



## ROYAL PALM ADULT DAY CARE CENTER

### PARTICIPANT CARE PLAN & EVALUATION

#### Participant Information

Participant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Start of Care (SOC) Date: \_\_\_\_\_

#### Care Plan Overview

This individualized care plan is developed using a **person-centered approach** and is based on the participant's assessed needs, preferences, and goals. The participant and/or legal representative has been offered the opportunity to participate in the development of this care plan.

#### Identified Needs / Limitations

(Select all that apply and provide details as needed)

- Mobility limitations
- Assistance with Activities of Daily Living (ADLs)
- Cognitive impairment
- Communication needs
- Behavioral or safety concerns
- Dietary needs
- Other: \_\_\_\_\_

Details:

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**Goals (Person-Centered & Measurable)**

Goal #1: \_\_\_\_\_

Intervention / Services: \_\_\_\_\_

Goal #2:

\_\_\_\_\_

Intervention / Services: \_\_\_\_\_

\_\_\_\_\_

**Services to Be Provided**

(Select all that apply)

- Socialization activities
- Therapeutic and recreational activities
- Supervision and monitoring
- Assistance with self-care as allowed
- Meals and snacks (as applicable)
- Transportation coordination (if applicable)

\_\_\_\_\_

**Safety Considerations / Precautions**

\_\_\_\_\_

\_\_\_\_\_

**Evaluation / Progress Summary**

Initial Evaluation Date: \_\_\_\_\_

Summary of participant's current status and response to services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Care Plan Review**

This care plan will be reviewed at least quarterly and updated as needed based on changes in the participant's condition, preferences, or services.

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**Acknowledgment & Signatures**

I acknowledge that I participated in, or was offered the opportunity to participate in, the development of this care plan and that it has been explained to me.

Participant / Legal Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Facility Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_