Changing the Culture of Care Planning

Medical Model
- Staff know you by diagnosis
- Staff write care plan based on what they think is best for your diagnosis
- Interventions are based on standards of practice per diagnosis

Community Model
- Staff have personal relationship with resident and family
- Resident, family, and staff develop care plan that reflects what resident desires for him/herself
- Unique interventions which meet the needs of that resident
Changing the Culture of Care Planning

Medical Model
- Care plan written in the third person
- Care plan attempts to fit resident into facility routine
- Nursing assistants not part of interdisciplinary team
- Care plan scheduled at facility convenience

Community Model
- Care plan written in first person “I” format
- Care plan identifies resident’s lifelong routine and how to continue it in the nursing home
- Nursing assistants very and present at each care plan conference
- Care conference scheduled at resident and family convenience
• Joe is an 88 year old man with dementia. He has a short attention span. He is very pleasant most of the time. Joe likes to walk around the facility a considerable amount of his waking hours. He is unable to distinguish between areas he is welcomed to enter and those where he is not welcomed.
Sample Care Plan

- His ambulation skills are excellent; no assistance is required. Some residents are disturbed by him because he may enter their rooms against their wishes. He prefers to be with staff at all times as he does not tolerate being alone. He and his wife raised 11 children. Joe owned a hardware store and was a respected businessman in town.
Traditional Care Plan

- **Problem**
  - Wanders due to dementia

- **Goal**
  - Resident will not wander into their rooms
Traditional Care Plan

Interventions

• Redirect resident to appropriate areas of the family
• Praise for cooperation
• Teach resident not to enter rooms with sashes across door
• Encourage resident to sit in lounge and other common areas
Resident Directed Care Plan

• Needs
  – I need to walk

• Goal
  – I will continue to walk freely throughout my home
• After I eat breakfast and get dressed, I want to walk with staff. I will accompany you anywhere. I like to help while we are together. I can fold linen and put things away with you. I do not like to nap. If weather permits, please walk outside with me. I like to keep walking in the evening until I go to bed. I sit when I am tired, so don’t fuss over asking me to sit.
Traditional Care Plan

• Problem
  – Non compliant with 1800 cal ADA diet

• Goal
  – Resident will eat only foods approved in ordered diet
Interventions

• Educate resident regarding diabetes, her diet, and impact to her health if non-compliant
• Notify nurse of foods hidden in room
• Monitor for s/s hypo and hyper glycemia
• Check blood sugar 6am and 8pm
• Administer insulin as ordered
Resident Directed Care Plan

- **Needs**
  - I have diabetes and take insulin. I am aware of recommended dietary restrictions and I choose to exercise my right to eat what I enjoy.

- **Goal**
  - I will enjoy moderate foods of my choice.
Standard Care Plan

- **Problem:** Alteration in thought process
- **Goal:** Resident will be oriented to person, place, time and situation at all times
- **Goal date:** 11/16/03

- **Approaches:**
  - Provide orientation with routine care
  - Invite to R.O. activities, i.e., current events group and resident council
  - Place facility calendar in room
• Problem: Cognition
• Goal: Frank will use the activity calendar to remind himself of daily activities.
• Goal date: 11/16/03

• Approaches:
  – Place weekly calendar in Frank’s room on the small bulletin board
  – Assist Frank to choose activities he is interested in for the day before he goes to breakfast
  – Remind Frank throughout the day of the group activities coming up.
Narrative Care Planning

- Person-Centered Care Planning
Care Planning List

Special Considerations/Strengths
- Social history
- Memory enhancement & communication
- Mental wellness
- Mobility enhancement
- Safety
- Visual function
Care Planning List

Special Considerations/Strengths

• Dental care
• Bladder management
• Skin care
• Nutrition
• Fluid maintenance
• Pain management/comfort
• Activities
• Discharge plan
Resident Care Plan

• Social History:
  – I am Frankfort Fox. My friends call me “Frank”. I was born in Fargo, North Dakota way back in 1910. My parents were farmers. They raised my six older brothers and worked very hard. My parents valued a good education. All of us boys graduated from Washington High School in Fargo. Shortly after graduation, I hopped a train to Colorado. I got off in a town called Marble, way up in the Rockies…
• My memory is pretty good. I had a stroke about a year ago which affected my ability to remember things which happen day to day. I love to attend groups and am a very social guy. I appreciate it if you show me the weekly calendar in my room near the sink every morning. Review with me what is going on for that day.
Memory Enhancement

• I will tell you what I am interested in. You can remind me during the day when an activity I enjoy is going to occur.

