Texas Department of Aging  
and Disability Services  
Home and Community-based Services  
Implementation Plan  
Form 2125  
September 2013

Implementation Plan for: Jane Sweet  
Care ID: X0X0X0  
Comp Code: 8FV

Service Component: Nursing  
Back-up Plan Required: no  
Date IP Developed: 11/13/12

<table>
<thead>
<tr>
<th>Implementation Strategy Objectives:</th>
<th>Start Date:</th>
<th>Targeted Completion:</th>
<th>Calculation of Units (If applicable)</th>
<th>Total Units (per strategy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN will complete or revise nursing assessment (CNA), including nursing service plan (NSP), and decision for delegation at least annually or when condition changes. RN will schedule counseling, medical and dental appointments and monitor for effectiveness.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>4 units for CNA 2 units for NSP 1 unit for delegation decision</td>
<td>7 units RN</td>
</tr>
<tr>
<td>LVN will observe staff supervision of medications every other month and will complete training as needed with staff under the supervision of the RN. LVN will review blood levels, blood pressure, and body weight.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>1 unit every other month</td>
<td>6 units LVN</td>
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<tr>
<td>LVN will review medications received and cross reference with the MAR prior to sending to home monthly.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>0.25 units/month</td>
<td>4 units LVN</td>
</tr>
<tr>
<td>RN will review MAR monthly for accuracy and completion. RN will make changes to the MAR based on doctor's orders as needed.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>0.25 units/month</td>
<td>4 units RN</td>
</tr>
<tr>
<td>LVN will review services provided quarterly in accordance with nursing service plan developed by the RN and communicate recommendations or changes needed based on Jane's needs.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>1 unit/quarter x 4 quarters</td>
<td>4 units LVN</td>
</tr>
<tr>
<td>RN will review quarterly recommendations from LVN from monitoring treatment plans for Jane and update as needed.</td>
<td>1/1/13</td>
<td>12/31/13</td>
<td>.25 units/quarter x 4 quarters</td>
<td>1 unit RN</td>
</tr>
</tbody>
</table>

Total IPC Units Needed for this Service Component: 12 Units RN 14 Units LVN

Requisition Fee (if applicable): n/a
Signature for Implementation Plan:

☐ Signature sheet for implementation plan(s) on file

or

☒ Signatures below:

__________________________  ____________________________  ____________________________
Jane Sweet                John Sweet                Imma Goode
Signature-Individual

Signature- ☒ Legally Authorized Representative

☐ Family Member/Advocate

Signatures for Discontinuation of Implementation Plan:

__________________________  ____________________________
Signature – HCS Provider Representative or Individual LAR  Date