Care Conference Health Care Assistant Report

Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of Care Conference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **HCA Name**  Day Shift |  | **Signature** |  |
| **SUMMARY:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HCA Name**  Evening Shift |  | **Signature** |  |
| **SUMMARY:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HCA Name**  Night Shift |  | **Signature** |  |
| **SUMMARY:** | | | |

If no concerns, please write no concerns in appropriate box.

**This is a double-sided form, please read both sides. See next page.**

**Tips: Preparing for the Care Conference**

Please be specific and objective.

1. Write any **decline** you have observed in resident’s health and function. For example:

* The resident needs more assistance with activities of daily living
* The resident needs a mechanical lift for all transfers
* The resident needs more assistance with meals and snacks
* The resident is incontinent of urine more often. Please note frequency brief is changed

1. Write any **improvements** that you have observed for the resident, and for how long.   
   For example:

* The resident’s skin condition on feet has improved – less dry and cracked with regular lotion
* The resident is eating better at times with some supervision from staff; sleeping better in the last 3 weeks
* The resident’s behavior has improved – less hitting during care provision since Oct 2/18

1. Write anything that has **impacted** the resident. For example:

* Son died 2 months ago and resident seems depressed by tearfulness, reduced socialization, sleeping more
* Resident had a urinary tract infection last week – is now less incontinent but still lethargic

1. Please also note any clothing or personal supply needs

THANK YOU FOR YOUR INPUT!