• Goal: I want to work with you daily to learn my calendar so that I will be able to be independent in getting to the group activities which I enjoy.
• Back in 1935, I fell while taking a climb up a mountain. I cracked a vertebrae in my upper spine. Later I developed Arthritis in this area. My pain worsens as the day wears on. Please remember that I start getting irritable it is because my back hurts. Ask me about it. Let the nurse know I am having trouble.
Comfort

• I take regular medication for pain. Sometimes I need extra boost of medication. I also benefit from stretching so I like to attend the morning exercise group. The massage therapist seems me every Friday for an hour. Massage makes all the difference.

• Goal: To be free from breakthrough pain in my back
• Ever since my stroke, my appetite just hasn’t been the same. I have been losing weight since July. It helps to have my special adaptive silverware at the table when I eat. I eat better when I sit with Joy. Make sure we have our special table set up so we can eat together at every meal.
• I have always been a snacker since my hiking days. I especially enjoy Almond Joy’s, chocolate milkshakes and burgers from McDonald’s which my daughter brings in for me. Offer me a snack between meals and before bed. Also invite me to join in the cooking group. “Food always tastes better when you make it yourself”.
Nutrition

• Goal: I want to keep my current weight and maybe even gain five pounds.
Questions

• If an elder is declining, have we asked the question, why did this happen?
• Are we assessing outcomes?
• Are we assessing why elders don’t improve?
• Are we assessing why elders are not reaching their highest practicable physical, mental, and psychosocial well-being?
• Are we truly assessing the elder’s functional status in a holistic manner and making a difference for that person?
Music can lift you up. It can bring tears to your eyes. It can help you relax or make you get up and dance. You probably hear it several times a day—on the radio or TV, in the supermarket, at the gym or hummed by a passerby. Music’s been with us since ancient times, and it’s part of every known culture. Music strikes a chord with all of us.

“There’s something about music and engaging in musical activities that appears to be very stimulating for the brain and body,” says neuroscientist Dr. Petr Janata of the University of California, Davis. Singing favorite songs with family and friends, playing in a band or dancing to music can also help you bond with others. “It’s a way of synchronizing groups of people and engaging in a common activity that everyone can do at the same time,” Janata adds.

NIH-funded scientists are exploring the different ways music can influence our bodies and minds. Their research may also shed light on creative processes. Ultimately, scientists hope to harness the power of music to develop new treatments for people with stroke, autism and many other conditions.

Several well-controlled studies have found that listening to music can alleviate pain or reduce the need for pain medications. Other research suggests that music can benefit heart disease patients by reducing their blood pressure, heart rate and anxiety. Music therapy has also been shown to lift the spirits of patients with depression. Making music yourself—either playing instruments or singing—can have therapeutic effects as well.

Scientists have long known that when music and other sounds enter the ear, they’re converted to electrical signals. The signals travel up the auditory nerve to the brain’s auditory cortex, which processes sound. From there, the brain’s responses to music become much more complex. Over the past decade, new brain imaging techniques have shown that music activates many unexpected brain regions. It can turn on areas involved in emotion and memory. It can also activate the brain’s motor regions, which prepare for and coordinate physical movement.

One brain area that’s drawn interest in recent years is the medial prefrontal cortex, located just behind the eyes. In a recent study, Janata showed that this region seems to be a central hub linking music, memories and emotion. He used an imaging technique called fMRI to look at the brains of young adults while they listened to snippets of songs from their childhoods. When they heard familiar songs, the medial prefrontal cortex lit up. Activation was strongest when the song evoked a specific memory or emotion.

“It turns out that the medial prefrontal cortex is also one of the last brain regions to deteriorate in Alzheimer’s disease,” Janata says. This may help explain why many Alzheimer’s patients can remember and sing along to tunes from their youth when other memories are lost. Janata hopes to conduct studies of older adults—including some with mild thinking impairments—to see how the brain processes nostalgic songs.

The medial prefrontal cortex also seems to play a role in the creative expression of music. Dr. Allen Braun, a scientist at NIH’s National Institute on Deafness and Other Communication Disorders (NIDCD), and Dr. Charles Limb of Johns Hopkins University...
continued from page 1

They have trouble hearing the differences between musical tones. They can’t carry a tune.

“The most severely affected people can’t even recognize it as music. To them it just sounds like traffic noise,” says geneticist Dr. Dennis Drayna of NIDCD. Nearly 10 years ago, he and his colleagues studied twins and showed that both tune deafness and perfect pitch are inherited.

