

America Health Care Services - Submitted Data

DAILY PROGRESS NOTE

Individual Name: Festus Ali

Staff Name: Staff Again

Date: Sept. 9, 2020,
7:48 p.m.

Shift: ☐ AM ☒ PM

Diet: Balanced

MEAL INTAKE (BREAKFAST/LUNCH/DINNER)

Did the individual tolerate food Texture: New texture added to be very long so as to test blag New texture added to be very long
so as to test blag New texture added to be very long so as to test blag New texture added to be very long so as to test blag

B: ☒ Yes ☐ No
L: ☐ Yes ☒ No
D: ☒ Yes ☐ No

Consumed? ☐ 25% or less ☒ 50% or less ☐ 75% or less ☐ 100% or less

Consumed? ☐ 25% or less ☐ 50% or less ☒ 75% or less ☐ 100% or less

Consumed? ☐ 25% or less ☐ 50% or less ☐ 75% or less ☒ 100% or less

If Consumed less than 75% Please Explain: The reason again

What part of the meal did they like or did not like, if applicable: Not sure yet

Incident(s)

Has there been an incident involving this individual during your shift?
☒ Yes ☐ No

Explain: Details for this data

If yes, has there been an incident report completed before the end of your shift?
☒ Yes ☐ No

Explain: On time explain

Did the individual display any behaviors during your shift not identified in the BSP?
☐ Yes ☒ No

Explain: Explain again and again

MEDICAL CONCERN/MEDICAL APPOINTMENT

Do you observe any sign and symptoms of illness involving this individual during your shift?
☒ Yes ☐ No

Explain: Dizzy, and sleepy

Is there a medical appointment scheduled and completed during your shift?
☒ Yes ☐ No

Explain: Diagnosis done

Is the individual home from the day program or from their job?
☐ Yes ☒ No

Explain: Body building, and eating healthy

Are there any observable signs/symptoms of side effects of medication(s)?
☐ Yes ☒ No

Explain: Fitness check

List the adaptive equipment: color, green, blue, red and white

Any concerns with equipment, if so explain: malfunctioned equipments

PROGRAM ACTIVITIES

Is all programs implemented as outlined? ☒ Yes ☐ No

Is Program Documentation completed as outlined? ☒ Yes ☐ No

Discussion of Finance? ☐ Yes ☒ No

Explain: Nothing here to discuss

Is there a visitor in the home during your shift? ☐ Yes ☒ No

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	<u>Sept. 2, 2020, 11:50 p.m.</u>	Staff Initial	<u>Staff Initial two</u>	First Summary	<u>First summary again</u>
Date/Time	<u>Sept. 2, 2020, 1:50 p.m.</u>	Staff Initial	<u>Second staff initial</u>	First Summary	<u>Second summary here</u>
Date/Time	<u>Sept. 2, 2020, 10:51 p.m.</u>	Staff Initial	<u>Third staff intial</u>	First Summary	<u>Yes third</u>
Date/Time	<u>Sept. 2, 2020, 9:51 p.m.</u>	Staff Initial	<u>Fourth</u>	First Summary	<u>And fourth</u>

Staff Name:	<u>Staff Again</u>	Residential Manager Review:	<u>Festus Reviewed</u>
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