Aide)				
• Nicola is at high risk for ELOPEMENT related to new environment, wandering to other resident rooms and tried to enter in construction area. Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• To promote Nicola safety and minimize risk for episode of elopement each day through next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	• ALARM: Nicola wears wander guard on (right wrist) to alert of attempted elopement. Respond immediately to alarm and inform Registered Staff. Revision on: 10/24/2025 Revision by: Tola Omolade (ADOC) • ELOPEMENT ALERT: Redirect Nicola away from elevator or exit doors ,going to other resident rooms and construction area. Revision on: 05/21/2025 Revision by: Gurjit Kaur (RN)			PCA Registered Practical Nurse RN PCA	
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility and self transfer). Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Nicola 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	• 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: 08/28/2025 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued				
Allergies	No Known Allergies		D.O.B.	12/06/1934	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)		Admission Date	05/15/2025	Location	7 703 A	
Last Care Plan Review Completed:		08/24/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		next review date. Revision on: 08/28/2025 Revision by: Suzanne Azar (RN) Target Date: 11/24/2025	benefit to use two 1/4 bed rails as to support appropriate (bed mobility and transfer). Revision on: 08/28/2025 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): Two 1/4 Rails in USE as a PASD to assist resident with bed mobility, transfer in/out of bed. Monitor every shift. Revision on: 10/15/2025 Revision by: Alyssa Egan (Interim ADOC)			PCA	D/E/N
• Potential to experience alteration in CARDIAC FUNCTION related to; Atrial Fibrillation Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• To treat and minimize signs/symptoms or complications associated with Atrial Fibrillation through to the next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Atrial Fibrillation for changes to health status and alteration or complications affecting cardiac function. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Risk for Impaired SKIN INTEGRITY related to Frailty, incontinence Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)		• To protect and maintain skin integrity each day through to the next review. Target Date: 11/24/2025	• 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	
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest, Cognitive Limitation, Language Barrier, he speaks Italian. Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide)		• To support Nicola's Psycho-Social well being. To provide one to one visits and self directed activity supplies. Encourage and invite Nicola to participate in 10-15 group programs by next review. Revision on: 08/14/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/24/2025	• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching TV and listening to the radio. Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide) • ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities; Accompany in elevator, Walk with, Guide to, Porter, Cue Direction, Reminders, Use language cue cards found at the nurses desk etc.) Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide) • ONE to ONE: Provide him with individual visits for; Montessori sorting (especially money), iPad videos of Italy or Italian music, Picture books (with destination photos), colour relaxation.				
Allergies	No Known Allergies			D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)			Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025					

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, Cognitive Limitation, Language Barrier, he speaks Italian. Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide)			Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide) <ul style="list-style-type: none"> SOCIAL INTERACTION: Promote opportunity for Nicola to make friendships and sit with friends during activities. He enjoys visiting with other Italian speaking residents. He enjoys visits with R.C. from floor 8 while on the main floor during the afternoon program. Revision on: 06/16/2025 Revision by: Megan Pipe (Recreation Aide)			
<ul style="list-style-type: none"> Sleep Patterns; Potential for alteration in sleep patterns related to wandering to other residents in during night Revision on: 06/02/2025 Revision by: Gurjit Kaur (RN)		<ul style="list-style-type: none"> To promote adequate rest/sleep for Nicola based on identified sleep patterns/preferences each night through to the next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> REST PATTERN: Preferred bedtime after 2030, usual wake time 0600 and daytime naps 3-4 times a day at his own discretion. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
<ul style="list-style-type: none"> Nutrition Risk Level 		<ul style="list-style-type: none"> Nicola will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> LABELLED SNACK PM: Nicola receives ice cream at PM nourishment pass to promote hydration. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA	D
		<ul style="list-style-type: none"> Will weigh within GWR/IBW/Realistic weight range of 60-66 kg through to next review date. 	<ul style="list-style-type: none"> NUTRITION RISK: Nicola is low risk level. Revision on: 05/28/2025 Revision by: Brittany Hyde (Registered Dietitian)		Registered Practical Nurse RN Dietitian (RD)	
			<ul style="list-style-type: none"> DIET ORDER: Nicola will receive regular diet, regular texture - see dining instructions Revision on: 10/14/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA	
			<ul style="list-style-type: none"> FLUID CONSISTENCY: Nicola drinks REGULAR/THIN Level 0 Fluids. 		PCA	
Allergies	No Known Allergies		D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)		Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• Nutrition Risk Level	Revision on: 05/28/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/24/2025 • (resident name) will be adequately hydrated aeb drinking at least 75% of total fluid requirement, @ 20-25 ml/kg, through to next review date. Revision on: 05/28/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/24/2025 • Will meet estimated nutritional requirements of 25-30 kcal/kg, 0.8 -1 g/kg protein through to next review date. Revision on: 05/28/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/24/2025	Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • FLUID TARGET: Encourage Nicola to drink a minimum of 1200ml per day. Revision on: 05/28/2025 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: Blind in left eye - set utensils, beverages, etc. to the right Cut food into small pieces Add sauce/gravy when available to moisten his food Revision on: 10/14/2025 Revision by: Holly Laasanen (Dietitian (RD)) • ADAPTIVE AIDS: rimmed/lip plate for meals Revision on: 10/14/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA Dietary aide PCA Registered Practical Nurse PCA			
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH, prostate cancer Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Target Date: 11/24/2025	• 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.	Registered Staff			
• Potential for BOWEL INCONTINENCE related to cognitive loss	• Nicola will have bowel incontinence managed every	• BOWEL Continence level is (occasionally Incontinent). Report change to level as noted.	PCA			
Allergies	No Known Allergies		D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)		Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	shift through to the next review period. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/24/2025	Revision on: 05/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • SCHEDULED TOILETING of BOWEL Movements ONLY: Toilet Nicola every two hour and PRN between 0600 to 2200. Revision on: 07/16/2025 Revision by: Gurjit Kaur (RN) • INCONTINENCE PRODUCT: Resident uses Pull up during day and night. Revision on: 07/08/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
• URINARY (Mixed) INCONTINENCE related to Dementia Diagnosis Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator)	• (Resident name) will have urinary incontinence managed every shift through to the next review period. Target Date: 11/24/2025	• URINARY Continence level is (FREQUENTLY Incontinent). Report change to level as noted. Revision on: 05/15/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses Pull-up during day and night. Resident does not use washroom by himself,needs assistance.POA still wants resident to wear pull ups Risks explained. Revision on: 07/14/2025 Revision by: Gurjit Kaur (RN)	PCA	

Allergies	No Known Allergies	D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025			

Care Plan Report

Diagnosis

Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma in situ of prostate(D07.5), Unspecified dementia(F03)

Allergies	No Known Allergies	D.O.B.	12/06/1934	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Chine, Nicola (922131005632)	Admission Date	05/15/2025	Location	7 703 A
Last Care Plan Review Completed:		08/24/2025			

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, Language Barrier (Albanian).</p> <p>ISE Score: 2/6 Revision on: 07/15/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• To support Bridgette's Psycho-Social well-being through to the next review. Bridgette will be encouraged to participate in 10-15 group and/or 1:1 and self directed activities, through the next review date.</p> <p>Revision on: 04/17/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/10/2026</p>	<p>• STRUCTURED ACTIVITIES: Invite Bridgette to programs of personal interest; Friendly/1:1 visits, arts & crafts - colour relaxation, crafts, exercise - chair yoga, games - bingo, bocce ball, dice games & trivia, jukebox jamming, movement to music, music appreciation, patio time, library cart, reminiscing - reflections, sensory - YouTube videos & manicures, special events, spiritual discussion, etc.</p> <p>Revision on: 08/29/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage Bridgette to engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, adult colouring, etc.</p> <p>Revision on: 04/18/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions for (please provide Bridgette with coloring packages as needed, she enjoys drawing and coloring etc.)Bridgette has a language barrier (she speaks Albanian) - she enjoys communicating using google translate (prefers reading it, rather than listening to it) Bridgette enjoys conversations about Albania, art, and food) {Bridgette has a printout of English-Albanian translations to assist her in translating common words}</p> <p>Revision on: 03/10/2022 Revision by: Kameron Stewart (Activities/Rec Therapy)</p> <p>• ONE to ONE: Provide her with individual visits for reminiscing, music (Albanian), sensory, arts & crafts, etc.</p> <p>Revision on: 03/14/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• SOCIAL INTERACTION: Promote the opportunity for Bridgette to make friendships and sit with friends during activities.</p> <p>Revision on: 07/22/2024 Revision by: Mitchell Atkinson (Recreation Aide)</p>				ACT	
<p>• Potential for Expressive Behaviour of history of VERBAL expressions directed to daughter, History of hoarding, resisting care (oxygen) nature related to Dementia.</p> <p>Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up)</p>	<p>• Brigjilda will be supported to adjust to her new environment to lower risk of triggering former VERBALLY inappropriate, resistive to care, hoarding</p>	<p>• COMMUNICATION: Involve/collaborate with Brigjilda/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed.</p> <p>Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>				BSO - Internal BSO - External Social Worker	
Allergies	No Known Allergies		D.O.B.	11/24/1962	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Dashi, Brigjilda (922131005456)		Admission Date	02/28/2022	Location	7 725 B	
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
		behaviour episodes through to the next review. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Brigjilda for indications to change in or for escalating expressive behaviour risk. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)• TRIGGERS leading to VERBAL (yelling, screaming, calling names) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, misunderstanding care intention, etc.) Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up)• VERBAL Behaviour: If Brigjilda 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: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)• TRIGGERS leading to RESISTANCE to Care Needs of (specify; refusing to change clothing, refusal to bathe, refusal to eat, refusing medication/oxygen, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 07/22/2024 Revision by: Jenny Liu (RAI Coord Back-up)• RESISTANCE to Care Need: If Brigjilda is refusing to bathe, change clothes, take medications, eat, etc re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)					
<ul style="list-style-type: none">• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, use of anti-psychotic medications) Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<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: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/10/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up)• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.				Registered Staff	
Allergies	No Known Allergies			D.O.B.	11/24/1962		Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)			Admission Date	02/28/2022		Location	7 725 B
Last Care Plan Review Completed:		10/10/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• URINARY Continence - Brigjilda is continent and has self recognition of urge to void. Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• Brigjilda will maintain continence level through next review date Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/10/2026	• URINARY Continence Level is: CONTINENT • SELF TOILETING: Brigjilda toilets self. Each shift ask if he/she has voided and document accordingly. Report changes to urination or continence level to Registered Staff as noted. Revision on: 02/02/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA PCA			
• Increased risk for FALLS related to history of falls, callous to bottom of right foot causing pain while ambulating. 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: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• CALL BELL: Place call bell within Brigjilda's reach (Right side), 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) • FOOTWEAR: Ensure Brigjilda wears appropriate footwear for transferring and ambulation. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA PCA	D/E/N		
• Potential to experience alteration in MOOD as exhibited by hx of crying, sad, worried facial expression related to Depression, history of hallucinations. Revision on: 11/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)	• Brigjilda will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Brigjilda/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Brigjilda for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 02/28/2022 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: 06/01/2022 Revision by: Jenny Liu (RAI Coord Back-up)				
• Potential for Persistent PAIN and alteration in comfort level related to Callous to bottom of right foot, Diabetic	• Promote RAI Pain Score of 0 through to the next review. Revision on: 07/17/2025	• 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.	RN Registered Practical Nurse			
Allergies	No Known Allergies		D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)		Admission Date	02/28/2022	Location	7 725 B
Last Care Plan Review Completed:		10/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Neuropathy, PVD, Pain to left and right lower legs. Pain score is 0 Revision on: 11/04/2023 Revision by: Jenny Liu (RAI Coord Back-up)	Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/10/2026	• MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 03/12/2022 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Practical Nurse RN		
• Potential for bruising, bleeding, clotting or other complications related to use of ANTICOAGULANT medication r/t pulmonary embolism Revision on: 07/07/2023 Revision by: Maryola Perion (RN)	• To monitor for bleeding and minimize complications related to use of anticoagulant through the review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with (Brigjilda)/SDM in decision making and health teaching of Anti-coagulation medication use. Revision on: 07/07/2023 Revision by: Maryola Perion (RN) • 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: 07/07/2023 Revision by: Maryola Perion (RN) • BLEEDING ALERT: Notify nurse immediately if Brigjilda is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 07/07/2023 Revision by: Maryola Perion (RN) • 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 RESPIRATORY FUNCTION related to oxygen desaturation. Revision on: 04/27/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with oxygen desaturation each day through to next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Bridgette with oxygen desaturation for changes to health status and alteration or complications affecting respiratory function. Revision on: 04/27/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. • OXYGEN: Administer Oxygen 3-4L per Nasal Cannula as per MD order. Revision on: 04/27/2023	 Registered Staff PCA		
Allergies	No Known Allergies	D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)	Admission Date	02/28/2022	Location	7 725 B
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential to experience alteration in RESPIRATORY FUNCTION related to oxygen desaturation. Revision on: 04/27/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience FOOT/FEET complications related to diabetic 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: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Bridgette in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Bridgette requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Bridgette likes to have footcare completed during shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)			Footcare Nurse - Internal	
• Endurance. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Bridgette to maintain endurance over 3 months. Revision on: 07/24/2024 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 01/10/2026	• Bridgette to exercise on peddler for 5-10 minutes of continuous activity 3/wk as tolerated. Revision on: 05/08/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)			PT - Physiotherapist PTA	
• Strength. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Bridgette to increase strength of b/l UE & LE from grade 4/5 to grade 4+/5 in 3 months. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo	• Bridgette to perform strength excercises using 1-3lbs. wt., 1 set, 10rps., 3/wk as tolerated, per rehab treatment. Revision on: 02/14/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)			PT - Physiotherapist PTA	
Allergies	No Known Allergies		D.O.B.	11/24/1962	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Dashi, Brigjilda (922131005456)		Admission Date	02/28/2022	Location	7 725 B	
Last Care Plan Review Completed:		10/10/2025					

Care Plan Report

Focus		Goal	Interventions	Position	Freq/Resolved
• Strength. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		(RAI Coordinator) Target Date: 01/10/2026			
• Balance. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Bridgette to improve Tinetti score from 22/28 to 24/28 in 3 months Revision on: 10/21/2024 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/10/2026	• Bridgette to perform balance exercises in standing supervised, 1 set, 1 rps., 3/wk as tolerated, per rehab treatment. Revision on: 05/08/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	PT - Physiotherapist PTA	
• Use of PASD Two 1/4 Bedrails to assist resident with Activity of Daily Living, repositioning. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Brigjilda will be effectively supported with use of (two 1/4 bedrails) to optimize Activity of Daily Living each day through to the next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use (two 1/4 bedrails) as to support appropriate (turning and repositioning in bed). Revision on: 03/13/2022 Revision by: Jenny Liu (RAI Coord Back-up) • PASD BED RAIL Two 1/4 bed rails in USE as a PASD to assist resident with bed mobility, transfer in/out of bed, repositioning. Monitor every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	D/E/N
• Altered VISION related to Diabetic Retinopathy Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To treat and minimize complications of Diabetic Retinopathy through to next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Brigjilda/SDM for decision making pertaining to change in visual status as needed. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • READING: Brigjilda's uses a magnifying glass to aid with reading. She can read large print but not with small print. Revision on: 03/11/2022 Revision by: Elsie Calumpang (RN)	PCA	
• Altered COMMUNICATION as exhibited		• Brigjilda will continue to freely express self and adequately	• COMMUNICATION: Involve/collaborate with Brigjilda/SDM for decision making about strategies needed to support effective communication.		
Allergies	No Known Allergies		D.O.B.	11/24/1962	Physician Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)		Admission Date	02/28/2022	Location 7 725 B
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
by limitations to language barrier: Primary Language Albanian. Revision on: 03/15/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	comprehend information each day through to the next review period. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Brigjilda's primary language is Albanian. She is able to understand and communicate very minimally in English (yes or no answers). Staff to show list of commonly used words in Albanian and English. Revision on: 03/11/2022 Revision by: Elsie Calumpang (RN) • INTERPRETER Required: Contact daughter for interpretation. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		
• SPIRITUAL BELIEFS: Bridgette is of the Muslim Faith. Revision on: 03/14/2022 Revision by: Mitchell Atkinson (Recreation Aide)	• To provide Bridgette spiritual support as interested through to the next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• SELF-DIRECTED SPIRITUAL Activities: Bridgette engages in individual spiritual activities, praying, etc. Revision on: 03/14/2022 Revision by: Mitchell Atkinson (Recreation Aide)	ACT	
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to (use of diuretic) Revision on: 03/13/2022 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: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• COMMUNICATION: Involve/collaborate with Brigjilda/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. Revision on: 03/13/2022 Revision by: Jenny Liu (RAI Coord Back-up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. Revision on: 03/13/2022 Revision by: Jenny Liu (RAI Coord Back-up) • PROMOTE FLUIDS: Promote Brigjilda to consume fluids; amount as per Nutrition Care Plan. Revision on: 03/13/2022 Revision by: Jenny Liu (RAI Coord Back-up)	Diet	
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To promote adequate rest/sleep for Brigjilda based on identified sleep patterns/preferences each night through to the next review date.	• PREFERENCE: Brigjilda wakes up between approximately 0600/0700hrs. She likes to nap periodically throughout the day and resides around 2100hrs. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • SLEEPWEAR: Bridgette prefers to wear her own Pjs.	PCA	
Allergies	No Known Allergies		D.O.B.	11/24/1962
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses		Physician	Wallace Liang
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)	Admission Date	02/28/2022	Location 7 725 B
Last Care Plan Review Completed:		10/10/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	Revision on: 03/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> Potential to experience alteration in CARDIAC FUNCTION related to; HTN, PVD. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	<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: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Brigjilda/SDM in decision making of Cardiac Care Management for HTN. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Brigjilda with HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MEDICATION: Administer medication for HTN as per MD Order and monitor for side effects. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse RN		
<ul style="list-style-type: none"> Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES (Type 2-Insulin dependent) Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (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. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/ collaborate with Brigjilda/SDM in decision making of diabetes care management. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Brigjilda for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> MEDICATION: Administer medication (INSULIN) for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> LAB WORK: Monitor lab and diagnostic results for Diabetes and report results to MD as needed. Follow up as indicated. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• BOWEL Continence - Brigjilda is	• Brigjilda to remain continent of	• BOWEL Continence level is CONTINENT. Report change to level as noted.	PCA		
Allergies	No Known Allergies	D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)	Admission Date	02/28/2022	Location	7 725 B
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
continent and has self recognition of urge to defecate. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	bowels through next review date Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• SELF TOILETING: Brigjilda 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: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA		
• Risk for Impaired SKIN INTEGRITY related to stress incontinence, impaired mobility. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• 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		
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement, etc. related to Dementia, Long term memory loss. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Brigjilda will be supported to maintain cognitive function through the review date. Current CPS is (3) Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026 • Brigjilda will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is (2). Revision on: 07/22/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• COMMUNICATION: Involve/collaborate with Brigjilda/SDM in decision making of Cognitive Loss for Dementia. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to place and time as needed when Brigjilda's is feeling lost or in confused state. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote resident ability to locate room and navigating home area (name plate) outside of room. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
Allergies	No Known Allergies	D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)	Admission Date	02/28/2022	Location	7 725 B
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement, etc. related to Dementia, Long term memory loss. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		Target Date: 01/10/2026					
• Altered ability to complete Activities of Daily Living (ADLs) related to Dementia, HTN, IDDM, Depression, Arthritis. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Brigjilda will have ALL ADL care tasks met each day through the next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	• BATHING: Brigjilda prefers (shower) on (Mondays and Thursdays on Day shift). PCA Brigjilda is able to do her own shower. One staff (SUPERVISION and set up) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Brigjilda is capable of turning and repositioning independently with PCA bedrails in place. set up help with bedrails Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Brigjilda is able to dress her upper/lower body independently, may PCA requires guidance from one staff member to dress her lower body on her shower days only. Revision on: 11/04/2023 Revision by: Jenny Liu (RAI Coord Back-up) • EATING: Brigjilda is able to eat independently without any assistance from team PCA member. Brigjilda eats on floor 7s dining room Revision on: 07/22/2024 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Brigjilda ambulates with a walker without any assistance from staff. PCA Revision on: 09/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL HYGIENE: Brigjilda is able to wash her face and brush her teeth and PCA providing pericare. setup/supervision required only at times. Revision on: 06/01/2022				
Allergies	No Known Allergies			D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)			Admission Date	02/28/2022	Location	7 725 B
Last Care Plan Review Completed:		10/10/2025					

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 Dementia, HTN, IDDM, Depression, Arthritis. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide REMINDERS assistance to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> TOILET USE: Brigjilda is able to walk to the bathroom and providing pericare and adjusting clothing/incontinent products after, set up only. Revision on: 09/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRANSFERRING: Independent- Brigjilda is able to transferring from a sit stand position without any assistance from staff. Brigjila transfers with the use of her walker. Revision on: 03/12/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> ORAL CARE: Brigjilda has a full upper denture and her own teeth remaining on her bottom palate. She is able to brush her teeth and upper dentures once provided the tools to complete task. Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> FOOT CARE: Foot care nurse to complete every six weeks. Report long toe nails or other abnormalities as noted. Revision on: 10/21/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Brigjilda Medical Treatment and End of Life Care Revision on: 02/28/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To support and honor Brigjilda's expressed wishes and beliefs through to the End of Life. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026	<ul style="list-style-type: none"> CPR: Bridgette wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 03/11/2022 Revision by: Elsie Calumpang (RN)		
<ul style="list-style-type: none"> Nutrition Risk Level 		<ul style="list-style-type: none"> Bridgette will be adequately nourished aeb consuming >75% at meals and snacks through to 	<ul style="list-style-type: none"> NUTRITION RISK: Bridgette is MODERATE risk level. Revision on: 01/20/2025 Revision by: Debora Choi (Dietitian (RD))	Dietitian (RD)	
Allergies	No Known Allergies			D.O.B.	11/24/1962
Physician				Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dashi, Brigjilda (922131005456)			Admission Date	02/28/2022
				Location	7 725 B
Last Care Plan Review Completed:		10/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	<p>next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026</p> <p>• Will weigh within Realistic weight range of 80-85 kg/BMI 35-38 through to next review date. Revision on: 08/09/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/10/2026</p> <p>• Bridgette will be adequately hydrated aeb drinking at least 1631ml 75% of total fluid requirement @ 25ml/kg, 87kg through to next review date. Revision on: 07/23/2024 Revision by: Alexandra Breau (Dietitian (RD)) Target Date: 01/10/2026</p> <p>• Will meet estimated nutritional needs (87kg): 2175kcal (25kcal/kg), 70g protein (0.8 g/kg) through to next review date. Revision on: 07/23/2024 Revision by: Alexandra Breau (Dietitian (RD)) Target Date: 01/10/2026</p>	<p>• DIET ORDER: Bridgette will receive regular diet, regular texture Revision on: 02/28/2022 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID CONSISTENCY: Bridgette drinks REGULAR/THIN Level 0 Fluids. Revision on: 02/28/2022 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Bridgette to drink a minimum of 1631ml per day. Revision on: 07/23/2024 Revision by: Alexandra Breau (Dietitian (RD))</p> <p>• HIGH CALORIE/PROTEIN AM SNACK: Greek yogurt Revision on: 07/14/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• DIABETIC CARE: Offer resident water to drink in place of juice/diabetic juice Limit milk to 200mL at each meal Encourage fruit for dessert. If she chooses baked good choice- provide 1/2 portion</p> <p>Provide assorted fruit at PM (special labelled snack)</p> <p>Discourage seconds at meals Revision on: 07/14/2025 Revision by: Brittany Hyde (Registered Dietitian)</p>	<p>Diet Food Services Aide PCA Diet PCA PCA PCA PCA</p>	D

Allergies	No Known Allergies	D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
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Resident	Dashi, Brigjilda (922131005456)	Admission Date	02/28/2022	Location	7 725 B
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Care Plan Report

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Diagnosis

Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Unspecified dementia(F03), Type 2 diabetes mellitus with poor control, so described(E11.64), Depressive episode, unspecified(F32.9), Idiopathic peripheral autonomic neuropathy(G90.0), Pulmonary embolism without mention of acute cor pulmonale(I26.9)

Allergies	No Known Allergies	D.O.B.	11/24/1962	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Diabetic retinopathy(H36.0), Arthritis, unspecified, unspecified site(M13.99), Peripheral vascular disease, unspecified(I73.9), Hyperlipidaemia, unspecified(E78.5), Un...See last page for a complete listing of the Resident's diagnoses				
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • Use of PASD to tilted wheelchair for comfort and positioning. Revision on: 06/26/2025 Revision by: Gurjit Kaur (RN) 	<ul style="list-style-type: none"> • Jeannie will be effectively supported with use of Tilted wheelchair for comfort and positioning. Revision on: 06/26/2025 Revision by: Gurjit Kaur (RN) Target Date: 11/19/2025 	<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 tilted wheelchair. Revision on: 04/01/2025 Revision by: Suzanne Azar (RN) • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use two 1/4 bed rails and tilted wheelchair as to support appropriate bed mobility, comfort and positioning. Revision on: 04/01/2025 Revision by: Suzanne Azar (RN) • TILTED CHAIR in USE as a PASD to support resident with (comfort and position). Monitor every shift. Revision on: 03/19/2025 Revision by: Haley Barisic (Quality Improvement Coordinator) 	PCA	D/E/N	
<ul style="list-style-type: none"> • Potential for PAIN and alteration in comfort level related to (Rheumatic arthritis and arthritis). Most Current LTCF Pain Score is 0 Revision on: 05/17/2025 Revision by: Jenny Liu (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"> • COMMUNICATION: Involve/collaborate with (Jeannie)/SDM) about pain management, goals of treatment, plan of care and treatment options. Revision on: 02/05/2025 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 (Specify if topical) as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. 	RN Registered Practical Nurse Registered Practical Nurse RN		
<ul style="list-style-type: none"> • ROM Exs Revision on: 05/13/2025 Revision by: Shina Wadhwa (Physical Therapist) 	<ul style="list-style-type: none"> • Improve bilateral AAROM of bilateral shoulder flexion by 10-20 degrees in 12/52 weeks Increase B/L knee extension from -20 to -10 degrees in next 3 months; Revision on: 05/13/2025 Revision by: Shina Wadhwa 	<ul style="list-style-type: none"> • AA-PROM for B/L LE,AAROM for B/L UE as best tolerated, 1-2 sets of 10 reps, 2-3 x a week; Passive gentle stretching of B/L Hams, calf and B/L Hands for 10-20sec, 3-5 reps, 2-3 x a week Revision on: 05/13/2025 Revision by: Shina Wadhwa (Physical Therapist) 	PT - Physiotherapist PTA		
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)	Admission Date	02/05/2025	Location	7 711 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • ROM Exs Revision on: 05/13/2025 Revision by: Shina Wadhwa (Physical Therapist)	(Physical Therapist) Target Date: 11/19/2025				
<ul style="list-style-type: none"> • At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Altered Mood and Cognitive Limitation. ISE Score: 2/6 Revision on: 03/06/2025 Revision by: Laura Morris (Restorative Care Aide)	<ul style="list-style-type: none"> • Team members will support Jeannie in decreasing social isolation by participating in activities of personal choice for 10-15 times per month by the next review date. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/19/2025 <ul style="list-style-type: none"> • To support Jeannie's Psycho-Social well being through to the next review. Revision on: 03/06/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 11/19/2025	<ul style="list-style-type: none"> • STRUCTURED ACTIVITIES: Invite Jeannie to programs of personal interest; happy hour, music programs, movies, meditation and reading programs etc. Revision on: 03/06/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • SELF-DIRECTED ACTIVITIES: Encourage Jeannie to engage in self-directed activities such as listening to music and watching TV. Revision on: 03/06/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • ONE TO ONE: Provide Jeannie with individual visits for conversation, reading, reminiscing, hand massage, listening to music etc. Revision on: 03/06/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> • SENSORY STIMULATION: Provide Jeannie with Sensory Stimulation like Hand Massage, Reading Aloud, Montessori, Sensory Pictures, Jeannie loves watching spiderman videos etc. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide)			
<ul style="list-style-type: none"> • Potential to experience alteration in MOOD as exhibited by anxiousness, repetitive verbalizations, frustration, restlessness related to Dementia, Depression diagnosis. Revision on: 02/05/2025 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • Jeannie will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with (Jeannie)/SDM) about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jeannie for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • RESIDENT STRENGTHS: Build on Jeannie's effort to maintain control. Encourage him/her to express self, state preferences and make safe choices for care and 			
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)	Admission Date	02/05/2025	Location	7 711 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		activities. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 02/05/2025 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-psychotic medications, etc.) Revision on: 02/05/2025 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: 02/05/2025 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	• COMMUNICATION: Involve/collaborate with (Jeannie)/SDM in decision making and health teaching about medicinal regime and appropriate medication use. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident using (anti-psychotic medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff	
• Sleep Patterns; Potential for alteration in sleep patterns related to cognitive loss Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote adequate rest/sleep for Jeannie based on identified sleep patterns/preferences each night through to the next review date. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	• REST PATTERN: Preferred bedtime: No preferred time, usual wake time: No preferred time and will take a nap on her own time. Revision on: 02/06/2025 Revision by: Maryola Perion (RN)	PCA	
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Target Date: 11/19/2025	• 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.	Registered Staff PCA Registered	
Allergies	No Known Allergies		D.O.B.	08/07/1963
			Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)	Admission Date	02/05/2025	Location 7 711 A
Last Care Plan Review Completed:		08/19/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
			Staff			
• Potential for BOWEL INCONTINENCE related to cognitive loss and limited mobility Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• (Resident name) will have bowel incontinence managed every shift through to the next review period. Target Date: 11/19/2025	• BOWEL CHECK and CHANGE: Jeannie experiences TOTAL incontinence and requires checks and change each time noted to be soiled. Team to provide continence care Revision on: 08/19/2025 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 an incontinent product, see prevail list on the floor. Revision on: 02/05/2025 Revision by: Maryola Perion (RN)	PCA PCA PCA			
• URINARY Mixed INCONTINENCE related to altered mobility Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Jeannie will have urinary incontinence managed every shift through to the next review period. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	• CHECK and CHANGE: Jeannie experiences TOTAL incontinence and requires checks and change each time noted to be soiled. Team to provide continence care Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Resident uses an incontinent product, see prevail list on the floor. Revision on: 02/05/2025 Revision by: Maryola Perion (RN)	PCA PCA			
• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility	• To protect and maintain skin integrity each day through to the next review. Target Date: 11/19/2025	• 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: Turn, reposition every 2 hours when in bed/wheelchair to offload pressure. Revision on: 02/23/2025 Revision by: Jenny Liu (RAI Coord Back-up)	PCA PCA	 Q2h		
• Potential for Expressive Behaviour of (VERBAL, PHYSICAL, RESISTANCE to care need) nature related to Dementia Revision on: 02/05/2025	• To promote safety for Jeannie and/or others during each episode of (physical, verbal, resistive to care, history of	• COMMUNICATION: Involve/collaborate with SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 02/07/2025	BSO - Internal Social Worker			
Allergies	No Known Allergies		D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
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Resident	Degelas, Jeannie (922131005615)		Admission Date	02/05/2025	Location	7 711 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Danielle Loreto (RAI Coordinator)	hallucinations) through to the next review date. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	Revision by: Maryola Perion (RN) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Jeannie for indications to change in or for escalating expressive behaviour risk. Revision on: 02/07/2025 Revision by: Maryola Perion (RN) • PHYSICAL Behaviour: If Jeannie is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • PHYSICAL Behaviour: Personal care to be provided by 2 staff. (1 team member to PCA engaged ad redirect/assist with care and other team to provide care) Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to VERBAL (yelling, screaming, calling names, etc.) as expressions of behaviour include (loss of control, frustration, limitation in self expression, misunderstanding care intention, etc.) Revision on: 02/07/2025 Revision by: Maryola Perion (RN) • VERBAL Behaviour: If Jeannie 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: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc.) as expressions of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, etc.) Revision on: 02/07/2025 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Jeannie is declining to (bathe, change clothes, take medications re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses				
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Potential for Expressive Behaviour of (VERBAL, PHYSICAL, RESISTANCE to care need) nature related to Dementia</p> <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>		<p>• MEDICATION: Administer medication for therapeutic treatment of (Expressed Behaviour) as per MD Order. Monitor effectiveness and for side effects.</p> <p>Revision on: 02/07/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• HALLUCINATION AND DELUSIONS:</p> <p>If delusions/hallucinations are occurring during personal care,utilize stop and go approach. Take a moment to validate her feelings and reassure/remind her of the task and goal.</p> <p>if delusions/hallucinations are occurring outside personal care, assess the environment for triggers. Remove any known triggers if able; remove the resident to a quieter area, turn television channels, etc.</p> <p>Always remind the resident she is safe, acknowledge and validate her feelings. Join her reality and attempt to reduce any unwanted feelings by providing support and reassurance. Remind Jeannie of her current environment and providedistracton once she is calm. Repeat the message as much as needed until the resident has processed information and understands she is safe.</p> <p>Document frequency, duration and level of distress resident has experience related to delusions/hallucinations.According to BSO CLCC, GMHOT will be involved following discharge from hospital.Information will be helpful when determining if current medications are effective.</p> <p>Revision on: 02/06/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BSO RECOMMENDATIONS:</p> <p>If the resident has grasped team members,utilize intervention for grasp reflex release. This may be helpful for team members to reduce risk of harm: Remain calm and let your arm go limp. Use resident?s name and ask them to let go.</p> <p>The team at the hospital would let the resident know "it hurts" as the resident does not intentionally want to hurt the team. Gently tap the back of the hand to draw</p>	<p>Registered Practical Nurse RN</p> <p>Registered Practical Nurse RN</p>		
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses				
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Resident	Degelas, Jeannie (922131005615)	Admission Date	02/05/2025	Location	7 711 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• Potential for Expressive Behaviour of (VERBAL, PHYSICAL, RESISTANCE to care need) nature related to Dementia</p> <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>		<p>attention. Stroke the back of the hand, knuckles to wrist to encourage release</p> <p>Revision on: 02/06/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BSO RECOMMENDATIONS:</p> <p>Personal Care Approach:</p> <p>-Utilize a calm and positive approach. Resident responds well to friendly/joking conversation especially about herself.</p> <p>Likes to be the "centre of attention". Personalizing your approach to include topics all about the resident has reduced expressions. For example; calling her "Jeannie in a Bottle", talking about her likes (RuPaul Drag Race, Spiderman, her car Solstice)</p> <p>No male caregivers due to past trauma. Consistent female caregivers will be beneficial to build trust and promote feelings of safety.</p> <p>Encourage resident to keep her eyes open during personal care and reduce unwanted feelings of sexual trauma. Remind her that "it's just the girls here" to provide comfort and safety.</p> <p>Provide explanation and step-by-step instructions prior to completing tasks and during ADLs. Wait until the resident has given permission before starting the ADL task.</p> <p>Utilize the stop and go approach during the care process if the resident becomes louder or physical. Take a moment to validate her feelings and reassure/remind her of the task and goal. Resident has previously responded louder when she appeared to be experiencing feelings of sexual interaction. The Resident responds better if the team can stop, validate and explain which will reduce the escalation of behaviours." Jeannie, remember I am the nurse helping you get dressed. We are almost finished, I just have to put on these nice clothes you picked out and then we will go eat breakfast". Lower bed rails during care so the resident doesn't grab the railing as the resident will not let go once held.</p> <p>Repeat instructions as necessary. Sometimes resident needs information repeated</p>				
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses					
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (VERBAL, PHYSICAL, RESISTANCE to care need) nature related to Dementia Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		as she forgets what is happening. Two staff members for personal care are suggested. One team member to speak with the entire process and one team member to provide the care. Revision on: 03/26/2025 Revision by: Leslie Meloche (Recreation Aide)			
<ul style="list-style-type: none"> Altered VISION related to Cognitive loss- unable to assess Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To treat and minimize complications related to possible visual loss Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> Due to cognitive loss Jeanie's vision is in question. Monitor for safety. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
<ul style="list-style-type: none"> Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension, mumbled speech) related to: Cognitive loss Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> Jeannie will be supported to make basic needs known each day through to the review date. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases). Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> INSTRUCTION GUIDANCE: Jeannie needs cueing or demonstrative instruction in tasks and activities. Revision on: 02/05/2025			
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, uns...See last page for a complete listing of the Resident's diagnoses				
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Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision by: Danielle Loreto (RAI Coordinator)				
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, altered judgement) related to progression of Dementia Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Jeannie is severely impaired in cognition and will have needs interpreted and met each day through to the review date. CPS score is 6. Revision on: 02/23/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 11/19/2025	• CUE TASKS: Break tasks into manageable subtasks, Jeannie can comprehend and follow Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Increased risk for FALLS related to cognitive loss, history of behaviours Revision on: 02/05/2025 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: 11/19/2025	• PURPOSEFUL ROUNDING: Conduct purposeful rounding every two hours to assess resident's needs; for positioning and monitoring for risk of fall. Revision on: 06/25/2025 Revision by: Gurjit Kaur (RN) • COMMUNICATION: Involve/collaborate with (Jeannie)/SDM in decision making in fall prevention Plan of Care. Revision on: 02/05/2025 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: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair Revision on: 02/05/2025 Revision by: Maryola Perion (RN) • BED: place bed in lowest position to lower risk for injury. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) • SPECIAL CONSIDERATION to PREVENT FALLS: Resident participates in the Optimal Mobility Program. AROM bilateral upper and lower extremity exercises 5-10 reps, LE strengthening- Bilateral U+LE 5-10 reps with minimal weights 5-10 reps/xcise Revision on: 08/29/2025 Revision by: Courtney Cipparone (PT - Physiotherapist)	PCA PCA PCA PCA PCA	D/E/N		
Allergies	No Known Allergies		D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)		Admission Date	02/05/2025	Location	7 711 A
Last Care Plan Review Completed:		08/19/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Increased risk for FALLS related to cognitive loss, history of behaviours Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			<ul style="list-style-type: none"> • FLOOR MAT: Position floor mat on floor next to both side of bed to lower risk of injury. Revision on: 06/25/2025 Revision by: Gurjit Kaur (RN) • ALARMS: Requires bed alarm. Check placement and working order. Staff respond when alarm is heard. Revision on: 06/21/2025 Revision by: Idylle Labrado (RPN) • SUPPLEMENT: Administer supplement as per MD order to maintain bone density to prevent injuries. Revision on: 02/05/2025 Revision by: Maryola Perion (RN) 			PCA	D/E/N
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility		• Jeannie will have ALL ADL care needs met each day through the next review date. Revision on: 02/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> • BATHING: Jeannie prefers (shower/bath) on Wednesdays and Sundays Evening shift). Two staff to complete the shower without her help. 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) • BED MOBILITY: Jeannie is able to (shift weight) 2 staff to provide Maximal assistance with bed mobility Revision on: 05/17/2025 Revision by: Jenny Liu (RAI Coordinator) • DRESSING: Jeannie requires total assistance from two or three staff members to dress her from head to toe due to responsive behaviors. <p>Apply hand posey to right hand during day and off during night. Revision on: 04/18/2025 Revision by: Ranjita Yadav (RPN)</p> <ul style="list-style-type: none"> • EATING: Jeannie 1 Staff to feed her during meals and she eats on the floor dining room. Revision on: 02/23/2025 Revision by: Jenny Liu (RAI Coord Back-up) • LOCOMOTION: Jeannie 1 staff to provide TOTAL assistance for locomotion (ON 			PCA	PCA
Allergies	No Known Allergies		D.O.B.	08/07/1963	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)		Admission Date	02/05/2025	Location	7 711 A	
Last Care Plan Review Completed:		08/19/2025					

