

# OPERATION COMPASSION SOUTH AFRICA

NPO 006-641

PBO 930013518

RESIDENTIAL FACILITY:

EBENHAESER OLD AGE HOME

LOFDAL TUIS VIR BEJAARDES / AVONDSRUS

INDIVIDUAL DEVELOPMENT PLAN/CARE PLAN

## 1. INFORMATION AND DATA GATHERING

### BACKGROUND INFORMATION OF RESIDENT

NAME.....

AGE..... DATE OF BIRTH..... GENDER: MALE/FEMALE

ADDRESS.....

TELEPHONE /CELL NUMBER.....

MUNICIPALITY.....

RELIGION.....

NAME OF NEXT OF KIN.....

TELEPHONE/CELL NUMBER.....

ADDRESS.....

NAME OF ALTERNATIVE FAMILY MEMBER.....

TELEPHONE/CELL NUMBER.....

ADDRESS.....

NAME OF PRIMARY CAREGIVER (relative or paid caregiver).....

MEDICAL DIAGNOSIS.....

REASON FOR ADMISSION (according to resident/family/caregiver).....



2. DEVELOPMENTAL ASSESSMENT	RESPONSIBLE PERSONS	TIME FRAME
(A) BELONGING(needs)		
Isolated/Lonely		
Distrusting		
Craves affection		
Craves acceptance		
(B) MASTERY(needs)		
Avoid risks		
Fear challenges		
Un motivated		
Adaptability after admission		
(C) INDEPENDENCE(needs)	RESPONSIBLE PERSON	TIME FRAME
Un disciplined		
Submissive		
Lacks confidence		
Easily influenced		
(D) GENOROSITY(needs)		
Over involved		
Over submissive		
Selfish		
3. PSHYCOLOGICAL ASPECTS (MENTAL FUNCTIONING)		
Psychological assessment		
Dementia		
4. FAMILY INVOLVEMENT / REUNIFICATION AND OTHER SOCIAL ASPECTS		
Support by family		
Participation in decision making		
Volunteerism		
Participation in activities		
Participation in treatment		
5. MEDICAL ASPECTS (INCLUDING SPECIALISED		

TREATMENT)		
Rehabilitation e.g. stroke patients		
Reality therapy e.g. dementia		
Physiotherapy		
Occupational therapy		
Diabetic treatment		
Other		
Refer to specific care plan (nursing)		
6. DEVELOPMENTAL GROUPS		
Active Ageing (sport /physical exercises, art, sewing, knitting)		
Recreation (library, music, outings,)		
Religious (attendance of church service internal and external)		
Information sessions		
Substance abuse		
Socialisation		
Orientation		
Counseling received:( resident /family)		
Social work		
Bereavement		
Trauma		
Public education on issues of ageing		

**4. REVIEWING / EVALUATION OF PROGRAMMES ATTENDED**

FREQUENCY OF REVIEWS / EVALUATION (monthly, quarterly or six monthly)

.....

ACHIEVEMENTS ON PLANNED OBJECTIVES

.....  
.....  
.....  
.....

**CHALLENGES EXPERIENCED**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**REMEDIAL ACTION TO IMPROVE THE PLAN**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**5. DISENGAGEMENT**

**PLACEMENT BACK INTO COMMUNITY**

.....  
.....  
.....  
.....

**DEATH**

.....  
.....  
.....  
.....  
.....

SIGNED:

SERVICE USER/FAMILY..... DATE.....

SOCIAL WORKER..... DATE.....

RESIDENTS COMMITTEE..... DATE.....

NURSING MANAGER..... DATE.....