Resident Care Plan and Personhood Tool, Staff Sign off Sheet

Please initial once you have reviewed the below forms.

Residents Name: _____

Transition Lead: _____

Date of Transition: _____

LTC Home: _____

Forms	Day Staff	Date	Evening Staff	Date	Night Staff	Date
My Transitional Care Plan during the Covid-19 Pandemic **Guidelines to Care**	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials____ Initials____ Initials____ Initials____ Initials____	_____ _____ _____ _____ _____
Personhood Tool **All About Me** **Know Me See Me** **Other:**	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials____ Initials____ Initials____ Initials____ Initials____	_____ _____ _____ _____ _____
Behavioural Support Plan	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials____ Initials____ Initials____ Initials____ Initials____	_____ _____ _____ _____ _____
Isolation Care Plan Strategy	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials____ Initials____ Initials____ Initials____ Initials____	_____ _____ _____ _____ _____
P.I.E.C.E.S Functional Assessment	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____	Initials_____ Initials_____ Initials_____ Initials_____ Initials_____	_____ _____ _____ _____ _____