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 Cognitive Limitation, Limited Mobility 		<p>AND OFF THE HOME AREA)</p> <p>Uses a wheelchair as her mode of locomotion.</p> <p>Revision on: 02/05/2025</p> <p>Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none"> PERSONAL HYGIENE: Total assist: Jannie requires two staff members to complete PCA the HYGIENE for her on the daily basis. <p>Revision on: 05/17/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide TOTAL assistance for hand hygiene. <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none"> TOILET USE: Jeannie is does not use the toilet. She requires 2 person extensive assistance with check and change of the brief. <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <ul style="list-style-type: none"> TRANSFERRING: Jeannie requires 2 staff to transfer her between surface by MAXI lift. <p>Revision on: 05/17/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <ul style="list-style-type: none"> TRANSFER LIFT/SLING: Sling size is green. comfort sling <p>Revision on: 05/17/2025</p> <p>Revision by: Jenny Liu (RAI Coordinator)</p> <ul style="list-style-type: none"> ORAL CARE: Jeannie has OWN TEETH. 1 TEAM MEMBER TO PROVIDE ORAL CARE <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>	PCA			
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Jeannie Medical Treatment and End of Life Care <p>Revision on: 02/05/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>	<ul style="list-style-type: none"> To support and honor (resident's name) expressed wishes and beliefs through to the End of Life. <p>Target Date: 11/19/2025</p>	<ul style="list-style-type: none"> CPR: Jeannie wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. <p>Revision on: 02/05/2025</p> <p>Revision by: Maryola Perion (RN)</p>				
<ul style="list-style-type: none"> Nutrition Risk Level 	<ul style="list-style-type: none"> Jeannie will be adequately nourished aeb consuming >75% 	<ul style="list-style-type: none"> Labelled Item Lunch: 200 ml chocolate milk <p>Revision on: 03/06/2025</p>	PCA Registered	D		
Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)		Admission Date	02/05/2025	Location	7 711 A
Last Care Plan Review Completed:		08/19/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		at meals and snacks through to next review date. Revision on: 02/19/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/19/2025	Revision by: Holly Laasanen (Dietitian (RD))			Practical Nurse RN	
		<ul style="list-style-type: none">• Will weigh within GWR of 55-60 kg through to next review date. Revision on: 02/19/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/19/2025• Jeannie will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1500 ml/day (28 ml/kg using 53.1 kg weight) through to next review date. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/19/2025	• Labelled Items Breakfast: Jeannie receives a regular yogurt (85 ml) as per preference Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
			• LABELLED SNACK PM: ice cream cup daily Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
			• NUTRITION RISK: Jeannie is HIGH risk level. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			Dietitian (RD)	
			• DIET ORDER: Jeannie will receive regular diet, minced texture			PCA	
			Family will feed resident food outside of her diet texture. They have been educated and continue to do so.				
			Monitor resident for signs of aspiration. Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))				
			• FLUID CONSISTENCY: Jeannie drinks REGULAR/THIN Level 0 Fluids. Revision on: 02/05/2025 Revision by: Ronnie Fung (FSM - Food Services Manager)			PCA	
			• FLUID TARGET: Encourage Jeannie to drink a minimum of 1200 ml/day Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			• DINING INSTRUCTIONS: - When feeding Jeannie, alternate bites of food with sips of fluids - Wheelchair can be tilted back while feeding (Jeannie tends to lean forward, so when her chair is tilted back the result is her sitting upright) Revision on: 03/20/2025 Revision by: Holly Laasanen (Dietitian (RD))			Registered Practical Nurse	
Allergies	No Known Allergies			D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)			Admission Date	02/05/2025	Location	7 711 A
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level		<ul style="list-style-type: none"> • MEDPASS SUPPLEMENTS: 60 ml Resource 2.0 TID with medpass Revision on: 03/20/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Offer 200 ml prune juice at breakfast daily Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) 	PCA	D/E

Diagnosis

Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9)

Allergies	No Known Allergies	D.O.B.	08/07/1963	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Rheumatoid arthritis, unspecified(M06.9), Other specified peripheral vascular diseases(I73.8), Arthritis, unspecified, unspecified site(M13.99), 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	Degelas, Jeannie (922131005615)	Admission Date	02/05/2025	Location	7 711 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 6/6 Revision on: 09/11/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• Darryl will be supported to maintain participation in activities 35-45 times per month by the next review date. Revision on: 06/04/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 12/11/2025</p>	<p>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; Friendly/1: 1 visits, discussion group, exercise groups, physical games, games - board/card/dice/puzzle games, trivia & Bingo, outings, reminiscing group, restorative program, special events, spiritual programs, tuck shop music (rock, Motley Crew, 101.1), Resident Council & Food Committee, TV/movies (sports, crime), etc. Revision on: 06/04/2025 Revision by: Megan Pipe (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, computer use, family/friend visits, patio socializing/enjoying outdoors, family/friends phone call, social media, word searches, mazes, etc. Revision on: 08/10/2021 Revision by: Shayna Lee Wonsch</p> <p>• ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Reminders, etc. Revision on: 08/10/2021 Revision by: Shayna Lee Wonsch</p> <p>• ONE to ONE: Provide him with individual visits for conversation (sports), reading, reminiscing, music, humor, etc. Revision on: 01/31/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p>	<p>ACT</p> <p>ACT</p> <p>ACT</p>			
<p>• Potential for acute PAIN and alteration in comfort level related to impaired mobility, back pain secondary to Multiple Sclerosis, left arm and shoulder (November 17th 2024), accidentally ran into a door and hurt his knee (8/29/25). Pain score is 0 Revision on: 08/30/2025 Revision by: Maryola Perion (RN)</p>	<p>• To promote resident comfort and effectively manage ACUTE pain as episode occurs through to the next review. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025</p> <p>• Promote RAI Pain Score of 0 through to the next review. Revision on: 09/11/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• COMMUNICATION: Involve/collaborate with (Darryl)/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 08/30/2025 Revision by: Maryola Perion (RN)</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>He cannot sense hot or cold and and pressure. Team to monitor. Revision on: 12/04/2024 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• MEDICATION: Administer analgesic 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</p>			
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies	D.O.B.	01/27/1965	Physician	Wallace Liang	
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Desrosiers, Darryl (922131005421)	Admission Date	07/27/2021	Location	7 721 A	
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for acute PAIN and alteration in comfort level related to impaired mobility, back pain secondary to Multiple Sclerosis, left arm and shoulder (November 17th 2024), accidentally ran into a door and hurt his knee (8/29/25). Pain score is 0 Revision on: 08/30/2025 Revision by: Maryola Perion (RN)		Target Date: 12/11/2025	Revision on: 07/04/2024 Revision by: Jenny Liu (RAI Coord Back-up)			RN	
• Individualized Fall Prevention and Injury Reduction Plan			• Encourage and remind resident to ask for assistance.				
• Potential for BOWEL INCONTINENCE Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)		• Darryl will receive support to (use toilet) and promote optimal bowel continence each day through to the next review. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• 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 Frequently Incontinent. Report change to level as noted. Revision on: 03/15/2025 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	
• Risk for Impaired SKIN INTEGRITY related to impaired mobility and incontinence. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)		• To protect and maintain skin integrity each day through to the next review. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• 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. Revision on: 11/18/2024 Revision by: Gursharan Kaur (Registered Practical Nurse)			PCA	
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965		Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021		Location	7 721 A
Last Care Plan Review Completed:		09/11/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> • Risk for Impaired SKIN INTEGRITY related to impaired mobility and incontinence. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)						
<ul style="list-style-type: none"> • Increased risk for FALLS related to history of several falls and MS and seizures disorder, impaired balance, mobility, self transferring to the toilet and History of Falls. Revision on: 01/02/2025 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> • To promote safety, minimize risk for falls and fall related injury each day through to the next review period. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Darryl in decision making in fall prevention Plan of Care. Revision on: 05/21/2023 Revision by: Chelsea Campbell-Wright (IPAC LEAD)		PCA	D/E/N
			<ul style="list-style-type: none"> • CALL BELL: Place call bell within Darryl's reach. Check that it is in working order and remind/encourage to use it and resident understand it Revision on: 11/18/2024 Revision by: Gursharan Kaur (Registered Practical Nurse)		PCA	
			<ul style="list-style-type: none"> • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, wheelchair Revision on: 11/05/2021 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
			<ul style="list-style-type: none"> • ENVIRONMENT: Secure environment (reduce clutter, etc.) to reduce fall risk for Darryl. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)		PCA	
			<ul style="list-style-type: none"> • BED: place bed in the lowest position, etc. to lower risk for injury. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)		PCA	
			<ul style="list-style-type: none"> • FOOTWEAR: Ensure Darryl wears appropriate footwear during transfers. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> • ALARMS: Requires Chair) alarm. Check placement and working order. Staff respond when alarm is heard. Revision on: 04/16/2025 Revision by: Gurjit Kaur (RN)		PCA	D/E/N
<ul style="list-style-type: none"> • Transfers/Wt.bearing Revision on: 12/30/2024		<ul style="list-style-type: none"> • To be able to lift his left foot up from ground during marching in 	<ul style="list-style-type: none"> • Encourage to perform standing at parallel bar with 2 person Assist, Marching, Heel raise 1 set, 5-10 reps, Up to 1min, 2-3/week as tolerated. 		PT - Physiotherapi	
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision by: Mehul Patel (PT - Physiotherapist)	next 3 months Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	st PTA	
• Strength Revision on: 12/30/2024 Revision by: Mehul Patel (PT - Physiotherapist)	• To Improve strength of Rt LE from 3+/5 to 4/5 in 3 months. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• Strength exe. with use of 1-2lbs. wt for B/L UE and B/L LE, 1set,10 reps., 2-3/week as tolerated. Lt LE A-AAROM EXS, Assist as needed. 10 reps, 1-2 sets, 2-3/week. Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	PT - Physiotherapist PTA	
• Nutrition: Swallowing difficulty related to choking risks associated with regular peas Revision on: 12/10/2024 Revision by: Danielle Loreto (RAI Coordinator)	• To maintain safe swallowing through to next review date Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• Provide diet/texture interventions as per Nutrition Risk Level. Resident understood and requested to receive regular peas Revision on: 12/10/2024 Revision by: Danielle Loreto (RAI Coordinator)		
• Potential for Expressive Behaviour of (RESISTANCE to care need) nature related to Multiple Sclerosis Revision on: 10/07/2024 Revision by: Shina Wadhwa (Physical Therapist)	• To decrease episodic frequency of (resist care) by next review date. ABS score will be less than (1). Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Darryl for indications to change in or for escalating expressive behaviour risk. Revision on: 10/18/2023 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to shower and take his weight, medication, etc) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 03/15/2025 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Darryl is declining to (bathe, take his medication, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)		
• Potential to experience alteration in MOOD as exhibited by verbal statements	• To support Darryl with their identified coping strategies for mood/emotional stability each	• COMMUNICATION: Involve/collaborate with Darryl about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 09/21/2024		
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)	Admission Date	07/27/2021	Location 7 721 A
Last Care Plan Review Completed:		09/11/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
that he is lonely,sad , cannot walk. Related to Depression, Loss of Independence, Grief: Loss of brother to suicide approx. 20 years ago Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator)	day through to the review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	Revision by: Haley Barisic (Quality Improvement Coordinator) • HEALTH EDUCATION: Provide education and support to Darryl pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed. Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Darryl for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator) • SLEEP/REST: Promote adequate sleep and rest to stability of Darryl mood. Report changes in sleeping habits to Registered Staff as noted. Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator) • Notify MD of concerns regarding low mood / suicidal ideation and implement orders / referrals as they are received Referral to Psychiatrist Sept 20 2024 Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator) • SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if DARRYL expresses thoughts to harm to self. Revision on: 09/21/2024 Revision by: Haley Barisic (Quality Improvement Coordinator)	RN Registered Practical Nurse	
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, use of anti-psychotic medications, etc.) Revision on: 01/12/2024 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: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (Specify; anti-psychotic medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 08/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff	

Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies	D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)	Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: MULTIPLE SCLEROSIS (MS) SEIZURE Disorder Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• To treat and minimize signs/symptoms or complications associated with Multiple Sclerosis through to the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• MEDICATION: Administer medication for Multiple Sclerosis as per MD order. Monitor effectiveness and for side effects. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Darryl with Multiple Sclerosis for changes to health status and alteration or complications affecting neurological function. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • SEIZURE Disorder: If seizure activity occurs alert registered staff immediately; place on side, protect from injury, maintain open airway. • SEIZURE Disorder: Darryl has potential for seizure activity, injury related to seizure disorder. Inform MD as it occurs. Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)			PCA Registered Staff All	
• Altered COMMUNICATION as exhibited by limitations to self expression related to mumbled speech secondary to Multiple Sclerosis and seizures disorder. Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Darryl will be able to make basic needs known each day through to the review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• COMMUNICATION: Involve/collaborate with Darryl for decision making about strategies needed to support effective communication. Revision on: 02/04/2022 Revision by: Haley Cadarian (Quality Lead) • PRIMARY LANGUAGE: Darryl's primary language is English. He is able to speak and understand English. Revision on: 02/04/2022 Revision by: Haley Cadarian (Quality Lead)				
• Altered ability to complete Activities of Daily Living (ADLs) related to Multiple Sclerosis and seizures disorder. Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)		• Darryl will have ALL ADL care tasks met each day through the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• BATHING: Darryl prefers (shower/bath) on (Tuesdays and Fridays on Evening shift). Darryl participates by (washing his face and upper body). Two staff (MAXIMAL) assistance for bathing. Sit to stand 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) • BED MOBILITY: Extensive to Maximal assist. Darryl requires one to two team member weight bearing assists to turn and reposition in bed.			PCA PCA	
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang	
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)			Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		<p>bed rails in place to support bed mobility Revision on: 06/13/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• DRESSING: Extensive to Maximal assist. Darryl requires one staff member to assist PCA with dressing his upper body; but requires two team members to assist with dressing his lower body. Revision on: 06/13/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• EATING: Set up. Darryl is capable of eating independently once set up by the team. PCA Darryl eats in the main dining room on the first floor. Revision on: 08/06/2021 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Darryl is using a wheelchair as his mode of locomotion. He will be PCA using his power chair on his floor and main floor but is not to go to patio due to safety. Management team Recommended that if he wants to go to patio, resident can ask for help from the staff. Resident is agreeable to this. Revision on: 06/13/2025 Revision by: Chelsea Campbell-Wright (ADOC)</p> <p>• PERSONAL HYGIENE: Maximal assist. Darryl remains capable of washing his face PCA and brushing his teeth. He does require one team member to assist with shaving him and two staff in providing peri care. Revision on: 06/13/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide reminder assistance to use hand sanitizer or PCA wipes for hand hygiene. Revision on: 08/18/2021 Revision by: Chelsea Campbell-Wright (IPAC LEAD)</p> <p>• TOILET USE: Maximal Assist. SARA lift with two team members to assist Darryl PCA with transferring onto the commode for bowel movements. Darryl will request the use of a urinal for urinary continence.</p> <p>Will self transfer to the toilet. Remind Darryl to ask for assistance. Revision on: 06/13/2025 Revision by: Jenny Liu (RAI Coordinator)</p> <p>• TRANSFERRING: Maximal Assist. Darryl requires two team member assist with the PCA</p>				
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to Multiple Sclerosis and seizures disorder. Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)</div>		<div>use of a sit to stand lift to transfer from bed to wheelchair as well as onto and off of the commode. Revision on: 06/13/2025 Revision by: Jenny Liu (RAI Coordinator)</div> <div>• TRANSFER LIFT/SLING: Sit to stand lift and Blue size of sling needed for transfer. Revision on: 03/15/2025 Revision by: Maryola Perion (RN)</div> <div>• ORAL CARE: Darryl had total teeth extraction on Oct. 2, 2024. Darryl is independent with oral care. Revision on: 10/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• SHAVING - Darryl requires one team member to assist him with shaving his face on his shower days. Revision on: 11/16/2022 Revision by: Meghan Sears (ADOC)</div>	PCA	D		
<div>• Use of PASD Seatbelt/Two 1/4 bedrails to assist resident with Activity of Daily Living. Revision on: 07/31/2022 Revision by: Jenny Liu (RAI Coord Back-up)</div>	<div>• Darryl will be effectively supported with use of Seatbelt and two 1/4 bedrails to optimize Activity of Daily Living each day through to the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025</div>	<div>• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use (specify assigned PASD) as to support appropriate (assigned ADL). Revision on: 02/04/2022 Revision by: Haley Cadarian (Quality Lead)</div> <div>• BED RAIL (TWO PARTIAL): 1/4 bedrails- in USE as a PASD to assist Darryl with turning and repositioning in bed. Monitor every shift. Revision on: 11/16/2022 Revision by: Meghan Sears (ADOC)</div> <div>• SEAT BELT (front closure) in USE as a PASD to support Darryl with positioning. Monitor every shift. Revision on: 11/16/2022 Revision by: Meghan Sears (ADOC)</div>	PCA PCA	D/E/N D/E/N		
<div>• Potential for CONSTIPATION related to decreased mobility, etc. Revision on: 01/31/2022</div>	<div>• To minimize the potential for episodes/ complications of constipation through to the next</div>	<div>• COMMUNICATION: Involve/collaborate with Darryl/SDM for decision making regarding constipation management. Revision on: 01/31/2022</div>				
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Maryola Perion (RN)		review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025 • Darryl will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	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. • BOWEL PROTOCOL: In place as per MD order		Registered Staff	
• Altered VISION related to decreased vision Revision on: 11/08/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• Darryl will use glasses for vision correction daily through to the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• EYEGLASSES: Darryl wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 02/04/2022 Revision by: Haley Cadarian (Quality Lead)		PCA	
• Potential to experience (Specify; rash, hives, anaphylaxis, etc.) related to ALLERGY of (Bee Venom, Latex, Tagaderm, Teflon tape adhesive). Revision on: 09/27/2021 Revision by: Mitchell Atkinson (Recreation Aide)		• Darryl will be protected from exposure to allergen each day through next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Bee Venom, Latex, Tagaderm, Teflon tape adhesive) for changes to health status and complications mortality. Revision on: 08/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) • ALLERGY ALERT: Darryl has ALLERGY to (Bee Venom, Latex, Tagaderm, Teflon tape adhesive). Prevent contact with and report if noted to experience symptoms (Specify; rash, hives, swelling, difficulty breathing, etc.). Revision on: 08/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) • RESCUE MEDICATION: Administer EPINEPHRINE as per MD/NP Order. Monitor effectiveness and immediately notify MD/NP of use.		Registered Staff	
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience (Specify; rash, hives, anaphylaxis, etc.) related to ALLERGY of (Bee Venom, Latex, Tagaderm, Teflon tape adhesive). Revision on: 09/27/2021 Revision by: Mitchell Atkinson (Recreation Aide)						
<ul style="list-style-type: none"> Sleep Patterns Revision on: 08/14/2021 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> To promote adequate rest/sleep for Darryl based on identified sleep patterns/preferences each night through to the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	<ul style="list-style-type: none"> REST PATTERN: Preferred bedtime 21:00, usual wake time around 06:30 Revision on: 02/04/2022 Revision by: Haley Cadarian (Quality Lead)		PCA	
			<ul style="list-style-type: none"> SLEEPWEAR: Darryl prefers to wears a short and T-shirt in bed. Revision on: 08/14/2021 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: Darryl is of the Roman Catholic Faith. Revision on: 08/10/2021 Revision by: Shayna Lee Wonsch		<ul style="list-style-type: none"> To provide Darryl spiritual support as interested through to the next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	<ul style="list-style-type: none"> Remind Darryl when church services are being offered and provide assistance if needed. Revision on: 06/04/2025 Revision by: Megan Pipe (Recreation Aide)			
<ul style="list-style-type: none"> Nutrition Risk Level 		<ul style="list-style-type: none"> Darryl will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator)	<ul style="list-style-type: none"> NUTRITION RISK: Darryl is MODERATE risk level. Revision on: 07/01/2024 Revision by: Laura Seibel (Dietitian (RD))		Dietitian (RD)	
			<ul style="list-style-type: none"> DIET ORDER: Darryl will receive regular diet, regular texture at risk - see dining instructions Revision on: 09/23/2025 Revision by: Holly Laasanen (Dietitian (RD))		PCA	
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
	<p>Target Date: 12/11/2025</p> <p>• Will weigh within realistic GWR 115-125 kg through to next review date. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/11/2025</p> <p>• Darryl will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2440 ml/day (20 ml/kg using 122 kg weight) through to next review date. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/11/2025</p>	<p>• FLUID CONSISTENCY: Darryl drinks REGULAR/THIN Level 0 Fluids. Revision on: 07/27/2021 Revision by: Anna Slack (Registered Dietitian)</p> <p>• FLUID TARGET: Encourage Darryl to drink a minimum of 1952 ml/day Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• EXTRA FLUIDS: Offer a minimum of 200 ml high moisture food or fluid outside of meals and snacks daily. Revision on: 09/10/2024 Revision by: Helen Bradley (Dietitian (RD))</p> <p>• DINING INSTRUCTIONS: - He is eating regular texture at risk - Encourage softer options - Cut food into small pieces - Encourage sauces/gravy when available to moisten food - Encourage him to take small bites Revision on: 09/23/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• ADAPTIVE AIDS: Darryl requires kennedy cup for fluids, lipped plate for meals Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• LOW CALORIE: - Offer Darryl 1 sweetener instead of sugar for tea/coffee - Encourage him to drink more water than chocolate milk Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• Encourage at least 1 kennedy cup (175 ml) water at AM/PM snacks daily. Revision on: 05/29/2025 Revision by: Holly Laasanen (Dietitian (RD))</p>	<p>Diet PCA</p> <p>PCA</p> <p>PCA</p> <p>Registered Practical Nurse</p> <p>PCA</p> <p>PCA</p> <p>PCA</p> <p>D/E</p>			
<p>• URINARY Mixed INCONTINENCE related to impaired mobility, Multiple Sclerosis. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	<p>• Darryl will have urinary incontinence managed every shift through to the next review period. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of Darryl for toileting needs, changes to health status and alteration of continence level. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• URINARY Continence level is frequently Incontinent. Report change to level as noted.</p>	<p>PCA</p>			
Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies		D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)		Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025				

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
	Coordinator) Target Date: 12/11/2025	Revision on: 07/31/2022 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Darryl uses BEIGE color brief per prevail sheet. And PCA also he uses urinal daily Revision on: 04/06/2025 Revision by: Jenny Liu (RAI Coordinator)		
• Expressed Wishes and Beliefs related to Darryl's Medical Treatment and End of Life Care Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To support and honor Darryl expressed wishes and beliefs through to the End of Life. Revision on: 03/26/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/11/2025	• CPR: Darryl wishes to have CPR and TRANSFER to hospital. Revision on: 07/27/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		

Allergies

Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive

Allergies	Tamiflu, Bees, Latex, Tagaderm, Teflon tape adhesive...See last page for a complete listing of the Resident's allergies	D.O.B.	01/27/1965	Physician	Wallace Liang
Diagnosis	Multiple sclerosis(G35), Seizure disorder, so described(R56.80), Periapical abscess without sinus(K04.7), Urinary tract infection, site not specified(N39.0)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Desrosiers, Darryl (922131005421)	Admission Date	07/27/2021	Location	7 721 A
Last Care Plan Review Completed:		09/11/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<p>• Alteration in skin integrity with risk for infection or complications related to Pressure injury #7 on resident coccyx. Revision on: 10/12/2025 Revision by: Jane Del Rosario (RPN)</p>		<p>• To promote optimal healing of Pressure injury #7 on resident coccyx until the next review date. Revision on: 10/12/2025 Revision by: Jane Del Rosario (RPN) Target Date: 01/06/2026</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Pressure injury #7 on resident coccyx for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/12/2025 Revision by: Jane Del Rosario (RPN)</p> <p>• TREATMENT PLAN: Administer treatment for Pressure injury #7 on resident coccyx as per MD Order. Revision on: 10/12/2025 Revision by: Jane Del Rosario (RPN)</p> <p>• 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: 10/12/2025 Revision by: Jane Del Rosario (RPN)</p>				
<p>• Alteration in skin integrity with risk for infection or complications related to Mild bleeding on the tip of the penis coming out Revision on: 10/02/2025 Revision by: Maryola Perion (RN)</p>		<p>• To promote optimal healing within the target date. Revision on: 10/02/2025 Revision by: Maryola Perion (RN) Target Date: 01/06/2026</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Mild bleeding on the tip of the penis coming out for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/02/2025 Revision by: Maryola Perion (RN)</p> <p>• TREATMENT PLAN: Administer treatment as per MD Order. Revision on: 10/02/2025 Revision by: Maryola Perion (RN)</p>				
<p>• Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA and hematuria, Mild bleeding on the tip of the penis coming out (10/1/25) Revision on: 10/02/2025 Revision by: Maryola Perion (RN)</p>		<p>• To treat and minimize complications associated with ANEMIA each day through to the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026</p>	<p>• MONITORING: Utilize holistic perspective of continuous monitoring of Mark with ANEMIA for complications or changes to health status.</p> <p>Monitor for blood and stool- report to the nurse if noted Revision on: 01/14/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated.</p> <p>• MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects.</p>				
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang	
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A	
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 altered hematologic symptoms or complications related to diagnosis of ANEMIA and hematuria, Mild bleeding on the tip of the penis coming out (10/1/25) Revision on: 10/02/2025 Revision by: Maryola Perion (RN)						
<ul style="list-style-type: none"> Potential for (acute) PAIN and alteration in comfort level related to Dementia, Type 2 Diabetes, Atrial Fib. Most Current LTCF Pain Score is (0) Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none"> Promote LTCF Pain Score of 0 through to the next review. Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/06/2026	<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: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none"> History of URINARY (Mixed) INCONTINENCE related to Dementia, Autism Revision on: 05/02/2025 Revision by: Haley Barisic (Quality Improvement Coordinator)		<ul style="list-style-type: none"> Mark will have urinary incontinence managed every shift through to the next review period. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 <ul style="list-style-type: none"> Mark will receive support to catheter use and promote urinary continence each shift through to the next review. 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Mark/SDM for decision making about toileting management. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> URINARY Continence level is continence . Report change to level as noted. Revision on: 05/02/2025 Revision by: Jane Del Rosario (RPN) <ul style="list-style-type: none"> INCONTINENCE PRODUCT: Mark use yellow color brief per prevail sheet. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> CATHETER INSERTION/CHANGE: Resident has #12 Fr Catheter. Change catheter monthly every 2nd day of the month as per MD Order and document procedure. 		PCA PCA RN	
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved	
		Revision on: 05/02/2025 Revision by: Haley Barisic (Quality Improvement Coordinator) Target Date: 01/06/2026	Revision on: 05/02/2025 Revision by: Jane Del Rosario (RPN) • 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. • CATHETER MONITORING: Check catheter patency, tubing placement, monitor effect of catheter each shift and as needed. Report complaints of pain or discomfort. Revision on: 05/02/2025 Revision by: Jane Del Rosario (RPN) • CATHETER BAG: Change BAG (every week/ every friday evening). Revision on: 05/02/2025 Revision by: Jane Del Rosario (RPN)			PCA PCA PCA PCA	 D/E/N	
• Potential for Expressive Behaviour of VERBAL, PHYSICAL, hx of RESISTANCE (meds and care) to care need nature related to Dementia, Autism. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)		• To promote safety for Mark and/or others during each episodes of verbal, physically and resistive to care expressions through to the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• Sense of security- Yellow band placed a crossed the door • COMMUNICATION: Involve/collaborate with Mark/SDM about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to PHYSICAL; Hitting, Punching, Slapping, Biting, Kicking as expression of behaviour include frustration, confusion, low or high blood sugars. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PHYSICAL Behaviour: If Mark 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: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to VERBAL yelling, screaming, calling names, etc. as expression of behaviour include; frustration, misunderstanding care intention, blood sugar high or low. Reduce the number of staff around him so he does not feel overwhelmed. Call wife Constance on the phone and let Mark leave a message and			BSO - Internal Social Worker		
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang		
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses							
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Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A		
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Care Plan Report

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<p>• Potential for Expressive Behaviour of VERBAL, PHYSICAL, hx of RESISTANCE (meds and care) to care need nature related to Dementia, Autism. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)</p>		<p>allow him to talk privately. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)</p> <p>• VERBAL Behaviour: If Mark 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. Dial phone number of wife (Constance) if he asks for her. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)</p> <p>• TRIGGERS leading to RESISTANCE to Care Needs of refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc. as expression of behaviour include confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, blood sugar high or low. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• RESISTANCE to Care Need: If Mark is declining to bathe, change clothes, take medications, eat, etc. re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• SPECIAL CONSIDERATIONS: The resident is High Intensity for preferred accommodation. Revision on: 09/28/2024 Revision by: Ranjita Yadav (RPN)</p> <p>• BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) Physical: Striking out, hitting. Verbal: Yelling, swearing. Triggers: Confusion, misunderstanding care intention. External BSO recommendations: 1. Introduce yourself, ask permission before entering Mark's personal space. 2. Approach resident with open ended statements. The resident may become agitated with questions. Instead of "Are you hungry?" try "Follow me it's lunch time" 3. Avoid interrupting at meals or during a self directed activity 4. Do not use words that are authoritative ex. "no" or argue. Remain calm and respectful. 5. If the resident has something that is not his, briefly explain the importance of the</p>		
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947
Physician	Wallace Liang			
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses			
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Resident	Dixon, Mark (922131005529)	Admission Date	10/10/2023	Location 7 715 A
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Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Potential for Expressive Behaviour of VERBAL, PHYSICAL, hx of RESISTANCE (meds and care) to care need nature related to Dementia, Autism.</div> <div>Revision on: 04/04/2025</div> <div>Revision by: Jenny Liu (RAI Coordinator)</div>		<div>item and encourage him to return it. If risk is low, wait until the resident puts it down. Do not argue or attempt to take item out of his hands. Start a small conversation prior to shower or care. Continue to validate resident's feelings when he is frustrated and offer to return at a later time to provide care.</div> <div>Continue to encourage medications by providing information to resident before health teaching. Resident is able to understand that he requires insulin when his sugars are higher most of the time. Fluctuating blood sugar levels may be contributing to irritability and angry behaviours.</div> <div>Continue to monitor for signs of physical decline and notify the multidisciplinary team as appropriate. Mark likes to watch shows such as Home Improvement, church service and Star Trek.He does not like Fish, chicken, roast beef, tomato soup, or any salad to eat.He likes to eat ground beef (ex., hamburger,chili,shepherds pie) and hotdogs.Also he likes fresh cut fruits.</div> <div>EXBSO Recommendations</div> <div>Continue to validate residents feelings when he is frustrated and offer to return later for care</div> <div>Continue to encourage medications by providing information to resident before health teaching</div> <div>Continue to monitor for signs of physical decline and notify the multi disciplinary team as appropriate.</div> <div>Revision on: 03/26/2025</div> <div>Revision by: Leslie Meloche (Recreation Aide)</div>				
<div>• Transfer Training</div> <div>Revision on: 04/02/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div>	<div>• To improve standing endurance from 60 seconds to 90 seconds in 3 months.</div> <div>Revision on: 09/22/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div> <div>Target Date: 01/06/2026</div>	<div>• 1:1 person assist sit to stand at the parallel bar/standing device/walker, Include Marching, heel raise, 10 reps 2-3 x a week;</div> <div>Strengthening exs for B/L UE and LE, with 1-2 lbs, as best tolerated, 10 reps, 2-3x a week</div> <div>Revision on: 09/19/2025</div> <div>Revision by: Shina Wadhwa (Physical Therapist)</div>	PT - Physiotherapist PTA			
<div>• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to adjusting to life in a new environment.</div>	<div>• To support Mark's Psycho-Social well being through to the next review.</div> <div>Revision on: 01/25/2025</div>	<div>• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1:1 visits, daily chronicles, happy hour, discussion groups, music programs, reminiscing groups, special events, etc.</div> <div>Revision on: 01/14/2024</div>				
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
ISE Score: 2/6 Revision on: 03/27/2025 Revision by: Megan Pipe (Recreation Aide)	Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	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, etc. Revision on: 11/13/2023 Revision by: Mitchell Atkinson (Recreation Aide) • ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 11/13/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Mark to make friendships and sit with friends during activities. Revision on: 11/13/2023 Revision by: Mitchell Atkinson (Recreation Aide)			
• Potential for BOWEL INCONTINENCE related to Dementia and Autism. Revision on: 01/11/2025 Revision by: Jenny Liu (RAI Coord Back-up)	• Mark will receive support to use toilet and promote optimal bowel continence each day through to the next review. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026 • Mark will have bowel incontinence managed every shift through to the next review period. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• 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 Totally Incontinent. Report change to level as noted. Revision on: 04/04/2025 Revision by: Jenny Liu (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 Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator)	Registered Staff PCA PCA PCA		
• Mark is at high risk for ELOPEMENT related to exit seeking, wanting to go outside and saying he is moving out.	• To promote Mark's safety and minimize risk for episode of elopement each day through	• ALERT: Mark 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: 03/02/2024			
Allergies	Sulfa Antibiotics	D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)	Admission Date	10/10/2023	Location	7 715 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
(3/1/24) Revision on: 07/09/2024 Revision by: Jenny Liu (RAI Coord Back-up)		next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	Revision by: Maryola Perion (RN) • ELOPEMENT ALERT: Redirect Mark away from elevator or exit doors as needed. Revision on: 03/02/2024 Revision by: Maryola Perion (RN)		PCA	
• Increased risk for FALLS related to unsteady gait, Antidepressant use. 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: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• CALL BELL: Place call bell within Marks reach, check that it is in working order and remind/encourage to use it. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Ensure environment is clean and clear of clutter. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • BED: place bed in lowest position to lower risk for injury. Revision on: 04/26/2025 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure Mark wears appropriate footwear at all times. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • 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, Sit to stand 1 assist with rail, marching as tolerated 10x, 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: 04/26/2025 Revision by: Maryola Perion (RN) • SUPPLEMENT: Vitamin D supplement as per MD order to maintain bone density to prevent injuries.		PCA PCA PCA PCA PCA Registered Staff	D/E/N
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A
Last Care Plan Review Completed:		10/06/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited agitated, anger toward staff related by history of low mood/depression. Revision on: 01/16/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> Mark will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Mark for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> FAMILY SUPPORT: Mark enjoys visits from family members. Revision on: 10/10/2023 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: 01/16/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: Mark is Non-Religious. Revision on: 11/13/2023 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> To provide Mark spiritual support as interested through to the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> PERSONAL CHOICE: He has been showing an increased interest in church services, encourage and invite him to attend, respect his right to decline if he chooses not to attend. Revision on: 06/18/2025 Revision by: Megan Pipe (Recreation Aide)			
<ul style="list-style-type: none"> Potential for bruising, bleeding, clotting or other complications related to use of (ANTICOAGULANT) medication. Revision on: 10/21/2023 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> To monitor for bleeding and minimize complications related to use of (Apixaban) through the review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> 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: 10/21/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> BLEEDING ALERT: Notify nurse immediately if Mark is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 10/21/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> MEDICATION: Administer medications as per MD Order. Report abnormal or unexplained bleeding, unexplained or excessive bruising, etc. to MD as noted. 		PCA Registered Staff	
<ul style="list-style-type: none"> Nutrition Risk Level 		<ul style="list-style-type: none"> Mark will be adequately nourished aeb consuming >75% at meals and snacks through to 	<ul style="list-style-type: none"> NUTRITION RISK: Mark is high risk level. Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD))		Dietitian (RD)	
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
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Focus		Goal	Interventions			Position	Freq/Resolved
		next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• DIET ORDER: Mark will receive regular diet, pureed texture. Revision on: 03/20/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Mark drinks REGULAR/THIN Level 0 Fluids. Revision on: 10/11/2023 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Mark to drink a minimum of 1533 ml per day. Provide him with water at all meals and snacks - he can't get this on his own. Revision on: 09/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • ADAPTIVE AIDS: Sip cup for his fluids. Revision on: 07/10/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: 1 bottle of Boost Carb Smart once daily for HS snack (2000 medpass) Revision on: 09/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIABETIC & RENAL CARE: Provide water instead of juice to drink Use sweetener (not sugar) in coffee/tea/hot cereal No pureed toast at breakfast (serve hot cereal + peanut butter, protein item, and fruit) No pureed oranges or banana Provide single portion only of mashed potatoes No tomato soup Revision on: 09/16/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
		• Will weigh within realistic GWR 55-60 kg through to next review date. Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/06/2026				PCA	
		• Mark will be adequately hydrated aeb drinking 100% of total fluid requirement: 1533 ml/day (30 ml/kg using 51.1 kg weight) through to next review date. Revision on: 09/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/06/2026				Dietary aide PCA	
						PCA	
• Altered VISION related to wears glasses for reading\ Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Mark will be supported to use eyeglasses for vision correction daily through to the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord	• EYEGASSES: Mark wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
Allergies	Sulfa Antibiotics			D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses						
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Resident	Dixon, Mark (922131005529)			Admission Date	10/10/2023	Location	7 715 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 for hypo/hyperglycemia and other complications related to diagnosis of DIABETES (Insulin-Dependent). Revision on: 10/10/2023 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: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/ collaborate with Mark/SDM in decision making of diabetes care management. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Mark for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication (ORAL ANTIHYPERGLYCEMIC medication and INSULIN) for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 10/10/2023 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: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Potential to experience rash, hives, anaphylaxis, etc. related to ALLERGY of Sulfa. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Mark will be protected from exposure to allergen each day through next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/collaborate with Mark/SDM in decision making and health teaching about ALLERGY to Sulfa. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Mark with allergy to Sulfa for changes to health status and complications mortality. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ALLERGY ALERT: Mark has ALLERGY to Sulfa. Prevent contact with and report if noted to experience symptoms; rash, hives, swelling, difficulty breathing, etc. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Risk for Impaired SKIN INTEGRITY related to incontinence. Revision on: 10/10/2023		• To protect and maintain skin integrity each day through to the next review.	• 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	Sulfa Antibiotics		D.O.B.	09/03/1947		Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses						
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Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023		Location	7 715 A
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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Katie Wolters-Savo (RAI Coordinator)		Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• POSITIONING: Turn, reposition every 2 hours when in bed/wheelchair to offload pressure. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	Q2h
• Altered COMMUNICATION as exhibited by limitations to comprehension related to Dementia Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Mark will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/collaborate with Mark/SDM for decision making about strategies needed to support effective communication. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Mark communicates and understand English Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement, etc. related to progression of Dementia Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Mark will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 3 Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	• COMMUNICATION: Involve/collaborate with Marks/SDM in decision making of Cognitive Loss for Dementia. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to (place and time) as needed when Mark is feeling lost or in confused state. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment, history of insomnia. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote adequate rest/sleep for Mark based on identified sleep patterns/preferences each night through to the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord	• MONITOR: Monitor Marks sleeping patterns. Document when awake or asleep x 3 days. • REST PATTERN: Mark generally gets up before 8:00am for his insulin. He naps throughout the day (no specific time) and resides around Midnight. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		PCA	
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 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"> Altered ability to complete Activities of Daily Living (ADLs) related to Dementia, Autism, Type 2 diabetes. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> Mark will have ALL ADL care needs met each day through the next review date. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none"> BATHING: Mark prefers (shower) on (Mondays and Thursdays on Evening shift). Two staff Total assistance for bathing. Sara lift for transfer. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> BED MOBILITY: Mark requires extensive assistance from the team to turn and reposition in bed, may require Maximal assistance at times. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> DRESSING: Mark requires Total assistance from one team member to dress him from head to toe. He may lift his arms up but that doesn't happen often due to cognitive impairment. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> EATING: Mark requires extensive assistance from one team member to feed him. He can drink himself and may eat by himself with prompt from the team. He eats on the floor dining room 		PCA	
			Care level varies and when confused or fatigued will need a team member to cue and prompt him.			
			Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator)			
			<ul style="list-style-type: none"> LOCOMOTION: Mark use a Wheelchair and requires one staff to porter on/off the unit. Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> PERSONAL HYGIENE: Mark is able to wash his face, brushing his teeth with cuing from the the team. He requires extensive to Maximal assistance from the team members by providing pericare. Revision on: 04/04/2025 Revision by: Jenny Liu (RAI Coordinator)		PCA	
			<ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide supervision assistance to use soap/water, apply 		PCA	
Allergies	Sulfa Antibiotics		D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses					
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Resident	Dixon, Mark (922131005529)		Admission Date	10/10/2023	Location	7 715 A
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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 Dementia, Autism, Type 2 diabetes. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 01/16/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">TOILET USE: Mark requires SARA lift to transfer him to the toilet, and one staff to re-apply brief and adjust his clothes after. Revision on: 06/19/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none">TRANSFERRING: Mark require Sit to stand lift with two staff assistance from bed to wheelchair and wheel chair to bed. Revision on: 04/02/2025 Revision by: Baljinder Sidhu (RPN) <ul style="list-style-type: none">ORAL CARE: Mark has a full upper and full bottom denture and requires the team to set up him with his tooth brush and tooth paste to brush and store his dentures. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none">SHAVING - Mark requires the team to assist him shaving on his shower days. Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)				PCA		D
<ul style="list-style-type: none">Expressed Wishes and Beliefs related to Mark's Medical Treatment and End of Life Care Revision on: 10/10/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none">To support and honor Mark's expressed wishes and beliefs through to the End of Life. Revision on: 01/25/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/06/2026	<ul style="list-style-type: none">Status is DNR and TRANSFER to hospital as needed. POA refused for dialysis and lab work and want resident on comfort care. Revision on: 06/13/2025 Revision by: Gurjit Kaur (RN)						
Allergies	Sulfa Antibiotics			D.O.B.	09/03/1947	Physician	Wallace Liang		
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses								
Facility	Berkshire Care Centre					Print Date	10/30/2025		
Resident	Dixon, Mark (922131005529)			Admission Date	10/10/2023	Location	7 715 A		
Last Care Plan Review Completed:		10/06/2025							


