West Virginia Bureau of Senior Services Title III-B Personal Care Plan of Care and Service Worksheet

PLAN OF CARE								
Service Recipient Name:								
Service Recipient Address:	1	1				1	r	1
Date:		_						Commonto
Day of the Week: Hours Approved Daily:	Mon	lues	Wed	Thurs	Fri	Sat	Sun	Comments
1. Grooming								
2. Bathing								
3. Dressing								
4. Toileting								
5. Transferring								
6. Walking								
7. Turning/Repositioning								
8. Meal Preparation								
9. Feeding/Special Dietary Needs								
Total Minutes:								
RN Signature:							, F	N Date:
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Date:	1	SERV		ORKE				1
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Day of the Week.	WOT	Tues	Wed	Ihurs	Fri	Sat	Sun	Comments
Beginning Time:	WON	Tues	wed	Thurs	Fri	Sat	Sun	Comments
		Tues	wed	Thurs	Fri	Sat	Sun	
Beginning Time:		Tues	wed	Thurs	Fri	Sat	Sun	
Beginning Time: Ending Time:			wed	Thurs	Fri	Sat	Sun	
Beginning Time: Ending Time: 1. Grooming			wed				Sun	
Beginning Time: Ending Time: 1. Grooming 2. Bathing			wed		Fri		Sun	
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing								
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing 4. Toileting								
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing 4. Toileting 5. Transferring								
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing 4. Toileting 5. Transferring 6. Walking								
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing 4. Toileting 5. Transferring 6. Walking 7. Turning/Repositioning 8. Meal Preparation 9. Feeding/Special Dietary Needs								
Beginning Time: Ending Time: 1. Grooming 2. Bathing 3. Dressing 4. Toileting 5. Transferring 6. Walking 7. Turning/Repositioning 8. Meal Preparation 9. Feeding/Special Dietary Needs Direct Care Worker must in	itial ea	ach ta	sk per				ot ini	tial if task not completed.
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