

## CLS and Respite DAILY PROGRESS NOTE (completed daily)

Consumer Name: **Jane Smith**

Consumer ID: **12345**

Date: **6/4/2019**

Hours requested CLS: **12** hours/week

In-Home Respite: **10** hours/week

Provider Agency: **ExpertCare Management Services**

Supports Coordination: **Rebecca Johnson**

Caregiver Name: **Jennifer Doe**

### Expected Interventions / Areas from IPOS

**1) Community Living Supports (CLS)**

- a) Staff will assist Jane with her bathing routine. Staff will provide guidance and education to assist with bathing skill. Proper water temp, amount of shampoo, rinse hair. Reminders of proper body hygiene (hand washing, washing face, brushing teeth, hair care, skin care)
- b) Staff will give Jane no more than 2 choices at a time for community activities (park, library, favorite restaurant, local bookstore)
- c) Staff will assist and remind Jane of her safety skills to prevent falls in the home or community. (Arm-over-arm, cane, walker, proper shoes, safe steps) Staff will always aid when walking.
- d) Staff will encourage and remind Jane proper social/ relationship skills while at home & in community. This will include stranger danger, safe places, emergency plans, proper social boundaries. Staff will provide reassurance to Jane when needed.
- e) Staff will assist and monitor Jane's food prep. (This includes B/L/D choices, food/ kitchen safety, food prep, cooking safety, food storage)

**2) Respite – Follow safeguards in the home and community giving a break for the main guardian.**

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
4PM	5:30 PM	Verbal reminders w/bathing. Reminder of water temp and small amount of shampoo. Reminded 2 times to use toothpaste when brushing. Guided & assisted Jane while in the shower to sit on shower chair for safety.	CLS A, C	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Jane likes to complete her bathing skills. She had proper water temp and time in shower. Needed assistance to open shampoo. Jane didn't like new toothpaste flavor. Jane sat during shower.	JD
5:30 PM	6:30 PM	Jane chose a walk in the park. Chose to walk w/o her cane or walker.	CLS B, C	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Jane didn't want her walker. Reminder 3 times to hold my arm and to walk slow to the bench. Jane became frustrated and impatient while walking. She didn't like holding my arm. She made it w/o any stumbles or falls.	JD

Start Time	Stop Time	Task Completed / Intervention	Objective Area from IPOS	Progress	Comments	Initials
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6:30 PM	8:30 PM	Reminded Jane to ask before sitting next to someone, having proper boundaries, space while talking and tone when speaking.	CLS D	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Jane recognized people she knew and waived or said hi. Reminded Jane not to yell at others when saying hi. Use a low quiet tone.	JD
8:30 PM	10:45 PM	Gave Jane a choice to watch TV or a movie. She chose a movie. She wanted a funny movie. Jane wanted a snack during the movie. We made popcorn.	Respite	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved	Reminded Jane the popcorn was hot and needed to wait to eat.	JD
10:45 PM	11:30 PM	Jane need help putting on pajamas. Reminder Jane to brush teeth. Assisted with toothpaste.	Respite	<input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Same <input type="checkbox"/> Improved		JD

**Parent / Guardian Signature**

Linda Smith

Parent / Guardian Signature

Date: June 04, 2019

**Caregiver Signature**

Jennifer Doe JD

Staff Signature & Initials

Jennifer Doe

Print Name