様式6-1

令和　　年　　月　　日

活動状況報告書（小規模多機能型居宅介護）

１．基本情報

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| 事業所名 | 小規模多機能　○○○○○○○○ | | |
| 所在地 | 南部町大字○○○字○○○○番地○○ | | |
| 担当者 |  | 連絡先 |  |
| 運営法人 |  | | |

２．登録者の状況（　月　日現在）

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| 登録者数 | 男性 | 名 | 女性 | 名 | 計 | 名 | 待機者数 | 名 |

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| 要介護度 | 要支援１ | 要支援２ | 要介護１ | 要介護２ | 要介護３ | 要介護４ | 要介護５ |
| 名 | 名 | 名 | 名 | 名 | 名 | 名 |

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| 日常生活  自立度 | 自立 | Ⅰ | Ⅱa | Ⅱb | Ⅲa | Ⅲb | Ⅳ | M |
| 名 | 名 | 名 | 名 | 名 | 名 | 名 | 名 |

３．サービス提供回数（会議へ報告する２か月分）

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| 登録者 | 通い | | | | 泊まり | | | | 訪問 | | | | 備考（開始日、終了日など） | |
| ●月 | | ●月 | | ●月 | | ●月 | | ●月 | | ●月 | |
| １ |  | |  | |  | |  | |  | |  | |  | |
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| ４ |  | |  | |  | |  | |  | |  | |  | |
| ５ |  | |  | |  | |  | |  | |  | |  | |
| ６ |  | |  | |  | |  | |  | |  | |  | |
| ７ |  | |  | |  | |  | |  | |  | |  | |
| ８ |  | |  | |  | |  | |  | |  | |  | |
| ９ |  | |  | |  | |  | |  | |  | |  | |
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| 11 |  | |  | |  | |  | |  | |  | |  | |
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| 13 |  | |  | |  | |  | |  | |  | |  | |
| 14 |  | |  | |  | |  | |  | |  | |  | |
| 15 |  | |  | |  | |  | |  | |  | |  | |
| 登録者 | | 通い | | | | 泊まり | | | | 訪問 | | | | 備考（開始日、終了日など） |
| ●月 | | ●月 | | ●月 | | ●月 | | ●月 | | ●月 | |
| 16 | |  | |  | |  | |  | |  | |  | |  |
| 17 | |  | |  | |  | |  | |  | |  | |  |
| 18 | |  | |  | |  | |  | |  | |  | |  |
| 19 | |  | |  | |  | |  | |  | |  | |  |
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| 29 | |  | |  | |  | |  | |  | |  | |  |
| 平均 | |  | |  | |  | |  | |  | |  | |  |

４．運営方針（法人の理念、長期目標、月間目標など）

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| 事業所の目標 |  |
| 目標に向けた  具体的取組 |  |

５．活動報告（事業所の雰囲気、レクリエーション、利用者の様子、職員研修、サービス全般など）

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６．健康管理（食事、感染症予防など）

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７．事故・ヒヤリハット報告（発生日時、状況、対応など）

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| 発生日時  ●／●  ●：● | 内　容 |  |
| 改善策 |  |
| 発生日時  ●／●  ●：● | 内　容 |  |
| 改善策 |  |
| 発生日時  ●／●  ●：● | 内　容 |  |
| 改善策 |  |

８．地域への情報提供（家族会や避難訓練、地域のイベントなど介護サービスに限らず自由に記載）

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９．その他特記事項（職員の入退職・異動など）

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