

Your initial/admissions Care Plan Meeting is scheduled for:

Day _____

Date _____

Time _____

After your admission plan of care meeting, your next meetings will be scheduled at various times. For short-term rehab stays, they will be scheduled at 30/60/90 days intervals. For long-term stays, they will be scheduled every 90 days or with any significant changes.

Your Care Plan Meeting is scheduled for:

Day _____

Date _____

Time _____

Your Care Plan Meeting is scheduled for:

Day _____

Date _____

Time _____

Your Care Plan Meeting is scheduled for:

Day _____

Date _____

Time _____

Your Care Plan Meeting is scheduled for:

Day _____

Date _____

Time _____



www.quality.allianthealth.org

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
Publication No. 12SOW-AHS-QIN-QIO-TO1-NH-TO1-PCH-4930-12/07/23



A Plan of Care, or Care Plan, is a roadmap for your successful stay at a care community. It includes specific interventions for how the staff will assist you and allows you to direct your care during your stay, whether for short-term rehab or long-term care. You and your family/care partner will be invited to meetings with team members to discuss and create your Plan of Care.

The purpose of these meetings is:

- To share your goals, preferences and priorities
- For you to ask questions. (If you do not understand something, ask)

You will be asked about:

- Services such as therapy
- Medications and any changes to them
- Personal care such as bathing, dressing and grooming

The care plan meeting may also discuss a discharge plan. The team will ask questions such as:

- **Where** will you be discharged to (skilled nursing, home, family home, assisted living, etc.)
- **Who** will assist you if you leave the community
- **What** assistance you may need
- **Equipment** (shower chair, walker, wheelchair, etc.) you may need
- **Home health care** agency preferences (if no preference, please ask for options)

MEET THE TEAM:

MDS Coordinator

Director of Nursing

Social Worker

Dietary Manager

Activity Director

Director of Rehabilitation

CNA

Physician

Reason for Stay (e.g., hip replacement, IV antibiotics, long-term care, etc.)

You can request a:

- Copy of your Care Plan
- List of current medications

Your expected stay is for:

- Short-term
- Long-term

QUESTIONS TO ASK:

What medications am I currently taking?

What therapies will I receive?

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy

How long will I receive therapy?

What services will I receive?

- Skilled Nursing Services
- Wound Care
- IV Therapy
- Other

What activities of daily living services will I receive?

- Bathing
- Eating
- Dressing
- Transfers
- Grooming
- Toileting



TOPICS FOR DISCUSSION:

Dietary restrictions (e.g., allergic to strawberries, shellfish, Kosher, gluten-free diet, etc.):

Religious/Cultural preferences:

Discharge planning as appropriate (e.g., home with son, home health care, long-term care, etc.):

Where are you going (if long-term care, what facility/unit)?

Who will assist you?

Equipment needed (e.g., shower chair, walker, wheelchair, etc.):

Home Health Care Agency preference (if no preference, ask for choices):

Social Barriers (e.g., food insecurities, lack of transportation, interpreter):