“People with tune deafness can pass a standard hearing test with flying colors, but something we don’t yet understand is drastically wrong with their auditory system,” he says.

A new clue came from a recent brain imaging study by Drayna and Braun. When a familiar tune hit a sour note, brain scans unexpectedly showed that tune deaf people registered the mistake, similar to people with normal hearing. However, the tune deaf people somehow didn’t realize they’d heard a mistake. Their brains failed to produce a second signal that occurs when the brain doesn’t hear what it expects.

“Somehow, the melodic structure of the music is processed unconsciously by these people, but they can’t consciously recognize the errors,” says Braun. Some researchers suspect that the brain processing errors that lead to tune deafness may also be at play in some learning and developmental disorders.

Several studies of musicians show that their brains are different from the rest of us. Over a decade ago, neuroscientist Dr. Gottfried Schlaug of Harvard Medical School found that professional musicians have an unusually thick bundle of nerves connecting the left and right sides of the brain. More recently, he’s been watching the brain development of children since about age 6, when they first began learning an instrument.

Just 15 months into training, and also at 30 months, young musicians had more complex connections between different brain regions and more elaborate auditory and motor systems than kids who didn’t play an instrument. “We found that kids who practiced the longest and with intensity had the most profound effects. Those who practiced the least did not show much of a difference compared to non-musicians,” Schlaug says.

“When you make music, it engages many different areas of the brain, including visual, auditory and motor areas,” says Schlaug. “That’s why music-making is also of potential interest in treating neurologic disorders.”

Schlaug’s been exploring how music making may help adults regain their ability to speak after a stroke. When stroke damages the speaking area of the brain, some people can still sing words but not speak them. With an experimental technique called music intonation therapy, patients learn to sing and mimic the rhythms of simple songs. Gradually, different regions of the brain may take over some speaking functions.

“Although this therapy has been around for about 30 years, no one fully understands how it works,” Schlaug says. With NIH funding, he’s now conducting a clinical trial to study the effectiveness of this therapy. Results are expected in about 3 years.

Scientists continue to explore the relationship between music and health. While they search, try turning on the radio or grabbing your guitar. Enjoy whatever music brings your way.
Understanding Acne

How to Banish Breakouts

There are many myths about what causes acne. Some people blame foods for their outbreaks. Some think that dirty skin causes it. But there’s little evidence that either has much effect on most people’s acne.

People of all races and ages get acne. About 4 of every 5 people between the ages of 11 and 30 have outbreaks at some point. It’s most common in adolescents and young adults. Although acne is usually not a serious health threat, it can be upsetting, and severe acne can lead to permanent scarring. Fortunately, for most people, acne tends to go away by the time they reach their 30s.

Acne begins in the skin’s oil glands. The oils travel up a canal called a follicle, which also contains a hair. The oils empty onto the skin surface through the follicle’s opening, or pore. The hair, oil and cells that line the narrow follicle can form a plug and block the pore, preventing oil from reaching the skin’s surface. This mix of oil and cells allows bacteria that normally live on the skin to grow in plugged follicles. Your body’s defense system then moves to attack the bacteria and the area gets inflamed.

If the plugged follicle stays beneath the skin, you get a white bump called a whitehead. If it reaches the surface of the skin and opens up, you get a blackhead. It’s not because of dirt; the oil becomes black on the skin’s surface when it’s exposed to air. Both whiteheads and blackheads may stay in the skin for a long time. Eventually, the wall of the plugged follicle can break down, leading to pimples, or zits.

One important factor in acne is an increase in certain hormones during puberty. These hormones cause the oil glands to enlarge and make more oil. Hormone changes related to pregnancy or starting or stopping birth control pills can also cause acne.

Studies suggest that you can inherit a tendency to develop acne from your parents, so genes likely play some role. Stress doesn’t cause acne, but research has found that for people who have acne, stress can make it worse.

Certain drugs are also known to cause acne. Greasy cosmetics, for example, can alter the cells of the follicles and make them stick together, producing a plug. If you have acne, try oil-free cosmetics. Choose products labeled noncomedogenic (meaning they don’t promote the formation of closed pores).

If you have acne, don’t rub or touch your pimples. Squeezing, pinching or picking at them can lead to scars or dark blotches. Gently wash your face with a mild cleanser twice a day—and after heavy exercise. Don’t use strong soaps or rough scrub pads; they may make the problem worse.

