

**West Virginia Bureau of Senior Services  
LIGHTHOUSE PROGRAM  
Plan of Care**

Service Recipient Name:
Service Recipient Address:

Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Days of the Week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Hours Approved Daily:								
<b>PERSONAL CARE</b>	<b>Daily Planned Tasks</b>							
A. Grooming								
B. Bathing								
C. Dressing								
D. Toileting								
<b>MOBILITY</b>	<b>Daily Planned Tasks</b>							
A. Transferring								
B. Walking								
C. Turning/Repositioning								
<b>NUTRITIONAL SUPPORT</b>	<b>Daily Planned Tasks</b>							
A. Meal Preparation								
B. Feeding/Special Dietary Needs								
C. Grocery/Pharmacy Shopping								
<b>ENVIRONMENTAL</b>	<b>Daily Planned Tasks</b>							
A. Light Housecleaning								
B. Dishwashing								
C. Making/Changing Bed								
D. Service Recipient's Laundry								
<b>TOTAL MINUTES</b>								

NOTE: Environmental Tasks cannot exceed 1/3 of total time.

**RN Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_