

Resident Name: _____ Date: _____

| Sample Id Care Plan For Breakfast Club (Lunch or Dinner Club) | | | | |
|---|--|----------------------------------|---|-----------------|
| Problem/Strength | Date/Goal | Approach | Discipline | Outcomes |
| Strength: Resident is able to complete simple tasks in preparing a meal with 1:1 cuing. | Resident will continue to take part in preparing a meal at Breakfast (Lunch or Supper) Club 1x week for the next 4 wks. | Breakfast (Lunch or Supper) Club | Act./Rec. Nursing Speech Therapist | |
| Strength: Resident is able to communicate with peers during small group activities, when he feels comfortable and accepted, and when he is given time to respond. | Resident will continue responding to peers during the (Lunch or Supper) Club group 1x wk. for the next 4 wks | | | |
| Resident expresses the feeling that he: "can't do anything anymore", or says "I've got nothing upstairs", because he can't remember. | Resident will participate and express his feelings of accomplishment, in his own words, to Lunch Club facilitator after helping to prepare a meal with cueing during the Lunch Club 1x wk. for next 4 wks. (Facilitator will record on Lunch Club evaluation). | | | |
| Resident avoids verbal interactions with others because of difficulty remembering words. | Resident will interact verbally with at least one other 1x wk. at the Breakfast (Lunch or Supper) Club for the next 4 wks. | | | |