It’s also important to shampoo your hair regularly. If you have oily hair, you may want to wash it every day.

Several over-the-counter medicines can treat mild acne. It may take up to 8 weeks before you notice an improvement. For more severe acne, talk to your doctor about the options.

Researchers continue to work on developing new drugs to treat acne. They’re also trying to better understand the causes of acne so they can explore new remedies. In the meantime, there are several available treatments that may help.

Definitions

Bacteria
A type of microbe.

Hormones
Molecules sent through the bloodstream to signal another part of the body to grow or react in a certain way.

Wise Choices

Acne Flare-ups

The exact cause of acne is unknown, but certain factors can cause it to flare. They include:

- Changing hormone levels in adolescent girls—and adult women 2 to 7 days before their menstrual period starts
- Oil from skin products (moisturizers or cosmetics) or grease in the work environment (for example, a kitchen with fry vats)
- Pressure from sports helmets or equipment, backpacks, tight collars or tight sports uniforms
- Skin irritants, such as pollution and high humidity
- Squeezing or picking at blemishes
- Hard scrubbing of the skin
- Stress

For links to more information about acne, see this story online:
Restricting Sugary Food May Backfire

Do you try to lose weight by putting certain foods off-limits? Depriving yourself of the foods you love, new research in rats suggests, might drive you to eat more of those foods later.

NIH-funded researchers recently found that rats given occasional access to sugary food ate less of their normal food even when sweet food wasn’t available. When the sweet food became available again, they overate it. In other words, the rats were holding out for the good stuff.

The researchers suspect the brain’s stress system might be behind this behavior. Withdrawal problems for drugs of abuse are driven by the brain’s fear, anxiety and stress response. Could something similar happen when you deprive yourself of certain foods?

The scientists tested a drug that blocks the action of CRF, a molecule involved in the brain’s response to stress. CRF has been tied to withdrawal for every major drug of abuse.

The team divided rats into 2 groups. One received cycles of 5 days of regular chow and 2 days of sweet chow. The other was given only regular food. All the rats could eat as much as they wanted. After 7 weeks, the rats were given the CRF-blocker. The blocker blunted the rats’ binging. The diet-cycled rats ate more regular chow and then, when it was available, less of the sweet. The drug also blocked the rats’ anxious behavior when the sweet food was withdrawn. It had no effect on the rats eating only normal chow.

When eating regular chow, the diet-cycled rats had much higher CRF levels in a brain region involved in fear, anxiety and stress. CRF levels were normal, however, when they were fed the sweet food.

Human eating behavior is more complicated than rats, of course. But these findings suggest that cutting out certain foods may cause you to feel stressed until you eat those foods again. Research shows that the best way to lose weight is to change your lifestyle to eat healthier and get more physical activity.

Mental Disorders in Youth

About half of American children and teenagers who have certain mental disorders don’t receive professional services, according to a new study.

Researchers interviewed over 3,000 children and adolescents, ages 8 to 15. Parents or caregivers also provided information about the children’s mental health and what treatment, if any, they were receiving. The researchers tracked 6 mental disorders—generalized anxiety disorder, panic disorder, eating disorders (anorexia and bulimia), depression, attention deficit hyperactivity disorder (ADHD) and conduct disorder.

Overall, 13% of the youth had signs of at least 1 of the 6 mental disorders within the last year. About 1.8% had more than one disorder, usually a combination of ADHD and conduct disorder. ADHD was the most common (8.6%), with depression second most common (3.7%).

Overall, 55% of those with a disorder had consulted with a mental health professional. African-Americans and Mexican-Americans were significantly less likely to seek treatment than whites, however. The researchers say this highlights the need to identify and remove barriers to treatment for minority youth.

“The data will provide a valuable basis for making decisions about health care for American youth,” says lead author Dr. Kathleen Merikangas of NIH.
Definition of an Elder

Barry Barkin

An elder is a person who is still growing, still a learner, still with potential and whose life continues to have within it promise for, and connection to the future.

An elder is still in pursuit of happiness, joy and pleasure, and her or his birthright to these remains intact.

