

America Health Care Services

DAILY PROGRESS NOTE

Individual Name: <input type="text" value="Individual Name..."/>	Staff Name: <input type="text" value="Staff Name..."/>	
Date: <input type="text" value="mm/dd/yyyy --:-- --"/>	Shift: <input style="border: 1px solid black;" type="text" value="-----"/>	Diet: <input type="text" value="Diet..."/>

MEAL INTAKE (BREAKFAST/LUNCH/DINNER)

Did the individual tolerate food Texture <div><div>Describe Food Texture</div><div></div></div>	B: <input style="border: 1px solid black;" type="text" value="-----"/>
	L: <input style="border: 1px solid black;" type="text" value="-----"/>
	D: <input style="border: 1px solid black;" type="text" value="-----"/>

Consumed? 25% or less <input type="radio"/> B	50% or less <input type="radio"/> B	75% or less <input type="radio"/> B	100% or less <input type="radio"/> B
Consumed? 25% or less <input type="radio"/> L	50% or less <input type="radio"/> L	75% or less <input type="radio"/> L	100% or less <input type="radio"/> L
Consumed? 25% or less <input type="radio"/> D	50% or less <input type="radio"/> D	75% or less <input type="radio"/> D	100% or less <input type="radio"/> D

If Consumed less than 75% Please Explain <input type="text" value="Explain why..."/>	What part of the meal did they like or did not like, if applicable? <input type="text" value="What part and why?..."/>
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Incident(s) <div></div>	
Has there been an incident involving this individual during your shift? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
If yes, has there been an incident report completed before the end of your shift? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
Did the individual display any behaviors during your shift not identified in the BSP? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>

MEDICAL CONCERN/MEDICAL APPOINTMENT

Do you observe any sign and symptoms of illness involving this individual during your shift? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
Is there a medical appointment scheduled and completed during your shift? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
Is the individual home from the day program or from their job? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
Are there any observable signs/symptoms of side effects of medication(s)? <input style="border: 1px solid black;" type="text" value="-----"/>	Explain: <input type="text"/>
List the adaptive equipment: <input type="text"/>	Any concerns with equipment, if so explain: <input type="text"/>

PROGRAM ACTIVITIES

Is all programs implemented as outlined? <input style="border: 1px solid black;" type="text" value="-----"/>	Is Program Documentation completed as outlined? <input style="border: 1px solid black;" type="text" value="-----"/>
Discussion of Finance? <input style="border: 1px solid black;" type="text" value="--"/>	Explain: <input type="text"/>
Is there a visitor in the home during your shift? <input style="border: 1px solid black;" type="text" value="-----"/>	

DIRECT SUPPORT STAFF – PROGRESS NOTES

WRITE THREE PARAGRAPHS. THE FIRST ONE SUMMARIZES THE FIRST TWO HOURS, THE SECOND PARAGRAPH SUMMARIZE THE THIRD THROUGH FOURTH HOURS, THE THIRD PARAGRAPH SUMMARIZE HOURS FIVE AND SIX, THE FOURTH PARAGRAPH SUMMARIZES HOURS SEVEN AND EIGHT/NINE. If you work 12 hour shift, 1st paragraph: hours 1-3, 2nd paragraph: hours4-6, 3rd paragraph: hours 7-9, 4th paragraph: hour 10 through 12

Date/Time mm / dd / yyyy -- : -- --	Staff Initial 	First Summary
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Date/Time mm / dd / yyyy -- : -- --	Staff Initial 	Second Summary
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Date/Time mm / dd / yyyy -- : -- --	Staff Initial 	Third Summary
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Date/Time mm / dd / yyyy -- : -- --	Staff Initial 	Fourth Summary
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Residential Manager Review: Residential Manager Review...