Care Plan Report

Diagnosis

Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrillation, unspecified(I48.90), Malignant neoplasms of other & ill-defined sites within the digestive system(C26.9), Chronic kidney disease, unspecified(N18.9), Congestive heart failure(I50.0), Diabetic retinopathy(H36.0), Heart failure, unspecified(I50.9), Urinary tract infection, site not specified(N39.0)

Allergies	Sulfa Antibiotics	D.O.B.	09/03/1947	Physician	Wallace Liang
Diagnosis	Type 2 diabetes mellitus without (mention of) complications(E11.9), Childhood autism(F84.0), Mild cognitive disorder(F06.7), Unspecified dementia(F03), Anaemia, unspecified(D64.9), Atrial fibrill...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dixon, Mark (922131005529)	Admission Date	10/10/2023	Location	7 715 A
Last Care Plan Review Completed:		10/06/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved			
<ul style="list-style-type: none"> • ROM exs Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist)	<ul style="list-style-type: none"> • To increase strength in B/L LE from 3/5 to 3+/5. • To increase ROM of B/L LE knee extension from -30 to -10 in next 6 months; Revision on: 09/08/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/24/2025	<ul style="list-style-type: none"> • A-AAROM exs for B/L LE as best tolerated, 10 reps, 2-3 x a week; • Passive gentle stretching for B/L Hams and Calf, 20-30 sec hold, 3-5 reps, 2-3 x a week; • Strengthening with 1-2lbs for B/L UE, 10 reps, 2-3 x a week; 	PT - Physiotherapist PTA				
<ul style="list-style-type: none"> • Potential for (Acute/Persistent) PAIN and alteration in comfort level related to Diabetes, Rhabdomyolysis and Spinal Stenosis. Most Current pain Score is (0). Revision on: 06/05/2025 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: 09/06/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/24/2025	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Robert(SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 11/09/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Staff RN Registered Practical Nurse Registered Practical Nurse RN				
<ul style="list-style-type: none"> • Increased risk for FALLS related to: History of Falls, Hypertension, Diabetes, Rhabdomyolysis, COPD, Spinal Stenosis, Asthma and Schizophrenia and Psychotropic drug use. None compliant with transfer status Revision on: 05/28/2025 Revision by: Danielle Loreto (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: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	<ul style="list-style-type: none"> • PURPOSEFUL ROUNDING: Conduct purposeful rounding every two hours to assess resident's needs; for positioning and monitoring for risk of fall. • CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: (high/low bed, wheelchair) • ENVIRONMENT: Secure environment (reduce clutter, place urinal within reach) to reduce fall risk for Robert. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up) Revision on: 06/19/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA	D/E/N			
Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang		
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Doan, Robert (922131002937)		Admission Date	05/13/2025	Location	7 702 B	
Last Care Plan Review Completed:		09/25/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • BED: place bed in lowest position to lower risk for injury. Revision on: 01/20/2024 Revision by: Maryola Perion (RN) • FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for transfers. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • SPECIAL CONSIDERATION to PREVENT FALLS: Constantly remind to resident to ask for assist when transferring Resident is not compliant with his transfer status and is transferring himself. Team to try and anticipate his needs and monitor for safety. Revision on: 02/11/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
• SLEEP AND REST PATTERN; Potential for alteration in sleep patterns r/t insomnia, likes to go back to his bed Revision on: 02/14/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote adequate rest/sleep for Robert based on identified sleep patterns/preferences each night through to the next review date. Revision on: 12/29/2023 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• REST PATTERN: Usual bed time 2300hrs and usual wake time 0900hrs. HE PREFERS TO GO BACK TO BED AFTER LUNCH AND GET UP AROUND 1730 FOR DINNER- He likes to go back to bed around 2000-2100 Revision on: 02/14/2025 Revision by: Danielle Loreto (RAI Coordinator) • SLEEPWEAR: Robert preferred night attire: Own Pajamas. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to low fluid intake Revision on: 12/18/2024 Revision by: Danielle Loreto (RAI Coordinator)	• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• 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 Robert to consume fluids; amount as per Nutrition Care Plan. Revision on: 01/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff	

Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Doan, Robert (922131002937)	Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025			

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 antipsychotic medications and multi-pharm Revision on: 12/18/2024 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: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	<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: 02/29/2020 Revision by: Qiufeng Liu (RPN) <ul style="list-style-type: none"> PREFERENCE: Dermovate cream 0.05% GM and clotrimaderm cream 1% GM came be kept at bedside as per doctors order. Medication self-administration evaluation form completed 1/8/2018. Take meds whole with water. Revision on: 08/29/2020 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. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		
<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, Withdrawn. ISE Score: 3/6 Revision on: 10/02/2023 Revision by: Mitchell Atkinson (Recreation Aide)	<ul style="list-style-type: none"> To support Robert's Psycho-Social well being through to the next review. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	<ul style="list-style-type: none"> SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching TV, visiting with residents/team members, listening to music, cleaning/tidying room, etc. Revision on: 05/11/2020 Revision by: Shayna Lee Wonsch (Activation Manager) <ul style="list-style-type: none"> HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions for Robert: Robert prefers one to one or self-directed programs. He enjoys music/history trivia; pictures of cars/birds, hockey. Music programs (oldies, rock n roll). Robert gets overwhelmed when too many people are around; target programs around quite times. Revision on: 01/27/2021 Revision by: Kameron Stewart (Activities/Rec Therapy) <ul style="list-style-type: none"> ONE to ONE: Provide him with individual visits for conversation, reminiscing, enjoys trivia and music, etc. as tolerated. Revision on: 02/04/2020 Revision by: Mitchell Atkinson (Activities/Rec Therapy)	ACT	
<ul style="list-style-type: none"> Potential to experience FOOT/FEET complications related to diabetic 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 	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Robert 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: Robert requires footcare/treatment during shower days and 	Footcare Nurse - Internal	
Allergies	No Known Allergies		D.O.B.	08/17/1954
Physician			Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Doan, Robert (922131002937)		Admission Date	05/13/2025
			Location	7 702 B
Last Care Plan Review Completed:		09/25/2025		

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Focus	Goal	Interventions	Position	Freq/Resolved
	next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Robert likes to have footcare completed on shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	Footcare Nurse - Internal	
• Potential for Expressive Behaviour of (resist care) related to Schizophrenia Revision on: 10/19/2022 Revision by: Jenny Liu (RAI Coord Back-up)	• To decrease episodic frequency of (resist care) by next review date. ABS score will be less than (2). Revision on: 03/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Robert for indications to change in or for escalating expressive behaviour risk. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (poor judgement, paranoid thought process, etc.) Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESISTANCE to Care Need: If Robert is refusing to (bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. Revision on: 12/26/2023 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Practical Nurse RN	
• Potential for CONSTIPATION related to decreased mobility. Revision on: 02/03/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To minimize the potential for episodes and complications of constipation through to the next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• 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	

Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Doan, Robert (922131002937)	Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by (repetitive health complaints and easily get annoyed with staff) related to Schizophrenia. Revision on: 10/22/2021 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> To decrease episodic frequency of (repetitive health complaints and easily get annoyed with staff) by next review date. DRS score will be maintained as of 0 Revision on: 03/27/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/24/2025	<ul style="list-style-type: none"> 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: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> RESIDENT STRENGTHS: Build on Robert effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 08/29/2020 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: 01/29/2021 Revision by: Jenny Liu (RAI Coord Back-up)		
<ul style="list-style-type: none"> Potential to experience alteration in RESPIRATORY FUNCTION related to: COPD and Asthma Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none"> To treat and minimize signs/symptoms or complications associated with (COPD and Asthma) each day through to next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with (Asthma and COPD) for changes to health status and alteration or complications affecting respiratory function. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> OXYGEN: Administer Oxygen as per MD order. Revision on: 04/29/2021 Revision by: Jenny Liu (RAI Coord Back-up)		
<ul style="list-style-type: none"> Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<ul style="list-style-type: none"> To treat and/or minimize complications associated with ANEMIA each day through to the next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with ANEMIA for complications or changes to health status. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none"> MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		

Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Doan, Robert (922131002937)	Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH) Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• COMMUNICATION: Involve/collaborate with Robert/SDM in decision making for BPH care management. Revision on: 08/29/2020 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: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Risk for/Impaired SKIN INTEGRITY related to Fragile Skin (ageing process), Diabetes and Psoriasis Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		• To protect and maintain skin integrity each day through to the next review. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• 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. • BARRIER CREAM: Robert administers medicated cream clotrimazole 1% and it is kept at bedside as prescribed by the Physician. Revision on: 07/14/2025 Revision by: Rose Obli (RPN)		PCA	
• SPIRITUAL BELIEFS: Robert is not religious. Revision on: 05/11/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Robert spiritual support as interested through to the next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• PERSONAL CHOICE: Respect Robert's right to decline participation in Spiritual Programs. Revision on: 11/08/2019 Revision by: Shayna Lee Wonsch (Activation Manager)		ACT	
• 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.	• COMMUNICATION: Involve/collaborate with (Robert)/SDM in decision making of Cardiac Care Management for HTN. Revision on: 01/29/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with			
Allergies	No Known Allergies		D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Doan, Robert (922131002937)		Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 01/29/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for HTN as per MD Order and monitor for side effects. Revision on: 11/09/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) • BP MONITORING: Monitor BLOOD PRESSURE (monthly and as needed). Notify MD of abnormalities as needed. Revision on: 11/09/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Practical Nurse RN	Registered Staff	
• Advanced Wishes and Beliefs related to End of Life. Revision on: 08/18/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	• To support and honor Robert expressed wishes and beliefs through to the End of Life Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• DO NOT ATTEMPT CPR: Do not transfer to hospital, plan includes death at home - see PoET Individualized Summary Revision on: 12/18/2024 Revision by: Danielle Loreto (RAI Coordinator)			
• Bowel Incontinence. Revision on: 05/22/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	• Robert will receive support to (use toilet) and promote optimal bowel continence each day through to the next review. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• 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 Incontinent). Report change to level as noted. Revision on: 12/18/2024 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	Registered Staff	PCA PCA	
• Urinary Incontinence r/t restricted mobility: Rhabdomyolosis, spinal stenosis. Revision on: 02/18/2018 Revision by: Qiufeng Liu (Registered Practical Nurse)	• Robert will have urinary incontinence managed every shift through to the next review period. Revision on: 10/03/2023	• URINARY Continence level is TOTAL Incontinent). Report change to level as noted. • 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	Registered Staff		
Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Doan, Robert (922131002937)	Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	Revision by: Qiufeng Liu (Registered Practical Nurse) • CHECK and CHANGE WHEN NEEDED: Robert experiences TOTAL incontinence and requires checks and and changes. Team to assist with continence care. Revision on: 12/18/2024 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: see Prevail sheet. Extra large grey brief. Revision on: 06/30/2023 Revision by: Emma Rigakos (RPN)			PCA PCA	
• Nutrition Risk Level (diet details) Revision on: 02/20/2016 Revision by: Joe Albano (Registered Practical Nurse)		• Robert will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025 • Will weigh within realistic GWR 88-95 kg through to next review date. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/24/2025 • Robert will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2350 ml/day (25 ml/kg using 94 kg weight) through to next review date. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/24/2025	• Labelled Item Dinner: 1 can (355 ml) diet Pepsi to support hydration Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
			• LABELLED SNACK HS: Greek yogurt daily Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
			• LABELLED SNACK PM: Assorted half sandwich on wheat Mon/Wed/Fri Crackers and peanut butter Tues/Thurs Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
			• NUTRITION RISK: Robert is high risk level. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			Dietitian (RD)	
			• DIET ORDER: Robert will receive regular diet, regular texture Revision on: 12/10/2020 Revision by: Anna Slack			Diet Food Services Aide PCA	
			• FLUID CONSISTENCY: Robert drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/15/2021 Revision by: Olivia Kuhlmann (Dietetic Intern)			Diet PCA	
			• FLUID TARGET: Encourage Robert to drink a minimum of 1880 ml/day Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
Allergies	No Known Allergies			D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of complications(E11.9)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Doan, Robert (922131002937)			Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Nutrition Risk Level (diet details) Revision on: 02/20/2016 Revision by: Joe Albano (Registered Practical Nurse)			• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. • EATING WELL AT MEALS: Encourage improved intake at breakfast and lunch (Robert has received health teaching from RD). Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: 1 bottle (237 ml) Boost Carb Smart once daily (0800) Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))			Dietary aide PCA PCA	 BLD
• ACTIVITIES OF DAILY LIVING, self-care related to: Hypertension, Diabetes, Rhabdomyolysis, COPD, Spinal Stenosis, Asthma, Psoriasis and Schizophrenia Revision on: 02/01/2016 Revision by: Kenya Mosely (Registered Practical Nurse)		• Robert will feel supported in coping with changing functional abilities through the review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	• BATHING: Robert prefers (shower/bath) on (Wednesday and Saturday's. Evening shift). Robert participates by (providing a washcloth and to wash his upper body). Two staff (MAXIMAL) 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) • BED MOBILITY: Robert is able to turn and reposition himself in bed. May need limited assistance at times from 1 team members. Revision on: 09/25/2024 Revision by: Jenny Liu (RAI Coord Back-up) • DRESSING: Robert requires extensive to Maximal assistance from one or two team members to dress him up. He is able to guide his lower and upper extremities into the clothes. Revision on: 09/06/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: Independent - Robert eats in the Floor 7 dining room. He prefers to eat alone and will only eat supper. Release of Responsibility Form to eat in his room. Revision on: 12/18/2024			PCA PCA PCA	
Allergies	No Known Allergies			D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of complications(E11.9)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Doan, Robert (922131002937)			Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025					

Care Plan Report

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Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
Revision on: 02/01/2016 Revision by: Kenya Mosely (Registered Practical Nurse)	DIABETES each day through to the next review date. Revision on: 10/03/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/24/2025	Revision by: Qiufeng Liu (RPN/RAI back up) • CBG MONITORING: Monitor CAPILLARY BLOOD GLUCOSE (CBG) as per MD order. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION: Administer medication (ORAL ANTIHYPERGLYCEMIC medication) for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 08/29/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		

Diagnosis

Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Other specified disorders of muscle, multiple sites(M62.80), Spinal stenosis, unspecified site(M48.09), Asthma, unspecified, without stated status asthmaticus(J45.90), Psoriasis, unspecified(L40.9)

Allergies	No Known Allergies	D.O.B.	08/17/1954	Physician	Wallace Liang
Diagnosis	Schizophrenia, unspecified(F20.9), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Benign hypertension(I10.0), Type 2 diabetes mellitus without (mention of) complications(E11.9)...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Doan, Robert (922131002937)	Admission Date	05/13/2025	Location	7 702 B
Last Care Plan Review Completed:		09/25/2025			

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 recurrent falls, Hx of ETOH, Macular Degeneration and Quadruple bypass (12 yrs ago) chronic Left anterior shoulder pain, headache. current pain score is: 0 Revision on: 05/30/2025 Revision by: Jenny Liu (RAI Coordinator)	<ul style="list-style-type: none"> To promote resident comfort and effectively manage ACUTE pain as episode occurs through to the next review. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	<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 (Specify if topical) as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. 	RN Registered Practical Nurse Registered Practical Nurse RN				
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: Hubert is of the Catholic Faith. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide)	<ul style="list-style-type: none"> To provide Hubert spiritual support as interested through to the next review date. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/24/2025	<ul style="list-style-type: none"> SPIRITUAL PROGRAMS: Encourage him to attend spiritual programs of his choice including; Hymn Sing, Catholic Mass, Church Service, etc. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide)					
<ul style="list-style-type: none"> At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to adjusting to life in new environment. ISE score: 4/6 Revision on: 02/20/2025 Revision by: Laura Morris (Restorative Care Aide)	<ul style="list-style-type: none"> Team members will support Hubert in decreasing social isolation by participating in activities of personal choice for 20-25 times per month by the next review date. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/24/2025 <ul style="list-style-type: none"> To support Hubert's Psycho-Social well being through to the next review. Revision on: 03/14/2025	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite Hubert to programs of personal interest; bingo, happy hour, cards, sports, movies, special events, Catholic church services, etc. Revision on: 05/28/2025 Revision by: Megan Pipe (Recreation Aide) <ul style="list-style-type: none"> SELF-DIRECTED ACTIVITIES: Encourage Hubert to engage in self-directed activities such as conversations with other residents and staff, watching TV in own room, walking, watching t.v. Revision on: 01/14/2025 Revision by: Laura Morris (Restorative Care Aide) <ul style="list-style-type: none"> ONE to ONE: Provide Hubert with individual visits for reminiscing and conversation. Revision on: 01/14/2025 Revision by: Laura Morris (Restorative Care Aide)					
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics	D.O.B.	11/01/1935	Physician	Wallace Liang		
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)						
Facility	Berkshire Care Centre			Print Date	10/30/2025		
Resident	Dube, Hubert (922131005602)	Admission Date	12/05/2024	Location	7 706 A		
Last Care Plan Review Completed:		08/24/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to adjusting to life in new environment. ISE score: 4/6 Revision on: 02/20/2025 Revision by: Laura Morris (Restorative Care Aide)		Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025				
• Strength Training Revision on: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)		• Reduce assistance needed for transfers from 1 person assist to sup assist in next 3 months Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• Strengthening exs for B/L UE and LE, within pain limits, 1lbs to 2lbs, 10 reps, 1-2 sets, 2-3 x a week; Bike/Peddlars for 10-15 mins or as best tolerated; 2-3 x a week; Revision on: 06/26/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Gait training Revision on: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)		• To improve gait in regards to adding heel toe pattern in next 3 months Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• 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: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
• Balance Training Revision on: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)		• Increase Tinetti scores from 17 to 19 in next 3 months; Revision on: 05/27/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 11/24/2025	• 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 Revision on: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics		D.O.B.	11/01/1935	Physician	Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dube, Hubert (922131005602)		Admission Date	12/05/2024	Location	7 706 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Balance Training Revision on: 12/12/2024 Revision by: Shina Wadhwa (Physical Therapist)						
<ul style="list-style-type: none"> Potential to experience complications and side effects impacting quality of life related to use of multi-pharmacy. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<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: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident using (Specify; anti-psychotic medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 12/05/2024 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 hx of ETOH, falls, Macular Degeneration, Quadruple bypass (12 yrs ago). Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none"> Hubert 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: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> BATHING: Hubert prefers (shower/tub bath) on (Mondays and Fridays on Evening shift). Hubert participates by (providing a washcloth and to wash his upper body). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA			
	<ul style="list-style-type: none"> Hubert have ALL ADL care needs met each day through the next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none"> BED MOBILITY: Hubert is able to turn and reposition himself in bed without any assistance from the team member. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA			
		<ul style="list-style-type: none"> DRESSING: Hubert is able to guide his lower and upper extremities into the clothes. One team member to help with his lower extremity by pull the pants up, put the socks on and shoes. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA			
		<ul style="list-style-type: none"> EATING: Hubert is able to eat by himself once set up by the team member. He eats in the main floor dining room- flr. 1 Revision on: 05/30/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA			
		<ul style="list-style-type: none"> LOCOMOTION: Hubert is able to ambulate independently with walker. Revision on: 12/05/2024	PCA			
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics		D.O.B.	11/01/1935	Physician	Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Dube, Hubert (922131005602)		Admission Date	12/05/2024	Location	7 706 A
Last Care Plan Review Completed:		08/24/2025				

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 hx of ETOH, falls, Macular Degeneration, Quadruple bypass (12 yrs ago). Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)			Revision by: Jenny Liu (RAI Coord Back-up)					
			<ul style="list-style-type: none">PERSONAL HYGIENE: Hubert is able to wash his hands, face, requires extensive assistance with pericare from the team member. Revision on: 03/03/2025					
			Revision by: Jenny Liu (RAI Coord Back-up)					
			<ul style="list-style-type: none">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: 12/05/2024					
			Revision by: Jenny Liu (RAI Coord Back-up)					
			<ul style="list-style-type: none">TOILET USE: Hubert is able to transfer on/off the toilet. He requires one staff member to clean, re-apply pull up and adjust clothes after. Revision on: 03/03/2025					
			Revision by: Jenny Liu (RAI Coord Back-up)					
			<ul style="list-style-type: none">TRANSFERRING: Hubert requires limited assistance from one team member to help with transfer between surfaces. However he does self transferring all the time. Revision on: 05/30/2025					
			Revision by: Jenny Liu (RAI Coordinator)					
			<ul style="list-style-type: none">ORAL CARE: Hubert has upper/lower dentures, he is able to put them in and take them out. Team collect them and return them in the morning. Revision on: 08/24/2025					
			Revision by: Danielle Loreto (RAI Coordinator)					
			<ul style="list-style-type: none">SHAVING - Hubert prefers (beard, mustache, face) shaved on his bath days. Revision on: 12/05/2024					
			Revision by: Jenny Liu (RAI Coord Back-up)					
<ul style="list-style-type: none">Expressed Wishes and Beliefs related to Hubert Medical Treatment and End of Life Care. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none">To support and honor (resident's name) expressed wishes and beliefs through to the End of Life. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	<ul style="list-style-type: none">CPR: Hubert wishes express NO CPR, however TRANSFER to hospital decision will be made at the time. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)					
<ul style="list-style-type: none">Sleep Patterns; Potential for alteration in sleep patterns related to new enviornment.		<ul style="list-style-type: none">To promote adequate rest/sleep for Hubert based on	<ul style="list-style-type: none">REST PATTERN: Preferred bedtime no specific time, usual wake time no specific time. Hubert stated he usually go to sleep late and wake up early.					
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics			D.O.B.	11/01/1935		Physician	Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Dube, Hubert (922131005602)			Admission Date	12/05/2024		Location	7 706 A
Last Care Plan Review Completed:		08/24/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	identified sleep patterns/preferences each night through to the next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		
• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease (Quadruple bypass 12 yrs ago) Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To treat and minimize signs/symptoms or complications associated with quadruple bypass through to the next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status and alteration or complications affecting cardiac function. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		
• Potential for bruising, bleeding, clotting or other complications related to use of (ANTICOAGULANT) medication. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To monitor for bleeding and minimize complications related to use of (Apixaban) through the review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• 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: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • BLEEDING ALERT: Notify nurse immediately if Hubert is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.). Revision on: 12/05/2024 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 (Specify; rash, hives, anaphylaxis, etc.) related to ALLERGY of Erythromycin, Sulfa and Trimethoprim. Revision on: 12/05/2024	• Hubert will be protected from exposure to allergen each day through next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with allergy for changes to health status and complications. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • MD/PHARMACY ALERT: Notify the MD and Pharmacy of Hubert Allergy and		
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics	D.O.B.	11/01/1935	Physician Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Dube, Hubert (922131005602)	Admission Date	12/05/2024	Location 7 706 A
Last Care Plan Review Completed:		08/24/2025		

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Jenny Liu (RAI Coord Back-up)		Coordinator) Target Date: 11/24/2025	minimize risk for exposure to allergen. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication as per MD Order. Monitor its effectiveness. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential for BOWEL INCONTINENCE Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• (Resident name) will receive support to (SPECIFY: use toilet, commode, bedpan) and promote optimal bowel continence each day through to the next review. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• 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 Continent. Report change to level as noted. Revision on: 08/24/2025 Revision by: Danielle Loreto (RAI Coordinator) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency.		Registered Staff PCA PCA	
• URINARY Functional INCONTINENCE Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• Hubert will receive support to use toilet and promote urinary continence each shift through to the next review. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025 • Hubert will have urinary incontinence managed every shift through to the next review period. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• Hubert is continent of the bladder. May have occasional incontinence at times. He will alert the team if he requires support. • MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Resident uses incontinence products (medium pull-up), see Prevail for details. Revision on: 12/06/2024 Revision by: Mary Rose Dula		PCA	
• Risk for Impaired SKIN INTEGRITY		• To protect and maintain skin	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any		PCA	
Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics			D.O.B.	11/01/1935	Physician Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dube, Hubert (922131005602)			Admission Date	12/05/2024	Location 7 706 A
Last Care Plan Review Completed:		08/24/2025				

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
related to incontinence and falls. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)		integrity each day through to the next review. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	new or different observance than the residents' usual skin condition to Registered Staff as noted.					
• Nutrition Risk Level		• Hubert will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025 • Will weigh within realistic GWR 60-70 kg through to next review date. Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/24/2025 • Hubert will be adequately hydrated aeb drinking at least 80% of total fluid requirement @25ml/kg, 57.7kg through to next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025 • Will meet estimated nutritional requirements of 1442-	• Labelled Item Breakfast: fruit rite spread daily Revision on: 04/10/2025 Revision by: Holly Laasanen (Dietitian (RD))				PCA Registered Practical Nurse RN Dietitian (RD)	D
			• NUTRITION RISK: Dube Hubert is moderate risk level. Revision on: 12/10/2024 Revision by: Lexi Dakin (Dietitian (RD))					
			• DIET ORDER: Dube Hubert will receive regular diet,regular texture Revision on: 12/05/2024 Revision by: Niharika Chopra (Food Service Supervisor)				PCA	
			• FLUID CONSISTENCY: Dube Hubert drinks REGULAR/THIN Level 0 Fluids. Revision on: 12/05/2024 Revision by: Niharika Chopra (Food Service Supervisor)				PCA	
			• FLUID TARGET: Encourage Hubert to drink a minimum of 1153mL/day Revision on: 12/10/2024 Revision by: Lexi Dakin (Dietitian (RD))				PCA	
Allergies		Erythromycin, Trimethoprim, Sulfa Antibiotics		D.O.B.	11/01/1935		Physician	Wallace Liang
Diagnosis		Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)						
Facility		Berkshire Care Centre					Print Date	10/30/2025
Resident		Dube, Hubert (922131005602)		Admission Date	12/05/2024		Location	7 706 A
Last Care Plan Review Completed:		08/24/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	1731kcal/day, 25-30kcal/kg, 57.7-69gPRO/day, 1-1.2g/kg through to next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025			
• Altered VISION related to dx with macular degeneration. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To treat and minimize complications through to next review date. Revision on: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• COMMUNICATION: Involve/collaborate with Hubert/SDM for decision making pertaining to change in visual status as needed. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • READING: Hubert at times can make out larger print. Team to access large printed materials as needed. Most often he cannot unless very enlarged. Revision on: 08/24/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
• Increased risk for FALLS related to hx of falls. Revision on: 12/05/2024 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: 03/14/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/24/2025	• CALL BELL: Place call bell within resident's reach, check that it is in working order and remind/encourage to use it. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up) • BED: at knee height for safe transfers as he will transfer himself. Revision on: 08/24/2025 Revision by: Danielle Loreto (RAI Coordinator) • FOOTWEAR: Ensure resident wears appropriate footwear at all times. Revision on: 12/05/2024 Revision by: Jenny Liu (RAI Coord Back-up)	PCA PCA PCA	D/E/N

Allergies	Erythromycin, Trimethoprim, Sulfa Antibiotics	D.O.B.	11/01/1935	Physician	Wallace Liang
Diagnosis	Personal history of alcohol abuse(Z86.40), Degeneration of macula and posterior pole(H35.3), Atherosclerotic heart disease of native coronary artery(I25.10)				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dube, Hubert (922131005602)	Admission Date	12/05/2024	Location	7 706 A
Last Care Plan Review Completed:		08/24/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to Hx of CVA (2016), Stimulant Use Disorder, Benign Prostatic Hyperplasia, Obstructive Sleep Apnea, Altered Mental Status, Anemia, Substance-induced psychosis vs Schizophrenia Revision on: 10/30/2025 Revision by: Alyssa Egan (ADOC)</p>	<p>• Richard will be supported to cope with changing functional abilities due to cast on right foot and have ADL care needs met each day through to the next review date. Revision on: 10/30/2025 Revision by: Alyssa Egan (ADOC) Target Date: 12/08/2025</p> <p>• Richard will have ALL ADL care tasks met each day through the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025</p>	<p>• BATHING: Richard prefers (shower) on (Tuesdays and Saturdays on Day shift). Richard is able to do his own shower. One staff (SUPERVISION and set up) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Richard is able to turn and reposition himself independently with the use of his bedrails, set up help from the team. Bedrails in place aim bed mobility Revision on: 01/08/2025 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• DRESSING: Richard is able to dress his upper body and lower body though may require limited assist at times for his lower body. Richard wears a special belt that he is able to put on himself when he feels his blood pressure is too low. Revision on: 11/03/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• EATING: Richard is able to eat independently once he is set up by the team without assistance or oversight from the team. He eats on the first floor dining room Revision on: 05/04/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Richard utilizes a four wheeled walker to ambulate without assistance or oversight from the team. Resident using transport chair for mobility while cast in place to right foot. Revision on: 10/30/2025 Revision by: Alyssa Egan (ADOC)</p> <p>• PERSONAL HYGIENE: Richard is capable of brushing and storing his dentures, washing his face and completing his own pericare. Revision on: 01/10/2025 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDERS to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• TOILET USE: Richard is capable of transferring onto and off of the toilet without assistance or oversight from the team. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</p>	PCA		
Allergies	No Known Allergies	D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)	Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025			



Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to Hx of CVA (2016), Stimulant Use Disorder, Benign Prostatic Hyperplasia, Obstructive Sleep Apnea, Altered Mental Status, Anemia, Substance-induced psychosis vs Schizophrenia Revision on: 10/30/2025 Revision by: Alyssa Egan (ADOC)</div>		<div>• TRANSFERRING: Independent- Richard is able to transfer himself from a sit to stand position, set up assistance with walker as needed. Revision on: 08/04/2022 Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• ORAL CARE: Richard has upper/lower dentures. He is able to brush and store his own dentures. Team to encourage Richard to communicate any signs or symptoms of maceration to his oral cavity. Revision on: 01/27/2023 Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• FOOT CARE: Footcare to be completed by registered staff on shower days and PRN. Report long toe nails or other abnormalities as noted. Revision on: 01/25/2023 Revision by: Katherine Arca (RPN)</div> <div>• SHAVING - Richard has a electric razor and will shave himself. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)</div>	<div>PCA</div> <div>PCA</div> <div>PCA</div> <div>PCA</div>	<div>D</div>		
<div>• Potential for acute PAIN and alteration in comfort level related to the aging process, hx of stroke (2016), shoulder pain, left knee pain, fractured humerus, Lt. arm pain/swelling, pain in both legs, bilateral lower extremities and feet, Right ankle pain r/t fall (10/25/25)undisplaced fracture involving the distal fibula at the posterolateral aspect. Most Current LTCF Pain Score is 3 Revision on: 10/28/2025</div>	<div>• Promote MDS Pain Score of 0 through to the next review. To decrease stiffness of b/l Shoulder joints in 3 weeks. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025</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: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)</div>	<div>RN Registered Practical Nurse</div> <div>Registered Practical Nurse RN</div>			
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Danielle Loreto (RAI Coordinator)					
<ul style="list-style-type: none"> Potential to experience discomfort/complications, including infection of surgical site, pain, impaired mobility, embolism related to FRACTURE of undisplaced fracture involving the distal fibula at the posterolateral aspect Revision on: 10/28/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To promote optimal healing of FRACTURE of undisplaced fracture involving the distal fibula at the posterolateral aspect by next review date Revision on: 10/30/2025 Revision by: Alyssa Egan (ADOC) Target Date: 12/08/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/ collaborate with (Richard)in decision making of fracture care management. Revision on: 10/28/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> HEALTH EDUCATION: Engage with Richard to enhance his comprehension of Health education provided to resident to keep the plaster dry. Try to Keep leg elevated and report any sign of severe pain at plaster site Do not insert any object under plaster . Report any sign of swelling, changes in skin color, coldness, foul odor, drainage or wet spots on the cast. Revision on: 10/30/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of fracture to (undisplaced fracture involving the distal fibula at the posterolateral aspect) for discomfort/ complications or changes to health status. Revision on: 10/28/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> PAIN MANAGEMENT for fracture prescribed and in place; refer to Pain Care Plan. 	Registered Staff		
<ul style="list-style-type: none"> Alteration in skin integrity with risk for infection or complications related to open lesion on Right Calf lateral. Revision on: 10/27/2025 Revision by: Baljinder Sidhu (RPN)	<ul style="list-style-type: none"> To promote optimal healing of open lesion within the target date. Revision on: 10/27/2025 Revision by: Baljinder Sidhu (RPN) Target Date: 12/26/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with open lesion on Right Calf lateral.for changes to health status and alteration or complications affecting skin integrity. Revision on: 10/27/2025 Revision by: Baljinder Sidhu (RPN) <ul style="list-style-type: none"> TREATMENT PLAN: Administer treatment for open lesion on Right Calf lateral.as per MD Order. Revision on: 10/27/2025			
Allergies	No Known Allergies	D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)	Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			Revision by: Baljinder Sidhu (RPN) • 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: 10/27/2025 Revision by: Baljinder Sidhu (RPN)			
• Alteration in skin integrity with risk for infection or complications related to open lesion on Right Calf. Revision on: 10/27/2025 Revision by: Baljinder Sidhu (RPN)						
• Richard has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of drug overdose in 2017. IV drug use noted onsite December 1st 2024. Oct. 1/25: Crack pipes in his room Revision on: 10/02/2025 Revision by: Maryola Perion (RN)		• Richard will remain free of drug overdose through next review date. Revision on: 04/29/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/26/2025	• CONTACT PRECAUTION- If noted to have drug paraphernalia in his room, team to use nitro glove and CONTACT PRECAUTIONS. • ROOM CHECK: Check Richard room/belongings for drug paraphernalia, etc.) each (shift, day, upon expected use, etc.). If any found report to Charge Nurse/DOC/ED/SW. Revision on: 12/02/2024 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATIONS: Administer medications as ordered and monitor for side effects/effectiveness. Report to MD as necessary. Revision on: 04/29/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
• Alteration in skin integrity with risk for infection or complications related to #59 - Skin Tear - Partial Flap Loss Face Revision on: 09/26/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote optimal healing of SKIN TEAR within the next review date Revision on: 09/26/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 12/26/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with SKIN TEAR to #59 - Skin Tear - Partial Flap Loss Face for changes to health status and alteration or complications affecting skin integrity. Revision on: 09/26/2025			
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision by: Danielle Loreto (RAI Coordinator) • TREATMENT PLAN: Administer treatment for SKIN TEAR to #59 - Skin Tear - Partial Flap Loss Face as per MD Order. Revision on: 09/26/2025 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: 09/26/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Loss of Independence, disinterest. ISE Score: 4/6 Revision on: 09/16/2025 Revision by: Megan Pipe (Recreation Aide)	• Team members will support Richard in decreasing social isolation by participating in activities of personal choice 5-10 times per month by the next review date. Revision on: 12/31/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 12/26/2025	• STRUCTURED ACTIVITIES: Invite Richard to programs of personal interest; 1: 1/friendly visits, discussion - current events, exercise - community walks, reading - library cart, Resident Council & Food Committee, special events, tuck shop, TV programs, trivia etc. Revision on: 10/30/2023 Revision by: Laura Morris (Restorative Care Aide) • SELF-DIRECTED ACTIVITIES: Richard will engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, smoking etc. Revision on: 10/30/2023 Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide him with individual visits for conversation, reading, reminiscing, music, humor, sports, etc. Revision on: 11/09/2021 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Richard to make friendships and sit with friends during activities. Revision on: 11/09/2021 Revision by: Mitchell Atkinson (Recreation Aide)	ACT			
• Increased risk for FALLS related to	• To promote safety, minimize	• PURPOSEFUL ROUNDING: Conduct purposeful rounding every hour especially		DEqshiftNpr n		
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
history of falls, syncope, dizziness, drowsiness. Revision on: 09/14/2025 Revision by: Maryola Perion (RN)		risk for falls and/or fall related injury each day through to the next review period. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	during night shift to assess resident's for positioning and monitoring for risk of fall. Assess for Dizziness and remind resident to lie down in bed if feeling dizzy. Revision on: 09/28/2025 Revision by: Mary Kagayutan (RPN) • COMMUNICATION: Involve/collaborate with Richard/SDM in decision making in fall prevention Plan of Care. Revision on: 02/06/2024 Revision by: Chelsea Campbell-Wright (ADOC) • CALL BELL: Place call bell within Richard reach to right side, 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: 02/06/2024 Revision by: Chelsea Campbell-Wright (ADOC) • ENVIRONMENT: Secure environment reduce clutter in his room to reduce fall risk for Richard Revision on: 07/12/2025 Revision by: Gurjit Kaur (RN) • FOOTWEAR: Ensure Richard wears appropriate footwear at all times. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		PCA <	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		Revision on: 02/25/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 01/18/2024 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If Richard is declining to be swabbed, re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 10/25/2023 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: 10/25/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BSO RECOMMENDATIONS: (specify intervention in easy to follow instruction) Verbal: Yelling, swearing, calling others names. Physical: Striking out Triggers: Anger, confusion, loss of a loved one, telling him what to do Recommendations: If resident is yelling, swearing, calmly try to redirect the resident to his room or a quiet area to calm down. If resident is attempting to strike out, move away from his reach and report to registered staff. Don't tell the resident what to do. Use calm approach. Revision on: 03/13/2024 Revision by: Leslie Meloche (Recreation Aide)	Registered Practical Nurse RN		
• Altered VISION related to wearing does not use his glasses Revision on: 06/30/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Richard will use glasses for vision correction daily through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• EYEGLASSES: Richard does not wear his glasses. Revision on: 06/30/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
• Risk for Impaired SKIN INTEGRITY related to left sided weakness. Revision on: 04/10/2025	• To protect and maintain skin integrity each day through to the next review.	• 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.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)	Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Jenny Liu (RAI Coordinator)	Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025				
• Individualized Fall Prevention and Injury Reduction Plan Revision on: 01/27/2025 Revision by: Rose Obli (RPN)	• To decrease the number of falls for throughout this review period. Revision on: 01/27/2025 Revision by: Rose Obli (RPN) Target Date: 12/26/2025				
• Richard has potential to experience a safety hazard/burn injury related to personal SMOKING habits and illegal substance use. Revision on: 11/29/2024 Revision by: Danielle Loreto (RAI Coordinator)	• Richard will be safe when choosing to smoke through to the next review Revision on: 10/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• COMMUNICATION: Involve Richard 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: 10/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • CHECK: Room and personal belongings to be checked for needles and drug paraphernalia materials every shift. Revision on: 11/29/2024 Revision by: Danielle Loreto (RAI Coordinator)	Social Worker PCA	 D/E/N	
• Potential to experience alteration in RESPIRATORY FUNCTION related to pulmonary embolism. Revision on: 10/09/2024 Revision by: Shina Wadhwa (Physical Therapist)	• To treat and minimize signs/symptoms or complications associated with pulmonary embolism each day through to next review date. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) Target Date: 12/26/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with pulmonary embolism for changes to health status and alteration or complications affecting respiratory function. Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator) • MEDICATION: Administer medication for pulmonary embolism per MD Order (Warfarin). Monitor labs per MD orders Revision on: 06/21/2024 Revision by: Katie Savo (RAI Coordinator)			
• Potential to experience FOOT/FEET complications related to foot or toenail issues, thicken toenails, calluses,	• To maintain adequate Foot/Feet/Toenail care and minimize episodes of	• COMMUNICATION: Involve/collaborate with Richard in decision making for footcare treatment plan. Revision on: 05/16/2024	Footcare Nurse - Internal		
Allergies	No Known Allergies	D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)	Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025			

