Gloss Enterprise Daily Progress Notes

Program of Service:	☐ NOW / SIL ☐ CC ☐ SHARED SUPPORT ☐ ROW ☐ OTHER_____					
Participant	**Date**	**Time In**	**Time Out**	**Date**	**Time In**	**Time Out**

Medication / Health and Wellness

Please check **YES or NO** if you reminded participant to take meds. Check **N/A** where appropriate, if client is not on any meds and client does not require Medication Administration. Only Check **YES** or **NO** under medication administration if the participant is approved to receive medication administration**. Please read note under Medication Administration!!**

Any new or discontinued medication this shift? ☐ Yes ☐ No
If yes, provide name of medication(s):_____ and inform quality manager.
Medication Reminders: ☐ Yes ☐ No ☐ N/A Time Reminded / Comments: _____
Medication Administration: ☐ Yes ☐ No ☐ N/A Time Administered /Comments: _____
Please Note: 16hr MANT training plus person-specific training is required if "yes" is checked for Medication Administration

Any redness or breakdowns noted? ☐ Yes ☐ No
If yes, describe where:_____

Incidents

Was there a CRITICAL INCIDENT today? ☐ Yes ☐ No If yes, complete incident form.

Check one, incident related to: ☐ Medical ☐ Behavior ☐ Seizure ☐ Abuse/Neglect ☐ Other:_____
Was participant taken to the emergency room today? ☐ Yes ☐ No If yes, what hospital?_____

Dietary

Please check **YES or NO** to note if the participant consumed the below meals. If **YES** is checked please identify what the client consumed. If **NO** is checked please state the reason why.

EAT TODAY? MEAL:	***TIME:***	***WHAT DID PARTICIPANT EAT?:***	***HOW MUCH EATEN:***
☐ Yes ☐ No **Breakfast**	_____	_____	☐ Little ☐ Some ☐ Most ☐ All
☐ Yes ☐ No **Lunch:**	_____	_____	☐ Little ☐ Some ☐ Most ☐ All
☐ Yes ☐ No **Dinner:**	_____	_____	☐ Little ☐ Some ☐ Most ☐ All
☐ Yes ☐ No **Snacks:**	_____	_____	☐ Little ☐ Some ☐ Most ☐ All

Personal Care

ADL's- Bathing, Grooming, Dressing, Transferring, Ambulation, Toileting.
IADL's – Laundry, Shopping, Housekeeping, Meal Preparation/Storage, Medical Appointment.

Mark Tasks Completed:

☐ Bathing	☐ Transferring	☐ Laundry	☐ Other_____	☐ Other_____
☐ Dressing	☐ Ambulation	☐ Other_____	☐ Other_____	☐ Other_____
☐ Grooming	☐ Light Housekeeping	☐ Other_____	☐ Other_____	☐ Other_____

Toileting

Does participant require assistance with toileting? ☐ Yes ☐ No

How many bowel movements did participant have? ☐ None ☐ 1-3 times ☐ 4-6 times ☐ 7-9 times ☐ Other_____
How many times did participant urinate? ☐ None ☐ 1-3 times ☐ 4-6 times ☐ 7-9 times ☐ Other_____
Did the participant experience urinary or bowel problems? ☐ Yes ☐ No If yes, describe_____

Activities and Community Outings

Please check **yes** or **no** as to whether participant went on any community outings today as per his/her plan of care. If participant went on an outing, please comment where. ***A valid driver's License and current insurance must be on file in order to transport participants***

Did the participant go on any outings during shift? ☐ YES ☐ NO
If yes, where? ☐ Shopping ☐ Medical Appointment ☐ Other:_____
Describe Outing(s):_____
If participant did not go out in the community during shift, tell how the person spent the day / night: _____
_____
_____
Did participant attend a day program / work / school today? ☐ Yes ☐ No

Contacts Today

Type of Contact: ☐ Phone ☐ Visit ☐ None

Contact with: ☐ Friends ☐ Family ☐ Home Health / Provider Agency ☐ Other:_____
Name of Contacts today:_____

Daily Comments

Notate any additional and or important information about the participant that occurred during your shift. Also notate any behavior issues or abnormal occurrences that may have occurred during your shift.

_____
_____
_____
_____
_____
_____

Warning: THE FALSE REPORTING OF TIME ON RECORD OF SERVICE LOG AND SERVICE LOGS BY A DIRECT SERVICE WORKER, PERSONAL SERVICE PROVIDER, OR OTHER GLOSS ENTERPRISE PERSONNELL, OR CLIENT, PATIENT/GUARDIAN CONSTITUTES MEDICAID FRAUD AND IS SUBJECT TO FEDERAL AND STATE CRIMINAL STATUTES PUNISHIBLE BY FINE, JAIL TIME OR BOTH. The undersigned, acknowledging the above, hereby certifies that the time reported herein is true and accurate.

DSW Printed Name	DSW Signature	Date Signed