West Virginia Bureau of Senior Services
LIGHTHOUSE PROGRAM
Plan of Care

Service Recipient Name:
Service Recipient Address:

Date								
Days of the Week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Hours Approved Daily:								
PERSONAL CARE	**Daily Planned Tasks**							
A. Grooming								
B. Bathing								
C. Dressing								
D. Toileting								
MOBILITY	**Daily Planned Tasks**							
A. Transferring								
B. Walking								
C. Turning/Repositioning								
NUTRITIONAL SUPPORT	**Daily Planned Tasks**							
A. Meal Preparation								
B. Feeding/Special Dietary Needs								
C. Grocery/Pharmacy Shopping								
ENVIRONMENTAL	**Daily Planned Tasks**							
A. Light Housecleaning								
B. Dishwashing								
C. Making/Changing Bed								
D. Service Recipient's Laundry								
TOTAL MINUTES	0	0	0	0	0	0	0	

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

RN Signature _____ **Date:** _____