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Diabetes/Neuropathic condition, compromised circulation. Revision on: 10/09/2024 Revision by: Shina Wadhwa (Physical Therapist)		inflammation, infection or complications through to the next review date. Target Date: 12/26/2025	Revision by: Katie Savo • TREATMENT PLAN: Richard requires footcare/treatment every 6 to 8 weeks. Revision on: 05/16/2024 Revision by: Katie Savo			
• Richard is experiencing colonization with Antibiotic Resistant Organism (MRSA-Nasal) as of confirmed date: 3/18/24. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Target Date: 12/26/2025	• COMMUNICATION: Involve/collaborate with richard with decision making for Antibiotic Resistant Organism treatment plan and update accordingly. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • HEALTH EDUCATION: Engage with Richard/SDM to enhance their knowledge of infection control practices hand hygiene, visitation, PPEs, isolation, transmission, etc. for Antibiotic Resistant Organism. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • PPE PRECAUTIONS: Precaution identified as CONTACT for (MRSA- Nasal) 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: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Richard with altered fluid intake for changes to health status and risk for dehydration. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • PROMOTE FLUIDS: Promote Richard to consume fluids; amount as per Nutrition Care Plan. Revision on: 03/25/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		Registered Staff	All
• Potential to experience alteration in CARDIAC FUNCTION related to; hx of		• To treat and minimize signs/symptoms or	• MONITORING: Utilize holistic perspective of continuous monitoring of Richard with history of stroke for changes to health status and alteration or complications affecting			
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 7 18 C
Last Care Plan Review Completed:		09/26/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
stroke (2016), Congestive Heart Failure (CHF) Revision on: 03/12/2024 Revision by: Maryola Perion (RN)		complications associated with hx of stroke (2016), Congestive Heart Failure (CHF) through to the next review date. Revision on: 03/12/2024 Revision by: Maryola Perion (RN) Target Date: 12/26/2025	cardiac function. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for hx of stroke, Congestive Heart Failure (CHF) as per MD Order and monitor for side effects. Revision on: 03/12/2024 Revision by: Maryola Perion (RN) • RESCUE MEDICATIONS: Administer NITRO-SPRAY as per MD Order. Revision on: 03/12/2024 Revision by: Maryola Perion (RN) • OXYGEN: Administer Oxygen as per MD order. Revision on: 08/12/2023 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Practical Nurse RN Registered Practical Nurse RN Registered Practical Nurse RN	
• Potential to experience alteration in MOOD as exhibited by hx of agitation, hx of anxiety related to Stimulant Use Disorder, Altered Mental Health Status. Revision on: 01/18/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• Richard will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Richard for indications to change in MOOD including labile mood or increase of symptoms that negatively impact Richards quality of life. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • RESIDENT STRENGTHS: Build on Richard effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 02/11/2022 Revision by: Jenny Liu (RAI Coord Back-up) • FAMILY SUPPORT: Richards enjoys visits from family members and friends. Revision on: 11/01/2021 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: 02/11/2022 Revision by: Jenny Liu (RAI Coord Back-up)				
• Balance. Revision on: 01/15/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)		• To improve the dynamic standing balance based on Tinetti from 19 to 21 in 3 months. Revision on: 04/07/2025	• Dynamic balance exe. at rail +1A,1set, 10rps, 2-3/wk as tolerated. Revision on: 12/04/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
Allergies	No Known Allergies			D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)			Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq./Resolved
		Revision by: Shina Wadhwa (Physical Therapist) Target Date: 12/26/2025					
• Endurance. Revision on: 10/26/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Richard to improve endurance over 3 months. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• Richard to exercise 5-10 minutes of continuous activity on peddlers 3/wk as tolerated. Revision on: 04/25/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)			PT - Physiotherapist PTA	
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES. Revision on: 10/19/2023 Revision by: Maryola Perion (RN)		• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Target Date: 12/26/2025	• COMMUNICATION: Involve/ collaborate with (Richard)/SDM in decision making of diabetes care management. Revision on: 10/19/2023 Revision by: Maryola Perion (RN) • 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 order. • MEDICATION: Administer medication for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 10/19/2023 Revision by: Maryola Perion (RN) • RESCUE MEDICATION: Administer GLUCAGON for hypoglycemia as per MD order. • LAB WORK: Monitor lab and diagnostic results for (fasting blood glucose and/or HbA1c) and report results to MD as needed. Follow up as indicated. Revision on: 10/19/2023 Revision by: Maryola Perion (RN)			Registered Staff Registered Staff	
• Expressed Wishes and Beliefs related to Richard's Medical Treatment and End of Life Care		• To support and honor Richards expressed wishes and beliefs through to the End of Life.	• DO NOT ATTEMPT CPR: Transfer to hospital decision will be made as needed - see PoET Individualized Summary for details Revision on: 06/30/2025				
Allergies	No Known Allergies			D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)			Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025					

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision on: 05/03/2022 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> Potential for CONSTIPATION related to daily use of medication with binding effect. Revision on: 11/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> To minimize the potential for episodes and complications of constipation through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	<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. PHYSICAL ACTIVITY: Promote ACTIVITY/ MOVEMENT to stimulate bowels. BOWEL PROTOCOL: In place as per MD order 		Registered Staff	
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: Richard is of the Catholic Faith. Revision on: 11/09/2021 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> To provide Richard spiritual support as interested through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	<ul style="list-style-type: none"> PERSONAL CHOICE: Respect Richard's right to decline participation in Spiritual Program. Revision on: 11/09/2021 Revision by: Mitchell Atkinson (Recreation Aide)		ACT	
<ul style="list-style-type: none"> Strength Revision on: 11/04/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		<ul style="list-style-type: none"> Richard to increase strength of b/l UE≤ from grade 4/5 to grade 4+/5 in 3 months. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	<ul style="list-style-type: none"> Strength exe. with use of 1-3lbs. wt for B/L UE and B/L LE, 1 set, 10 rps., 2-3/wk as tolerated. Revision on: 04/07/2025 Revision by: Shina Wadhwa (Physical Therapist)		PT - Physiotherapist PTA	
<ul style="list-style-type: none"> Use of PASD Two 1/4 bedrails to assist Richard with Activity of Daily Living turning 		<ul style="list-style-type: none"> Richard will be effectively supported with use of two 1/4 	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of monitoring Richard for continued benefit to use of two 1/4 bedrails as to support him in transferring and turning and 			
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025				

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Focus		Goal	Interventions		Position	Freq/Resolved
and reposition in bed and transfer. Revision on: 11/04/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		bedrails to optimize Activity of Daily Living each day through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	repositioning in bed. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • BED RAIL (TWO PARTIAL): 1/4 bedrails in USE as a PASD to assist Richard with bed mobility and transferring in/out of bed. Monitor every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	D/E/N
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERPLASIA (BPH) Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Richard with Benign Prostatic Hypertrophy for changes to health status and alteration or complications affecting urinary function. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication as per MD order and monitor for side effects and effectiveness Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Sleep Patterns; Potential for alteration in sleep patterns related to Obstructive Sleep Apnea. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To promote adequate rest/sleep for Richard based on identified sleep patterns/preferences each night through to the next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• PREFERENCE: Richard has no preferred wake up time. He does take a nap during the day and resides typically around 9:30pm. Wear CPAP machine Revision on: 04/06/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: Richard prefers to wear light joggers or shorts and a shirt Revision on: 02/15/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA <	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision by: Katie Wolters-Savo (RAI Coordinator)	Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	<ul style="list-style-type: none">• PREFERENCE:May keep nitro spray on his person per MD order May keep hydrocortisone acetate GM 1% in his room-apply to affected area on face twice daily-doctor acknowledge it Revision on: 07/13/2025 Revision by: Jenny Liu (RAI Coordinator)• MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff			
• BOWEL Continence - Richard is continent and has self recognition of urge to defecate. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Richard to remain continent of bowels through next review date Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• BOWEL Continence level is CONTINENT. Report change to level as noted.	PCA			
		<ul style="list-style-type: none">• SELF TOILETING: Richard 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: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA			
• URINARY Continence - Richard is continent and has self recognition of urge to void. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Richard will maintain continence level through next review date Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	• URINARY Continence Level is: CONTINENT	PCA			
		<ul style="list-style-type: none">• SELF TOILETING: Richard 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: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA			
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement, etc. related to Hx of Stroke (2016). Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Richard will cope with progressive cognitive decline and be supported to maintain safety each day through the review date. Current CPS score is 2.	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Richard/SDM in decision making of Cognitive Loss. Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)• ORIENTATION: Gently reorient to place and time as needed when Richard is feeling lost or in confused state.				
Allergies	No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025				

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Coordinator)		Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025	Revision on: 11/01/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Nutrition Risk Level		• Richard will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 12/26/2025 • Will weigh within realistic GWR 95-105 kg through to next review date. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/26/2025 • Richard will be adequately hydrated aeb drinking at least 78% of total fluid requirement: 2550 ml/day (25 ml/kg using 102 kg weight) through to next review date. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/26/2025	• Labelled Item Breakfast: 2 x Greek yogurt daily Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
			• LABELLED SNACK HS: assorted sandwich or Greek yogurt (alternating days) Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E
			• LABELLED SNACK PM: 1 can of diet Pepsi (355 ml) daily per preference and to support reduced juice intake Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D
			• NUTRITION RISK: Richard is moderate risk level. Revision on: 12/30/2024 Revision by: Rachelle Ly (Dietitian (RD))				
			• DIET ORDER: Richard will receive regular diet, regular texture Revision on: 11/01/2021 Revision by: Anna Slack (Registered Dietitian)			Diet Food Services Aide PCA	
			• FLUID CONSISTENCY: Richard drinks REGULAR/THIN Level 0 Fluids. Revision on: 11/01/2021 Revision by: Anna Slack (Registered Dietitian)			Diet PCA	
			• FLUID TARGET: Encourage Richard to drink at least 2000 ml/day Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA	
			• DIABETES CARE: - Serve double portion protein food at meals. Encourage single portion grain/starch and dessert.			PCA	
Allergies		No Known Allergies		D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis		Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses					
Facility		Berkshire Care Centre				Print Date	10/30/2025
Resident		Dwyer, Richard (922131005435)		Admission Date	11/01/2021	Location	7 718 C
Last Care Plan Review Completed:		09/26/2025					

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level		- Encourage water in place of juice. - Limit milk to 1 glass at each meal. Revision on: 03/13/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: encourage high fibre diet; choose oatmeal, whole wheat bread, fruits & vegetables, beans, lentils. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: 1 jug of ice and 1 can of diet Pepsi (355 ml) at AM snack daily per preference and to support reduced juice intake Revision on: 03/13/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	D/E

Diagnosis

Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental and behavioural disorders due to use of alcohol, withdrawal state with delirium(F10.4), Schizophrenia, unspecified (F20.9), Unspecified diabetes mellitus with poor control, so described(E14.64), Congestive heart failure(I50.0), Pulmonary embolism without mention of acute cor pulmonale(I26.9), Fracture of unspecified part of humerus, closed(S42.390), Cellulitis, unspecified(L03.9)

Allergies	No Known Allergies	D.O.B.	08/06/1965	Physician	Wallace Liang
Diagnosis	Sleep apnoea, obstructed(G47.30), Hyperlipidaemia, unspecified(E78.5), Hyperplasia of prostate(N40), Anaemia, unspecified(D64.9), Stroke, not specified as haemorrhage or infarction(I64), Mental a...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Dwyer, Richard (922131005435)	Admission Date	11/01/2021	Location	7 7 18 C
Last Care Plan Review Completed:		09/26/2025			

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 Stroke with Rt. side weakness, A-fib, muscle spasm, buttocks pain, general discomfort, right leg pain, groin pain, pain to spine. Most Current RAI Pain Score is 1. Revision on: 10/17/2025 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: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Isaac/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 09/01/2019 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.	Registered Staff RN Registered Practical Nurse Registered Practical Nurse RN			
<ul style="list-style-type: none">• STRONG PARTICIPATION in Activities. ISE 4/6 Revision on: 10/13/2025 Revision by: Megan Pipe (Recreation Aide)	<ul style="list-style-type: none">• Isaac will be supported to maintain participation in activities 15-20 times per month by the next review date. Revision on: 10/23/2024 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/20/2026	<ul style="list-style-type: none">• STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1: 1 visits, games - Bingo, trivia, comedy corner, discussion groups, some exercise groups, Happy Hour, music groups, reading programs, sensory - Snoezelen therapy, spiritual groups, TV programs, etc. Revision on: 07/15/2025 Revision by: Megan Pipe (Recreation Aide)• SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities such as watching/listening to TV, listening to music (country, Garth Brooks),visiting with residents/team members, etc. Revision on: 05/22/2023 Revision by: Mitchell Atkinson (Recreation Aide)• ASSISTANCE: Provide assistance/encouragement to get him to scheduled activities - Guide to, Cue Direction, Reminders, etc. Revision on: 11/21/2022 Revision by: Shayna Lee Wonsch• ONE to ONE: Provide him with individual visits for conversation, music, reading, reminiscing, videos (animals, Three Stooges, Lone Ranger, I Love Lucy), physical (games), etc. Revision on: 11/21/2022 Revision by: Shayna Lee Wonsch	ACT ACT ACT			
<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">• COMMUNICATION: Involve/collaborate with (Isaac)/SDM in decision making of hematologic care management for Anemia.				
Allergies	No Known Allergies	D.O.B.	08/08/1947	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	
Last Care Plan Review Completed:		10/20/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
diagnosis of ANEMIA (Microcytic). Revision on: 06/21/2025 Revision by: Maryola Perion (RN)		ANEMIA each day through to the next review date. Revision on: 06/21/2025 Revision by: Maryola Perion (RN) Target Date: 01/20/2026	Revision on: 06/21/2025 Revision by: Maryola Perion (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with ANEMIA for complications or changes to health status. • LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated. • MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects.			Registered Staff Registered Staff Registered Staff	
• At risk of Dehydration r/t: decreased fluid intake at times, aspiration risk Revision on: 11/06/2024 Revision by: Danielle Loreto (RAI Coordinator)		• Isaac will not show signs and symptoms of dehydration by the review date. Revision on: 11/06/2024 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/20/2026	• Monitor/document/report to MD prn s/sx of dehydration: Decreased urine output, Tenting skin, Cracked lips, Furrowed tongue, dizziness on sitting/standing, increased pulse, Headache, Fatigue/weakness, Fever, Thirst, Weight loss (recent/sudden), rapid pulse or significant increase in the pulse rate upon assuming an upright position, change in BP of >20mm Hg upon assuming and upright position, lethargy, confusion, delirium. Revision on: 11/06/2024 Revision by: Danielle Loreto (RAI Coordinator) • Offer preferred fluids. Revision on: 11/06/2024 Revision by: Danielle Loreto (RAI Coordinator)			Registered Staff	
• Potential to experience alteration in MOOD as exhibited by (restlessness, agitation, calling out, repetitive physical movements, fear) related to: Stroke with R side weakness, Pain/Muscle Spasm. Revision on: 11/05/2024 Revision by: Danielle Loreto (RAI Coordinator)		• To decrease episodic frequency of (repetitive verbalization, anger with staff, sad, worried facial expression, repetitive physical movements and anxious complaints by next review date. DRS score will be less than 1. Revision on: 02/09/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/20/2026	• COMMUNICATION: Involve/collaborate with Isaac/SDM about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • HEALTH EDUCATION: Provide education and support to Isaac/SDM pertaining to Mood Disturbance, symptom management, treatment and possible availability of community resources as needed. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Isaac for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.			RN Registered Practical Nurse	
Allergies	No Known Allergies			D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)			Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • RESIDENT STRENGTHS: Build on Isaac's effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)				
• Potential to experience FOOT/FEET complications related to thicken nails. Revision on: 08/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To maintain adequate Foot/Feet/Toenail care and minimize episodes of inflammation, infection or complications through to the next review date. Target Date: 01/20/2026	• TREATMENT PLAN: Isaac requires footcare/treatment every 8 weeks Revision on: 08/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)				
• Potential for Expressive Behaviour of (resist care, and physical abusive, screaming, call the police when in pain/biting staff), hitting staff on the Rt. arm related to Asthma, Stroke with R side weakness, Hypertension, Atrial Fibrillation. Revision on: 08/01/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• To decrease episodic frequency of (resist care and hitting) by next review date. ABS score will be less than 1. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Isaac for indications to change in or for escalating expressive behaviour risk. Revision on: 08/24/2022 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to PHYSICAL (Hitting, Punching, Kicking, Sexual Abuse, etc.) as expression of behaviour include (anger, frustration, muscle spasm etc.) Revision on: 05/26/2023 Revision by: Jenny Liu (RAI Coord Back-up) • PHYSICAL Behaviour: If Isaac 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: 09/15/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 05/26/2023				
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		<p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• RESISTANCE to Care Need: If Isaac is refusing to (change clothes) re-approach in 10-15 minutes. Report episode to Registered Staff. <p>Revision on: 09/15/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• SOCIALLY Inappropriate Behaviour: If Isaac calls 911 when he has pain, staff to provide education on how to use call bell to call for help, and inform him that we have nurses here to help him. Report episode to Registered Staff. <p>Revision on: 05/26/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• SOCIALLY Inappropriate Behaviour: Provide education on what to do when you have pain: to call the nurse/staff on the floor for help, not the police. <p>Revision on: 02/21/2023</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• MEDICATION: Administer medication for therapeutic treatment as per MD Order. Monitor effectiveness and for side effects. <p>Revision on: 09/15/2021</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <ul style="list-style-type: none">• BSO RECOMMENDATIONS: Verbal: calling out "help me". Physical: Striking out, grabbing staff during care.Triggers: pain, confusion, misunderstanding care needs. Recommendations: If Isaac attempts to strike out, staff to move out of his reach and report to registered staff. Use the stop and go approach. Reapproach the resident when he is calm/ready. Isaac enjoys watching tv in his room, watching funny animal videos (especially dogs) attending some main floor activities and watching tv on the main floor. <p>Revision on: 05/14/2024</p> <p>Revision by: Leslie Meloche (Recreation Aide)</p>	PCA Registered Practical Nurse RN			
<ul style="list-style-type: none">• Increased risk for FALLS related to: Psychotropic drug use, Stroke with Rt side weakness, Impaired mobility, History of falls. <p>Revision on: 01/29/2024</p> <p>Revision by: Maryola Perion (RN)</p>	<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. <p>Revision on: 05/31/2023</p> <p>Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>Target Date: 01/20/2026</p>	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Isaac/SDM in decision making in fall prevention Plan of Care. <p>Revision on: 01/05/2021</p> <p>Revision by: Maryola Perion (RN)</p> <ul style="list-style-type: none">• CALL BELL: Place call bell within resident's reach (Left side if needed), check that it is in working order and remind/encourage to use it. <p>Revision on: 11/16/2022</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p>	PCA	D/E/N		
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
			<ul style="list-style-type: none">• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, wheelchair Revision on: 01/05/2021 Revision by: Maryola Perion (RN)• BED: Place bed in lowest position to lower risk for injury. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)• SPECIAL CONSIDERATION to PREVENT FALLS: AAROM 5-10 reps/xcise bilateral upper and lower extremities; Hamstring stretches 30s 3 reps 2 sets bilateral; Proper positioning in chair post Rx to reduce risk of falls Revision on: 09/02/2025 Revision by: Courtney Cipparone (PT - Physiotherapist)• FLOOR MAT: Position floor mat on floor next to left side of bed to lower risk of injury. Revision on: 01/15/2024 Revision by: Chelsea Campbell-Wright (ADOC)			PCA	
<ul style="list-style-type: none">• Risk for/Impaired SKIN INTEGRITY related to Impaired mobility, Stroke with Rt side weakness, Incontinence, right wrist edema. Revision on: 11/17/2023 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. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	<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.• EQUIPMENT: Isaac requires Roho cushion and air mattress to offload pressure. Revision on: 04/30/2023 Revision by: Janina Lucero (RN)• POSITIONING: Turn, reposition at least every 2 hours or when in bed/wheelchair as per Isaac's preference to offload pressure on his Left heel. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)			PCA	Q2h
<ul style="list-style-type: none">• Use of PASD (Seatbelt & 2 1/4 bed rails) to assist resident with Activity of Daily Living (Positioning & bed mobility) and for safety. Revision on: 08/14/2023 Revision by: Alyssa Egan (Staff Development Coordinator)		<ul style="list-style-type: none">• Isaac will be effectively supported with use of tilt wheelchair & bed rails to optimize Activity of Daily Living each day through to the next review date. Revision on: 04/08/2024 Revision by: Gurjit Kaur (RN)	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of monitoring Isaac for continued benefit to use (wheelchair tilt & bed rails) as to support positioning. Revision on: 04/08/2024 Revision by: Gurjit Kaur (RN)• BED RAIL (TWO PARTIAL) 1/4 Rails in USE as a PASD to assist resident with (bed mobility, care and safety). Monitor every shift. Revision on: 11/16/2022			PCA	D/E/N
Allergies	No Known Allergies			D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)			Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	Target Date: 01/20/2026	Revision by: Jenny Liu (RAI Coord Back-up) • TILTED CHAIR in USE as a PASD to support resident with repositioning and comfort. Monitor every shift. Revision on: 04/08/2024 Revision by: Gurjit Kaur (RN)	PCA	D/E/N	
• COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgement, etc.) related to Stroke Revision on: 02/21/2023 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)	• Isaac will be supported to maintain cognitive function through the review date. Current CPS is (3) Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/20/2026	• ORIENTATION: Gently reorient to (person, place, time) as needed when Isaac is feeling lost or in confused state. Revision on: 05/27/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
• Altered COMMUNICATION as exhibited by limitations to unclear speech. Revision on: 08/22/2022 Revision by: Mitchell Atkinson (Recreation Aide)	• Isaac will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026 • Isaac will be able to make basic needs known each day through to the review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases, etc.). Revision on: 03/08/2022 Revision by: Jenny Liu (RAI Coord Back-up)			
• Potential for CONSTIPATION related to decreased mobility, refusal of bowel meds. Revision on: 03/01/2022	• To minimize the potential for episodes and complications of constipation 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	No Known Allergies	D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)	Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Katie Wolters-Savo (RAI Coordinator)		review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order			Registered Staff Registered Staff	
• Active ROM/AAROM Revision on: 12/20/2021 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• To improve b/l hip/knee/ankle/elbow/shoulder/wrist) joint AROM/AAROM in 3 months. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• AROM (L) AA-PROM (R) of the B/L UE & LE 1 set, 10 reps., 2-3x/wk as tolerated. Gentle Stretching exe. of B/L hams, calf and hand 1 set, 5 reps., hold up to 30 sec, 3-5 reps 2-3x/wk as tolerated. Revision on: 04/23/2025 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Risks for complications r/t palpable mass to suprapubic area Revision on: 11/04/2021 Revision by: Haley Cadarian (Quality Lead)		• Isaac will remain free from complications r/t mass through next review date Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with suprapubic mass for changes to health status and alteration or complications affecting skin integrity. Revision on: 11/04/2021 Revision by: Haley Cadarian (Quality Lead)			Registered Staff	
• URINARY (Functional) INCONTINENCE related to: Impaired Mobility, Stroke with Rt. side weakness, Use of Muscle Relaxant medication Revision on: 09/15/2021 Revision by: Jenny Liu (RAI Coord Back-up)		• Isaac will have urinary incontinence managed every shift through to the next review period. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • CHECK and CHANGE: Isaac experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 08/24/2022 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Isaac wears a white color brief.			PCA PCA PCA	
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	7 705 A	
Last Care Plan Review Completed:		10/20/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • URINARY (Functional) INCONTINENCE related to: Impaired Mobility, Stroke with Rt. side weakness, Use of Muscle Relaxant medication Revision on: 09/15/2021 Revision by: Jenny Liu (RAI Coord Back-up)		Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> • Potential to experience alteration in RESPIRATORY FUNCTION related to Asthma. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To treat and minimize signs/symptoms or complications associated with Asthma each day through to next review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Isaac/SDM in decision making of Respiratory Management for Asthma. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with Asthma for changes to health status and alteration or complications affecting respiratory function. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • OXYGEN: Administer Oxygen as per MD order. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • MEDICATION: Administer medication (inhalers) for Asthma as per MD order and monitor for side effects. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)	Registered Staff		
<ul style="list-style-type: none"> • Potential for bruising, bleeding, clotting or other complications related to use of ANTICOAGULANT medication. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)	<ul style="list-style-type: none"> • To monitor for bleeding and minimize complications related to use of anticoagulant through the review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Isaac/SDM in decision making and health teaching of Anti-coagulation medication use. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident using Anticoagulant therapy for changes to health status and complications causing 			
Allergies	No Known Allergies	D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)	Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 01/20/2026	bleeding or clotting issues. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • BLEEDING ALERT: Notify nurse immediately if Isaac is bleeding (noted blood in urine/stool, bleeding nose/gums, unexplained bruising, etc.).. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • MEDICATION: Administer medications as per MD Order. Report abnormal or unexplained bleeding, unexplained or excessive bruising, etc. to MD as noted. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)		PCA	
• Potential for BOWEL INCONTINENCE related to Impaired Mobility, Stroke with Rt. side weakness Revision on: 01/05/2021 Revision by: Maryola Perion (RN)		• Isaac will have bowel incontinence managed every shift through to the next review period. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• 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: 01/05/2021 Revision by: Maryola Perion (RN) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • INCONTINENCE PRODUCT: Isaac wears a white color brief. Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up)		Registered Staff PCA PCA PCA	
• Altered ability to complete Activities of Daily Living (ADLs) related to: Asthma, Stroke with R side weakness, Hypertension, Atrial Fibrillation. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)		• Isaac 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: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• BATHING: Isaac prefers (bed bath/shower) on (Tuesdays and Saturdays on Day shift). Two staff (TOTAL) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Maximal assistance- Isaac is able to assist staff minimally in turning and repositioning while on bed on his Left side by holding on the bedrail, he has Right side weakness. Two staff may be needed assist when turning to left side when resident cannot shift weight. Revision on: 04/28/2025		PCA PCA	
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			<p>Revision by: Jenny Liu (RAI Coordinator)</p> <p>• DRESSING: Isaac will try to lift his left arm, but doesn't go far due to contraction. PCA Requires extensive when able to assist in that manner otherwise he requires total assistance to dress him up from top to bottom. Revision on: 11/05/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: Total assistance- One team member to feed him the entire meal and he PCA eats in the floor 7 dining room. Revision on: 08/01/2024</p> <p>Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Isaac is currently using a broda chair and is dependent of the team PCA to push him. Revision on: 04/17/2024</p> <p>Revision by: Katie Savo</p> <p>• PERSONAL HYGIENE: Due to contraction, he is not able to help. Total assistance PCA provided by team members to comb his hair, wash his hands, face, provide peri-care and brief change. Revision on: 11/05/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TOILET USE: Isaac requires to be changed on bed. Two staff to assist in PCA transferring using a Maxi lift, removing/putting on his pants, peri-care and brief change. Revision on: 01/05/2021</p> <p>Revision by: Maryola Perion (RN)</p> <p>• TRANSFERRING: Isaac requires the use of a Maxi lift from two staff to transfer him PCA safely to and from his bed to wheelchair. Revision on: 01/05/2021</p> <p>Revision by: Maryola Perion (RN)</p> <p>• TRANSFER LIFT/SLING: Large SIZE (green) of comfort sling</p> <p>Revision on: 04/18/2024</p> <p>Revision by: Mary Kagayutan (RPN)</p> <p>• ORAL CARE: Isaac requires one staff to assist with oral hygiene. Some teeth PCA missing. Revision on: 01/05/2021</p> <p>Revision by: Maryola Perion (RN)</p>			
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)		Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to: Asthma, Stroke with R side weakness, Hypertension, Atrial Fibrillation. Revision on: 01/05/2021 Revision by: Maryola Perion (RN)			• FOOT CARE: PSW to complete toenail care. Report long toe nails or other abnormalities as noted. Revision on: 01/18/2023 Revision by: Katherine Arca (RPN)			PCA	
• SPIRITUAL BELIEFS: Isaac is of the Anglican Faith. Revision on: 07/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		• To provide Isaac spiritual support as interested through to the next review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• SPIRITUAL PROGRAMS: Encourage Isaac to attend spiritual programs of his choice including Church Services (Catholic), spiritual discussion, spiritual music, etc. Revision on: 05/22/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED SPIRITUAL Activities: Isaac engages in praying, reading bible, etc. Revision on: 06/09/2021 Revision by: Shayna Lee Wonsch			ACT	ACT
• Potential to experience alteration in CARDIAC FUNCTION related to; Atrial Fibrillation , Hypertension		• To treat and minimize signs/symptoms or complications associated with (A-fib and HTN) through to the next review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo	• COMMUNICATION: Involve/collaborate with Isaac/SDM in decision making of Cardiac Care Management for A-fib and HTN. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with (HTN, A-fib) for changes to health status and alteration or complications affecting cardiac function.			Registered Staff	
Allergies	No Known Allergies			D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)			Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		(RAI Coordinator) Target Date: 01/20/2026	Revision on: 06/15/2021 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication for (Atrial Fibrillation , Hypertension) as per MD Order and monitor for side effects. Revision on: 04/06/2021 Revision by: Jenny Liu (RAI Coord Back-up) • OXYGEN: Administer Oxygen as per MD order. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • BP MONITORING: Monitor BLOOD PRESSURE (monthly and as needed). Notify MD of abnormalities as needed. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)			Registered Practical Nurse RN Registered Practical Nurse RN Registered Staff	
• Expressed Wishes and Beliefs related to Isaac End of Life Care Revision on: 09/01/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To support and honor Isaac expressed wishes and beliefs through to the End of Life. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	• CPR;Isaac wishes to have CPR and transfer to hospital decisions to be made as needed Revision on: 07/18/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Strength Revision on: 04/25/2019 Revision by: Milap Patel (Physiotherapist)		• Isaac to increase strength of LT UE from 3+/5 to 4/5 in 3 months. Revision on: 08/18/2023 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 01/20/2026	• Strength exe. with use of 1-2lbs. wt. cuff for Lt UE, 1 set,10 reps., 2-3x/wk as tolerated Revision on: 08/18/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)			PT - Physiotherapist PTA	
• Sleep Patterns. Revision on: 02/02/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To promote adequate rest/sleep for Isaac based on identified sleep patterns/preferences each night through to the next review date. Revision on: 05/31/2023	• REST PATTERN: Preferred bedtime: Around 2300, usual wake time: Between 6:00-7:00 Revision on: 01/05/2021 Revision by: Maryola Perion (RN) • SLEEPWEAR: Isaac prefers to wear Johnny shirt Revision on: 01/05/2021			PCA PCA	
Allergies	No Known Allergies		D.O.B.	08/08/1947	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)			Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved	
		Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026	Revision by: Maryola Perion (RN)					
• Nutrition Risk Level (diet details)		• Isaac will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026 • Will weigh within Realistic weight range of 55-60kg through to next review date. Revision on: 05/31/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/20/2026 • Isaac will be adequately hydrated aeb drinking at 75% of total fluid requirement: 1500 ml/day (29 ml/kg using 52.3 kg weight) through to next review date. Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/20/2026	• Labelled Item Dinner: Magic Cup daily (118 ml fluid) Revision on: 05/29/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	E	
			• LABELLED SNACK PM: 99 ml applesauce daily for hydration Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA Registered Practical Nurse RN	D	
			• NUTRITION RISK: Isaac is high risk level Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD))					
			• DIET ORDER: Isaac will receive regular diet, pureed texture at risk.			PCA		
			See Nutrition Note 10/28/2024. Isaac refused feeding tube insertion. Revision on: 10/07/2025 Revision by: Holly Laasanen (Dietitian (RD))					
			• THICKENED FLUIDS: Isaac drinks thickened fluids at honey/moderately thick level 3 consistency. Revision on: 10/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA		
			• FLUID TARGET: Encourage Isaac to drink a minimum 1125 ml per day			PCA		
			• EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. Revision on: 08/28/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA		
			• ADAPTIVE AIDS: sippy cup for fluids Revision on: 10/07/2025 Revision by: Holly Laasanen (Dietitian (RD))			PCA		
			Allergies		No Known Allergies			D.O.B.
Diagnosis		Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(110.0), Atrial fibrillation, unspecified(148.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses						
Facility		Berkshire Care Centre					Print Date	10/30/2025
Resident		Emode, Isaac (922131004056)			Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level (diet details)		<ul style="list-style-type: none"> • MEDPASS SUPPLEMENTS: 90 ml Resource 2.0 QID (thickener added - honey/level 3) Revision on: 09/19/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: pudding at AM snack daily (71 ml fluid) Revision on: 05/29/2025 Revision by: Holly Laasanen (Dietitian (RD)) 	PCA	D

Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemiplegia of unspecified type of dominant side(G81.90), Chronic kidney disease, unspecified(N18.9), Other intracerebral haemorrhage(I61.8), Hepatomegaly, not elsewhere classified(R16.0), Fatty (change of) liver, not elsewhere classified(K76.0), Cardiovascular disease, unspecified(I51.6), Pneumonitis due to food and vomit(J69.0), Anaemia, unspecified(D64.9), Dehydration(E86.0), Acute renal failure, unspecified (N17.9), Hyperosmolality and hypernatraemia(E87.0)

Allergies	No Known Allergies	D.O.B.	08/08/1947	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Atrial fibrillation, unspecified(I48.90), Asthma, unspecified, without stated status asthmaticus(J45.90), Hemi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Emode, Isaac (922131004056)	Admission Date	06/22/2019	Location	7 705 A
Last Care Plan Review Completed:		10/20/2025			

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 #3 - Pressure - Unstageable - Left Trochanter Revision on: 10/17/2025 Revision by: Jenny Liu (RAI Coordinator)	<ul style="list-style-type: none"> To minimize risk of #3 - Pressure - Unstageable - Left Trochanter #10 - Pressure - Deep Tissue Injury - Left Heel infection each day until fully healed. Revision on: 08/27/2025 Revision by: Janina Lucero (RN) Target Date: 01/28/2026	<ul style="list-style-type: none"> TREATMENT PLAN: Administer treatment for #3 - Pressure - Unstageable - Left Trochanter #10 - Pressure - Deep Tissue Injury - Left Heel as per MD Order. Revision on: 08/27/2025 Revision by: Janina Lucero (RN)			
	<ul style="list-style-type: none"> To promote optimal healing of #3 - Pressure - Unstageable - Left Trochanter #10 - Pressure - Deep Tissue Injury - Left Heel within the next review date. Revision on: 08/27/2025 Revision by: Janina Lucero (RN) Target Date: 01/28/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with #3 - Pressure - Unstageable - Left Trochanter #10 - Pressure - Deep Tissue Injury - Left Heel for changes to health status, wound infection and alteration or complications affecting skin integrity. Revision on: 08/27/2025 Revision by: Janina Lucero (RN)			
		<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: 06/21/2025 Revision by: Janina Lucero (RN)			
		<ul style="list-style-type: none"> POSITIONING: Has Turning/Repositioning to off load pressure intervention in place; see Skin Impairment Risk Care Plan. Revision on: 07/23/2025 Revision by: Gurjit Kaur (RN)			
		<ul style="list-style-type: none"> EQUIPMENT: Gordon requires hip protectors to help to offload pressure while in wheelchair. Revision on: 07/23/2025 Revision by: Janina Lucero (RN)			
<ul style="list-style-type: none"> At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest Revision on: 10/10/2025 Revision by: Megan Pipe (Recreation Aide)	<ul style="list-style-type: none"> To support psychosocial well being until next review date Revision on: 10/10/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/28/2026	<ul style="list-style-type: none"> LIKES/INTERESTS: Mr. Hampton prefers to engage in one to one programs (Social, Emotional, Intellectual). Group programs such as: movies, music, snoezelen/sensory programs. 			
		Encourage participation in Physical programs (yoga/stretching).			
		<ul style="list-style-type: none"> INVITATION: Invite and Encourage resident to attend scheduled programs. Revision on: 04/18/2025 Revision by: Kameron Stewart (Recreation Aide)			
		<ul style="list-style-type: none"> CALENDAR: Provide program calendar (verbally review if needed). Revision on: 05/08/2025			
Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre	Print Date	10/30/2025		
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			



Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest Revision on: 10/10/2025 Revision by: Megan Pipe (Recreation Aide)		Revision by: Kameron Stewart (Recreation Aide) • SOCIAL Introduction: Introduce him/her to other residents of similar age, interest, language, etc. as he can tolerate. Revision on: 05/08/2025 Revision by: Kameron Stewart (Recreation Aide) • MUSIC CARE APPROACH: Present Mr. Hampton with Community music, Music Care Specialists, Musicking, Music Programming, Music Technology, Environmental Sound, Research and Training. Gordon's preferred music type is old country, specifically Keith Whitley songs. Revision on: 04/18/2025 Revision by: Kameron Stewart (Recreation Aide)				
• Alteration in skin integrity with risk for infection or complications related to WOUND unstageable left heel secondary to Pressure Injury Revision on: 10/08/2025 Revision by: Janina Lucero (RN)	• To minimize risk of WOUND unstageable left heel infection each day until fully healed. Revision on: 10/08/2025 Revision by: Janina Lucero (RN) Target Date: 01/28/2026 • To promote optimal healing of WOUND unstageable left heel within the next review date. Revision on: 10/08/2025 Revision by: Janina Lucero (RN) Target Date: 01/28/2026	• TREATMENT PLAN: Administer treatment for unstageable left heel as per MD Order. Revision on: 10/08/2025 Revision by: Janina Lucero (RN) • MONITORING: Utilize holistic perspective of continuous monitoring of resident with Stage unstageable left heel for changes to health status, wound infection and alteration or complications affecting skin integrity. Revision on: 10/08/2025 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: 10/08/2025 Revision by: Janina Lucero (RN)				
• Use of PASD (tilt wheel chair) to assist resident with Activity of Daily Living (repositioning and comfort and prevention of skin break down). Revision on: 09/10/2025 Revision by: Rose Obli (RPN)	• Gordon will be effectively supported with use of prevention of skin breakdown each day through to the next review date. Revision on: 09/10/2025 Revision by: Rose Obli (RPN) Target Date: 01/28/2026	• TILTED CHAIR in USE as a PASD to support resident with (positioning ,comfort, and prevention of skin break down) Revision on: 09/10/2025 Revision by: Rose Obli (RPN)	PCA	D/E/N		
• Potential for BOWEL INCONTINENCE	• Gordon will have bowel	• BOWEL Continence level has total Incontinence). Report change to level as noted.	PCA			
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
related to Dementia, Impaired Mobility. Revision on: 07/23/2025 Revision by: Maryola Perion (RN)	incontinence managed every shift through to the next review period. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	Revision on: 04/10/2025 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 Blue Prevail brief on all shifts Revision on: 04/21/2025 Revision by: Maryola Perion (RN)	PCA PCA		
• Potential for PAIN and alteration in comfort level related to Arthritis, Impaired mobility, history of fracture, LT wrist presents with swelling/pain/decreased range of motion. Most Current RAI Pain Score is 0. Revision on: 07/23/2025 Revision by: Maryola Perion (RN)	• Promote RAI Pain Score of 0 through to the next review. Target Date: 01/28/2026	• COMMUNICATION: Involve/collaborate with (Gordon)/SDM) about pain management, goals of treatment, plan of care and treatment options. Revision on: 04/21/2025 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. • NON VERBAL CUES of PAIN for Gordon include - (facial grimacing, tight fists, crying, sweating, wringing of hands, refusing to eat, wanting to go to bed, etc.) Report these to Registered staff when observed. Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • MEDICATION: Administer analgesic medication (Specify if topical) as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed.	RN Registered Practical Nurse PCA Registered Practical Nurse RN		
• Potential for altered genitourinary function or complications related to diagnosis of BENIGN PROSTATIC HYPERTROPHY (BPH). Revision on: 07/14/2025 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with BPH through to next review date. Target Date: 01/28/2026	• COMMUNICATION: Involve/collaborate with (Gordon)/SDM in decision making for BPH care management. Revision on: 07/23/2025 Revision by: Maryola Perion (RN) • 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. • MEDICATION: Administer medication as per MD order and monitor for side effects	Registered Staff		
Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre	Print Date	10/30/2025		
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
		and effectiveness. Revision on: 07/23/2025 Revision by: Maryola Perion (RN)		
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 07/14/2025 Revision by: Maryola Perion (RN)	• To treat and/or minimize complications associated with GERD each day through to the next review date. Target Date: 01/28/2026	• COMMUNICATION: Involve/collaborate with Gordon/ SDM in decision making for GERD Management. Revision on: 07/23/2025 Revision by: Maryola Perion (RN) • 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	
• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, Incontinence, PVD, LT wrist presents with swelling/pain/decreased range of motion Revision on: 05/13/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To protect and maintain skin integrity each day through to the next review. Target Date: 01/28/2026	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted. • EQUIPMENT: Gordon requires pressure reduction mattress, Roho cushion to offload pressure. Revision on: 06/26/2025 Revision by: Chelsea Campbell-Wright (ADOC) • POSITIONING: Turn, reposition every 2 hours when in bed/wheelchair to offload pressure. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA	Q2h
• Increased risk for falls related to wandering, dementia, new location, rocking in his chair and tipping over, Impaired mobility and balance, history of falls. Revision on: 04/21/2025	• To promote safety, minimize risk for falls and/or fall related injury each day through to the next review period. Target Date: 01/28/2026	• COMMUNICATION: Involve/collaborate with (Gordon)/SDM in decision making in fall prevention Plan of Care. Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • CALL BELL: Place call bell within resident's reach, check that it is in working order	PCA	D/E/N
Allergies	Penicillin, Red pepper			
	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre			
	Print Date	10/30/2025		
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location
			7 702 D	
Last Care Plan Review Completed:		10/17/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Maryola Perion (RN)			and remind/encourage to use it. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: wheelchair Revision on: 04/12/2025 Revision by: Maryola Perion (RN) • BED: place bed in lowest position to lower risk for injury. Revision on: 04/12/2025 Revision by: Maryola Perion (RN) • ALARMS: Requires (specify; Bed/Chair) alarm. Check placement and working order. Staff respond when alarm is heard . Revision on: 04/10/2025 Revision by: Betsi Tony (RN) • SUPPLEMENT: Administer supplements as per MD order to maintain bone density to prevent injuries. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)			PCA	D/E/N
• ROM Exs Revision on: 04/17/2025 Revision by: Shina Wadhwa (Physical Therapist)		• Increased AAROM for B/L shoulder flexion from 100 to 120 degrees in next 6 months Revision on: 04/17/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/28/2026	• A-AAROM exs for B/L UE and LE, within pain limits, 10 reps, 1-2 sets ,2-3/wk or as best tolerated; Passive stretching of Hams and quads for B/L LE 20-30 sec hold with 3-5 reps/stretch, 2-3 x a week; Revision on: 10/16/2025 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist PTA	
• Nutrition Risk Level		• Gordon will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/28/2026 • Will weigh within realistic GWR	• Labelled Item Breakfast: apple sauce daily Revision on: 08/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • Labelled Item Dinner: apple sauce daily Revision on: 08/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • Labelled Item Lunch: apple sauce daily			PCA Registered Practical Nurse RN PCA Registered Practical Nurse RN PCA	D E D
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang	
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D	
Last Care Plan Review Completed:		10/17/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	65-75 kg through to next review date. Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/28/2026 • Gordon will be adequately hydrated aeb drinking at least 75% of total fluid requirement: 1595 ml/day (25 ml/kg using 63.8 kg weight) through to next review date. Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/28/2026	Revision on: 08/12/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Gordon is high risk level. Revision on: 07/15/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Gordon will receive regular diet, puree texture at risk MD and Public Trustee have opted for no G-tube in light of advanced dementia. See progress notes. Revision on: 09/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • THICKENED FLUIDS: Gordon drinks thickened fluids at honey (moderately thick level 3) consistency by teaspoon at risk Revision on: 09/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID TARGET: Encourage Gordon to drink a minimum of 1196 ml/day Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: - Offer thickened fluids slowly, by teaspoon - Limit dairy due to phlegm Revision on: 10/30/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FOOD ALLERGY/INTOLERANCE: Do not serve items containing red pepper (allergy - reaction unknown). Revision on: 04/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: 1 scoop protein powder TID with meals (mix well in apple sauce) Revision on: 08/12/2025 Revision by: Holly Laasanen (Dietitian (RD))	Registered Practical Nurse RN Dietitian (RD) PCA PCA PCA Registered Practical Nurse PCA Restorative Care Aide	
• Sleep Patterns; Potential for alteration in sleep patterns related to New environment	• To promote adequate rest/sleep for Gordon based on	• REST PATTERN: Resident has no preferred sleep wake patterns. Monitor for restlessness and monitor for need for rest periods.	PCA	
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950
			Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025
			Location	7 702 D
Last Care Plan Review Completed:		10/17/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	identified sleep patterns/preferences each night through to the next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)			
<ul style="list-style-type: none"> • Potential for Expressive Behaviour of (VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care, sexual expressions) nature related to Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> • To promote safety for (Gordon) and/or others during each episode of expressive behaviors through to the next review date. Revision on: 07/23/2025 Revision by: Maryola Perion (RN) Target Date: 01/28/2026 • To decrease the episodic frequency of Expressive behaviours by the next review date. ABS score will be less than 6. Revision on: 07/23/2025 Revision by: Maryola Perion (RN) Target Date: 01/28/2026 	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Gordon for indications to change in or for escalating expressive behaviour risk. Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • TRIGGERS leading to PHYSICAL (Hitting, Punching, Slapping, Kicking, Sexual Abuse, etc.) as expressions of behaviour include (anger, frustration, fearfulness, confusion, invasion of personal space, Sundowning, etc.) Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • PHYSICAL Behaviour: If Gordon 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: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to VERBAL (yelling, screaming, calling names, etc.) as expression of behaviour include (loss of control, frustration, limitation in self expression, pain, misunderstanding care intention, etc.) Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • VERBAL Behaviour: If Gordon 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: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, 			
Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre		Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
• Potential for Expressive Behaviour of (VERBAL, PHYSICAL, SOCIALLY Inappropriate, RESISTANCE to care, sexual expressions) nature related to Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)			fearfulness, paranoid thought process, etc.) Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Gordon is declining to (bathe, change clothes, take medications) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • SOCIALLY Inappropriate Behaviour: If Gordon is noted to (make loud disruptive noises in dining room/program) gently redirect him (to focus on task at hand, to move to quieter area, busy box). Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • SEXUAL Behaviour: If Gordon is noted to (masturbate in common area, disrobe, touching others) calmly assist him/her back to the privacy of his room. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • SEXUAL Behaviour: Gordon demonstrates habit of unwanted (touching) of others (limit unsupervised time with opposite sex, sit arms length away from others in activity). Report episode to Registered Staff. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATION: Administer medication for therapeutic treatment of (Expressed Behaviour) as per MD Order. Monitor effectiveness and for side effects. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)				PCA	Registered Practical Nurse RN
• Altered VISION related to left prosthetic eye and right eye severely impaired, Bullous keratopathy Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Gordon supported with for vision loss daily through to the next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	• COMMUNICATION: Involve/collaborate with (Gordon)/SDM for decision making pertaining to change in visual status as needed. Revision on: 04/21/2025 Revision by: Maryola Perion (RN) • MEDICATION: Administer ophthalmic medication as as per MD Order. Monitor its effectiveness and for side effects. • VISUAL IMPAIRMENT: Resident has left prosthetic eye and severely ipaired right eye vision. Does not use glasses.				Registered Staff	PCA
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang		
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D		
Last Care Plan Review Completed:		10/17/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
• Altered VISION related to left prosthetic eye and right eye severely impaired, Bullous keratopathy Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)		Team to ensure to get his attention before care. Explain procedures and tasks. Describe show plate, snacks, fluids and activities he is participating in. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Gordon has a diagnosis of Hepatitis C Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To have no complications related to Hepatitis C through to the next review date Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	• MONITORING: Utilize holistic perspective of monitoring resident for complications related to Hepatitis C. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Potential for altered hematologic symptoms or complications related to diagnosis of pancytopenia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To treat and/or minimize complications associated with pancytopenia each day through to the next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for complications or changes to health status. Signs and symptoms of pancytopenia include: Weakness Fatigue Skin problems, such as rashes or easy bruising Pale skin Rapid heart rate Shortness of breath Bleeding problems, such as bleeding gums, nosebleeds, or internal bleeding Infections Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Potential for complications related to hepatic system- Cirrhosis of the liver,	• Gordon will have no complications related to hepatic	• CIRRHOSIS: Team to monitor for and report to charge nurse for follow up:				
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
previous ETOL. hepatic encephalopathy	system concerns through to his next review date. Target Date: 01/28/2026	<p>Jaundice (yellow tint to skin and eyes) Itchy skin (pruritus) Dark-colored urine and light-colored stool Digestive difficulties, especially with fats Small yellow bumps of fat deposits on skin or eyelids Unexplained weight loss and muscle loss Hepatic encephalopathy (confusion, disorientation, mood changes) Loss of appetite Fatigue Swelling in legs, ankles, feet, or abdomen Pale fingernails</p> <p>• HEPATIC ENCEPHALOPATHY: Team to monitor and report to the charge nurse for follow up if noted:</p> <p>Confusion, forgetfulness, poor judgment, or difficulty thinking Personality or mood changes, irritability, or anxiety Poor concentration, problems with handwriting, or loss of small hand movements Coordination or balance problems, or flapping hand motion (asterixis) Inverted sleep-wake pattern (sleeping by day, being awake at night) Lethargy or drowsiness A musty or sweet breath odor</p>			
<p>• Potential to experience alteration in RESPIRATORY FUNCTION related to COPD Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)</p>	<p>• To treat and minimize signs/symptoms or complications associated with COPD each day through to next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026</p>	<p>• COMMUNICATION: Involve/collaborate with Gordon/SDM in decision making of Respiratory Management for COPD. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)</p> <p>• 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: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing.</p>	Registered Staff		
Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none"> Potential to experience alteration in RESPIRATORY FUNCTION related to COPD Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none"> MEDICATION: Administer medication (inhalers, etc.) as per MD order and monitor for side effects. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)	PCA			
<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 Hypertension through to the next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with Hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none"> URINARY (Mixed) INCONTINENCE related to Dementia Diagnosis Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> Gordon will have urinary incontinence managed every shift through to the next review period. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	<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: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA			
		<ul style="list-style-type: none"> URINARY Continence level has TOTAL Incontinent. Report change to level as noted. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA			
		<ul style="list-style-type: none"> CHECK and CHANGE: Gordon experiences TOTAL incontinence and requires checks every 2 hours and change each time noted to be soiled. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)	PCA			
		<ul style="list-style-type: none"> INCONTINENCE PRODUCT: Resident uses Blue prevail brief on all shifts Revision on: 04/21/2025	PCA			
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<ul style="list-style-type: none"> • URINARY (Mixed) INCONTINENCE related to Dementia Diagnosis Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 		Revision by: Maryola Perion (RN)			
<ul style="list-style-type: none"> • Altered COMMUNICATION as exhibited by limitations to (self expression, comprehension, unclear) related to Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> • Gordon will be supported to make basic needs known each day through to the review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026 	<ul style="list-style-type: none"> • SUPPORTIVE TECHNIQUES: (Allow time to respond, repeat as needed, ask yes/no questions, uses simple words/phrases). Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • INSTRUCTION GUIDANCE: Gordon needs (intermittent to constant) cueing or demonstrative instruction in tasks and activities. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 			
<ul style="list-style-type: none"> • Potential to experience alteration in MOOD as exhibited by (restlessness, negative statements, anger, fears, anxiousness) related to Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 	<ul style="list-style-type: none"> • GORDON will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026 • To support Gordon with their identified coping strategies for mood/emotional stability each day through to the review date. Revision on: 04/10/2025 	<ul style="list-style-type: none"> • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Gordon for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • RESIDENT STRENGTHS: Build on Gordon effort to maintain control. Encourage him to express self, state preferences and make safe choices for care and activities. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • ENVIRONMENT: Modify environment to support MOOD STABILITY (reduce noise, open curtains, ambient lighting, preferred music, aroma therapy, etc.) Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor 			
Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
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Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved	
• Potential to experience alteration in MOOD as exhibited by (restlessness, negative statements, anger, fears, anxiousness) related to Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)		Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	its effectiveness and for side effects. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)				
• COGNITIVE LOSS; alteration in thought processes (memory loss, difficulty concentrating, altered judgement) related to progression of Dementia Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Gordon is severely impaired in cognition and will have needs interpreted and met each day through to the review date. CPS score is 4. Revision on: 04/21/2025 Revision by: Maryola Perion (RN) Target Date: 01/28/2026	• CUE TASKS: Break tasks into manageable subtasks, Gordon can comprehend and follow. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote resident ability to locate room and navigating home area (colour of paint around his door, name plate) outside of room. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Altered ability to complete Activities of Daily Living (ADLs) related to Cognitive Limitation, Limited Mobility		• Gordon will have ALL ADL care needs met each day through the next review date. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 01/28/2026	• BATHING: 2 team members total assistance with his showering. Resident may require 1 team member to engage him while the other provides the care. His shower days are: Monday and Friday days Nail care to be provided on shower/bath day. Revision on: 07/19/2025 Revision by: Mary Kagayutan (RPN) • BED MOBILITY: Gordon requires 2 team members Total assistance to reposition when in bed. Revision on: 07/23/2025 Revision by: Maryola Perion (RN)		PCA		
Allergies	Penicillin, Red pepper			D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)			Admission Date	04/10/2025	Location	7 702 D
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		<p>• DRESSING: Gordon requires 2 team members total assistance to dress his upper and lower body. Revision on: 07/23/2025 Revision by: Maryola Perion (RN)</p> <p>• EATING: Gordon is not able to see and require 1 team member to feed him. With instruction and supervision he may participate.</p> <p>Resident is at high risk choking.</p> <p>Special instructions: offer thickened fluids slowly, by teaspoon and limit dairy until phlegm clears. Revision on: 09/04/2025 Revision by: Gurjit Kaur (RN)</p> <p>• LOCOMOTION: Gordon is using a wheelchair as his mode of locomotion and requires 1 person total assistance to porter in the chair. Revision on: 04/12/2025 Revision by: Maryola Perion (RN)</p> <p>• PERSONAL HYGIENE: Gordon requires 2 team members total assistance to complete all areas of hygiene, shaving, hair, lotions, washing face and hand and to clean his peri area Revision on: 07/23/2025 Revision by: Maryola Perion (RN)</p> <p>• HAND HYGIENE: 1 staff to provide (TOTAL) assistance to (use soap/water, apply sanitizer, rub hands together, dry hands) for hand hygiene. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• TOILET USE: Gordon requires check and change. 2 team members to provide total assistance. If being toileted, two staff with the use of a Maxi lift and a toileting sling. Revision on: 04/21/2025 Revision by: Maryola Perion (RN)</p> <p>• TRANSFERRING: Gordon requires 2 team members total assistance to transfer using a Maxi lift with Green sling . Revision on: 04/10/2025 Revision by: Jiss Mathew (RN)</p>	PCA			
Allergies	Penicillin, Red pepper		D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Hampton, Gordon (922131005623)		Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025				

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 Cognitive Limitation, Limited Mobility 		<ul style="list-style-type: none"> ORAL CARE: Gordon has own teeth. 1 team member total assistance to complete oral care. Revision on: 04/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Gordon Medical Treatment and End of Life Care Revision on: 04/10/2025 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: 01/28/2026	<ul style="list-style-type: none"> CPR: Gordon wishes express for DNR: transfer to hospital decisions to be made as needed - see PoET Individualized Summary for details. Revision on: 08/12/2025 Revision by: Gurjit Kaur (RN)		

Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Diagnosis

Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of other sites(B37.88), Other specified aplastic anaemias(D61.8), Acute hepatitis C(B17.1), Bullous keratopathy(H18.1), Encephalopathy in diseases classified elsewhere(G94.3), Chronic obstructive pulmonary disease, unspecified(J44.9), Unspecified dementia(F03), Hyperplasia of prostate(N40), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Pneumonia, unspecified(J18.9)

Allergies	Penicillin, Red pepper	D.O.B.	06/11/1950	Physician	Wallace Liang
Diagnosis	Arthritis, unspecified, unspecified site(M13.99), Other and unspecified cirrhosis of liver(K74.6), Benign hypertension(I10.0), Peripheral vascular disease, unspecified(I73.9), Candidiasis of othe...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Hampton, Gordon (922131005623)	Admission Date	04/10/2025	Location	7 702 D
Last Care Plan Review Completed:		10/17/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<p>• STRONG PARTICIPATION in Activities.</p> <p>ISE Score: 6/6 Revision on: 08/06/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• Shannon will be supported to maintain participation in activities 15-20 times per month by the next review date. Revision on: 10/26/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/26/2026</p>	<p>• STRUCTURED ACTIVITIES: Invite Shannon to programs of personal interest; Friendly/1:1 visits, arts & crafts, comedy corner, exercise groups, games, manicures & hand massages, Montessori programs, music groups, outings, socials, special events, spiritual programs, TV/movies, bingo, happy hour, tuck shop, etc. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide)</p> <p>• SELF-DIRECTED ACTIVITIES: Encourage Shannon to engage in self-directed activities such as watching/listening to TV, listeing to TV, family/friend visits, etc. Revision on: 09/05/2022 Revision by: Mitchell Atkinson (Recreation Aide)</p> <p>• ASSISTANCE: Provide assistance/encouragement to get Shannon to scheduled activities - Accompany in the elevator, Guide to, Porter, Cue Direction, Reminders, etc. Revision on: 10/22/2019 Revision by: Shayna Lee Wonsch (Activation Manager)</p> <p>• ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, videos (animals, babies), iPad (games, music), etc. Revision on: 07/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager)</p>	ACT 	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision on: 05/17/2025 Revision by: Jenny Liu (RAI Coordinator)		<ul style="list-style-type: none">• MEDICATION: Administer medication as per MD order for pain relief/management.	Nurse Registered Practical Nurse RN			
<ul style="list-style-type: none">• Potential for muscular dysfunction, contractures and bone deformity related to ARTHRITIS Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up)	<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with arthritis through to the next review date. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	<ul style="list-style-type: none">• MEDICATION: Administer medication for management of arthritis as per MD order. Monitor effectiveness and for side effects. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of arthritis for discomfort/ complications or changes to health status. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• PAIN MANAGEMENT for arthritis prescribed and in place; refer to Pain Care Plan. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none">• FALLS at risk/potential for falling r/t Psychotropic drug use, Cardiac Medications, Immobility, Developmental Delay. 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. Target Date: 01/26/2026	<ul style="list-style-type: none">• PT/OT to assess. <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: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment: high/low bed, wheelchair. Revision on: 09/20/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for transfers. Revision on: 09/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)	Registered Staff PCA PCA PCA	 D/E/N		
<ul style="list-style-type: none">• Potential to experience alteration in CARDIAC FUNCTION related to taking cardiac medications. Revision on: 12/05/2023	<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with HTN through to the next review	<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: 04/07/2021				
Allergies	No Known Allergies		D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Holden, Shannon (922131003468)		Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Elsie Calumpang (RN)	date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)	Registered Practical Nurse RN		
• ACTIVITIES OF DAILY LIVING self care r/t Limited ROM, Limited Mobility, Musculoskeletal impairment, Developmental Delay, Arthritis Diabetes Mellitus, and Schizophrenia. Revision on: 12/04/2023 Revision by: Elsie Calumpang (RN)	• Shannon will feel supported in coping with changing functional abilities due to arthritis through the review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• BATHING: Shannon prefers (shower) on (Mondays and Thursdays on Day shift). Two staff (Maximal to TOTAL) assistance for bathing. Maxi lift for transfer with two staff to assist.	PCA		
		Nail care to be provided on shower/bath day. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator)			
		• BED MOBILITY: Maximal assistance- two staff to assist with turn and reposition when in bed. Shannon is able to help minimally by hold down to the bedrails. Revision on: 05/17/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA		
		• DRESSING: Maximal Assist: Shannon is able to guide her upper extremities through the clothes, but requires weight bearing assistance from team members to completed dressing or undressing. Bra to be worn everyday. may requires total assistance at times. Revision on: 05/17/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA		
		• EATING: INDEPENDENT with set up for eating, May requires supervision due to eating too fast which can result in her getting herself dirty from dropping food. Shannon eats in main dining room. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA		
		• LOCOMOTION: Extensive assistance- Shannon is able to propel short distances, but requires one staff to porter her to the designated area. Wheelchair is the primary mode of locomotion. Revision on: 12/09/2022 Revision by: Jenny Liu (RAI Coord Back-up)	PCA		
		• PERSONAL HYGIENE: Total assistance with personal hygiene. Offer her the wash cloth to wash her face as at times she will do this portion of the her hygiene.	PCA		
Allergies	No Known Allergies	D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved	
• ACTIVITIES OF DAILY LIVING self care r/t Limited ROM, Limited Mobility, Musculoskeletal impairment, Developmental Delay, Arthritis Diabetes Mellitus, and Schizophrenia. Revision on: 12/04/2023 Revision by: Elsie Calumpang (RN)			Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • HAND HYGIENE: 1 staff to provide EXTENSIVE assistance to use sanitizer wipes for hand hygiene. Revision on: 09/20/2021 Revision by: Jenny Liu (RAI Coord Back-up) • TOILET USE: Shannon is put back to bed via her transfer status to be checked and changed while in bed with two team members assist. Two staffs to toilet her by use MAXI lift to transfer her to the toilet. Revision on: 08/31/2023 Revision by: Jenny Liu (RAI Coord Back-up) • TRANSFERRING: Maxi lift to be used for transferring with two team member assist. Revision on: 03/15/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • TRANSFER LIFT/SLING: blue sling needed for transfer. Revision on: 03/15/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORAL CARE: To be done by 1 staff member. Shannon has her OWN TEETH. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) • FOOT CARE: Psw provide foot care on bath days. Revision on: 12/04/2015 Revision by: Emma Rigakos (Registered Practical Nurse)			PCA		
• Risk for Impaired Skin Integrity r/t Shear/Friction, arthritis, restricted mobility, Incontinence. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)		• Shannon will maintain skin integrity through the review date. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN) Target Date: 01/26/2026	• 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. • ROHO cushion pressure reduction device applied to chair when up and an air mattress to relieve pressure. Revision on: 04/03/2022 Revision by: Janina Lucero (RN) • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Shannon preference to offload pressure. Resident to go to bed after lunch, off load turn & reposition (wound on buttocks) until healed.			PCA	PCA	Q2h
Allergies	No Known Allergies		D.O.B.	07/23/1975	Physician	Wallace Liang		
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre				Print Date	10/30/2025		
Resident	Holden, Shannon (922131003468)		Admission Date	05/04/2011	Location	7 714 C		
Last Care Plan Review Completed:		08/10/2025						

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
• Risk for Impaired Skin Integrity r/t Shear/Friction, arthritis, restricted mobility, Incontinence. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)		Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up)			
• BOWEL PROBLEM r/t decreased mobility, Developmental delay, arthritis. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)	• Shannon will have bowel incontinence managed every shift through to the next review period. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/26/2026	• BOWEL Continence level is Totally Incontinent. report change to level as noted. Revision on: 05/22/2024 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: 03/02/2023 Revision by: Jenny Liu (RAI Coord Back-up) • NCONTINENCE PRODUCT: Shannon uses brief daily. Resident wears beige through the day and evening. Second round on evening she wears orange and during second round they change her into beige. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA		
• URINARY INCONTINENCE related to Schizophrenia, Depression, restricted mobility, Developmental Delay. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)	• Shannon will have urinary incontinence managed every shift through to the next review period. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• Provide peri-care BID and after each voiding attempt or incontinent episode. Revision on: 08/06/2017 Revision by: Qiufeng Liu (Registered Practical Nurse) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 02/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) • INCONTINENCE PRODUCT: Shannon uses brief daily. Resident wears beige through the day and evening. Second round on evening she wears orange and during second round they change her into beige. Revision on: 11/12/2024 Revision by: Idylle Labrado (RPN)	PCA PCA PCA		
• Potential for CONSTIPATION related to decreased mobility. Revision on: 12/02/2021	• To minimize the potential for episodes of constipation through to the next review date.	• MONITORING: Utilize holistic perspective of continuous monitoring of Shannon for constipation management and changes to health status and symptoms/ complications of constipation.			
Allergies	No Known Allergies	D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
Revision by: Katie Wolters-Savo (RAI Coordinator)	Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	Revision on: 12/02/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • FLUIDS: Encourage Shannon to meet daily beverage minimums. See Nutrition Care Plan. Revision on: 12/02/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • BOWEL PROTOCOL: In place as per MD order	Registered Staff	
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, use of anti-psychotic medications, etc.) Revision on: 09/20/2021 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: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (Specify; anti-psychotic medication, poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 12/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. Revision on: 12/09/2022 Revision by: Jenny Liu (RAI Coord Back-up)		
• Potential for MOOD PROBLEM r/t Developmental delay, Speech Impairment and Depression, Schizophrenia. Revision on: 09/20/2021 Revision by: Jenny Liu (RAI Coord Back-up)	• Shannon will maintain their mood as evidenced by Depression Rating Scale (DRS) at a range of 1-2 by the review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Shannon for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 01/12/2021 Revision by: Jenny Liu (RAI Coord Back-up) • RESIDENT STRENGTHS: Build on Shannon effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 01/12/2021 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: 09/07/2022 Revision by: Jenny Liu (RAI Coord Back-up)		
• Alteration in skin integrity related to rosacea to face. Revision on: 04/22/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To promote intact skin integrity through healing of Rosacea by target date. Revision on: 03/06/2023	• TOPICAL TX: Apply topical treatment to face for rosacea as ordered. See TAR. Revision on: 04/22/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse Registered	
Allergies	No Known Allergies		D.O.B.	07/23/1975
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses		Physician	Wallace Liang
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location 7 714 C
Last Care Plan Review Completed:		08/10/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Coordinator)	Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026		Practical Nurse		
<ul style="list-style-type: none"> • SPIRITUAL BELIEFS: Shannon is of the non-denominational Faith. Revision on: 07/15/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 	<ul style="list-style-type: none"> • To provide Shannon spiritual support as interested through to the next review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 	<ul style="list-style-type: none"> • SPIRITUAL PROGRAMS: Encourage Shannon to attend spiritual programs of her choice including church service (Catholic), bible study, spiritual music, spiritual discussion, drumming circle, etc. Revision on: 05/29/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED SPIRITUAL Activities: Shannon engages in receiving communion, etc. Revision on: 02/16/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 	ACT		
<ul style="list-style-type: none"> • Altered COMMUNICATION r/t Developmental Delay Impairment, Speech Impairment. Revision on: 04/29/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 	<ul style="list-style-type: none"> • Shannon will be able to make basic needs known on a daily basis through the review date Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 	<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: 06/24/2021 Revision by: Jenny Liu (RAI Coord Back-up) • INSTRUCTION GUIDANCE: Shannon needs (intermittent) cueing or demonstrative instruction in tasks and activities. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator) 			
<ul style="list-style-type: none"> • COGNITIVE LOSS & dementia or alteration in thought processes r/t Developmental Delay & depression. Revision on: 04/29/2020 Revision by: Shayna Lee Wonsch (Activation Manager) 	<ul style="list-style-type: none"> • Shannon will maintain current cognitive abilities through the review date. Current CPS is 4/6. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • Shannon will be able to communicate basic needs through the review date. Revision on: 03/06/2023 	<ul style="list-style-type: none"> • ORIENTATION: Gently reorient to (person, place, time) as needed when Shannon is feeling lost or in confused state. Revision on: 12/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL ROUTINE: Provide consistency in care routine and activities Revision on: 12/09/2022 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA		
Allergies	No Known Allergies	D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• COGNITIVE LOSS & dementia or alteration in thought processes r/t Developmental Delay & depression. Revision on: 04/29/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026				
• Expressed Wishes and Beliefs related to Shannon Medical Treatment and End of Life Care Revision on: 02/09/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To support and honor Shannon expressed wishes and beliefs through to the End of Life. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	• CPR: Attempt CPR: transfer to hospital decisions to be made as needed - see PoET Individualized Summary for details. Revision on: 08/10/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Nutrition Risk Level (diet details)		• Shannon will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • Will weigh within realistic GWR 100-110 kg through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/26/2026	• NUTRITION RISK: Shannon is moderate risk level Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Shannon will receive regular diet, regular texture. Revision on: 12/09/2020 Revision by: Anna Slack • FLUID CONSISTENCY: Shannon drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/15/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage Shannon to drink a minimum of 2144 ml/day Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. Revision on: 08/28/2023 Revision by: Anna Slack (Registered Dietitian) <div style="float: right; text-align: right;"> Dietitian (RD) Diet Food Services Aide PCA Diet PCA PCA Dietary aide PCA </div>			
Allergies	No Known Allergies		D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)		Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Nutrition Risk Level (diet details)		• Shannon will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2680 ml/day (25 ml/kg using 107.2 kg weight) through to next review date. Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/26/2026	• DINING INSTRUCTIONS: Cut food especially meat/fish/large pieces of vegetables into small pieces before serving her plate of food Revision on: 08/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LOW CALORIE/DIABETES CARE: Prune juice at breakfast only; encourage water or dilute juice; limit milk/chocolate milk to 200 ml at each meal 1/2 portion starch at meals Allow double portion protein and/or vegetables Encourage fruit for dessert Revision on: 08/07/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH FIBRE: Offer 200mL prune juice at breakfast daily Revision on: 06/06/2022 Revision by: Anna Slack (Registered Dietitian)			Registered Practical Nurse PCA Diet PCA	Meals
• Shannon is at risk for complications related to diagnosis of Developmental Delay including cognitive impairment, communication impairment, mood/behaviour problems, , deterioration in ADL function, at risk for injuries/falls. Revision on: 02/06/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Shannon will maintain optimal quality of life within limitations imposed by disease process, as evidenced by continuing to participate in simple daily decision making through next review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026 • Shannon will maintain optimal quality of life within limitations imposed by disease process, as evidenced by responding adequately to simple, direct communication and expressing basic needs daily through next	• Communication techniques to facilitate optimal interaction; speak slowly, repeat as needed, simplify message, use simple cues, ask yes/no questions, reduce distractions, provide a predictable, safe and consistent environment • monitor for mood/behaviour patterns and attempt to determine cause for behaviour problems.			PCA Registered Staff Registered Staff Social Worker	
Allergies	No Known Allergies		D.O.B.	07/23/1975	Physician	Wallace Liang	
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Holden, Shannon (922131003468)		Admission Date	05/04/2011	Location	7 714 C	
Last Care Plan Review Completed:		08/10/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Shannon is at risk for complications related to diagnosis of Developmental Delay including cognitive impairment, communication impairment, mood/behaviour problems, , deterioration in ADL function, at risk for injuries/falls. Revision on: 02/06/2016 Revision by: Qiufeng Liu (Registered Practical Nurse)	review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026			
<ul style="list-style-type: none"> SLEEP PATTERNS Revision on: 12/04/2015 Revision by: Emma Rigakos (Registered Practical Nurse)	<ul style="list-style-type: none"> To meet Shannon's personal preferences for sleep patterns through the next review date. Revision on: 03/06/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/26/2026	<ul style="list-style-type: none"> Usual bed time at 1900-2000 and usual wake time at 0630-0700. Revision on: 12/04/2015 Revision by: Emma Rigakos (Registered Practical Nurse) <ul style="list-style-type: none"> Preferred night attire ; Johnny shirt. Revision on: 12/04/2015 Revision by: Emma Rigakos (Registered Practical Nurse)	PCA	PCA

Allergies	No Known Allergies	D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025			

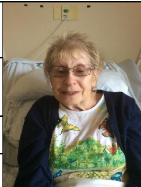
Care Plan Report

Diagnosis

Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified (F20.9), Unspecified diabetes mellitus with poor control, so described(E14.64)

Allergies	No Known Allergies	D.O.B.	07/23/1975	Physician	Wallace Liang
Diagnosis	Disorder of globe, unspecified(H44.9), Depressive episode, unspecified(F32.9), Arthritis, unspecified, unspecified site(M13.99), Schizophrenia, unspecified(F20.9), Unspecified diabetes mellitus w...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Holden, Shannon (922131003468)	Admission Date	05/04/2011	Location	7 714 C
Last Care Plan Review Completed:		08/10/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Potential for Chronic PAIN and alteration in comfort level related to Compression fracture to vertebral Column, Arthritis, C/O lower back pain/generalized pain. Most Current RAI Pain Score is 2.Sept 19/25 Acute left knee painRevision on: 09/19/2025Revision by: Alyssa Egan (Interim ADOC)		<ul style="list-style-type: none">• To promote Ansy comfort and effectively manage PERSISTENT pain each day through to the next review.Revision on: 10/14/2024Revision by: Jenny Liu (RAI Coord Back-up)Target Date: 12/03/2025 <ul style="list-style-type: none">• Promote RAI Pain Score of 0 through to the next review.Target Date: 12/03/2025	<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. <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: 07/12/2021Revision by: Katie Wolters-Savo (RAI Coordinator)			RN	
						Registered Practical Nurse	
						Registered Practical Nurse RN	
<ul style="list-style-type: none">• Potential for muscular dysfunction, contractures and bone deformity related to ARTHRITIS.Revision on: 09/05/2025Revision by: Shina Wadhwa (Physical Therapist)		<ul style="list-style-type: none">• To treat and minimize signs/symptoms or complications associated with ARTHRITIS through to the next review date.Revision on: 06/08/2025Revision by: Maryola Perion (RN)Target Date: 12/03/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/ collaborate with (Ansy)/SDM in decision making of musculoskeletal care management.Revision on: 06/08/2025Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• MEDICATION: Administer medication for management as per MD order. Monitor effectiveness and for side effects.Revision on: 06/08/2025Revision by: Maryola Perion (RN) <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of ARTHRITIS for discomfort/ complications or changes to health status.Revision on: 06/08/2025Revision by: Maryola Perion (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: 3/6Revision on: 08/25/2025Revision by: Megan Pipe (Recreation Aide)		<ul style="list-style-type: none">• To support Jane's Psycho-Social well being through to the next review.Revision on: 10/14/2024Revision by: Jenny Liu (RAI Coord Back-up)Target Date: 12/03/2025	<ul style="list-style-type: none">• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; friendly/one to one visits, Resident Council & Food Committee, arts & crafts, discussion group, manicures & hand massages, Montessori - iPad, reading - library cart, special events, etc.Revision on: 04/18/2022Revision by: Mitchell Atkinson (Recreation Aide) <ul style="list-style-type: none">• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching/listening to TV, listening to music, visiting with residents/team members, reading independently, etc.			ACT	
Allergies	Penicillin		D.O.B.	10/30/1942	Physician	Wallace Liang	
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites (M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Mazzali, Ansy (922131003821)		Admission Date	07/12/2021	Location	7 725 A	
Last Care Plan Review Completed:		09/03/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		Revision on: 10/18/2021 Revision by: Mitchell Atkinson (Recreation Aide) • ONE to ONE: Provide her with individual visits for conversation, reading, reminiscing, music, etc. Revision on: 10/18/2021 Revision by: Mitchell Atkinson (Recreation Aide) • SOCIAL INTERACTION: Promote the opportunity for Jane to make friendships and sit with friends during activities. Revision on: 08/09/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)	ACT ACT			
• Potential to experience complications and side effects impacting quality of life related to use of (multi-pharmacy, etc.) Revision on: 06/08/2025 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: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident using (poly-pharmacy, etc.) for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 06/08/2025 Revision by: Maryola Perion (RN) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.	Registered Staff			
• Increased risk for FALLS related to generalized weakness, hx of vertebral compression fracture, arthritis. 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: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• COMMUNICATION: Involve/collaborate with (Ansy)/SDM in decision making in fall prevention Plan of Care. Revision on: 06/08/2025 Revision by: Maryola Perion (RN) • CALL BELL: Place call bell within Ansy's reach and 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) • SUPPLEMENT: Administer supplement as per MD order to maintain bone density to prevent injuries. Revision on: 06/08/2025 Revision by: Maryola Perion (RN)	PCA	D/E/N		
• Expressed Wishes and Beliefs related to Ansy (Jane's) Medical Treatment and End of Life Care Revision on: 07/12/2023	• To support and honor Ansy (Jane's) expressed wishes and beliefs through to the End of Life.	• CPR: Ansy's wishes to have CPR and TRANSFER to hospital. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)				
Allergies	Penicillin		D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Mazzali, Ansy (922131003821)		Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Shina Wadhwa (Physiotherapist)	Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025				
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to Limited Mobility, SOB, Chronic Low Back Pain, General Weakness, Compression fracture, vertebral column, Arthritis</p> <p>Revision on: 07/12/2023 Revision by: Shina Wadhwa (Physiotherapist)</p>	<p>• Ansy (Jane) will be supported to cope with changing functional abilities and have ADL care needs met each day through to the next review date.</p> <p>Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025</p>	<p>• BATHING: Jane prefers (bed bath) on (Thursdays and Sundays on Evening shift). PCA Jane participates by (washing her face and upper body). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day.</p> <p>Prefers bed bath Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: Ansy is able to grab the rail and hold down to it, but she requires PCA extensive assistance with turning and reposition in bed. Revision on: 10/21/2022 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• DRESSING: Limited to extensive Assist. Ansy is able to dress herself up once set PCA up by staff. She may requires assistance to do her bra. She doesn't wear pants , brief only in the bottom. Revision on: 01/10/2024 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• EATING: Set up. Ansy is capable of eating independently once set up by the team. PCA Please ensure Ansy is seated in a upright position while eating to prevent chances of choking or aspirating on food. She eats on her bed Revision on: 04/21/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: Ansy has a wheelchair that she uses as her primary mode of PCA locomotion. She has been staying in bed since the new admission per her preference. Revision on: 07/20/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• PERSONAL HYGIENE: Ansy is capable of washing her face, brushing her teeth PCA and washing her upper body though requires one team member to assist with providing pericare related to incontinence. Revision on: 07/12/2021</p>			
Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<div>• Altered ability to complete Activities of Daily Living (ADLs) related to Limited Mobility, SOB, Chronic Low BACK Pain, General Weakness, Compression fracture, vertebral column, Arthritis</div> <div>Revision on: 07/12/2023</div> <div>Revision by: Shina Wadhwa (Physiotherapist)</div>		<div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• TOILET USE: Ansy does not go onto the toilet as she prefers to remain in bed. She is able to communicate with the team when she has had a bowel movement. One team member is required to assist with checking and changing her incontinence products as well as providing pericare.</div> <div>Revision on: 09/03/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• TRANSFERRING: She has been in bed since the new admission per her preference. Maxi lift to be used when transferring with small sling.</div> <div>Revision on: 07/20/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• TRANSFER LIFT/SLING: small SIZE of sling needed for transfer.</div> <div>Revision on: 07/20/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• ORAL CARE: Ansy has her own teeth remaining though some are broken and missing. She is able to brush her own teeth once set up with the utensils to do so.</div> <div>Revision on: 07/12/2021</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• FOOT CARE: Footcare to be completed by registered staff on shower days and PRN. Footcare nurse to follow within a 6-8 weeks. Report long toe nails or other abnormalities as noted.</div> <div>Revision on: 01/25/2023</div> <div>Revision by: Katherine Arca (RPN)</div>	PCA		
<div>• Altered VISION related to Cataract (both Right and Left eye)</div> <div>Revision on: 07/12/2023</div> <div>Revision by: Shina Wadhwa (Physiotherapist)</div>	<div>• To treat and minimize complications of (Cataracts) through to next review date.</div> <div>Revision on: 10/14/2024</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>Target Date: 12/03/2025</div>	<div>• EYEGLASSES: Ansy wears eyeglasses. Assist to clean eyeglasses as needed and store on tabletray when sleeping.</div> <div>Revision on: 07/12/2021</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>• READING: Jane uses large print material to aid with reading.</div> <div>Revision on: 04/21/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA		
<div>• Potential for Expressive Behaviour of (Refuse to get up daily and refusing showers) per her preference.</div>	<div>• To decrease episodic frequency of (refusing care) by next review date. ABS score will</div>	<div>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of (resident name) for indications to change in or for escalating expressive behaviour risk.</div>	Registered Staff		
Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision on: 07/12/2023 Revision by: Shina Wadhwa (Physiotherapist)	be maintained to 0.. Revision on: 06/08/2025 Revision by: Maryola Perion (RN) Target Date: 12/03/2025	• Refuses Shower. Residents preference is a bed bath as she prefers not to get up. Team may encourage her to get up to go for a shower but she is cognitive to make the decision not to. Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Use of PASD: Two 1/4 bedrails to assist Ansy with Activity of Daily Living (to aid in turning and repositioning in bed). Revision on: 07/12/2023 Revision by: Shina Wadhwa (Physiotherapist)	• Ansy will be effectively supported with use of Two 1/4 bedrails to optimize Activity of Daily Living (turning and repositioning in bed) each day through to the next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use as to support appropriate (assigned ADL). Revision on: 10/13/2023 Revision by: Jenny Liu (RAI Coord Back-up) • BED RAIL: Two 1/4 bedrails to be used to aid Ansy in turning and repositioning in bed. PSW's to monitor every shift and document in POC. Report to registered team if any concerns. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	D/E/N	
• Risk for Impaired SKIN INTEGRITY related to Frailty, Incontinence, Thin fragile Skin Revision on: 07/12/2023 Revision by: Shina Wadhwa (Physiotherapist)	• To protect and maintain skin integrity each day through to the next review. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• 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		
• Potential to experience FOOT/FEET complications related to diabetic 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: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• COMMUNICATION: Involve/collaborate with Jane in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Jane requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Jane likes to have footcare treatment on shower days by registered staff/footcare nurse.	Footcare Nurse - Internal		
Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience FOOT/FEET complications related to diabetic diagnosis. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)			Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)		Internal	
<ul style="list-style-type: none"> Potential to experience alteration in fluid volume or episode of DEHYDRATION related to use of diuretic. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none"> To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with (Jane)/SDM in decision making for plan of Hydration/Fluid consumption and risks of dehydration. 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 with altered fluid intake for changes to health status and risk for dehydration. Revision on: 12/10/2022 Revision by: Maryola Perion (RN) <ul style="list-style-type: none"> PROMOTE FLUIDS: Promote Jane to consume fluids; amount as per Nutrition Care Plan. Revision on: 12/10/2022 Revision by: Maryola Perion (RN)		Diet	
<ul style="list-style-type: none"> Potential to experience (Specify; rash, hives, anaphylaxis, etc.) related to ALLERGY of (Penicillin). Revision on: 01/17/2022 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> Ansy will be protected from exposure to allergen each day through next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of resident with Penicillin for changes to health status and complications mortality. Revision on: 10/22/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> MD/PHARMACY ALERT: Notify the MD and Pharmacy of Ansy Allergy to Penicillin and minimize risk for exposure to allergen. Revision on: 10/22/2021 Revision by: Jenny Liu (RAI Coord Back-up)			
<ul style="list-style-type: none"> Sleep Patterns Revision on: 10/22/2021 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> To promote adequate rest/sleep for Ansy based on identified sleep patterns/preferences each night through to the next review date. 	<ul style="list-style-type: none"> REST PATTERN: Preferred bedtime bedfast all of time, no specific time, usual wake time no specific time. Revision on: 10/22/2021 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> SLEEPWEAR: Ansy prefers to wear her regular clothes and brief in bed. Revision on: 01/21/2022		PCA PCA	
Allergies	Penicillin		D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)		Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025				

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	Revision by: Jenny Liu (RAI Coord Back-up)			
• SPIRITUAL BELIEFS: Jane is of the Protestant Faith. Revision on: 08/09/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		• To provide Jane spiritual support as interested through to the next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• PERSONAL CHOICE: Respect Jane's right to decline participation in Spiritual Program. Revision on: 08/09/2021 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		ACT	
• Potential for BOWEL INCONTINENCE related to impaired mobility, Compression fracture. Revision on: 07/13/2021 Revision by: Shayna Lee Wonsch		• Ansy will have bowel incontinence managed every shift through to the next review period. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function. • CHECK and CHANGE: (Resident Name) experiences TOTAL incontinence and requires checks and change each time noted to be soiled. Revision on: 09/03/2025 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: Ansy uses BLUE color brief per prevail sheet. Revision on: 04/06/2025 Revision by: Jenny Liu (RAI Coordinator)		Registered Staff PCA PCA PCA	
• Potential for CONSTIPATION related to Hx of constipation, Impaired mobility. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To minimize the potential for episodes and complications of constipation through to the next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• COMMUNICATION: Involve/collaborate with Ansy for decision making regarding constipation management. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Ansy for constipation management and changes to health status and symptoms/ complications of constipation. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)			
Allergies	Penicillin		D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses					
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Resident	Mazzali, Ansy (922131003821)		Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		<ul style="list-style-type: none"> • FLUIDS: Encourage resident to meet daily beverage minimums. See Nutrition Care Plan. • BOWEL PROTOCOL: In place as per MD order 	Registered Staff Registered Staff		
• URINARY Mixed INCONTINENCE related to impaired mobility. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Ansy will have urinary incontinence managed every shift through to the next review period. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Revision on: 06/08/2025 Revision by: Maryola Perion (RN) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 07/12/2021 Revision by: Katie Wolters-Savo (RAI Coordinator) • CHECK and CHANGE: (Resident Name) experiences TOTAL incontinence and requires checks and change each time noted to be soiled. Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator) • INCONTINENCE PRODUCT: Ansy uses BLUE color brief per prevail sheet. Revision on: 04/06/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA PCA PCA		
• Nutrition Risk Level	• Jane will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/03/2025 • Will weigh within Realistic weight range of 50-55 kg/BMI 36-38 through to next review date. Revision on: 10/14/2024 Revision by: Jenny Liu (RAI Coord Back-up)	• LABELLED SNACK HS: Assorted fruit Sun/Tue/Thu Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Jane is moderate risk level. Revision on: 05/28/2025 Revision by: Ronnie Fung (FSM - Food Services Manager) • DIET ORDER: Jane will receive regular diet, minced texture per her request for digestion Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Jane drinks REGULAR/THIN Level 0 Fluids. Revision on: 07/12/2021 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Jane to drink a minimum of 1068 ml/day.	PCA Registered Practical Nurse RN Dietitian (RD) PCA Diet PCA PCA	E	
Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
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Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	Target Date: 12/03/2025 • Jane will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 1335 ml/day (25 ml/kg using 53.4 kg weight) through to next review date. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 12/03/2025	Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: provide Lactaid milk in place of regular milk as per preference Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • PORTION SIZE: Jane prefers small portions for meals. She has her own snacks in mini fridge in her room. Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD)) • MEDPASS SUPPLEMENTS: Boost Plus Calories once daily Revision on: 10/17/2025 Revision by: Holly Laasanen (Dietitian (RD)) • LABELLED SNACK: Jane receives Greek yogurt and 200 ml cranberry juice at breakfast daily as per preference Revision on: 06/05/2025 Revision by: Holly Laasanen (Dietitian (RD))	Registered Practical Nurse PCA Diet PCA	 D/E

Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
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Care Plan Report

Diagnosis

Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecified(H26.9), Congestive heart failure(I50.0)

Allergies	Penicillin	D.O.B.	10/30/1942	Physician	Wallace Liang
Diagnosis	Low back pain(M54.5), Disease of pancreas, unspecified(K86.9), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Arthritis, unspecified, multiple sites(M13.90), Cataract, unspecifi...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Mazzali, Ansy (922131003821)	Admission Date	07/12/2021	Location	7 725 A
Last Care Plan Review Completed:		09/03/2025			

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 HTN, CAD, Chronic pain to back, legs and arms, Right hand contracture, stomach pain, headache. Most Current Pain Score is 0/3. Revision on: 10/25/2025 Revision by: Maryola Perion (RN)		<ul style="list-style-type: none">• Promote RAI Pain Score of 0 through to the next review. Revision on: 09/15/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 12/04/2025	<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 relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		RN Registered Practical Nurse Registered Practical Nurse RN	
<ul style="list-style-type: none">• Increased risk for FALLS related to unsteady gait, frequent fall history. <p>Recent unwitnessed fall on 10/18/2025 at 1700</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Simran Patel (Registered Nurse)</p>		<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: 12/04/2025	<ul style="list-style-type: none">• CALL BELL: Place call bell within D'Arcys reach, check that it is in working order and remind/encourage to use it. Encouraged resident to use the call bell and ask for the assistance. Revision on: 10/18/2025 Revision by: Simran Patel (Registered Nurse)• ADAPTIVE AIDS: Place adaptive aid/needed objects (walker) within easy reach of resident. <p>The resident refused to use assistive devices and kept walking without assistance. Provide reminders and encouraged resident to use it</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Simran Patel (Registered Nurse)</p> <ul style="list-style-type: none">• ENVIRONMENT: Ensure environment is clean and clear of clutter. Revision on: 10/18/2025 Revision by: Simran Patel (Registered Nurse)• BED: place bed in lowest position, use high/low bed, etc.) to lower risk for injury. Revision on: 01/27/2023 Revision by: Teresa Quinto (RPN)• FOOTWEAR: Ensure D'Arcy wears appropriate footwear at all times. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)• HIP PROTECTORS: D'Arcy wears hip protectors at all times to safeguard against injury. Report immediately to Registered Staff if not wearing. Revision on: 02/21/2025		PCA 	

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<p>• Increased risk for FALLS related to unsteady gait, frequent fall history.</p> <p>Recent unwitnessed fall on 10/18/2025 at 1700</p> <p>Revision on: 10/18/2025</p> <p>Revision by: Simran Patel (Registered Nurse)</p>			<p>Revision by: Prabhjot Maan (ADOC)</p> <p>• ALARMS: Murray D'Arcy had chair alarm while in chair. Check placement and working order.</p> <p>Revision on: 09/15/2025</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• PURPOSEFUL ROUNDING: Conduct purposeful rounding to assess residents needs; for pain, positioning, peri-needs or possessions for safety (self transferring and ambulating without walker).</p> <p>Revision on: 12/19/2024</p> <p>Revision by: Danielle Loreto (RAI Coordinator)</p>			PCA	D/E/N
<p>• Potential to experience alteration in MOOD as exhibited by suicidal ideation "I wanted to kill myself, I don't want to live, I wanna go to the other world" related to Schizophrenia, Anxiety Disorder, Dementia.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p>		<p>• To decrease the episodic frequency of negative Mood symptoms by next review date. DRS score will be less than 1.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>Target Date: 12/04/2025</p> <p>• To support D'Arcy with their identified coping strategies for mood/emotional stability each day through to the review date.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>Target Date: 12/04/2025</p>	<p>• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of D'Arcy for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• RESIDENT STRENGTHS: Build on D'Arcy effort to maintain control. Encourage him/her to express self, state preferences and make safe choices for care and activities.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• MEDICATION: Administer medication for MOOD stability as per MD Order. Monitor its effectiveness and for side effects.</p> <p>Revision on: 10/02/2025</p> <p>Revision by: Maryola Perion (RN)</p> <p>• SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if D'Arcy expresses thoughts to harm to self.</p> <p>Revision on: 10/02/2025</p>				
Allergies	No Known Allergies			D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)			Admission Date	01/23/2023	Location	7 709 A
Last Care Plan Review Completed:		09/04/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> Potential to experience alteration in MOOD as exhibited by suicidal ideation "I wanted to kill myself, I don't want to live, I wanna go to the other world" related to Schizophrenia, Anxiety Disorder, Dementia. Revision on: 10/02/2025 Revision by: Maryola Perion (RN)			Revision by: Maryola Perion (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: 08/25/2025 Revision by: Megan Pipe (Recreation Aide)		<ul style="list-style-type: none"> To support D'Arcy's Psycho-Social well being through to the next review. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> STRUCTURED ACTIVITIES: Invite him to programs of personal interest; friendly/1: ACT 1 visits, comedy corner, some exercise groups, music groups, Happy Hour, TV programs, special events, etc. Revision on: 04/17/2023 Revision by: Mitchell Atkinson (Recreation Aide) <ul style="list-style-type: none"> SELF-DIRECTED ACTIVITIES: Encourage him to engage in self-directed activities ACT such as; watching/listening to TV, listening to music, reading independently, visiting with residents/team members, etc. Revision on: 02/02/2023 Revision by: Mitchell Atkinson (Recreation Aide) <ul style="list-style-type: none"> ONE to ONE: Provide him with individual visits for conversation, reading, ACT reminiscing, music, humor, etc. Revision on: 02/02/2023 Revision by: Mitchell Atkinson (Recreation Aide) <ul style="list-style-type: none"> SOCIAL INTERACTION: Promote the opportunity for D'Arcy to make friendships ACT and sit with friends during activities. Revision on: 02/02/2023 Revision by: Mitchell Atkinson (Recreation Aide)				
<ul style="list-style-type: none"> Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (self 		<ul style="list-style-type: none"> D'arcy will be effectively supported with use of two 1/4 	<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. 				
Allergies	No Known Allergies			D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)			Admission Date	01/23/2023	Location	7 709 A
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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
transfer and bed mobility). Revision on: 03/20/2025 Revision by: Suzanne Azar (RN)		bed rails to optimize Activity of Daily Living (self transfer and bed mobility) each day through to the next review date. Revision on: 03/20/2025 Revision by: Suzanne Azar (RN) Target Date: 12/04/2025	Revision on: 03/20/2025 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: 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
• Altered COMMUNICATION as exhibited by limitations to (making self understood and understanding) related to Cognitive loss. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)		• D'Arcy will continue to freely express self and adequately comprehend information each day through to the next review period. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	• INSTRUCTION GUIDANCE: D'Arcy needs (intermittent) cueing or demonstrative instruction in tasks and activities to help his understanding and to communication his needs. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)				
• Potential to experience complications and side effects impacting quality of life related to use of use of anti-psychotic AND ANTIDEPRESSANT medications. Revision on: 12/19/2024 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: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of D'Arcy using anti-psychotic/antidepressant medication for changes to health status and alteration or complications affecting functioning or quality of life. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed.			Registered Staff	
• Potential for Expressive Behaviour of hx of WANDERING/exit seeking, hx of visual hallucinations (people or animals in room),		• D'Arcy will be supported to adjust to his new environment to lower risk of triggering former	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of D'Arcy for indications to change in or for escalating expressive behaviour risk. Revision on: 01/23/2023				
Allergies	No Known Allergies			D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...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

Focus		Goal	Interventions			Position	Freq/Resolved
refusing to eat/drink, accepting care in nature related to Dementia, Anxiety, Schizophrenia. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)		WANDERING behaviour episodes through to the next review. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	Revision by: Katie Wolters-Savo (RAI Coordinator) • TRIGGERS leading to RESISTANCE to Care Needs of (refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, fearfulness, paranoid thought process, etc.) Revision on: 04/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) • RESISTANCE to Care Need: If D'Arcy is declining to (take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 04/01/2024 Revision by: Jenny Liu (RAI Coord Back-up) • WANDERING: Permit D'Arcy to safely roam in common area. Redirect away from exit doors, elevator or other resident rooms as needed. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • HALLUCINATION: (hx of visual hallucinations (people or animals in room)) if noted. Ensure safety, offer reassurance. Report to the nurse. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)			Registered Practical Nurse RN	
• Sleep Patterns; Potential for alteration in sleep patterns related to insomnia. Revision on: 12/17/2023 Revision by: Gurjit Kaur (RN)		• To promote adequate rest/sleep for D'Arcy based on identified sleep 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: 12/04/2025	• REST PATTERN: D'Arcy does not have a preferred wake or reside time. His sleep patterns are inconsistent. He has a diagnosis of insomnia. He does nap at periodic times throughout the day and tends to sleep in. Revision on: 12/17/2023 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• Expressed Wishes and Beliefs related to D'Arcy Medical Treatment and End of Life Care Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• To support and honor D'Arcy 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: 12/04/2025	• CPR: 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)				
Allergies	No Known Allergies			D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses						
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Altered ability to complete Activities of Daily Living (ADLs) related to Dementia, Anxiety, Schizophrenia, HTN, CAD, CHronic Pain, Insomnia, right hand contracture.</p> <p>Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)</p>	<p>• D'Arcy will have ALL ADL care tasks met each day through the next review date.</p> <p>Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025</p>	<p>• BATHING: D'Arcy prefers (shower) on (Wednesdays and Sundays on Day shift). D'Arcy participates by (washing his face and upper body with cues). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day.</p> <p>Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• BED MOBILITY: D'Arcy is able to turn and reposition himself independently without assistance or oversight from the team.</p> <p>PCA</p> <p>May requires guidance from time to time while on night shift.</p> <p>Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• DRESSING: D'Arcy requires extensive assistance to dress his upper and lower body. He can assist more with his upper and at times can complete task himself with set up. He can move his limbs and follow directions.</p> <p>Revision on: 09/04/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• EATING: D'Arcy is able to eat independently once he is set up by the team. He eats in the main dining room on the 1st floor.</p> <p>Revision on: 10/17/2023 Revision by: Jenny Liu (RAI Coord Back-up)</p> <p>• LOCOMOTION: D'Arcy is unsteady on his feet per the staff, so wheelchair initiated for locomotion and requires 1 team member to porter him in his wheelchair. However he may attempt continue to choose to walk with his walker. Team to monitor for ambulation</p> <p>Revision on: 09/15/2025 Revision by: Danielle Loreto (RAI Coordinator)</p> <p>• PERSONAL HYGIENE: D'Arcy requires one team member to assist with providing pericare. He is able to wash his face and brush his gums once provided the items to do so.</p> <p>Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>• HAND HYGIENE: 1 staff to provide REMINDERS to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene.</p> <p>PCA</p>			
Allergies	No Known Allergies	D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses				
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Resident	Murray, D'Arcy (922131005500)	Admission Date	01/23/2023	Location	7 709 A
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Care Plan Report

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Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement, etc. related to Dementia. Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)			Revision by: Katie Wolters-Savo (RAI Coordinator)				
• Risk for Impaired SKIN INTEGRITY related to incontinence, Psoriasis. Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• 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: 12/04/2025	• 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	
• D'Arcy is at high risk for ELOPEMENT related to Dementia, history of exit seeking. Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• To promote D'Arcy safety and minimize risk for episode of elopement each day through next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	• ALERT:D'Arcy has potential to attempt elopement. If heard making requests to leave the building or seen attempting to use exit doors report to the Supervisor immediately. Revision on: 12/03/2023 Revision by: Elsie Calumpang (RN)				
• Altered VISION related to vision impairment, missing eyewear. Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)		• D'Arcy will use glasses for vision correction daily through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	• EYEGLASSES: D'Arcy wears eyeglasses. Assist to clean eyeglasses as needed and store on night table when sleeping. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
Allergies	No Known Allergies			D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)			Admission Date	01/23/2023	Location	7 709 A
Last Care Plan Review Completed:		09/04/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> Altered VISION related to vision impairment, missing eyewear. Revision on: 07/17/2023 Revision by: Shina Wadhwa (PT - Physiotherapist)							
<ul style="list-style-type: none"> URINARY (Mixed) INCONTINENCE related to occasional urinary incontinence, Dementia, Hematuria. Revision on: 05/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none"> D'Arcy will have urinary incontinence managed every shift through to the next review period. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of D'Arcy for toileting needs, changes to health status and alteration of continence level. Revision on: 05/05/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			Registered Staff	
			<ul style="list-style-type: none"> URINARY Continence level is OCCASIONAL TO FREQUENTLY Incontinent. Report change to level as noted.			PCA	
			<ul style="list-style-type: none"> INCONTINENCE PRODUCT: D'Arcy wears blue color brief per Prevail sheet Revision on: 03/08/2025 Revision by: Jenny Liu (RAI Coordinator)			PCA	
<ul style="list-style-type: none"> SPIRITUAL BELIEFS: D'Arcy is of the Catholic Faith. Revision on: 02/02/2023 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> To provide D'Arcy 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: 12/04/2025	<ul style="list-style-type: none"> PERSONAL CHOICE: Respect D'Arcy's right to decline participation in Spiritual Program. Attempt to engage if he decides to attend a spiritual program. Revision on: 02/02/2023 Revision by: Mitchell Atkinson (Recreation Aide)			ACT	
<ul style="list-style-type: none"> Potential for BOWEL INCONTINENCE related to occasional bowel incontinence. Revision on: 01/23/2023 Revision by: Mitchell Atkinson (Recreation Aide)		<ul style="list-style-type: none"> D'Arcy will have bowel incontinence managed every shift through to the next review period. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of D'Arcy for changes to health status, alteration of continence level or bowel function. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA	
			<ul style="list-style-type: none"> BOWEL Continence level is occasionally TO FREQUENTLY incontinent. Report change to level as noted. Revision on: 12/19/2024 Revision by: Danielle Loreto (RAI Coordinator)				
			<ul style="list-style-type: none"> BOWEL MOVEMENT: Monitor resident for bowel movement each shift and 			PCA	
Allergies	No Known Allergies		D.O.B.	11/23/1951	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Murray, D'Arcy (922131005500)		Admission Date	01/23/2023	Location	7 709 A	
Last Care Plan Review Completed:		09/04/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		document number of occurrences, size and consistency.			
		<ul style="list-style-type: none"> • INCONTINENCE PRODUCT: D'Arcy wears blue color brief per Prevail sheet Revision on: 03/08/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA		
• Nutrition Risk Level	<ul style="list-style-type: none"> • D'Arcy 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: 12/04/2025	<ul style="list-style-type: none"> • NUTRITION RISK: D'Arcy is low risk level. Revision on: 05/28/2025 Revision by: Ronnie Fung (FSM - Food Services Manager)	Dietitian (RD)		
	<ul style="list-style-type: none"> • Will weigh within Realistic weight range of 95-100kg through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> • DIET ORDER: D'Arcy will receive regular diet,regular texture Revision on: 02/15/2023 Revision by: Teresa Quinto (RPN)	Diet Food Services Aide PCA		
	<ul style="list-style-type: none"> • D'Arcy will be adequately hydrated aeb drinking at least 75% of total fluid requirement 2060-2575ml @ 20-25 ml/kg, 103kg through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> • FLUID CONSISTENCY: D'Arcy drinks REGULAR/THIN Level 0 Fluids. Revision on: 01/23/2023 Revision by: Anna Slack (Registered Dietitian)	Diet PCA		
	<ul style="list-style-type: none"> • D'Arcy will be adequately hydrated aeb drinking at least 75% of total fluid requirement 2060-2575ml @ 20-25 ml/kg, 103kg through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	<ul style="list-style-type: none"> • FLUID TARGET: Encourage D'Arcy to drink a minimum of 1545ml per day. Revision on: 06/24/2024 Revision by: Sarah Schaeffer (RD)	PCA		
	<ul style="list-style-type: none"> • Will meet estimated nutritional requirements of 2455-2946 kcal 	<ul style="list-style-type: none"> • EXTRA FLUIDS: Offer a minimum of 200ml fluids outside of meals and snacks daily three times a day Revision on: 03/15/2023 Revision by: Anna Slack (Registered Dietitian)	PCA		
		<ul style="list-style-type: none"> • PORTION SIZE: D'Arcy prefers large portions of entree/protein at meals. Revision on: 06/21/2023 Revision by: Anna Slack (Registered Dietitian)	Diet PCA		
		<ul style="list-style-type: none"> • HIGH FIBRE: Offer 200ml prune juice at AM nourishment pass daily Revision on: 10/05/2023 Revision by: Assia Akhdar (Dietetic Intern)	PCA	D/E	
		<ul style="list-style-type: none"> • LABELLED SNACK: D'Arcy receives 1 banana at AM nourishment pass and 1 can of gingerale at lunch MOnd/Wed/Fri, ice cream at PM daily Revision on: 03/27/2024 Revision by: Anna Slack (Registered Dietitian)	PCA	D/E	
Allergies	No Known Allergies	D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)	Admission Date	01/23/2023	Location	7 709 A
Last Care Plan Review Completed:		09/04/2025			

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Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	@ 25-30 kcal/kg, 98-118g protein @ 1.0-1.2g/kg through to next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025			
• Potential to experience alteration in CARDIAC FUNCTION related to; Coronary Artery Disease, Hypertension, history of MI with bypass Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize signs/symptoms or complications associated with CAD/HTN through to the next review date. Revision on: 01/01/2025 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 12/04/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of D'Arcy with CAD/HTN for changes to health status and alteration or complications affecting cardiac function. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for CAD/HTN as per MD Order and monitor for side effects. Revision on: 01/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Practical Nurse RN	

Allergies	No Known Allergies	D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)	Admission Date	01/23/2023	Location	7 709 A
Last Care Plan Review Completed:		09/04/2025			

Care Plan Report

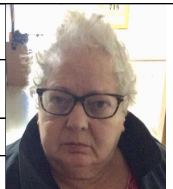
Diagnosis

Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias](G47.0), Hyperlipidaemia, unspecified(E78.5), Psoriasis, unspecified(L40.9), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary artery(I25.10), Other chronic pain(R52.2), Bladder disorder, unspecified(N32.9), Rheumatoid bursitis(M06.2), Other bursitis of elbow(M70.3)

Allergies	No Known Allergies	D.O.B.	11/23/1951	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Schizophrenia, unspecified(F20.9), Old myocardial infarction(I25.2), Disorders of initiating and maintaining sleep [insomnias] (G47...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Murray, D'Arcy (922131005500)	Admission Date	01/23/2023	Location	7 709 A
Last Care Plan Review Completed:		09/04/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
<p>• Adele DECLINES PARTICIPATION in structured programs related to personal choice.</p> <p>ISE Score: 3/6 Revision on: 10/01/2025 Revision by: Megan Pipe (Recreation Aide)</p>	<p>• Adele participates in Independent/Self-Directed activities monthly through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026</p>	<p>• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as smoking on the patio, watching/listening to TV, solitaire, visiting with residents/team members, listening to music, etc. Revision on: 04/04/2025 Revision by: Megan Pipe (Recreation Aide)</p> <p>• 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, etc. Revision on: 11/29/2019 Revision by: Shayna Lee Wonsch (Activation Manager)</p> <p>• INVITATION: Offer friendly invites to structured programs scheduled in the home. Adele enjoys comedy corner, games - Bingo, tuck cart, Happy Hour, special events, etc. Revision on: 04/04/2025 Revision by: Megan Pipe (Recreation Aide)</p> <p>• FAMILY INVOLVEMENT: Moderate. Revision on: 05/29/2020 Revision by: Shayna Lee Wonsch (Activation Manager)</p>	<p>ACT</p> <p>ACT</p>		
<p>• Potential for persistent PAIN and alteration in comfort level related to arthritis and Rheumatoid arthritis. Most Current LTCF Pain Score is (0) Revision on: 07/03/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<p>• To promote resident comfort and effectively manage PERSISTENT pain each day through to the next review. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026</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: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p>	<p>RN Registered Practical Nurse</p> <p>Registered Practical Nurse RN</p>		
<p>• Increased risk for FALLS related to Hx of falls, HTN, Diabetes mellitus, Psychotropic drug use, Vitamin D Deficiency. 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: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)</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: Jenny Liu (RAI Coord Back-up)</p> <p>• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:(wheelchair etc.) Revision on: 09/23/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)</p>	<p>PCA</p> <p>PCA All</p>	D/E/N	
Allergies	No Known Allergies	D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)	Admission Date	09/05/2017	Location	7 714 A
Last Care Plan Review Completed:		10/01/2025			



Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
		Target Date: 01/01/2026	• FOOTWEAR: Ensure resident wears appropriate footwear (non-slip footwear) for transfers. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		PCA	
• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility and transfer). Revision on: 05/02/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• Adele 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: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• 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: 10/25/2022 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 bed mobility and transfer. Revision on: 10/25/2022 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: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		PCA	D/E/N
• Potential to experience alteration in MOOD as exhibited by (anger with self or staff) to Cognitive decline and Dx of Schizophrenia. Revision on: 02/01/2023 Revision by: Jenny Liu (RAI Coord Back-up)		• Adele will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Adele for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESIDENT STRENGTHS: Build on Adele effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 09/25/2020 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: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			
• Potential to experience FOOT/FEET complications related to diabetic 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	• COMMUNICATION: Involve/collaborate with Adele in decision making for footcare treatment plan. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • TREATMENT PLAN: Adele requires footcare/treatment during shower days and		Footcare Nurse - Internal	
Allergies	No Known Allergies		D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)		Admission Date	09/05/2017	Location	7 714 A
Last Care Plan Review Completed:		10/01/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
	next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) • PREFERENCE: Adele likes to have footcare completed during shower days by registered staff. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN)	Footcare Nurse - Internal		
• Behaviour problem (resists care and verbally abusive, spitting on the floor) r/t Schizoaffective disorder. Revision on: 03/20/2022 Revision by: Maryola Perion (RN)	• To decrease episodic frequency of (resist care) by next review date. ABS score will be less than (0). Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• 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 VERBAL (yelling, screaming.) as expression of behaviour include (loss of control, frustration.) Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • VERBAL Behaviour: If Adele 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: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgment.) Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • RESISTANCE to Care Need: If Adele is refusing to (bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • TRIGGERS leading to SOCIALLY Inappropriate spitting on floor, etc. as expression of behaviour include decreased insight, poor judgement, etc. Revision on: 03/20/2022 Revision by: Maryola Perion (RN) • SOCIALLY Inappropriate Behaviour: If Adele is noted to spitting on floor, etc. clean	Registered Staff		
Allergies	No Known Allergies	D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)	Admission Date	09/05/2017	Location	7 714 A
Last Care Plan Review Completed:		10/01/2025			

Care Plan Report

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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 Schizoaffective Disorder, HTN. DM, Arthritis, Fall History and A-fib. Revision on: 08/24/2021 Revision by: Jenny Liu (RAI Coord Back-up)			Revision by: Jenny Liu (RAI Coord Back-up)				
			<ul style="list-style-type: none">LOCOMOTION: wheelchair is the primary mode of locomotion. Adele is able to propel herself on/off the unit. May ask for help at times. Revision on: 07/03/2025				
			Revision by: Jenny Liu (RAI Coordinator)				
			<ul style="list-style-type: none">PERSONAL HYGIENE: Adele is able to wash her hands, face but requires Extensive assistance from team member to provide peri-care or comb her hair. Revision on: 03/04/2021				
			Revision by: Jenny Liu (RAI Coord Back-up)				
			<ul style="list-style-type: none">HAND HYGIENE: 1 staff to provide REMINDER assistance to apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 01/23/2024				
			Revision by: Jenny Liu (RAI Coord Back-up)				
			<ul style="list-style-type: none">TOILET USE: Adele needs to be checked and changed by staff in bed when soiled and refused to be toilet Revision on: 11/02/2022				
			Revision by: Jenny Liu (RAI Coord Back-up)				
			<ul style="list-style-type: none">TRANSFERRING: Independent- Adele is able to transfer herself from her bed to her wheelchair without assistance or oversight from the team. Revision on: 11/02/2022				
			Revision by: Jenny Liu (RAI Coord Back-up)				
			<ul style="list-style-type: none">ORAL CARE: limited assistance from one staff, own teeth. Revision on: 09/29/2017				
			Revision by: Qiufeng Liu (Registered Practical Nurse)				
<ul style="list-style-type: none">Potential for muscular dysfunction, contractures and bone deformity related to Dx of (Arthritis and Rheumatoid Arthritis) Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		<ul style="list-style-type: none">To treat and minimize signs/symptoms or complications associated with (Arthritis and Rheumatoid Arthritis) through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	<ul style="list-style-type: none">MEDICATION: Administer medication for management of (specify diagnosis/etiology) as per MD order. Monitor effectiveness and for side effects Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
			<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of (Arthritis and Rheumatoid Arthritis) for discomfort/ complications or changes to health status. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
			<ul style="list-style-type: none">PAIN MANAGEMENT for Arthritis and Rheumatoid Arthritis prescribed and in place; refer to Pain Care Plan.				
Allergies	No Known Allergies		D.O.B.	07/21/1957		Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)		Admission Date	09/05/2017		Location	7 714 A
Last Care Plan Review Completed:		10/01/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Potential for muscular dysfunction, contractures and bone deformity related to Dx of (Arthritis and Rheumatoid Arthritis) Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		
• Risk for/Impaired Skin Integrity r/t: Diabetes Mellitus and fragile skin (age process) and incontinence. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	• To protect and maintain skin integrity each day through to the next review. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	<p>• 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.</p> <p>PCA</p> <p>• EQUIPMENT: Adele requires Roho cushion to offload pressure. Revision on: 02/12/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)</p> <p>PCA</p>		
• Altered VISION related to able to see large print but not regular print in books. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	<p>• Adele will be able to function safely in her environment through next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026</p> <p>• Adele 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: 01/01/2026</p>	<p>• EYEGLASSES: Adele wears eyeglasses. Assist to clean eyeglasses as needed and store (on night table or in night table drawer, etc.) when sleeping. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>PCA</p> <p>• READING: Adele uses (large print material) to aid with reading. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)</p> <p>PCA</p>		

Allergies	No Known Allergies	D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)	Admission Date	09/05/2017	Location	7 7 14 A
Last Care Plan Review Completed:		10/01/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<div>• COGNITIVE LOSS; alteration in thought processes (memory loss, poor judgment) related to schizophrenia and cognitive decline.</div> <div>Revision on: 09/25/2020</div> <div>Revision by: Qiufeng Liu (RPN/RAI back up)</div>	<div>• Adele will be supported to maintain cognitive function through the review date. Current CPS is 3.</div> <div>Revision on: 08/07/2023</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>Target Date: 01/01/2026</div>	<div>• ORIENTATION: Gently reorient to (person, place, time) as needed when Adele is feeling lost or in confused state.</div> <div>Revision on: 09/25/2020</div> <div>Revision by: Qiufeng Liu (RPN/RAI back up)</div> <div>• PERSONAL ROUTINE: Provide consistency in care routines and activities.</div> <div>Revision on: 09/25/2020</div> <div>Revision by: Qiufeng Liu (RPN/RAI back up)</div> <div>• PERSONAL ITEMS: Keep personal items in a consistent place. (eyeglasses)</div> <div>Revision on: 02/22/2022</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA PCA	
<div>• Potential to experience alteration in CARDIAC FUNCTION related to; Hyperlipidaemia, Hypertension and Atrial Fibrillation.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div>	<div>• To treat and minimize signs/symptoms or complications associated with Diagnosis through to the next review date.</div> <div>Revision on: 08/07/2023</div> <div>Revision by: Katie Wolters-Savo (RAI Coordinator)</div> <div>Target Date: 01/01/2026</div>	<div>• COMMUNICATION: Involve/collaborate with (Adele)/SDM in decision making of Cardiac Care Management for Hyperlipidaemia , Hypertension.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status and alteration or complications affecting cardiac function.</div> <div>Revision on: 10/25/2023</div> <div>Revision by: Jenny Liu (RAI Coord Back-up)</div> <div>• MEDICATION: Administer medication as per MD Order and monitor for side effects.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• OXYGEN: Administer Oxygen as per MD order.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• LAB WORK: Monitor lab and diagnostic results for Hyperlipidaemia and report results to MD as needed. Follow up as indicated.</div> <div>Revision on: 12/16/2019</div> <div>Revision by: Qiufeng Liu (Registered Practical Nurse)</div>	Registered Staff <	

Care Plan Report

Focus		Goal	Interventions	Position	Freq/Resolved
Roman Catholic Faith. Revision on: 12/01/2019 Revision by: Judy Woods (Activation aide)		support as interested through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	Programs. Revision on: 05/29/2020 Revision by: Shayna Lee Wonsch (Activation Manager)		
• Expressed Wishes and Beliefs related to Adele End of Life Care Revision on: 09/23/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To support and honor Adele expressed wishes and beliefs through to the End of Life. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• CPR: Adele wishes express NO CPR and NO TRANSFER to hospital. Revision on: 09/23/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)	All	
• Bowel Incontinence. Revision on: 03/30/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Adele 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: 01/01/2026	• 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: 09/25/2020 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: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	Registered Staff PCA PCA	
• Urinary Incontinence Revision on: 03/30/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Adele will have urinary incontinence managed every shift through to the next review period. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level. Monitor for brown, discoloured urine and report to nurse if noted. Revision on: 11/13/2024 Revision by: Danielle Loreto (RAI Coordinator) • URINARY Continence level is (TOTAL Incontinent). Report change to level as noted. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)	PCA	
Allergies	No Known Allergies		D.O.B.	07/21/1957	Physician Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)		Admission Date	09/05/2017	Location 7 714 A
Last Care Plan Review Completed:		10/01/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Urinary Incontinence Revision on: 03/30/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)			• INCONTINENCE PRODUCT: resident uses white color brief. Revision on: 01/17/2025 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
• Sleep Patterns for Adele. Revision on: 09/29/2017 Revision by: Qiufeng Liu (Registered Practical Nurse)		• To promote adequate rest/sleep for Adele 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: 01/01/2026	• REST PATTERN: Usual bed time and usual wake time: no specific time Revision on: 08/05/2022 Revision by: Jenny Liu (RAI Coord Back-up) • SLEEPWEAR: Adele preferred night attire night gown. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			PCA PCA	
• Adele has potential for safety hazard, injury related to smoking Revision on: 09/29/2017 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Adele will be safe when choosing to smoke through to the next review Revision on: 08/07/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/01/2026	• Safe smoking assessment quarterly and prn. • COMMUNICATION: Involve Adele 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: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • STORAGE: Smoking materials to be appropriately stored by Adele. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up)			Registered Staff Social Worker Clerk	
• Potential for hyper/hypoglycemia, other complications related to Diabetes Mellitus.		• To treat and minimize signs/symptoms or complications associated with DIABETES each day through to the next review date. Revision on: 08/07/2023 Revision by: Katie Wolters-Savo	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 09/25/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • COMMUNICATION: Involve/ collaborate with Adele/SDM in decision making of diabetes care management. Revision on: 09/25/2020				
Allergies	No Known Allergies		D.O.B.	07/21/1957	Physician	Wallace Liang	
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Plackmann, Adele ((92213101015)		Admission Date	09/05/2017	Location	7 714 A	
Last Care Plan Review Completed:		10/01/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	(RAI Coordinator) Target Date: 01/01/2026	Revision by: Qiufeng Liu (RPN/RAI back up) • RESCUE MEDICATION: Administer GLUCAGON for hypoglycemia as per MD order.	Registered Staff	
• Nutrition Risk Level (diet details)	<p>• Adele 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: 01/01/2026</p> <p>• Will weigh within Realistic weight range of 57-65 kg (BMI 23-26) through to next review date Revision on: 10/09/2024 Revision by: Lexi Dakin (Dietitian (RD)) Target Date: 01/01/2026</p> <p>• Adele will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 25 ml/kg through to next review date. Revision on: 10/22/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 01/01/2026</p>	<p>• LABELLED SNACK HS: ice cream sandwich and 200 ml apple juice daily Revision on: 06/27/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• NUTRITION RISK: Adele is moderate risk level. Revision on: 09/24/2025 Revision by: Brittany Hyde (Registered Dietitian)</p> <p>• DIET ORDER: Adele will receive regular diet, regular texture Revision on: 11/26/2020 Revision by: Anna Slack</p> <p>• FLUID CONSISTENCY: Adele drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern)</p> <p>• FLUID TARGET: Encourage Adele to drink a minimum 1100 ml per day. Revision on: 10/22/2025 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>• FOOD PREFERENCES: Adele enjoys eating chips, spaghetti, bologna sandwiches, and cheese. Revision on: 06/27/2025 Revision by: Holly Laasanen (Dietitian (RD))</p> <p>• LABELLED SNACK AM: Peanut butter and jam sandwich Mon/Wed/Fri/Sun Peanut butter and crackers Tues/Thurs/Sat Revision on: 06/27/2025 Revision by: Holly Laasanen (Dietitian (RD))</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>PCA</p> <p>PCA</p>	E

Allergies	No Known Allergies	D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015))	Admission Date	09/05/2017	Location	7 714 A
Last Care Plan Review Completed:		10/01/2025			


Care Plan Report

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Diagnosis Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lipid storage disorder, unspecified(E75.6), Fracture of unspecified part of humerus, closed(S42.390), Unspecified fall(W19), Rheumatoid arthritis, unspecified(M06.9), Schizophrenia, unspecified(F20.9), Atrial fibrillation, unspecified(I48.90)

