

Resident Name: _____ DOB: _____ Sex: _____ Date: _____

Physician: _____ Diagnosis: _____

Bathing

- ____(1) 1-3 showers or 1 whirlpool -stand by assist only-no hands-on assistance: service should not exceed 30 min. Includes set-up of supplies and being present in apartment for safety.
- ____(2) 4-5 showers and/or (one person assist): service should not exceed 30 min. Includes trimming of nails only if able to be clipped with a regular nail clipper. Not available for diabetics or those taking blood thinning medications. Includes assist with getting in and out of shower, washing back, hair, feet, difficult to reach areas and drying off.
- ____(3) 6+ showers and/or (mechanical lift): service should not exceed 30 min. Includes trimming of nails only if able to be clipped with a regular nail clipper. Not available for diabetics or those taking blood thinning medications. Includes assist with getting in and out of shower, washing back, hair, feet, difficult to reach areas and drying off. Cannot exceed assist of 2.
- ____(1) Shampoo Only: for example, in a sink or with a shower cap (independent of shower or bath).

Grooming/Dressing

- ____(1) Ted Hose/Ace Wrap/Velcro Leg Wrap Assistance: Assistance putting on or taking off ted hose, ace wraps, or Velcro Leg Wraps. After removing wash and hang to dry. Do not use metal fasteners on ace bandages.
- ____(1) Verbal Cueing/Grooming-Verbal Cueing: Up to 10 min (no ADL's). Needs cueing and/or reminders to complete the tasks of washing up, brushing teeth, cleaning dentures, combing hair. No physical assistance.
- ____(2) Standard Assist-No transfer assistance: Up to 15 min. Assist with dressing, grooming and toileting to prepare for the day. This is minimal assistance of staff, with cueing, setting out items/clothes, etc., resident actively participates
- ____(3) Extensive Assist-1 person transfer assistance: Up to 30 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in/taking out dentures. This is total assist from staff.
- ____(3) Extensive Assist-Mechanical Lift: Up to 30 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in/taking out dentures. This is total assist from staff. Cannot exceed assist of 2.

Resident's preferred time to get up and go to bed: _____

Physical Assistance

- ____(1) Unlimited Escort to Meals and Activities: All include to and from destination with wheelchair or stand-by assist with or without gait belt.
- ____(2) Bed Mobility/Repositioning (one person assist): Need help to sit up or reposition in bed.
- ____(3) Bed Mobility/Repositioning (mechanical lift or assist of 2): Need help to sit up or reposition in bed. Draw sheet can be used (minimal lifting). Cannot exceed assist of 2.
- ____(2) Transfer Assistance (one person assist): Gait belt required and firm grip on belt to transfer.
- ____(3) Transfer Assistance (mechanical lift): If resident is unable to bear weight more than 8 seconds independently. Cannot exceed assist of 2. Type of lift: _____ Number of staff to use with lift: _____ Sling or vest type and size: _____
- ____(\$200/month) Exercise/Walking: Up to 15 minutes gait belt required. See exercise instructions provided by nurse or PT. Cannot exceed assist of 2.
- ____(0) Bed Assist Device: ____ PT Bed Cane ____ HALO ____ Other FDA Approved Device: _____

Non-Bed Assist Device Used: _____

Toileting Assist

- ____(1) Standard Bathroom Assist (one person assist stand by): 1-3x/day. Includes reminders and cueing to assure proper hygiene. Staff will stay with resident to toilet, remind to clean up, wash hands, empty trash and flush toilet.
- ____(2) Standard Bathroom Assist (one person assist stand by): 4-5x/day. Includes reminders and cueing to assure proper hygiene. Staff will stay with resident to toilet, remind to clean up, wash hands, empty trash and flush toilet.
- ____(3) Standard Bathroom Assist (one person assist stand by): 6+x/day. Includes reminders and cueing to assure proper hygiene. Staff will stay with resident to toilet, remind to clean up, wash hands, empty trash and flush toilet.
- ____(3) Extensive/Incontinence Assist: 1+x/day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products. Cannot exceed assist of 2.
- ____(1) 1-3x/day Catheter/Colostomy Assist: Includes physical assistance with catheter care including changing catheter bag from leg bag to night bag, night bag to leg bag, rinsing out bags and putting in bathroom. Colostomy assist including emptying colostomy.
- ____(2) 4-5x/day
- ____(3) 6+x/day Type of Device: _____

