

ADULT FOSTER CARE OF THE NORTH SHORE

logs@adultfostercarens.com

CLIENT NAME: _____

MONTH/YEAR: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Activities of Daily Living (ADL) Use codes: 0-Independent (no help needed), 1-Set up, 2-Cueing and Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur																																			
When using code 2 or 3 (cueing and supervision and/or physical assistance) it needs to occur throughout the task																																			
Transferring																																			
Mobility (at home)																																			
Mobility (outside of home)																																			
Dressing upper body																																			
Dressing lower body																																			
Eating																																			
Bathing																																			
Toileting																																			
Incontinence Care																																			
Behavior requiring intervention:																																			
Wandering																																			
Verbally abusive																																			
Physically abusive																																			
Socially inappropriate behavior																																			
Resists care																																			
Other																																			
Other: Check all that occurred																																			
Medical leave of absence																																			
Non-medical leave of absence																																			
Respite/alternate care																																			
AFC visit																																			
Please check off if comments on back																																			
Caregiver Initials																																			
RN Signature _____ Review Date _____ CM Signature _____ Review Date _____ Level _____																																			
By signing this document I certify under pains and penalty of perjury that to the best of my knowledge the client named above is not enrolled in PCA or Group Adult Foster Care.																																			
Primary Caregiver Signature: _____																																			
Alternate Caregiver Signature (if applicable): _____																																			

CLIENT NAME: _____

MONTH/DATE: _____

Description of Activities of Daily Living (ADL)

(1) bathing: a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up;

(2a) dressing upper: on/off from waist up, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers; Includes prostheses and orthotics.

(2b) dressing lower: on/off from waist down, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers; Includes prostheses and orthotics.

(3) toileting: member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;

(4) transferring: member must be assisted or lifted to another position;

(5a) mobility: (ambulation) - member must be physically steadied, assisted, or guided during ambulation indoors or is unable to self-propel a wheelchair appropriately without the assistance of another person; and

(5b) mobility: (ambulation) - member must be physically steadied, assisted, or guided during ambulation outdoors or is unable to self-propel a wheelchair appropriately without the assistance of another person;

(6) eating: if the member requires constant supervision and cueing during the entire meal, or physical assistance with consuming a portion or all of the meal.

Description of Behavior Problems

(1) Wandering: Moving with no rational purpose seemingly oblivious to needs or safety.

(2) Verbally Abusive Behavior: Threatening, screaming or cursing at others.

(3) Physically Abusive Behavior: Hitting, shoving or scratching.

(4) Socially Inappropriate Behavior: Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing feces, rummaging, repetitive behavior or causing general disruption.

(5) Resists Care

COMMENTS- Please note any medical appointments, behavioral incidents, important events, etc:
