CARE PLAN CONFERENCE SUMMARY DATE:_____

INSTRUCTIONS: The overall goal of the care plan conference is to ensure resident wishes and desires are noted and honored and that holistic care is provided with a person-centered approach. Check all items below that were discussed during the care plan conference by indicating whether the discussion involved the resident or resident representative. Note any special requests, choices or conditions indicated by the resident/resident representative in the space provided. NOTE: Address in the Care Plan Conference Discussion: resident condition, treatment options, expected outcomes, resident concerns and offer relevant alternatives if the resident has declined treatment(s), etc. If the resident representative is included via a phone contact only, record this in the Comments section.

CARE PLAN ELEMENT	DISCUSSED WITH		COMMENTS
	Resident	Resident Representative	
Diagnosis(es)	❑	❑	
Resident Goals for Care:	❑	❑	
Plan of Care:			
Nursing	❑	❑	
Medications	❑	❑	
Dietary	❑	❑	
Activities	❑	❑	
Social Services	❑	❑	
Therapy/Restorative Program	❑	❑	
Trauma Informed Care	❑	❑	
Risks/Needs/Preferences/ Strengths	❑	❑	
Advance Directives	❑	❑	
Discharge Plan/Return to Community Referral	❑	❑	
PASARR Services ❑ N/A	❑	❑	
Special Requests/ Choices/Conditions	❑	❑	
Other:	❑	❑	

SUMMARY OF CARE PLAN CONFERENCE DISCUSSION

Were relevant care plan considerations added to the facility assessment? ❍ Yes ❍ No

ALL CARE PLAN CONFERENCE ATTENDEES MUST SIGN BELOW

Facility Staff (include signature, title and date)

Resident/Family/Resident Representative

I agree with the plan of care established: ❍ Yes ❍ No

I would like to have a copy of my care plan: ❍ Yes ❍ No

Resident Signature Date

Family/Resident Representative Signature Date

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

CARE PLAN CONFERENCE SUMMARY

DATE:_____

INSTRUCTIONS: The overall goal of the care plan conference is to ensure resident wishes and desires are noted and honored and that holistic care is provided with a person-centered approach. Check all items below that were discussed during the care plan conference by indicating whether the discussion involved the resident or resident representative. Note any special requests, choices or conditions indicated by the resident/resident representative in the space provided. NOTE: Address in the Care Plan Conference Discussion: resident condition, treatment options, expected outcomes, resident concerns and offer relevant alternatives if the resident has declined treatment(s), etc. If the resident representative is included via a phone contact only, record this in the Comments section.

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Plan of Care:			
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PASARR Services ❑ N/A	❑	❑	
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Other:	❑	❑	

SUMMARY OF CARE PLAN CONFERENCE DISCUSSION

Were relevant care plan considerations added to the facility assessment? ❍ Yes ❍ No

ALL CARE PLAN CONFERENCE ATTENDEES MUST SIGN BELOW

Facility Staff (include signature, title and date)

_____ _____

_____ _____

_____ _____

_____ _____

Resident/Family/Resident Representative

I agree with the plan of care established: ❍ Yes ❍ No

I would like to have a copy of my care plan: ❍ Yes ❍ No

_____ _____

Resident Signature Date

Family/Resident Representative Signature Date

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed