*Download, add your comment /question and email to* [*projectscaffold2021@gmail.com*](mailto:projectscaffold2021@gmail.com)

*Thank you for making a contribution!*

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| Best Practice Name: | **A Care Dashboard for monitoring Resident Status** | Best practice number: | | 5045-001-009 | |
| 1. **Comment or Question** | | | | | |
| Great that the system was developed with input from Staff and they have been empowered to understand the concept as well as the benefits of it. Great that the system can flag changes quickly in order to investigate.  Questions: Who completes the form? When is the form completed? Is there another place to record what has to be done (plan) and what has been done (cardex/running notes)? | | | | | |
| Organisation / Individual: | [**true2you**](https://www.true2you.co.za/person-directed-support/)  **Date: 12.09.2022** | | Project Scaffold member number: | |  |
| 1. **Comment or Question** | | | | | |
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