Safety Checks

- ___(2) Arbor/Hearth Reassurance Checks 1x-3x/day: This is a scheduled check time. Check resident for safety.
- ___(3) Arbor/Hearth Reassurance Check 4+x/day: This is a scheduled check time. Check resident for safety.
- ___(1) Level 1: Resident requires minimal intervention or redirection throughout day and is easily redirected.
- ___(2) Level 2 Redirection/Problem Solving: Resident requires staff intervention related to anxious, irritable, or demanding behaviors. Resident responds to cues and interventions.
- ___(3) Level 3 Redirection/Problem Solving: Resident requires staff intervention related to episodes of hallucinations, wandering, anxious, irritable, withdrawn or similar behaviors. Resistant to cares or aggressive. Risk of abuse to self/others.

Medication Management

- ___(1) Medication Monitoring/Management (1-14 meds): Nurse to assist with ordering, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Nurse monitors weekly med compliance and checks for refills. Nurse checks the usage of PRN's and antipsychotics and makes a note in R-Tasks if they are used that week prior to the medication monitoring/management.
- ___(2) Medication Monitoring/Management (15+ meds): Nurse to assist with order, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Nurse monitors weekly med compliance and checks for refills. Nurse checks the usage of PRN's and antipsychotics and makes a note in R-Tasks if they are used that week prior to the medication monitoring/management.
- ___(3) Medication Monitoring/Management and Syringe set up and/or insulin pen: Nurse to assist with order, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Nurse to assist filling syringes for scheduled medications or setting up insulin pen. This includes sliding scale insulin for insulin pens only, if applicable. Nurse monitors weekly med compliance and checks for refills. Nurse checks the usage of PRN's and antipsychotics and makes a note in R-Tasks if they are used that week prior to the medication monitoring/management.
- ___(1) Medication Administration (1-4x/day): Home Health Aide assistance to administer meds. May include the following routes (oral, topical, inhalation, or eye/ear). This does not include administration of injections-see diabetes management for insulin injection options.
- ___(2) Medication Administration (5-6x/day): Home Health Aide assistance to administer meds. May include the following routes (oral, topical, inhalation, or eye/ear). This does not include administration of injections-see diabetes management for insulin injection options.
- ___(3) Medication Administration (7+x/day): Home Health Aide assistance to administer meds. May include the following routes (oral, topical, inhalation, or eye/ear). This does not include administration of injections-see diabetes management for insulin injection options.
- ___(2) Special Medication Administration: This includes-crushing medications, checking blood pressure, pulse, or weight prior to giving medications. This also requires additional MAR lines on the medication screen.
- ___(2) Oxygen Management: Oxygen up to 5mL/min and determined stable by provider/site RN (exception hospice). Includes making sure portable oxygen tank is full, checking to make sure accurate flow rate is set. changing tubing monthly, and filling humidity bubblers. Need MD order for monitoring and no parameters.
Number of times per day: _____
Liters required _____
- ___(1) Oxygen Maintenance: Weekly change tubing, cannula or mask, water reservoir. Fill and check water level. Wash filter.
- ___(1) Nebulizers (1-4x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(2) Nebulizers (5-6x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(3) Nebulizers (7+x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(1) Nebulizer Maintenance: Weekly change tubing and mask. Follow delegated procedure.
- ___(1) CPAP: Includes assistance with CPAP. This includes wiping after use and filling with water.
- ___(1) CPAP Maintenance: Weekly cleaning and filling with water. Follow delegated procedure.