Allergies	No Known Allergies	D.O.B.	07/21/1957	Physician	Wallace Liang
Diagnosis	Benign hypertension(I10.0), Arthritis, unspecified, unspecified site(M13.99), Type 2 diabetes mellitus without (mention of) complications(E11.9), Schizoaffective disorder, unspecified(F25.9), Lip...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Plackmann, Adele ((92213101015)	Admission Date	09/05/2017	Location	7 714 A
Last Care Plan Review Completed:		10/01/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<ul style="list-style-type: none">Eva is experiencing episode of possible INFECTION (Gastro) due to loose BM. Onset date Oct. 28thRevision on: 10/29/2025Revision by: Suzanne Azar (RN)	<ul style="list-style-type: none">To have infection adequately managed and treated without further complications by 48 hrs.Revision on: 10/29/2025Revision by: Suzanne Azar (RN)Target Date: 01/18/2026	<ul style="list-style-type: none">COMMUNICATION: Involve/collaborate with Eva with decision making for infection treatment plan and update accordingly.Revision on: 10/29/2025Revision by: Suzanne Azar (RN)HEALTH EDUCATION: Engage with resident/SDM to enhance their knowledge of infection control practices (Specify; hand hygiene, visitation, PPEs, isolation, transmission).Revision on: 10/29/2025Revision by: Suzanne Azar (RN)MONITORING: Utilize holistic perspective of monitoring resident 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. 48 hrs monitoringRevision on: 10/29/2025Revision by: Suzanne Azar (RN)PPE PRECAUTIONS: Precaution identified as CONTACT for suspected GI and requires use of the following PPEs (Gloves, Gown) when providing direct care, handling soiled clothes and linens, disposing of incontinence product.Revision on: 10/29/2025Revision by: Suzanne Azar (RN)				
<ul style="list-style-type: none">Alteration in skin integrity with risk for infection or complications related to open area on left side of faceRevision on: 10/26/2025Revision by: Holly Laasanen (Dietitian (RD))	<ul style="list-style-type: none">To promote optimal healing of open area to left side of face.Revision on: 10/24/2025Revision by: Shelby McCarthy (Registered Practical Nurse)Target Date: 01/18/2026	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident with open area to left side of face for changes to health status and alteration or complications affecting skin integrity.Revision on: 10/24/2025Revision by: Shelby McCarthy (Registered Practical Nurse)TREATMENT PLAN: Administer treatment for open area to left side of face.Revision on: 10/24/2025Revision 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: 10/28/2025Revision by: Alyssa Egan (ADOC)				
<ul style="list-style-type: none">Alteration in skin integrity related to intertrigo to Lt. axilla.	<ul style="list-style-type: none">To promote intact skin integrity through healing of intertrigo to	<ul style="list-style-type: none">MONITORING: Utilize holistic perspective of continuous monitoring of resident with intertrigo to Lt. axilla for changes to health status and alteration or complications	Registered Practical			
Allergies	No Known Allergies	D.O.B.	03/16/1941	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified Ie...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	
Last Care Plan Review Completed:		08/01/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision on: 10/25/2025 Revision by: Maryola Perion (RN)	Lt. axilla by the target date. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) Target Date: 11/07/2025	affecting skin integrity. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) • COMMUNICATION: Involve/collaborate with (Eva)/SDM in decision making for treatment of skin issues. Revision on: 10/25/2025 Revision by: Maryola Perion (RN) • MEDICATION: Administer medication for intertrigo to Lt. axilla as per MD/NP Order. Monitor effectiveness and for side effects. Revision on: 10/25/2025 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: 10/25/2025 Revision by: Maryola Perion (RN)	Nurse RN Registered Practical Nurse RN			
• Potential for Expressive Behaviour of RESISTANCE to care need nature related to Dementia Revision on: 08/31/2025 Revision by: Maryola Perion (RN)	• To decrease the episodic frequency of Expressive Behaviour by the next review date. ABS score will be maintained to 0. Revision on: 08/31/2025 Revision by: Maryola Perion (RN) Target Date: 01/18/2026	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Eva for indications to change in or for escalating expressive behaviour risk. Revision on: 08/31/2025 Revision by: Maryola Perion (RN) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change clothing, refusal to bathe, refusal to eat, refusing medication, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 08/31/2025 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Eva is declining to (bathe, change clothes, take medications, eat, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 08/31/2025 Revision by: Maryola Perion (RN)				
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to disinterest. ISE Score: 6/6	• To support Eva's Psycho-Social well being through to the next review. Eva will participate in 10-15 times group programs and or 1:1 activities through the	• STRUCTURED ACTIVITIES: Invite Eva to programs of personal interest; friendly/1:1 visits, , music programs, special events, exercise programs, Happy Hour, crafts, meditation and relaxation programs, movies, bingo, socials, etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide)				
Allergies	No Known Allergies		D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision on: 07/23/2025 Revision by: Megan Pipe (Recreation Aide)	next review date. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) Target Date: 01/18/2026	• SELF-DIRECTED ACTIVITIES: Encourage Eva to engage in self-directed activities such as; watching/listening to TV, listening to music/radio, visiting with residents/team members, etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) • ONE to ONE: Provide Evr with individual visits for conversation, reading, reminiscing, music, humor, etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide) • SOCIAL INTERACTION: Promote the opportunity for Eva to make friendships and sit with friends during activities. Revision on: 01/31/2024 Revision by: Mitchell Atkinson (Recreation Aide)				
• Potential for (Persistent) PAIN and alteration in comfort level related to osteoarthritis to left hip, right wrist fracture, left hip arthroplasty. Most Current Pain Score is (0) Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator)	• Promote RAI Pain Score of 0 through to the next review. Revision on: 08/01/2025 Revision by: Jenny Liu (RAI Coordinator) 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. • MEDICATION: Administer analgesic medication (Tylenol Arthritis) as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	RN Registered Practical Nurse Registered Practical Nurse RN			
• SPIRITUAL BELIEFS: Eva often prefers to be involved in church services of the Christian Faith. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide)	• To provide Eva with spiritual support as interested through to the next review date. Revision on: 05/07/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 01/18/2026	• SPIRITUAL PROGRAMS: Encourage Eva to attend spiritual programs of her choice including, including Hymn Sing, Catholic Mass, Church Service, etc. Revision on: 10/25/2025 Revision by: Laura Morris (Restorative Care Aide)				
• URINARY (Functional) INCONTINENCE related to Osteoarthritis to left hip. Revision on: 02/07/2025	• Eva will have urinary incontinence managed every shift through to the next review	• MONITORING: Utilize holistic perspective of continuous monitoring of Eva for toileting needs, changes to health status and alteration of continence level. Revision on: 01/17/2024				
Allergies	No Known Allergies		D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified Ie...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025				

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
Revision by: Jenny Liu (RAI Coord Back-up)	period. Revision on: 01/21/2024 Revision by: Maryola Perion (RN) Target Date: 01/18/2026	Revision by: Katie Wolters-Savo (RAI Coordinator) • URINARY Continence level is FREQUENTLY Incontinent. Report change to level as noted. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • INCONTINENCE PRODUCT: Eva wears a blue color brief per prevail sheet. Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up)	PCA PCA		
• Potential to experience alteration in CARDIAC FUNCTION related to; Hypertension venous stasis/insufficiency (11/28/24) Revision on: 11/28/2024 Revision by: Maryola Perion (RN)	• To treat and minimize signs/symptoms or complications associated with Hypertension through to the next review date. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Eva with Hypertension for changes to health status and alteration or complications affecting cardiac function. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 08/09/2024 Revision by: Jenny Liu (RAI Coord Back-up) • COMPRESSION Wear: Apply compression stockings to bilateral legs as per MD/NP order to promote circulation and optimize venous return. Revision on: 11/28/2024 Revision by: Maryola Perion (RN)	Registered Practical Nurse RN		
• Altered ability to complete Activities of Daily Living (ADLs) related to Dementia, Fractured right wrist, Osteoarthritis to left hip, left hip arthroplasty. Revision on: 08/05/2024 Revision by: Laura Seibel (Dietitian (RD))	• Eva will have ALL ADL care needs met each day through the next review date. Revision on: 06/06/2024 Revision by: Alyssa Egan (Interim ADOC) Target Date: 01/18/2026	• BATHING: Eva prefers (shower/bath) on (Tuesdays and Fridays in Day shift). Eva participates by (providing a washcloth, washing her face and upper body with cues). One staff (EXTENSIVE) assistance for bathing. Nail care to be provided on shower/bath day. Revision on: 07/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BED MOBILITY: Set up help: Eva is able to turning and reposition herself in bed by Uses bedrails. She may require more assistance at times. Revision on: 08/01/2025 Revision by: Jenny Liu (RAI Coordinator) • DRESSING: Maximal Assist: Eva requires extensive assistance from one or two team members to dress her lower and upper body. She is able to guide his extremities into the clothes.	PCA PCA PCA		
Allergies	No Known Allergies	D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)	Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025			

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
		Put Compression stocking in the morning and remove at bedtime Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator) • EATING: Eva is able to eat independently once set up by the team and she eats on the 1st floor main dining room. Daughter request to give her mom cloth protector while she eats, Revision on: 05/09/2025 Revision by: Jenny Liu (RAI Coordinator) • LOCOMOTION: Eva walks with a rollator walker independently on/off the unit. Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up) • PERSONAL HYGIENE: Maximal Assist: Eva is able to wash her hands, face and comb her hair, but requires two team members to provide peri-care Revision on: 05/28/2025 Revision by: Jenny Liu (RAI Coordinator) • 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: 08/09/2024 Revision by: Jenny Liu (RAI Coord Back-up) • TOILET USE: Eva is able to go on/off the toilet, but requires assistance from one team members for transferring, pericare and to re-apply brief and re-application of clothing. Raised toilet seat used. Revision on: 05/31/2024 Revision by: Alyssa Egan (Interim ADOC) • TRANSFERRING: Eva requires one team member assist for transferring from a sit to stand position. Revision on: 05/31/2024 Revision by: Alyssa Egan (Interim ADOC) • ORAL CARE: Eva has her own teeth. She requires the team to set up her toothbrush/toothpaste. She is able to brush her teeth after set up, stay with her to ensure she completes. Revision on: 06/05/2024 Revision by: Alyssa Egan (Interim ADOC)	PCA PCA PCA PCA PCA PCA PCA		
• Strengthening exs Revision on: 07/03/2024	• To improve Hip strength from 3+/5 to 4/5 in next 3 months	• B/L LE and Lt UE strengthening exs for quads and hams, 1-2lbs, 10 reps, 1-2 sets or as best tolerated, 2-3 x a week.	PT - Physiotherapi		
Allergies	No Known Allergies	D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)	Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision by: Shina Wadhwa (PT - Physiotherapist)		Revision on: 08/07/2024 Revision by: Shina Wadhwa (PT - Physiotherapist) Target Date: 01/18/2026	Rt UE A-AAROM exs within pain limits, 10 reps, 2-3 x a week Revision on: 02/04/2025 Revision by: Shina Wadhwa (Physical Therapist)			st PTA	
• Balance Training Revision on: 06/04/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Improved Tinetti scores from 18 to 20 in next 3 months Revision on: 10/17/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/18/2026	• Dynamic standing balance exs (Marching, heel raise, mini squats, forward, back and side touches, turning, side steps)10 reps, 1-2 sets, 2-3 x a week. Revision on: 11/07/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist st PTA	
• Potential for BOWEL INCONTINENCE related to osteoarthritis to left hip and hx of right wrist fracture. Revision on: 04/24/2024 Revision by: Jenny Liu (RAI Coord Back-up)		• Eva will have bowel incontinence managed every shift through to the next review period. Revision on: 04/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026 • Eva will receive support to (use toilet) and promote optimal bowel continence each day through to the next review. Revision on: 04/24/2024 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 (FREQUENTLY Incontinent). Report change to level as noted. Revision on: 04/24/2024 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: 04/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) • SCHEDULED TOILETING of BOWEL Movements ONLY: Toilet Eva between 0800- 1800 hrs and PRN. Revision on: 06/20/2025 Revision by: Gurjit Kaur (RN) • INCONTINENCE PRODUCT: Eva wears a blue color brief per prevail sheet. Revision on: 02/07/2025 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff PCA PCA PCA	
• Gait Training Revision on: 01/29/2024 Revision by: Shina Wadhwa (PT - Physiotherapist)		• Improved falls risk from high to moderate in next 6 months; Revision on: 07/28/2025 Revision by: Shina Wadhwa (Physical Therapist) Target Date: 01/18/2026	• Sup gait training with RW, endurance as able, cue for foot clearance and heel toe pattern and proper sue of brakes, 2-3 x a week; Stair training; 1-2 laps; 1 person assist;1-2 x a week; Revision on: 11/28/2024 Revision by: Shina Wadhwa (Physical Therapist)			PT - Physiotherapist st PTA	
Allergies	No Known Allergies		D.O.B.	03/16/1941	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	7 707 A	
Last Care Plan Review Completed:		08/01/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none">• Use of PASD (two 1/4 bed rails) to assist resident with Activity of Daily Living (bed mobility and transfer). Revision on: 01/29/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none">• Eva will be effectively supported with use of PASD to optimize Activity of Daily Living (Bed Mobility, Transfer) each day through to the next review date. Revision on: 01/21/2024 Revision by: Maryola Perion (RN) Target Date: 01/18/2026	<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 PASD. Revision on: 01/21/2024 Revision by: Maryola Perion (RN)• MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use PASD (two 1/4 bedrails) as to support appropriate ADL. Revision on: 01/21/2024 Revision by: Suzanne Azar (RN)• BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with (specify; bed mobility, transfer in/out of bed). Monitor every shift. Revision on: 01/19/2024 Revision by: Suzanne Azar (RN)			PCA	D/E/N
<ul style="list-style-type: none">• Altered COMMUNICATION as exhibited by limitations to self expression, comprehensio related to alternate Primary Language Czech, Dementia. Revision on: 01/29/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none">• Eva will be supported to make basic needs known each day through to the review date. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none">• PRIMARY LANGUAGE: Eva's primary language is Czech. She is able to communicate in english as well. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)				
<ul style="list-style-type: none">• Increased risk for FALLS related to history of falls, unsteady gait, left hip Osteoarthritis. Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<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. Target Date: 01/18/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Eva/SDM in decision making in fall prevention Plan of Care. Revision on: 01/22/2024 Revision by: Chelsea Campbell-Wright (ADOC)• CALL BELL: Place call bell within Eva's reach, check that it is in working order and remind/encourage to use it. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)• ENVIRONMENT: Secure environment reduce clutter to reduce fall risk for Eva Revision on: 01/22/2024 Revision by: Chelsea Campbell-Wright (ADOC)			PCA PCA	D/E/N
Allergies	No Known Allergies		D.O.B.	03/16/1941	Physician	Wallace Liang	
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre				Print Date	10/30/2025	
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	7 707 A	
Last Care Plan Review Completed:		08/01/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Increased risk for FALLS related to history of falls, unsteady gait, left hip Osteoarthritis. Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> FOOTWEAR: Ensure Eva wears appropriate footwear at all times. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA	
<ul style="list-style-type: none"> Nutrition Risk Level 	<ul style="list-style-type: none"> Eva will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 01/18/2024 Revision by: Anna Slack (Registered Dietitian) Target Date: 01/18/2026	<ul style="list-style-type: none"> NUTRITION RISK: Eva is MODERATE risk level. Revision on: 08/05/2024 Revision by: Laura Seibel (Dietitian (RD))	Dietitian (RD)	
	<ul style="list-style-type: none"> Weight will be stable or decrease towards realistic GWR 75-85 kg through to next review date. Revision on: 10/26/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026	<ul style="list-style-type: none"> DIET ORDER: Eva will receive regular diet, regular texture Revision on: 01/17/2024 Revision by: Anna Slack (Registered Dietitian)	PCA	
	<ul style="list-style-type: none"> Eva will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2182 ml/day (25 ml/kg using 87.3 kg weight) through to next review date. 	<ul style="list-style-type: none"> FLUID CONSISTENCY: Eva drinks REGULAR/THIN Level 0 Fluids. Revision on: 01/17/2024 Revision by: Anna Slack (Registered Dietitian)	PCA	
		<ul style="list-style-type: none"> FLUID TARGET: Encourage Eva to drink a minimum of 1746 ml/day Revision on: 10/26/2025 Revision by: Holly Laasanen (Dietitian (RD))	PCA	
		<ul style="list-style-type: none"> EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily. 	Dietary aide PCA	
		<ul style="list-style-type: none"> DINING INSTRUCTIONS: 	Registered Practical Nurse	
		<ul style="list-style-type: none"> - Offer Eva fruit before sweets 		
		<ul style="list-style-type: none"> - Encourage water over juices 		
		<ul style="list-style-type: none"> - If Eva asks for seconds at meals, offer her the vegetable and protein options for her second helping Revision on: 10/26/2025 Revision by: Holly Laasanen (Dietitian (RD))		
Allergies	No Known Allergies		D.O.B.	03/16/1941
			Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified Ie...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024
			Location	7 707 A
Last Care Plan Review Completed:		08/01/2025		

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved	
• Nutrition Risk Level	Revision on: 10/26/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/18/2026				
• 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: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• MONITORING: Utilize holistic perspective of continuous monitoring of Eva with HYPOTHYROIDISM for changes to health status and alteration or complications affecting endocrine function. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for HYPOTHYROIDISM as per MD order. Monitor effectiveness and for side effects. Revision on: 01/17/2024 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: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	PCA		
• Risk for Impaired SKIN INTEGRITY related to incontinence, Edema to right and left foot (+1). Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	• 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.	PCA		
• Sleep Patterns; Potential for alteration in sleep patterns related to new environment. Revision on: 01/17/2024	• To promote adequate rest/sleep for Eva based on identified sleep	• REST PATTERN: Preferred bedtime between 7:00/7:30pm, usual wake time around approximately 7:30am. Eva naps periodically throughout the day depending on what she is doing.	PCA		
Allergies	No Known Allergies	D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified Ie...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)	Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025			

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
Revision by: Katie Wolters-Savo (RAI Coordinator)		patterns/preferences each night through to the next review date. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, altered judgement related to progression of Dementia Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Eva will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 3 Revision on: 04/24/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/18/2026	• ORIENTATION: Gently reorient to place and time as needed when Eva is feeling lost or in confused state. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • ENVIRONMENT: Provide environmental clue to promote Eva's ability to locate room and navigating home area (name plate) outside of room. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Expressed Wishes and Beliefs related to Eva's Medical Treatment and End of Life Care Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To support and honor Eva's expressed wishes and beliefs through to the End of Life. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• DNR: EVA wishes NO CPR, however transfer to hospital is as need and daughter would like to be informed prior to sending to hospital. Revision on: 02/26/2024 Revision by: Idylle Labrado (RPN)			
• Potential for altered bone density related to diagnosis of OSTEOARTHRITIS. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To treat and minimize complications associated with OSTEOARTHRITIS through to the next review date. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	• MEDICATION: Administer medication for OSTEOARTHRITIS management. Monitor effectiveness and for side effects. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) • MONITORING: Utilize holistic perspective of continuous monitoring of Eva for management of OSTEOARTHRITIS for discomfort/ complications or changes to health status. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)			
Allergies	No Known Allergies		D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified Ie...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)		Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025				

Care Plan Report


Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Potential for altered hematologic symptoms or complications related to diagnosis of Low Vitamin B12. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To treat and/or minimize complications associated with Low Vitamin B12 each day through to the next review date. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/18/2026	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Eva with Low Vitamin B12 for complications or changes to health status. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none"> LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated. <ul style="list-style-type: none"> MEDICATION: Administer medication for Low Vitamin B12 as per MD Order. Monitor effectiveness and for side effects. Revision on: 01/17/2024 Revision by: Katie Wolters-Savo (RAI Coordinator)	Registered Staff	

Diagnosis

Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified level, closed(S32.090), Hypothyroidism, unspecified(E03.9), Hyperlipidaemia, unspecified(E78.5), Presence of artificial knee(Z96.61), Fracture of other and unspecified parts of wrist and hand, closed(S62.800), Venous insufficiency (chronic)(peripheral)(I87.2)

Allergies	No Known Allergies	D.O.B.	03/16/1941	Physician	Wallace Liang
Diagnosis	Unspecified dementia(F03), Benign hypertension(I10.0), Vitamin B12 deficiency anaemia, unspecified(D51.9), Primary generalized (osteo)arthrosis(M15.0), Fracture of lumbar vertebra, unspecified le...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Rehorek, Eva (922131005549)	Admission Date	01/17/2024	Location	7 707 A
Last Care Plan Review Completed:		08/01/2025			

Care Plan Report

Focus	Goal	Interventions				Position	Freq/Resolved		
<div>• Alteration in skin integrity with risk for infection or complications related to #15 UNSTAGEABLE - LEFT HEEL secondary to Pressure Injury</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div>	<div>• To minimize risk of WOUND (Stag2 infection each day until fully healed.</div> <div>Revision on: 10/07/2025</div> <div>Revision by: Baljinder Sidhu (RPN)</div> <div>Target Date: 11/19/2025</div> <div>• To promote optimal healing of #15 UNSTAGEABLE - LEFT HEEL within the next review date.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>Target Date: 11/19/2025</div>	<div>• TREATMENT PLAN: Administer treatment for #15 UNSTAGEABLE - LEFT HEEL as per MD Order.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Stage 2 rt heel for changes to health status, wound infection and alteration or complications affecting skin integrity.</div> <div>Revision on: 10/07/2025</div> <div>Revision by: Baljinder Sidhu (RPN)</div> <div>• 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.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>• POSITIONING: Has Turning/Repositioning to off load pressure intervention in place; see Skin Impairment Risk Care Plan.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div>							
<div>• Alteration in skin integrity with risk for infection or complications related to #15 UNSTAGEABLE - COCCYX</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div>	<div>• To minimize risk of #15 UNSTAGEABLE - COCCYX infection each day until fully healed.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>Target Date: 11/19/2025</div> <div>• To promote optimal healing of #15 UNSTAGEABLE - COCCYX within the next review date.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>Target Date: 11/19/2025</div>	<div>• TREATMENT PLAN: Administer treatment for #15 UNSTAGEABLE - COCCYX as per MD Order.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>• 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.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div> <div>• POSITIONING: Has Turning/Repositioning to off load pressure intervention in place; see Skin Impairment Risk Care Plan.</div> <div>Revision on: 10/08/2025</div> <div>Revision by: Janina Lucero (RN)</div>							
<div>• URINARY incontinence - Susan is incontinent.</div>	<div>• Susan will have urinary incontinence managed every</div>	<div>• Monitoring for output.</div> <div>Revision on: 10/07/2025</div>				PCA			
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin		D.O.B.	06/26/1952	Physician	Wallace Liang			
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum (C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses								
Facility	Berkshire Care Centre				Print Date	10/30/2025			
Resident	Renaud, Susan (922131005479)		Admission Date	06/19/2024	Location	7 710 A			
Last Care Plan Review Completed:		08/19/2025							

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Revision on: 10/07/2025 Revision by: Sonpreet Gurm (Registered Nurse)		shift through to the next review period. Revision on: 10/07/2025 Revision by: Sonpreet Gurm (Registered Nurse) Target Date: 12/31/2025	Revision by: Sonpreet Gurm (Registered Nurse)				
• Potential to experience alteration in MOOD as exhibited by (Anxious, restless, or uneasy, anger at staff, negative statements) related to Dementia Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To decrease episodic frequency of (anger at staff, negative statements, Anxious, restless, or uneasy) by next review date. DRS score will be less than 2. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/19/2025	• COMMUNICATION: Involve/collaborate with Susan(SDM) about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up) • ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Susan for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up) • RESIDENT STRENGTHS: Build on Susan effort to maintain control. Encourage him/her to express self, state preferences and make safe choices for care and activities. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Potential for Expressive Behaviour of (RESISTANCE to care need), verbal (yell and swear with the F. word), socially inappropriate (call the staff you stink) related to vascular dementia. Revision on: 05/22/2025 Revision by: Jenny Liu (RAI Coordinator)		• To decrease episodic frequency of expressive behavior by next review date. ABS score will be less than (1). Revision on: 05/01/2025 Revision by: Maryola Perion (RN) Target Date: 11/19/2025	• 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 VERBAL yelling, screaming, calling names as expression of behaviour include frustration with other residents , misunderstanding care intention. Revision on: 05/01/2025 Revision by: Maryola Perion (RN) • VERBAL Behaviour: If Susan 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. Revision on: 05/01/2025 Revision by: Maryola Perion (RN) • VERBAL Behaviour: Susan has been instructed to not engage with other residents			Registered Staff	
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024	Location	7 710 A
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
		she has disagreements with and ask for help from a team member. Revision on: 11/08/2024 Revision by: Chelsea Campbell-Wright (ADOC) • TRIGGERS leading to RESISTANCE to Care Needs of (refusing to change brief, bath/shower, etc.) as expression of behaviour include (confusion, misunderstanding care needs, poor judgement, etc.) Revision on: 05/01/2025 Revision by: Maryola Perion (RN) • RESISTANCE to Care Need: If Susan is refusing to (come to the floor get brief changed, bath/shower, etc.) re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 05/01/2025 Revision by: Maryola Perion (RN)				
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest. ISE Score: 4/6 Revision on: 05/19/2025 Revision by: Megan Pipe (Recreation Aide)	• Team members will support Sue in decreasing social isolation by participating in activities of personal choice 30-35 times per month by the next review date. Revision on: 05/19/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/19/2025	• STRUCTURED ACTIVITIES: Invite her to programs of personal interest; friendly/1:1 visits, comedy corner, physical games, discussion groups, games - bingo, outdoor patio visits, music programs, outdoor patio reminiscing group, social - Happy Hour, special events, spiritual service, TV - movie night, etc. Revision on: 09/11/2023 Revision by: Mitchell Atkinson (Recreation Aide) • SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as listening to music, word search puzzles, watching/listening to TV, cards, patio socializing/enjoying outdoors, etc. ACT Revision on: 06/05/2023 Revision by: Mitchell Atkinson (Recreation Aide) • ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Reminders, etc. ACT Revision on: 12/16/2022 Revision by: Mitchell Atkinson (Recreation Aide) • HELPFUL HINTS: Identify Helpful Hints to ease communication while providing care/interactions: ACT music - country, rock & roll. Revision on: 06/05/2023 Revision by: Mitchell Atkinson (Recreation Aide) • ONE to ONE: Provide her with individual visits for socializing, reading, reminiscing, music, humor, etc. ACT				
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin		D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Renaud, Susan (922131005479)		Admission Date	06/19/2024	Location	7 710 A
Last Care Plan Review Completed:		08/19/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• At Risk for SOCIAL ISOLATION and/or alteration to PSYCHO-SOCIAL well-being related to Disinterest. ISE Score: 4/6 Revision on: 05/19/2025 Revision by: Megan Pipe (Recreation Aide)			Revision on: 12/16/2022 Revision by: Mitchell Atkinson (Recreation Aide)				
• Potential for acute PAIN and alteration in comfort level related to Right foot amputation, Type 2 DM, Rectal Cancer, Vascular Dementia, Pressure ulcer, MASD - Other Moisture Associated Damage Coccyx, Rt. knee pain. Pain score is 0 Revision on: 03/17/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Promote MDS Pain Score of 0 through to the next review. Revision on: 03/07/2025 Revision by: Jenny Liu (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 Susan satisfaction for pain control. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer analgesic medication as per MD order for pain relief/management. Request MD assistance to review pain management as clinically needed. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			RN Registered Practical Nurse Registered Practical Nurse RN	
• Alteration in skin integrity related to MASD to #1 - MASD - Other Moisture Associated Damage Coccyx Revision on: 03/17/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote intact skin integrity through healing of MASD by the target date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• 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: 09/17/2022 Revision by: Maryola Perion (RN) • COMMUNICATION: Involve/collaborate with (Susan)/SDM in decision making for treatment of skin issues. Revision on: 09/17/2022 Revision by: Maryola Perion (RN)			Registered Practical Nurse RN	
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024	Location	7 710 A
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Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
			<ul style="list-style-type: none">• TOPICAL TX: Apply topical treatment as per MD/NP Order. Revision on: 09/17/2022 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: 09/17/2022 Revision by: Maryola Perion (RN)				Registered Practical Nurse Registered Practical Nurse	
<ul style="list-style-type: none">• Susan has potential to experience a safety hazard/burn injury related to personal SMOKING habits. As needed oxygen use Revision on: 02/21/2025 Revision by: Danielle Loreto (RAI Coordinator)		<ul style="list-style-type: none">• Susan will be safe when choosing to smoke through to the next review Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve Susan/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: 01/24/2024 Revision by: Jenny Liu (RAI Coord Back-up)• SMOKING CONTRACT: Susan 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: 01/24/2024 Revision by: Jenny Liu (RAI Coord Back-up)				Social Worker Social Worker	
<ul style="list-style-type: none">• Potential for BOWEL INCONTINENCE related to impaired mobility, anal Fissure Revision on: 06/21/2024 Revision by: Ramil Santillan (Quality Improvement Coordinator)		<ul style="list-style-type: none">• Susan will have bowel incontinence managed every shift through to the next review period. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of Susan for changes to health status, alteration of continence level or bowel function. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)• BOWEL Continence level is Incontinent. Report change to level as noted. Revision on: 09/30/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)• BOWEL MOVEMENT: Monitor Susan for bowel movement each shift and document number of occurrences, size and consistency. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)• INCONTINENCE PRODUCT: white prevail brief Revision on: 02/21/2025 Revision by: Danielle Loreto (RAI Coordinator)				PCA PCA	
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952	Physician	Wallace Liang	
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre					Print Date	10/30/2025	
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024	Location	7 710 A	
Last Care Plan Review Completed:		08/19/2025						

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Potential for BOWEL INCONTINENCE related to impaired mobility, anal Fissure Revision on: 06/21/2024 Revision by: Ramil Santillan (Quality Improvement Coordinator)			• BOWEL PATTERN: Resident may experience constipation and anal fissure due to rectal bleeding. Monitor for worsened bleeding and report to MD. administer bowel medication as ordered Revision on: 06/21/2024 Revision by: Ramil Santillan (Quality Improvement Coordinator)			PCA	
• Increased risk for FALLS related to Right amputated foot. 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: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• CALL BELL: Place call bell within Susan'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: high/low bed, wheelchair Revision on: 12/13/2022 Revision by: Jenny Liu (RAI Coord Back-up) • ENVIRONMENT: Secure environment: reduce clutter, quiet environment to reduce fall risk for Susan. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA PCA PCA	D/E/N
• Use of PASD (two 1/4 bed rails and seat belt) to assist resident with Activity of Daily Living (bed mobility and positioning). Revision on: 01/27/2024 Revision by: Suzanne Azar (RN)		• Susan will be effectively supported with use of two 1/4 bed rails to optimize Activity of Daily Living (bed mobility) and seat belt for positioning while in wheelchair each day through to the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• 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 seat belt. Revision on: 01/27/2024 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 seat belt for positioning while in wheelchair. Revision on: 01/27/2024 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	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024	Location	7 710 A
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
<ul style="list-style-type: none"> • Use of PASD (two 1/4 bed rails and seat belt) to assist resident with Activity of Daily Living (bed mobility and positioning). Revision on: 01/27/2024 Revision by: Suzanne Azar (RN)			every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • SEAT BELT (front closure) in USE as a PASD to support resident with positioning. Monitor every shift. Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	D/E/N
<ul style="list-style-type: none"> • URINARY (Mixed) INCONTINENCE related to frequent urinary incontinence. Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> • Susan will have urinary incontinence managed every shift through to the next review period. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of Susan for toileting needs, changes to health status and alteration of continence level. Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • URINARY Continence level is incontinent. Report change to level as noted. Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> • INCONTINENCE PRODUCT: white prevail brief Revision on: 02/21/2025 Revision by: Danielle Loreto (RAI Coordinator)			Registered Staff	
<ul style="list-style-type: none"> • Potential to experience alteration in fluid volume or episode of DEHYDRATION related to taking diuretic daily Revision on: 09/06/2023 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> • To promote fluid consumption and minimize risk for dehydration each day through to the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> • MONITORING: Utilize holistic perspective of continuous monitoring of resident with altered fluid intake for changes to health status and risk for dehydration. <ul style="list-style-type: none"> • PROMOTE FLUIDS: Promote Susan to consume fluids; amount as per Nutrition Care Plan. Revision on: 06/09/2023 Revision by: Jenny Liu (RAI Coord Back-up)			Registered Staff	
<ul style="list-style-type: none"> • Sleep Patterns Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none"> • To promote adequate rest/sleep for Susan based on identified sleep patterns/preferences each night 	<ul style="list-style-type: none"> • REST PATTERN: Preferred bedtime between 19:00- 20:00, usual wake time 06:00, usually doesn't take a nap Revision on: 12/13/2022 Revision by: Jenny Liu (RAI Coord Back-up)			PCA	
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024	Location	7 710 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
	through to the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• SLEEPWEAR: Sue prefers to wear Johnny shirt Revision on: 12/13/2022 Revision by: Jenny Liu (RAI Coord Back-up)	PCA	
• Potential for altered hematologic symptoms or complications related to diagnosis of ANEMIA, low hgb requiring transfusions. Revision on: 10/03/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• To treat and minimize complications associated with ANEMIA each day through to the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Susan with ANEMIA for complications or changes to health status. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated. • MEDICATION: Administer medication for ANEMIA as per MD Order. Monitor effectiveness and for side effects.	Registered Staff Registered Staff	
• SPIRITUAL BELIEFS: Sue is of the Christian Faith. Revision on: 09/30/2022 Revision by: Shayna Lee Wonsch	• To provide Sue spiritual support as interested through to the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• PERSONAL CHOICE: Respect Sue's right to decline participation in Spiritual Programs. Attempt to actively engage if she decides to join a spiritual program. Revision on: 09/30/2022 Revision by: Shayna Lee Wonsch	ACT	
• Altered COMMUNICATION as exhibited by limitations to self expression, comprehension related to Vascular Dementia. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	• Susan will be able to make basic needs known each day through to the review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• COMMUNICATION: Involve/collaborate with Susan/SDM for decision making about strategies needed to support effective communication. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • PRIMARY LANGUAGE: Susans primary language is English. She understands and communicates best in English.. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin		D.O.B.	06/26/1952
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses		Physician	Wallace Liang
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)	Admission Date	06/19/2024	Location 7 710 A
Last Care Plan Review Completed:		08/19/2025		

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
• COGNITIVE LOSS; alteration in thought processes memory loss, difficulty concentrating, poor judgement related to Vascular Dementia, short and long-term memory loss. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Susan will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is 2/6. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• COMMUNICATION: Involve/collaborate with Susan/SDM in decision making of Cognitive Loss for Vascular Dementia. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • ORIENTATION: Gently reorient to place and time as needed when Susan is feeling lost or in confused state. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			
• Altered ability to complete Activities of Daily Living (ADLs) related to Right foot amputation (June 2022), Vascular Dementia, Rectal Cancer, Anemia, COPD. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• Susan will have ALL ADL care tasks met each day through the next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• BATHING: Susan prefers (shower/bath) on (Wednesdays and Saturdays on Evening shift). Susan participates by (providing a washcloth and cues). Two staff (MAXIMAL, TOTAL) assistance for bathing. Sit to stand lift for transfer with two staff to assist. Nail care to be provided on shower/bath day. Revision on: 05/22/2025 Revision by: Jenny Liu (RAI Coordinator) • BED MOBILITY: Susan requires weight bearing assist from two team members when turning and repositioning in bed. 2 team member when fatigued or decreased strength. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) • DRESSING: Susan requires weight bearing assist from two team members to dress from head to toe. Susan remains capable of lifting and guiding her limbs through her clothing. 2 team member when fatigued or decreased strength. Revision on: 08/07/2025 Revision by: Mary Kagayutan (RPN) • EATING: Susan is able to eat independently once set up by the team. She eats in the main dining room		PCA	PCA
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin		D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)		Admission Date	06/19/2024	Location	7 710 A
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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 Right foot amputation (June 2022), Vascular Dementia, Rectal Cancer, Anemia, COPD. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)			Revision on: 12/13/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> LOCOMOTION: Susan has a wheelchair as her primary mode of locomotion which she can self propel. On occasion may require the team to porter her. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> PERSONAL HYGIENE: Susan requires weight bearing assist from 1 to 2 team member to assist with providing pericare. Susan is able to wash her face, brush her teeth and brush her hair once set up with the tools to do so. Revision on: 08/19/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> HAND HYGIENE: 1 staff to provide reminders assist to use soap/water, apply sanitizer, rub hands together, dry hands, etc. for hand hygiene. Revision on: 08/21/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TOILET USE: Susan requires two team member to assist with checking and changing her incontinence product in bed when soiled. 2 team member when fatigued or decreased strength. Revision on: 08/07/2025 Revision by: Mary Kagayutan (RPN) <ul style="list-style-type: none"> TRANSFERRING: Sue will be using SARA lift for transfer. Revision on: 12/05/2023 Revision by: Jane Del Rosario (RPN) <ul style="list-style-type: none"> TRANSFER LIFT/SLING: Yellow sling Revision on: 12/06/2023 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> ORAL CARE: Susan is EDENTULOU and is able to brush her own gums once set up by the team to do so. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)				PCA	
<ul style="list-style-type: none"> Potential to experience alteration in RESPIRATORY FUNCTION related to 		<ul style="list-style-type: none"> To treat and minimize signs/symptoms or 	<ul style="list-style-type: none"> MONITORING: Utilize holistic perspective of continuous monitoring of Susan with COPD for changes to health status and alteration or complications affecting 					
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin			D.O.B.	06/26/1952		Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)			Admission Date	06/19/2024		Location	7 710 A
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Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
[specify: Chronic Obstructive Pulmonary Disorder (COPD) Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)	complications associated with COPD each day through to next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	respiratory function. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to 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)	Registered Staff PCA Registered Staff PCA	
• Potential for gastric discomfort/complications related to diagnosis of Gastroesophageal Reflux Disease (GERD). Revision on: 09/16/2022 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: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Susan for management of GERD for discomfort/ complications or changes to health status. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication for GERD as per MD order. Monitor effectiveness and for side effects.	Registered Staff	
• Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES: Type 2 diabetes. Revision on: 09/16/2022 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: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of Susan for management of HYPOGLYCEMIA/ HYPERGLYCEMIA for changes to health status. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator) • MEDICATION: Administer medication ORAL ANTIHYPERGLYCEMIC medication INSULIN for DIABETES as per MD order. Monitor effectiveness and for side effects. Revision on: 09/16/2022 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: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		

Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin	D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)	Admission Date	06/19/2024	Location	7 710 A
Last Care Plan Review Completed:		08/19/2025			

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
• Risk for Impaired SKIN INTEGRITY related to impaired mobility. Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To protect and maintain skin integrity each day through to the next review. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• 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	
• Expressed Wishes and Beliefs related to Susan's medical Treatment and End of Life Care Revision on: 09/16/2022 Revision by: Katie Wolters-Savo (RAI Coordinator)		• To support and honor Susan's expressed wishes and beliefs through to the End of Life. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	• DNR: Susan wishes Do not attempt CPR: do not transfer to hospital.plan include death at home - see PoET Individualized Summary for details Revision on: 10/09/2025 Revision by: Betsi Tony (RN)				
• Nutrition Risk Level		• Sue will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025 • Will weigh within GWR of 90-95kg/BMI 28-34 through to next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025 • Sue will be adequately hydrated aeb drinking at least	• LABELLED SNACK HS: cheese and crackers Mon/Wed/Fri Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) • NUTRITION RISK: Sue is moderate risk level. Revision on: 03/09/2023 Revision by: Anna Slack (Registered Dietitian) • DIET ORDER: Sue will receive regular diet, regular texture Revision on: 12/19/2022 Revision by: Anna Slack (Registered Dietitian) • FLUID CONSISTENCY: Sue drinks REGULAR/THIN Level 0 Fluids. Revision on: 09/16/2022 Revision by: Anna Slack (Registered Dietitian) • FLUID TARGET: Encourage Sue to drink a minimum of 2000 ml per day Revision on: 02/13/2025 Revision by: Holly Laasanen • EXTRA FLUIDS: Offer a minimum of 125ml high moisture food or fluid outside of meals and snacks daily.			PCA Registered Practical Nurse RN Dietitian (RD) Dietary Manager Diet Food Services Aide PCA Diet PCA PCA Dietary aide PCA	E
Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin		D.O.B.	06/26/1952		Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)		Admission Date	06/19/2024		Location	7 710 A
Last Care Plan Review Completed:		08/19/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
• Nutrition Risk Level	86% of total fluid requirement 2362 ml daily (25 ml/kg) through to next review date. Revision on: 03/07/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 11/19/2025	<ul style="list-style-type: none"> • FOOD ALLERGY/INTOLERANCE: Lactose intolerance. Encourage Lactaid milk, may help with diarrhea. Resident often refuses. Revision on: 02/13/2025 Revision by: Holly Laasanen • MEDPASS SUPPLEMENTS: 1 bottle of Boost Carb Smart once daily to support wound healing Revision on: 10/09/2025 Revision by: Holly Laasanen (Dietitian (RD)) 	PCA Restorative Care Aide	


Diagnosis

Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus without (mention of) complications(E11.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Hyperlipidaemia, unspecified(E78.5), Traumatic amputation at level between knee and ankle(S88.1), Osteomyelitis, unspecified, unspecified site(M86.99), Functional diarrhoea(K59.1), Chronic obstructive pulmonary disease with acute exacerbation, unspecified(J44.1), Anal fissure, unspecified(K60.2)

Allergies	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin	D.O.B.	06/26/1952	Physician	Wallace Liang
Diagnosis	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus with...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	Renaud, Susan (922131005479)	Admission Date	06/19/2024	Location	7 710 A
Last Care Plan Review Completed:		08/19/2025			

