

Quality of Life Care Plan - Voice Activated System

Data Field	Example 1	Example 2
Select Resident	Mrs. Miller	Mrs. Smith
Appointment Type	other	other
Appointment Time	1:30 PM	6:30PM
Repeats	Weekly (M, W, F)	Weekly (M, W, F)
Ends	12/31/2009	12/31/2009
Location	in facility	in facility
Duration	15 minutes	15 minutes
Preparation	0 minutes	0 minutes
Special Instructions	1. Ask resident if she would like the height of her bed adjusted 2. Ask resident if she would like her pillows adjusted for comfort	1. Stop in to see resident in her room and engage her in a short conversation 2. Focus on positive events/activities during the day 3. Ask resident if she needs anything picked up off of her floor that may have dropped