

**St Louis County Public Health  
CLIENT CARE PLAN**

**Client:** Pathway , Assisted Living

**Client ID#:** 1137430088  
**Admission Date:** 01-16-2006

38 Personal Care Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
CM	Paraprofessional/Aide Care	Evaluation

41 Health Care Supervision Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
CM	Medical/Dental Care	Other Evaluation; Coordination among providers

42 Medication Regimen Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TP	Medication Set-Up	Other Medication System PHN to set up meds; HHA to administer meds per PHN instructions