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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. <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 "Kim" in decreasing social isolation by participating in activities of personal choice 10-20 times per month by the next review date. <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"> STRUCTURED ACTIVITIES: Invite her to programs of personal interest; Friendly/1: 1 visits, games (Bingo & trivia), Montessori - iPad, music appreciation, Happy Hour, sensory - Snoezelen therapy, special events, church and other spiritual programs, tuck shop, TV programs, etc. Revision on: 07/22/2025 Revision by: Laura Morris (Restorative Care Aide) SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as visiting with other residents/team members, watching/listening to TV (Criminal Minds/crime shows), adult colouring, word puzzles, etc. Revision on: 08/15/2022 Revision by: Mitchell Atkinson (Recreation Aide) ASSISTANCE: Provide assistance/encouragement to get her to scheduled activities - Reminders, etc. Revision on: 07/08/2020 Revision by: Shayna Lee Wonsch (Activation Manager) ONE to ONE: Provide her with individual visits for conversations (family, animals), manicures & hand massages, humor, etc. Revision on: 08/15/2022 Revision by: Mitchell Atkinson (Recreation Aide) 	ACT	
<ul style="list-style-type: none"> Potential for PAIN and alteration in comfort level related to Dx of Stroke, GERD, Lt. first metacarpal undisplaced fracture, C/o toothache, soreness on both knees and hip pain, toothache, left ear pain (9/18/24). Most Current LTCF Pain Score is (0) <p>Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator)</p>	<ul style="list-style-type: none"> To promote resident comfort and effectively manage ACUTE pain as episode occurs 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"> Promote RAI Pain Score of 0 through to the next review. <p>Revision on: 07/25/2025 Revision by: Jenny Liu (RAI Coordinator) Target Date: 01/29/2026</p>	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Marie/SDM) about pain management, goals of treatment, plan of care, prognosis and treatment options. Revision on: 01/01/2020 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 RN Registered Practical Nurse Registered Practical Nurse RN	

Allergies	No Known Allergies	D.O.B.	02/14/1957	Physician	Wallace Liang	
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 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 to experience alteration in MOOD as exhibited by (sad worried facial expression, anger with staff and repetitive physical movements) related to Depression and PTSD. Revision on: 10/28/2024 Revision by: Jenny Liu (RAI Coord Back-up)		<ul style="list-style-type: none">• To decrease episodic frequency of (repetitive health/non-health complaints, anger with staff and repetitive questions and repetitive physical movements.) by next review date. DRS score will be less than (0). Revision on: 10/28/2024 Revision by: Jenny Liu (RAI Coord Back-up) Target Date: 01/29/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with (Marie/SDM) about MOOD Disturbance, discuss contributing factors, and plan of care needs/options as needed. Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Marie for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• RESIDENT STRENGTHS: Build on Marie effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up)				
<ul style="list-style-type: none">• Increased risk for FALLS related to HTN, Paralysis of Lt arm, Stroke, Hx of falls and Psychotropic drug Use. 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: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	<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: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none">• ADAPTIVE EQUIPMENT: Resident needs adaptive equipment:(wheelchair.) Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) <ul style="list-style-type: none">• BED: (place bed in lowest position or use high/low bed, etc.) to lower risk for injury. Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) <ul style="list-style-type: none">• FOOTWEAR: Ensure resident wears appropriate footwear for transfers. Revision on: 12/03/2021 Revision by: Jenny Liu (RAI Coord Back-up)				
<ul style="list-style-type: none">• Potential for altered hematologic symptoms or complications related to diagnosis of low hgb. Revision on: 06/22/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		<ul style="list-style-type: none">• To treat and/or minimize complications associated with low hgb each day through to the next review date. Revision on: 06/22/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of continuous monitoring of Marie with low hgb for complications or changes to health status. Revision on: 06/22/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) <ul style="list-style-type: none">• LAB WORK: Monitor blood lab work and report results to MD as needed. Follow up as indicated.				
Allergies	No Known Allergies			D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)			Admission Date	12/16/2019	Location	7 719 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 Hypercholesterolemia, GERD, Stroke, Lt arm paralysis, HTN, Depression, PTSD and DM, Schizophrenia. Revision on: 06/20/2023 Revision by: Elsie Calumpang (RN)	<ul style="list-style-type: none"> Marie will have ALL ADL care tasks met each day through 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"> BATHING: Kim (Marie) prefers (shower/bath) on (Tuesdays and Saturdays on Day shift). Kim (Marie) participates by (providing washcloth and cues). Two staff (MAXIMAL) 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) <ul style="list-style-type: none"> BED MOBILITY: KIM(MARIE) requires Maximal assistance from team member to turn and reposition. Bedrails in place to help with bed mobility Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> DRESSING: KIM(MARIE) is able to guide her right arm through sleeves but requires Extensive assistance from one person to dress the lower body and the rest of upper. Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> EATING: set up help -KIM(MARIE) is able to eat Independently, she eats dinner in bed per her request most of the time and eats on the first floor dining room. Revision on: 02/25/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> LOCOMOTION: Total assistance with manual chair from one staff to porter on/off the unit. Revision on: 05/18/2022 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> PERSONAL HYGIENE: KIM(MARIE) requires Maximal assistance from team member to provide peri-care due to incontinence. Marie is able to help with wash hands, face, or comb her hair. Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator) <ul style="list-style-type: none"> TOILET USE: Total assistance- KIM(MARIE)has been checked and changed in bed by team members. Revision on: 05/02/2025 Revision by: Jenny Liu (RAI Coordinator)	PCA		
Allergies	No Known Allergies	D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 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 Hypercholesterolemia, GERD, Stroke, Lt arm paralysis, HTN, Depression, PTSD and DM, Schizophrenia. Revision on: 06/20/2023 Revision by: Elsie Calumpang (RN)		<ul style="list-style-type: none"> TRANSFERRING: KIM(MARIE) requires Maxi lift for transferring with two staffs. Comfort sling is recommended as this resident is unable to shift her body weight by herself and its difficult for staff to put the sling underneath her Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> TRANSFER LIFT/SLING: green color sling Revision on: 01/26/2024 Revision by: Jenny Liu (RAI Coord Back-up) <ul style="list-style-type: none"> ORAL CARE: KI(MARIE) has TEETH of her own, some missing but is Independent for oral care. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) <ul style="list-style-type: none"> FOOT CARE: Registered staff to complete toenail care every Tuesdays and or Saturdays(shower days). PSWs to report long toe nails or other abnormalities as noted. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)	PCA			
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (verbally and resist care (showers and during repositioning) in nature related to Depression and PTSD. Revision on: 03/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)	<ul style="list-style-type: none"> To decrease episodic frequency of (verbally abusive and resist care) by next review date. ABS score will be less than (1). Revision on: 08/15/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none"> COMMUNICATION: Involve/collaborate with Marie/SDM) about identified Risk of Expressive Behaviour, discuss triggering factors, and plan of care needs/options as needed. Residents reflexes to respond to commands can be slower. This can be a trigger to others especially when she is driving her chair. The resident is advised to stay a distance from others on the patio when she is driving around out there to avoid potential incidents of entering into others personal spaces. Revision on: 10/11/2023 Revision by: Ranjita Yadav (RPN) <ul style="list-style-type: none"> ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Marie for indications to change in or for escalating expressive behaviour risk. Revision on: 11/17/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) <ul style="list-style-type: none"> TRIGGERS leading to PHYSICAL (Slapping) as expression of behaviour include 	Social Worker			
Allergies	No Known Allergies		D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 C	
Last Care Plan Review Completed:		10/29/2025				

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Focus	Goal	Interventions	Position	Freq/Resolved	
		(Specify cause; anger, frustration, personal care etc.) Revision on: 11/17/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • PHYSICAL Behaviour: If Marie is attempting to strikeout; move back from her reach. Calmly indicate that care will continue when she is calm/ready. Seek Registered Staff assistance. Revision on: 11/17/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • TRIGGERS leading to VERBAL (specify; yelling, screaming, etc.) as expression of behaviour include (Specify cause; loss of control, frustration, etc.) Revision on: 11/17/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • VERBAL Behaviour: If Marie 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: 05/17/2023 Revision by: Jenny Liu (RAI Coord Back-up) • TRIGGERS leading to RESISTANCE to Care Needs of (specify; refusing to use Maxi lift for transferring.) as expression of behaviour include (Specify poor judgement, etc.) Revision on: 11/17/2021 Revision by: Leslie Meloche (Activities/Rec Therapy) • RESISTANCE to Care Need: If Marie is refusing to use Maxi lift, re-approach in 10-15 minutes. Report episode to Registered Staff. Revision on: 11/17/2021 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: 02/06/2024 Revision by: Jenny Liu (RAI Coord Back-up) • BSO RECOMMENDATIONS: Marie is being followed by the internal BSO team. Physical: Hitting, striking out Verbal: Yelling, calling out, calling others names Social Inappropriate: Disruptive vocalizations Resistance to Care: Refusing to change, care, using lift	Registered Practical Nurse RN		
Allergies	No Known Allergies	D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 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 Expressive Behaviour of (verbally and resist care (showers and during repositioning) in nature related to Depression and PTSD. Revision on: 03/01/2023 Revision by: Katie Wolters-Savo (RAI Coordinator)		TRIGGERS: Confusion, decreased insight, poor judgment, limitation in communication Recommendations: If Kim is striking out, move away from her reach. Use stop and go approach. Reapproach when the resident is calm/ready. Report to registered staff. Verbal-If Kim is yelling, calmly ask her to lower her voice. Attempt to resolve her concern. Resistance to care: Reapproach in 10-15 minutes. Report to registered staff. Monitor for pain and infection. 2 staff for care. 1 to distract and the other staff to perform care. Kim likes to watch tv in her room and will attend some main floor programs such as Church. Revision on: 10/13/2025 Revision by: Leslie Meloche (Recreation Aide)		
<ul style="list-style-type: none">• Potential to experience FOOT/FEET complications related to diabetic 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. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Kim 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: Kim requires footcare/treatment during shower days and PRN. Revision on: 12/28/2022 Revision by: Katherine Arca (RPN) <ul style="list-style-type: none">• PREFERENCE: Kim likes to have footcare completed during 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
Revision by: Shelby McCarthy (Registered Practical Nurse)	Living reposition 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"> • MONITORING: Utilize holistic perspective of monitoring resident for continued benefit to use tilt chair and two 1/4 bed rails as to support appropriate (bed mobility, posture and positioning). Revision on: 11/22/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) • BED RAIL (TWO PARTIAL): 1/4 bed rail in USE as a PASD to assist resident with (bed mobility, repositioning). Monitor every shift. Revision on: 11/22/2022 Revision by: Shelby McCarthy (Registered Practical Nurse) • TILTED CHAIR in USE as a PASD to support resident to prevent fall, skin breakdown and position. Monitor every shift. Revision on: 11/16/2022 Revision by: Jenny Liu (RAI Coord Back-up) 	PCA	D/E/N
<ul style="list-style-type: none"> • Potential to experience complications and side effects impacting quality of life related to use of (use of anti-psychotic medications) Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	<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: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 	<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: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) • MEDICATION REVIEW: Complete Medication Review with MD/NP Quarterly and as needed. 	Registered Staff	
<ul style="list-style-type: none"> • COGNITIVE LOSS; alteration in thought processes (poor judgment) related to Depression. Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up) 	<ul style="list-style-type: none"> • Marie will be supported to make independent choice and safe decisions each day through to the review date. Current CPS is (1) Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/collaborate with Marie/SDM in decision making of Cognitive Loss. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • ORIENTATION: Gently reorient to person, place, time) as needed when Marie is feeling lost or in confused state. Revision on: 06/09/2021 Revision by: Jenny Liu (RAI Coord Back-up) 	Registered Staff	
• Expressed Wishes and Beliefs related to	• To support and honor Marie	• CPR; Marie wishes to have CPR and transfer to hospital decisions to be made as		
Allergies	No Known Allergies		D.O.B.	02/14/1957
Physician	Wallace Liang			
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses			
Facility	Berkshire Care Centre		Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location 7 719 C
Last Care Plan Review Completed:		10/29/2025		

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
Marie Medical Treatment and End of Life Care Revision on: 08/02/2020 Revision by: Qiufeng Liu (RPN/RAI back up)		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	needed - see PoET Individualized Summary for details. Revision on: 07/25/2025 Revision by: Jenny Liu (RAI Coordinator)				
• Risk for/Impaired Skin Integrity r/t Incontinence, DM, Paralysis of Lt arm. Revision on: 03/30/2020 Revision by: Milap Patel (Reg.PHYSICAL THERAPIST)		• 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. • POSITIONING: Turn, reposition at least every 2 hours when in bed/wheelchair as per Marie's preference to offload pressure. Revision on: 12/28/2020 Revision by: Katie Wolters-Savo (RAI Coordinator)			PCA PCA	 Q2h
• SPIRITUAL BELIEFS: "Kim" is of the Roman Catholic Faith. Revision on: 01/08/2020 Revision by: Mitchell Atkinson (Activities/Rec Therapy)		• To provide "Kim" spiritual support as interested through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026	• SPIRITUAL PROGRAMS: Encourage her to attend spiritual programs of her choice including church services, prayer circles, spiritual discussion, spiritual music, etc. Revision on: 07/08/2020 Revision by: Shayna Lee Wonsch (Activation Manager) • SELF-DIRECTED SPIRITUAL Activities: "Kim" engages in communion, praying, etc. Revision on: 07/08/2020 Revision by: Shayna Lee Wonsch (Activation Manager)			ACT ACT	
• URINARY INCONTINENCE. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)		• Marie will have urinary 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 toileting needs, changes to health status and alteration of continence level. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • URINARY Continence level is TOTAL Incontinent. Report change to level as noted. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • CHECK and CHANGE: Kim experiences TOTAL incontinence and requires checks every Q 2 hrs and change each time noted to be soiled. Revision on: 04/20/2020			Registered Staff PCA PCA	 Q2h
Allergies	No Known Allergies			D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)			Admission Date	12/16/2019	Location	7 719 C
Last Care Plan Review Completed:		10/29/2025					

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• URINARY INCONTINENCE. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)</div>		<div>Revision by: Brandi Livingstone (ADOC)</div> <div>• INCONTINENCE PRODUCT: Uses a blue color brief.</div> <div>Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA			
<div>• Potential to experience alteration in NEUROLOGICAL FUNCTION related to: Stroke. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)</div>	<div>• To treat and minimize signs/symptoms or complications associated with Stroke through to the next review date. Revision on: 05/23/2023 Revision by: Katie Wolters-Savo (RAI Coordinator) Target Date: 01/29/2026</div>	<div>• COMMUNICATION: Involve/ collaborate with Marie/ SDM in decision making of neurological care management for Stroke. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• HEALTH EDUCATION: Engage with Marie/SDM to enhance her comprehension of (specify: treatment, possible complications, disease trajectory, etc.) associated with Stroke. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• MEDICATION: Administer medication as per MD order. Monitor effectiveness and for side effects. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Stroke for changes to health status and alteration or complications affecting neurological function. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse)</div> <div>• Observe SWALLOWING: Inform Registered staff of changes or any signs of difficulty in swallowing (coughing during eating, drooling, etc.).</div>	PCA Registered Staff Registered Staff PCA Registered Staff			
<div>• Sleep Patterns. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse)</div>	<div>• To promote adequate rest/sleep for Marie based on identified sleep</div>	<div>• REST PATTERN: Preferred bedtime, usual wake time: around 7am then Marie usually be put to bed after lunch per her preference. Revision on: 08/19/2022 Revision by: Jenny Liu (RAI Coord Back-up)</div>	PCA			
Allergies	No Known Allergies		D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)		Admission Date	12/16/2019	Location	7 719 C
Last Care Plan Review Completed:		10/29/2025				

Care Plan Report

Focus		Goal	Interventions			Position	Freq/Resolved
		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	<ul style="list-style-type: none"> • SLEEPWEAR: Marie prefers to wear her regular clothes. Revision on: 01/22/2020 Revision by: Joe Albano (RAI Coordinator) 			PCA	
<ul style="list-style-type: none"> • 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) 		<ul style="list-style-type: none"> • To treat and/or minimize discomfort/ complications associated with GERD 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"> • COMMUNICATION: Involve/collaborate with Marie/SDM in decision making for GERD Management. Revision on: 01/01/2020 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	
<ul style="list-style-type: none"> • BOWEL INCONTINENCE. Revision on: 12/31/2019 Revision by: Qiufeng Liu (Registered Practical Nurse) 		<ul style="list-style-type: none"> • Marie 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 	<ul style="list-style-type: none"> • BOWEL Continence level is Total Incontinence. Report change to level as noted. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • BOWEL MOVEMENT: Monitor resident for bowel movement each shift and document number of occurrences, size and consistency. • INCONTINENCE PRODUCT: Resident uses a blue color brief daily. Revision on: 01/31/2025 Revision by: Jenny Liu (RAI Coord Back-up) 			PCA	
<ul style="list-style-type: none"> • Potential for hypo/hyperglycemia and other complications related to diagnosis of DIABETES. 		<ul style="list-style-type: none"> • To minimize episodes of DIABETIC hypoglycemia and/or hyperglycemia each day through to the next review date. 	<ul style="list-style-type: none"> • COMMUNICATION: Involve/ collaborate with Marie/SDM in decision making of diabetes care management. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) 			Registered Staff	
Allergies	No Known Allergies			D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)			Admission Date	12/16/2019	Location	7 719 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	<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. • 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: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • RESCUE MEDICATION: Administer GLUCAGON for hypoglycemia as per MD order. 	Registered Staff Registered Staff Registered Staff Registered Staff		
• 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 Diagnosis 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"> • COMMUNICATION: Involve/collaborate with Marie/SDM in decision making of Cardiac Care Management for HTN. Revision on: 01/01/2020 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: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • MEDICATION: Administer medication as per MD Order and monitor for side effects. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • OXYGEN: Administer Oxygen as per MD order. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) • BP MONITORING: Monitor BLOOD PRESSURE as ordered. Notify MD of abnormalities as needed. Revision on: 01/01/2020 Revision by: Qiufeng Liu (Registered Practical Nurse) 	Registered Staff Registered Staff Registered Practical Nurse RN Registered Practical Nurse RN Registered Staff		
• Nutrition Risk Level (diet details)	• "Kim" will be adequately	• NUTRITION RISK: "Kim" is moderate risk level.	Dietitian (RD)		
Allergies	No Known Allergies	D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 C
Last Care Plan Review Completed:		10/29/2025			

Care Plan Report

Focus		Goal	Interventions				Position	Freq/Resolved
		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 GWR 70-75 kg through to next review date. Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026 • "Kim" will be adequately hydrated aeb drinking at least 80% of total fluid requirement: 2292 ml/day (30 ml/kg using 76.4 kg weight) through to next review date. Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 01/29/2026	Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DIET ORDER: Marie will receive regular diet, regular texture Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FLUID CONSISTENCY: Marie drinks REGULAR/THIN Level 0 Fluids. Revision on: 04/27/2021 Revision by: Olivia Kuhlmann (Dietetic Intern) • FLUID TARGET: Encourage "Kim" to drink a minimum of 1834 ml/day Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • DINING INSTRUCTIONS: "Kim" will ask for minced texture per her discretion Prefers whole wheat bread/toast Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • FOOD ALLERGY/INTOLERANCE: Intolerance to regular milk (reaction: diarrhea). Drinks lactose-free milk instead. Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD)) • HIGH CALORIE/PROTEIN IN MEALS: special-labelled boiled egg with breakfast daily Revision on: 10/16/2025 Revision by: Holly Laasanen (Dietitian (RD))				PCA Diet PCA PCA Registered Practical Nurse PCA Restorative Care Aide PCA	 Meals
Allergies	No Known Allergies			D.O.B.	02/14/1957		Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses							
Facility	Berkshire Care Centre						Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)			Admission Date	12/16/2019		Location	7 719 C
Last Care Plan Review Completed:		10/29/2025						


Care Plan Report

Diagnosis

Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-traumatic stress disorder(F43.1), Pure hypercholesterolaemia(E78.0), Type 2 diabetes mellitus with poor control, so described(E11.64), Hemiplegia of unspecified type of non-dominant side(G81.91), Schizophrenia, unspecified(F20.9), Anaemia, unspecified(D64.9)

Allergies	No Known Allergies	D.O.B.	02/14/1957	Physician	Wallace Liang
Diagnosis	Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-tr...See last page for a complete listing of the Resident's diagnoses				
Facility	Berkshire Care Centre			Print Date	10/30/2025
Resident	St. Denis, Marie (922131005320)	Admission Date	12/16/2019	Location	7 719 C
Last Care Plan Review Completed:		10/29/2025			

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, Physical Dependency Revision on: 09/26/2025 Revision by: Megan Pipe (Recreation Aide)	<ul style="list-style-type: none">• Donna will maintain ISE score of 3 by the next review date. Revision on: 09/26/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/03/2025 <ul style="list-style-type: none">• To support Donna's Psycho-Social well being through to the next review. Revision on: 09/26/2025 Revision by: Megan Pipe (Recreation Aide) Target Date: 11/03/2025	<ul style="list-style-type: none">• SELF-DIRECTED ACTIVITIES: Encourage her to engage in self-directed activities such as watching TV in own room, conversing with peers, etc. Revision on: 09/26/2025 Revision by: Megan Pipe (Recreation Aide) <ul style="list-style-type: none">• ONE to ONE: Provide her with individual visits for conversation, bedside activity, etc. Revision on: 09/26/2025 Revision by: Megan Pipe (Recreation Aide)				
<ul style="list-style-type: none">• Donna is experiencing colonization with Antibiotic Resistant Organism (VRE) as of confirmed date: noted on admission Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• To lower risk of infection and prevent transmission of identified Antibiotic Resistant Organism through to the next review. Target Date: 11/03/2025	<ul style="list-style-type: none">• COMMUNICATION: Involve/collaborate with Donna with decision making for Antibiotic Resistant Organism treatment plan and update accordingly. Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• 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: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• MONITORING: Utilize holistic perspective of monitoring resident for (signs/symptoms of secondary infection, overall health condition, etc.). Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• PPE PRECAUTIONS: Precaution identified as (CONTACT) for (specify Antibiotic Resistant Organism type) and requires use of the following PPEs. Revision on: 09/03/2025 Revision by: Danielle Loreto (RAI Coordinator)				
<ul style="list-style-type: none">• Donna requires temporary SAFETY CHECKS for related to history of trying to cut self in July 2025, experiencing suicidal	<ul style="list-style-type: none">• Safety Check initiated on August 7th 2025 as temporary measure to monitor resident	<ul style="list-style-type: none">• Check Donna check on residents wellbeing after each visit with her boyfriend as well check on her wellbeing each shift. Revision on: 08/07/2025	PCA	D/E/N/PRN		
Allergies	Aspirin, Codeine, NSAIDs, Coconut	D.O.B.	11/18/1991	Physician	Wallace Liang	
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Waldron, Donna (922131005649)	Admission Date	07/30/2025	Location	7 712 A	

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
thoughts. Updated August 7th to included wellbeing checks related to potential domestic violence from Boyfriend. Revision on: 09/02/2025 Revision by: Danielle Loreto (RAI Coordinator)	each day until completed Revision on: 08/07/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	Revision by: Danielle Loreto (RAI Coordinator) • Check Donna location every 60 minutes. history of trying to cut self in July 2025, experiencing suicidal thoughts Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • Check Donna observed behaviour every hour. history of trying to cut self in July 2025, experiencing suicidal thoughts. Revision on: 08/07/2025 Revision by: Danielle Loreto (RAI Coordinator) • Check nasal prong placement as she is resistive to wearing them. Document resistant to care if removed and None of the above observed if they are in place. Revision on: 09/02/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA	Q1H Q1H Q1/2hr		
• Potential for CONSTIPATION related to immobility, medication usage. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Donna will have regular soft formed bowel movements every 1-2 days through to the next review. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025 • To minimize the potential for episodes/ complications of constipation through to the next review date Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• 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. • 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			
• Potential for PAIN and alteration in comfort level. Most Current LTCF Pain Score is 0 Revision on: 08/22/2025	• Promote RAI Pain Score of 0 through to the next review. Target Date: 11/03/2025	• 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.	RN Registered Practical Nurse			
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
Revision by: Danielle Loreto (RAI Coordinator)						
<ul style="list-style-type: none">• Potential to experience alteration in MOOD related to Schizoaffective Disorder, history of self harm with ideations, potential domestic abuse from boyfriend. Revision on: 08/07/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none">• Donna will be supported to maintain mood stability as evidenced by DRS score at a range of 0-2 by the review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	<ul style="list-style-type: none">• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Donna for indications to change in MOOD including labile mood or increase of symptoms that negatively impact residents quality of life. <p>Assess her mood during and after her boyfriend visits. He was banned from hospital on her last stay.</p> <p>Inform charge nurse immediately any noted concerns or complaints of violence or abuse.</p> <p>TEARFULNESS</p> <p>Donna can become tearful. Team to listen to her concerns. Speak to her in a soft, calming voice. Allow her to express her feelings.</p> <p>FEARFULNESS</p> <p>Donna can get fearful. Fearful of having to go back to the hospital, fearful that she will get kicked out the home: Listen to concern, remind her that she will not get kicked out even if she has to go to hospital again. That this is her home</p> Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• RESIDENT STRENGTHS: Build on Donna effort to maintain control. Encourage her to express self, state preferences and make safe choices for care and activities. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none">• SUICIDAL IDEATIONS: Report to Registered Staff IMMEDIATELY if Donna expresses thoughts to harm to self. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)				
• Use of PASD (two 1/4 bed rails) to assist	• Donna will be effectively	• HEALTH EDUCATION: Engage with Resident/SDM to enhance their knowledge of				
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre			Print Date	10/30/2025	
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

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Focus		Goal	Interventions			Position	Freq/Resolved
resident with Activity of Daily Living (bed mobility during care). Revision on: 08/07/2025 Revision by: Suzanne Azar (RN)		supported with use of two 1/4 bed rails to optimize Activity of Daily Living (bed mobility during care) each day through to the next review date. Revision on: 08/07/2025 Revision by: Suzanne Azar (RN) Target Date: 11/03/2025	possible benefits and challenges associated with Use of two 1/4 bed rails. Revision on: 08/07/2025 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: 08/07/2025 Revision by: Suzanne Azar (RN) • BED RAIL (TWO PARTIAL): 1/4 Rails in USE as a PASD to assist resident with bed mobility during care. Monitor every shift. Revision on: 08/07/2025 Revision by: Suzanne Azar (RN)			PCA	D/E/N
• Nutrition Risk Level		<div>• Donna will be adequately nourished aeb consuming >75% at meals and snacks through to next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025</div> <div>• Weight will be stable or decrease towards realistic GWR 155-165 kg through to next review date. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/03/2025</div> <div>• Donna will be adequately hydrated aeb drinking 2500-3000 ml/day through to next review date. AI for total water for females 31-50 y.o. is 2700</div>	<div>• LABELLED SNACK PM: Instead of standard cookies, etc. provide: Banana Mon/Wed/Fri Greek yogurt Tues/Thurs/Sat/Sun Revision on: 09/23/2025 Revision by: Holly Laasanen (Dietitian (RD))</div> <div>• NUTRITION RISK: Donna is moderate risk level. Revision on: 08/13/2025 Revision by: Brittany Hyde (Registered Dietitian)</div> <div>• DIET ORDER: Donna will receive regular diet, regular texture Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• FLUID CONSISTENCY: Donna drinks REGULAR/THIN Level 0 Fluids. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• FLUID TARGET: Encourage Donna to drink a minimum of 2500 ml/day. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD))</div> <div>• EXTRA FLUIDS: Offer a minimum of 200ml high moisture food or fluid outside of meals and snacks daily. Revision on: 08/13/2025 Revision by: Brittany Hyde (Registered Dietitian)</div> <div>• HEALTHY EATING: For weight management/general health: - Encourage water to drink</div>			PCA Registered Practical Nurse RN Dietitian (RD) PCA PCA PCA PCA	D
Allergies	Aspirin, Codeine, NSAIDs, Coconut			D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses						
Facility	Berkshire Care Centre					Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)			Admission Date	07/30/2025	Location	7 712 A

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Focus	Goal	Interventions	Position	Freq/Resolved		
• Nutrition Risk Level	ml/day. Revision on: 09/25/2025 Revision by: Holly Laasanen (Dietitian (RD)) Target Date: 11/03/2025 • Will meet estimated nutritional requirements of 1750-2100 kcal/d @ 25-30 kcal/kg IBW 84-105g/dg protein @ 1.2-1.5g/kg IBW through to next review date. Revision on: 08/13/2025 Revision by: Brittany Hyde (Registered Dietitian) Target Date: 11/03/2025	- Dilute fruit juice with water or provide diet juice - Provide single portions at meals and desserts - No added salt (e.g., salt packets) at meals Revision on: 09/23/2025 Revision by: Holly Laasanen (Dietitian (RD))				
• Sleep Patterns; Potential for alteration in quality of sleep or sleep pattern related to Sleep Apnea Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• To promote adequate rest/sleep for Donna based on identified sleep patterns/preferences each night through to the next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• REST PATTERN: Preferred bedtime varies, no set time, usual wake time 0400 and daytime naps at her own choosing Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • MONITOR: Monitor Donna sleeping patterns. Document when awake or asleep. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • BIPAP USE: Donna uses CPAP when sleeping. Applied by (staff) at (bedtime). Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • BIPAP CARE: Staff to ensure that machine is kept clean. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA PCA PCA PCA	 Q1H		
• Altered ability to complete Activities of Daily Living (ADLs) related to Limited Mobility, Asperger's Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	• Donna will have ALL ADL care needs met each day through the next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• BATHING: Donna will have a bed bath on Tuesdays and Fridays on Day shift. Resident requires minimum of 2 team member to perform the bed bath- may require more team member to move resident from side to side, lift legs during. Nail care to be provided on shower/bath day. Revision on: 09/09/2025	PCA			
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

Care Plan Report

Focus		Goal	Interventions		Position	Freq/Resolved
			Revision by: Mary Kagayutan (RPN) <ul style="list-style-type: none"> • BED MOBILITY: Donna requires TOTAL assistance by minimum of 2 team members. May require 3 to 4 team to assist with movement in bed. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • DRESSING: Donna requires TOTAL assistance by minimum 2 team members. May require 3 to 4 team to assist with movement in bed when dressing upper and lower body. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • EATING: Donna is independent with eating once set up with supervision in her room for all meals and nutrition. Monitor to ensure that she does not lower the lead of bed when eating. Revision on: 09/09/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • LOCOMOTION: Donna requires total assistance when up in her wheelchair for her locomotion. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • PERSONAL HYGIENE: Donna requires TOTAL assistance by minimum 2 team members for her personal hygiene care needs. May require 3 to 4 team members to be present to assist. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • HAND HYGIENE: 1 staff to provide (LIMITED) assistance to (use soap/water, apply sanitizer, rub hands together, dry hands) for hand hygiene. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) <ul style="list-style-type: none"> • TOILET USE: TOTAL assistance by minimum of 2 team members for check and change of the brief in bed. May require 3 to 4 team to assist with movement in bed. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

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Focus		Goal	Interventions		Position	Freq/Resolved
• Altered ability to complete Activities of Daily Living (ADLs) related to Limited Mobility, Asperger's Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			• TRANSFERRING: Donna requires a ceiling lift with a bariatric sling which we currently do not have. Resident is bedfast until sling arrives and moved to a room with a ceiling lift. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator) • ORAL CARE: Donna requires the team to set her up for oral care. She has natural teeth, no dentures. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		PCA	
• Potential to experience alteration in RESPIRATORY FUNCTION related to Asthma, hypercapnia, hyperoxemic respiratory failure, Obesity hyperventilation syndrome Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To treat and minimize signs/symptoms or complications associated with Asthma, hypercapnia, hyperoxemic respiratory failure, Obesity hyperventilation syndrome each day through to next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• MONITORING: Utilize holistic perspective of continuous monitoring of resident with Asthma, hypercapnia, hyperoxemic respiratory failure, Obesity hyperventilation syndrome for changes to health status and alteration or complications affecting respiratory function. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • POSITIONING: To manage shortness of breath (SOB) elevate head of the bed to improve breathing. • OXYGEN: Administer Oxygen as per MD order as needed. BIPAP- Apply BIPAP as ordered. Monitor for any leaking or seal not on correctly when in use. Resident will refuse to use her BIPAP report to the charge nurse and document if resident refuses.		Registered Staff PCA	
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• Potential to experience alteration in RESPIRATORY FUNCTION related to Asthma, hypercapnia, hyperoxemic respiratory failure, Obesity hyperventilation syndrome</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>		<div>Monitor resident for removal of her nasal prongs when Oxygen is in use. Provide health teaching when they are removed. Place them back on and report. Approach resident in a kind and calm manner explain why she needs to keep them on to avoid possible transfer to hospital.</div> <div>Revision on: 08/11/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>				
<div>• Potential to experience alteration in ENDOCRINE FUNCTION related to HYPOTHYROIDISM</div>	<div>• To treat and/or minimize signs/symptoms of (specify: HYPOTHYROIDISM) through to the next review date.</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>Target Date: 11/03/2025</div>	<div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident with PCA (HYPOTHYROIDISM) for changes to health status and alteration or complications affecting endocrine function.</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>				
<div>• Potential for BOWEL INCONTINENCE related to impaired mobility</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>	<div>• Donna will have bowel incontinence managed every shift through to the next review period.</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>Target Date: 11/03/2025</div>	<div>• MONITORING: Utilize holistic perspective of continuous monitoring of resident for changes to health status, alteration of continence level or bowel function</div> <div>Revision on: 08/05/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• CHECK and CHANGE: Donna experiences TOTAL incontinence and requires PCA checks every (2 hours and as needed or as directed as she can tell you if she does not wish to be checked) and change each time noted o be incontinent.</div> <div>Revision on: 08/22/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div> <div>• BOWEL MOVEMENT: Monitor resident for bowel movement each shift and PCA document number of occurrences, size and consistency.</div> <div>• INCONTINENCE PRODUCT: Resident uses 5xl brief on all shifts. PCA</div> <div>Revision on: 08/22/2025</div> <div>Revision by: Danielle Loreto (RAI Coordinator)</div>				
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

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Focus	Goal	Interventions	Position	Freq/Resolved		
<div>• URINARY (Mixed) INCONTINENCE related to altered mobility Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</div>	<div>• (Resident name) will have urinary incontinence managed every shift through to the next review period. Target Date: 11/03/2025</div>	• MONITORING: Utilize holistic perspective of continuous monitoring of resident for toileting needs, changes to health status and alteration of continence level Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)				
		• URINARY Continence level is TOTAL Incontinent. Report change to level as noted.	PCA			
		Revision on: 09/07/2025 Revision by: Jenny Liu (RAI Coordinator)				
		• INCONTINENCE PRODUCT: Resident uses 5xl brief on all shifts.	PCA			
		Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)				
		• CATHETER INSERTION/CHANGE: Resident has 14 no. foley's Catheter. Change catheter every month as per MD Order and document procedure.	RN			
		Revision on: 09/07/2025 Revision by: Jiss Mathew (RN)				
		• CATHETER OUTPUT: Empty catheter bag and document output in mL every shift and as needed.	PCA	D/E/N		
		Revision on: 09/07/2025 Revision by: Jiss Mathew (RN)				
		• CATHETER MONITORING: Check catheter patency, tubing placement, monitor effect of catheter each shift and as needed. Report complaints of pain or discomfort	PCA Registered Staff			
Revision on: 09/07/2025 Revision by: Jiss Mathew (RN)						
• CATHETER BAG: Change BAG every week.	PCA Registered Staff					
Revision on: 09/07/2025 Revision by: Jiss Mathew (RN)						
<div>• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, Obesity, reoccurring MASD Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)</div>	<div>• To protect and maintain skin integrity each day through to the next review. Target Date: 11/03/2025</div>	• SKIN OBSERVATION: Observe skin condition with AM and PM care. Report any new or different observance than the residents' usual skin condition to Registered Staff as noted.	PCA			
		• EQUIPMENT: Donna requires wedges to offload pressure and for positioning.	PCA			
		Revision on: 10/27/2025 Revision by: Janina Lucero (RN)				
• POSITIONING: Turn, reposition every 2 hours when in bed/wheelchair to offload pressure.	PCA	Q2h				
Revision on: 08/22/2025						
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
Facility	Berkshire Care Centre				Print Date	10/30/2025
Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

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Focus		Goal	Interventions		Position	Freq/Resolved
• Risk for Impaired SKIN INTEGRITY related to Impaired Mobility, Obesity, reoccurring MASD Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)			Revision by: Danielle Loreto (RAI Coordinator)			
• Donna has potential for recurrence of SUBSTANCE ABUSE, withdrawal symptoms, mood/behaviour disturbances related to history of Crystal meth use daily Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		• Donna will remain free of non-prescribed (narcotics) through next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• ROOM CHECK: Check Donna room/belongings for (snarcotic, drug paraphernalia, etc.) each (shift, upon expected use). If any found report to Charge Nurse/DOC/ED/SW. Revision on: 08/22/2025 Revision by: Danielle Loreto (RAI Coordinator)			
• Potential for Expressive Behaviour of (Suicidal thoughts, history of crystal meth use daily, impulsive thoughts with ideations- try to cut self July 2025, Hallucinations, resistive to care) nature related to Schizoaffective Disorder Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		• To promote safety for Donna and/or others during each episode of (history of ideations, resistive to care, hallucinations) through to the next review date. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	• ASSESS/MONITOR: Utilize holistic perspective of continuous monitoring of Donna for indications to change in or for escalating expressive behaviour risk. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) • RESISTANCE to Care Need: If Donna is declining to (has history of refusing all treatment in hospital and leaving against medical advise. Non-compliant with her oxygen and will take it off, will remove her Bipap.) Safety checks- Monitor for removal of her BIPAP and nasal prongs. Report to nurse if noted. Provide reminders that she needs to keep them on to avoid going to hospital due to desaturation. She understands this and she appreciates the reminders as she does not want to go back. Revision on: 09/02/2025 Revision by: Danielle Loreto (RAI Coordinator) • HALLUCINATION: Hears conversations, Sees shadows in her peripheral vision.		Registered	
Allergies	Aspirin, Codeine, NSAIDs, Coconut		D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses					
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Resident	Waldron, Donna (922131005649)		Admission Date	07/30/2025	Location	7 712 A

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Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> Potential for Expressive Behaviour of (Suicidal thoughts, history of crystal meth use daily, impulsive thoughts with ideations- try to cut self July 2025, Hallucinations, resistive to care) nature related to Schizoaffective Disorder Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		INTRVENTIONS: Allow resident to express themselves Ensure safety Do not argue with resident Notify the MD if hallucinations are interfering with her functioning. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	Practical Nurse RN	
<ul style="list-style-type: none"> Increased risk for FALLS related to Aspergers, Asthma, ITP, HYPERCAPNIA, Obesity. Altered Physical function Revision on: 08/05/2025 Revision by: Danielle Loreto (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. Target Date: 11/03/2025	<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: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	PCA	D/E/N
<ul style="list-style-type: none"> Expressed Wishes and Beliefs related to Donna Medical Treatment and End of Life Care Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)	<ul style="list-style-type: none"> To support and honor Donna expressed wishes and beliefs through to the End of Life. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator) Target Date: 11/03/2025	<ul style="list-style-type: none"> CPR: Donna wishes to have CPR and TRANSFER to hospital. Revision on: 08/05/2025 Revision by: Danielle Loreto (RAI Coordinator)		

Allergies	Aspirin, Codeine, NSAIDs, Coconut	D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses				
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Resident	Waldron, Donna (922131005649)	Admission Date	07/30/2025	Location	7 712 A

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Focus	Goal	Interventions	Position	Freq/Resolved

Diagnosis

Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome (F84.5), Thrombocytopenia, unspecified(D69.6), Hypothyroidism, unspecified(E03.9), Respiratory failure, unspecified, type II [hypercapnic](J96.91), Obesity, unspecified(E66.9), Extreme obesity with alveolar hypoventilation(E66.2), Schizophrenia, unspecified(F20.9), Other schizoaffective disorders(F25.8), Pneumonia, unspecified(J18.9)

Allergies	Aspirin, Codeine, NSAIDs, Coconut	D.O.B.	11/18/1991	Physician	Wallace Liang
Diagnosis	Resistance to methicillin(U82.1), Resistance to vancomycin(U83.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Asperger's syndrome(F84.5), Thrombocytopenia, unspecified(D69.6)...See last page for a complete listing of the Resident's diagnoses				
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Resident	Waldron, Donna (922131005649)	Admission Date	07/30/2025	Location	7 712 A