Moreover, an elder is a person who deserves respect and honor and whose work it is to synthesize wisdom from long life experience and formulate these into a legacy for future generations.
Resident Care Guide

Review Date: Next review date:
Name: Room #:
Address me as: DOB:
Allergies: Code Status:
Long Range Goal:

Social History:

Nursing Concerns:
My goal is:

Communication / Memory:
Vision:
Hearing/Communication:
Memory:
My goal(s):

Psychosocial:
Mood/Behaviors:
My goal is:

“Resident Name” – Resident Care Guide

Mobility:
Ambulating:
Transfers:
Positioning:
Assistive Devices:
My goal(s):

**Therapy Services:**

My goal is:

**Personal Care:**

Oral:
AM & PM Care:
Dressing:
Toileting:
Bathing:
My goal is

**Skin:**

My goal is

**Safety Notes/Falls:**

My goal is:

**Nutrition:**

Diet:
My goal is
My current weight is

**Habits:**

“Resident Name” – Resident Care Guide

Nourish:
Hydration:

**Activities:**

Please bring me to activities of interest/past interest as my cares/schedule allows:
My goal is:

**Preferences & Habits:**

**Pastoral Care:**

**Discharge Plan:**
Clark-Lindsey Village
Resident Care Guide

Review Date:  
Next review date:

Name:  
Room #:

Address me as:  
DOB:

Allergies:  
Code Status:  DNR

Long Range Goal: To live the remainder of my life with dignity, to my fullest potential, in a safe and comfortable environment.

Social History:
I was born on September 30, 1930 in Waldo Township. I grew up in Gridley and moved to Roanoke when I was married. My husband, John and I have five children. I was a homemaker and a secretary. I enjoyed sewing.

Nursing Concerns:
I have schizoaffective disorder and Parkinson's disease that severely affect my ability to care for myself. Observe me for indications of distress or discomfort and intervene as needed.

My goal is:

Communication / Memory:
Vision: My vision appears adequate with glasses, however, I no longer read because I am unable to concentrate and remember what I am reading. I will not answer questions regarding my vision because I feel that you are trying to hypnotize me.
Hearing/Communication: My hearing is adequate, however, when communicating, I become very anxious and may be slow to respond. Often I will not respond verbally. Allow plenty of time for me to process what you have said to see if I will respond.
Memory: I have an altered perception of the way things are. I also state that I have trouble remembering things and that my concentration is poor. Assist me as needed if I need reassurance.
My goal(s):

Psychosocial:
Mood/Behaviors: I have a history of being unnecessarily suspicious of my family and staff. I have had this difficulty for many years and take medication to assist me and also see a psychiatrist routinely. I have Schizoaffective disorder. This causes me to have delusional thoughts which cause me to become fearful. Staff should approach me slowly and gently. I respond better if staff takes a slow, loving, reassuring approach in helping me with my cares.
My goal is:
“Resident Name” – Resident Care Guide

Mobility:
Ambulating: I am unable to ambulate and use a wheelchair for all mobility.
Transfers: I need the assist of 2 to transfer. Be aware that I may not put any weight on my feet at times.
Positioning: Assist me to reposition every two hours and as needed.
Assistive Devices: wheelchair
My goal(s):

Therapy Services:
Please perform range of motion to all my extremities twice a day, 7 days a week, to maintain range of motion and promote comfort. It is harder to do range of motion on my left wrist than in the past. My wrist may jerk while performing range.
My goal is:

Personal Care:
Oral: Brush my teeth twice daily.
AM & PM Care: I am dependent on you for my partial baths.
Dressing: Encourage me to pick out my own clothing if my condition allows. I need extensive assist to dress. I may lift my arms into sleeves and may try to lift my right leg.
Toileting: Take me to the toilet if my condition allows. Do not leave me, as I will fall. I wear full Attends incontinent briefs. Check and change them every two hours and as needed. Observe my skin with care and report any signs of breakdown. Report to nurse any complaints of constipation.
Bathing: I take a tub bath as scheduled. My hair is done weekly in the beauty shop.
My goal is to be well groomed and odor free.

Skin:
My skin is intact at this time. Encourage me to lie on my side to prevent pressure areas from developing on my coccyx. I wear a brace on my left hand/wrist that is to be worn at night. Observe my hand/wrist for increased swelling and poor circulation and remove the brace if needed.
My goal is for my skin to remain without complication over the next 3 months.

Safety Notes/Falls:
I take medications that may cause side effects such as dizziness, etc. Observe my sitting position and intervene as needed to keep me safe. Use a TABS monitor to alert staff of attempts to transfer myself or of unsafe position.
My goal is:

Nutrition:
Diet: I receive a regular, mechanical soft diet with 4 oz. house supplement at 3 p.m. with super cereal in the a.m. I also receive 4 oz. of extra juice with meals.
My goal is to gain 1-2# per month in the next 3 months.
My current weight is
Habits: I may c/o trouble swallowing (I exhibit no symptoms). Please encourage me to eat what I can.
My husband feeds me as I will allow. I will sit in a wheelchair at meals. My husband is here often at meal time to assist me in any way he can.
“Resident Name” – Resident Care Guide

Nourish: I am consuming 50% or less of my meals.
Hydration: Encourage and offer me drinks between meals.

