



**SECTION III – DOCUMENT RESIDENT’S RESPONSE AND PROGRESS TOWARD GOALS(S):**

**Week 1 – Response**

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Week 2 – Response**

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Week 3 – Response**

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Week 4 – Response**

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Week 5 – Response**

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

**SECTION IV – MONTHLY REVIEW**

A. Is the Plan of Care appropriate? \_\_\_\_\_  Yes  No

B. Are changes to the Restorative Program recommended? \_\_\_\_\_  Yes  No

Are changes recommended to the Goals? \_\_\_\_\_  Yes  No

Are changes recommended to the Approaches? \_\_\_\_\_  Yes  No

**If YES to any items in B, update next month’s SECTION I–PLAN OF CARE with the changes.**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Continue Program? \_\_\_\_\_  Yes  No      D. Discharge to basic nursing? \_\_\_\_\_  Yes  No

\_\_\_\_\_ Signature–Licensed Staff \_\_\_\_\_ Date