

Abuse/Neglect

CLIENT CARE PLAN

Client: *Pathways , CarePlan

Client ID#:

1165425300

Admission Date:

12-06-2006

16 Abuse

Potential Problem

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Physical	Other Follow agency protocol for assessment of abuse
CM	Communication	Other Report suspected abuse as required by agency policy/ legal mandate
TGC	Support System	Other Provide information on resources

15 Neglect

Potential Problem

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Physical	Other Follow agency policy for assessment of neglect
TGC	Caretaking/Parenting Skills	Infant / Child Care
TGC	Caretaking/Parenting Skills	Elder Care
TGC	Sickness/Injury Care	Recognition / Care of Sick Child / Adult

14 Caretaking/Parenting

Potential Problem

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Caretaking/Parenting Skills	Infant / Child Care
TGC	Caretaking/Parenting Skills	Elder Care
TGC	Coping Skills	Stress Reduction