Activities:
I can be very withdrawn, fearful and anxious. I receive social and sensory stimulation during the "Come Sit By Me" group. Please bring me to the group at 11:45 a.m. M-F. Staff will use different types of stimuli per the group protocol.
Please bring me to activities of interest/past interest as my cares/schedule allows: sip and chat, "dining room melodies," special dinners/parties and family night (with my husband/daughter(s)). My husband visits daily (we often sit in the lobby during our visits), other family members visit at least weekly.
My goal is:

Preferences & Habits:

Pastoral Care:
I am a member of the Roanoke Apostolic Christian Church.

Discharge Plan:
There are no plans for discharge at this time.
**Tell Us About…**

(Name of community) believes that the care and services provided to the residents living in this community must reflect the preferences, culture and daily routines of the each individual prior to their move into their new home. By answering the following questions, we will begin the process of knowing you (or your ________________) as a unique individual. Our goal is to create home for each resident. Please provide the information that you believe will introduce yourself (or your ________________) to the team in _______________ household.

<table>
<thead>
<tr>
<th>Name at Birth:</th>
<th>Current Name:</th>
<th>Preferred Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date: / /</td>
<td>Place of Birth:</td>
<td></td>
</tr>
</tbody>
</table>

*Tell us about your childhood*

(Parents – vocations, brothers/sisters, extended family, spiritual life, interests, schooling)
Tell us about your life as an adult
(Education, work experiences, courtship/marriage, children, places lived, community activities, military history, interest in art/music/hobbies, accomplishments, travel experiences, most important life events)
Tell us about your usual day.

### Morning Routine

<table>
<thead>
<tr>
<th>Usual time to arise:</th>
<th>Dress BEFORE or AFTER breakfast</th>
<th>Usual time to eat breakfast:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Read newspaper – What papers:</td>
<td>Preferred beverages:</td>
<td>Breakfast likes:</td>
</tr>
<tr>
<td>☐ Watch TV – What Programs:</td>
<td>Breakfast dislikes:</td>
<td>Favorite breakfast:</td>
</tr>
<tr>
<td>☐ Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Noon to Evening Routine

<table>
<thead>
<tr>
<th>Time:</th>
<th>Snacks</th>
<th>Food/Beverage Preferences</th>
<th>Favorite Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lunch:</td>
<td>Evening:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preferred Activities</td>
<td>Other Information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Naps</th>
<th>AM</th>
<th>Recliner</th>
<th>PM</th>
<th>Bed</th>
<th>Other:</th>
</tr>
</thead>
</table>

### Bedtime Routines

<table>
<thead>
<tr>
<th>Usual Bedtime:</th>
<th>Bedtime Rituals to prepare for sleep:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light On</td>
<td>Preferred snack before going to bed:</td>
</tr>
<tr>
<td>Door Open</td>
<td>Preferred Clothing:</td>
</tr>
<tr>
<td>Door Closed – easily disturbed</td>
<td></td>
</tr>
<tr>
<td>Awakens during the night</td>
<td></td>
</tr>
<tr>
<td>Up at night to the bathroom</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Clothing:</th>
<th>What helps you (your ________) sleep?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What disturbs sleep?</td>
</tr>
</tbody>
</table>

### Bathing Routine
<table>
<thead>
<tr>
<th>□ Shower</th>
<th>□ Before Breakfast</th>
<th>How Often or What Days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Spa</td>
<td>□ After Breakfast</td>
<td></td>
</tr>
<tr>
<td>□ Towel Bath</td>
<td>□ Before Bedtime</td>
<td></td>
</tr>
<tr>
<td>□ Other: _________</td>
<td>□ Other: ___________</td>
<td></td>
</tr>
</tbody>
</table>

What helps makes the bathing experience pleasant?

What are your expectations of life while living in this community?

If there are pictures which you or your family are willing to share with the household team that illustrate important events and pleasures in your life, please provide them and we will copy and return them. This booklet of information will be used to introduce you (your ____________) to the members of the household and to other members of the community. Please share with us any information you believe will help us know you (your ____________) as a unique individual.