Diabetes Management

- ___(1) Blood Sugar Check (<1x/day, i.e., weekly, monthly, etc.): MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter. Include Flow Sheet in MAR book for recording.
- ___(2) Blood Sugar Check (1x/day or more): MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter. Include Flow Sheet in MAR book for recording.
- ___(3) Insulin Administration and Blood Sugar check: MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter. Includes the staff administering the insulin to resident. Insulin site rotation needed. Medication management fee is required.
- ___(3) Insulin Administration 1x/day: MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter. Includes the staff administering the insulin to resident. Insulin site rotation needed. Medication management fee is required.

Dining Room Assistance

- ____(2) Meal Plate Set Up: Assistance with plate set up and preparation to eat.
- ____(3) Meal Assistance: Includes plate set up and observation throughout meal. Cueing to eat and feeding.
- ____(1) Snacks/Fluids: Bring snack or fluids to resident.
- ____(1) Light Breakfast: Resident requests a light breakfast or a light snack to be prepared in their apartment. A light breakfast might consist of toast, juice, instant hot cereal or cold cereal and coffee. Food and utensils provided by resident.

Diet: _____

Wellness & Treatment

- ____(1) Monthly Vital Monitoring: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter. Put flow sheet in MAR book for staff to chart on.
- ____(1) Vital Monitoring 1x/week or less: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special medications). Put Flow sheet in MAR book for staff to chart on.
- ____(2) Vital Monitoring 2x/week or more: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special medications). Put Flow sheet in MAR book for staff to chart on.
- ____(1) Sensory/Communication 2x/day: Hearing impaired, needs reminders to use hearing aid (adjust volume, change battery, needs assist in ordering hearing aid batteries, etc.). Needs reminders to wear glasses. Staff time required due to difficulty speaking. Locking up hearing aides in medication cabinet in PM and taking out in AM.
- ____(1) Basic Wound Care 1x/day: Includes simple dressing changes or wound or skin treatments per physician orders (for Home Health Aide to complete).
- ____(1) Treatments 1x/day: Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry. etc.
- ____(1) Treatment-Lotion, Ointment, and/or Cream 1x/day: Includes any lotion, ointment or cream application. (Lotion, ointment and/or cream must be entered with this service to appear on the medication list however if it is assigned as a service, it does not need to appear on the MAR: select "Suppress from MAR" to prevent from printing on the MAR.)
- ____(2) Basic Wound Care 2x/day: Includes simple dressing changes or wound or skin treatments per physician orders (for Home Health Aide to complete).
- ____(2) Treatments 2x/day: Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry. etc.
- ____(2) Treatment-Lotion, Ointment, and/or Cream 2x/day: Includes any lotion, ointment or cream application **not** done with AM/PM Cares or Medication Administration. (Lotion, ointment and/or cream must be entered with this service to appear on the medication list however if it is assigned as a service, it does not need to appear on the MAR: select "Suppress from MAR" to prevent from printing on the MAR.)
- ____(1) Treatment-Lotion, Ointment, and/or Cream 2x/day: Includes any lotion, ointment or cream application **done with** AM/PM Cares or Medication Administration. (Lotion, ointment and/or cream must be entered with this service to appear on the medication list however if it is assigned as a service, it does not need to appear on the MAR: select "Suppress from MAR" to prevent from printing on the MAR.)
- ____(1) Nail Care 1x/week: Includes soaking of feet, trimming of nails only if able to be clipped with regular nail clippers. Not available for diabetics and those taking blood thinning medications. (This service is included if receiving bathing/showering assistance.

****See Grooming/Dressing section for Ted Hose, Ace Wraps and Velcro Leg Wraps**

Other

- ____(1) Homemaking 1x/day up to 15 min: Includes daily bed making, washing dishes, making coffee, taking garbage out, etc.
- ____(1) Laundry: 3 loads/week (ancillary fee for extra loads)

Services recommended but declined:

- Education provided to resident/responsible party regarding benefit/need for services
- Risk reviewed with resident/responsible party
- Assessment updated to reflect decline of service
- Nursing note completed

Services being provided by family/responsible party:

Services being provided by Outside Agency:

Service Level (highest level from all 3 pages): _____

Monthly Fee: _____

**** Complete a new functional assessment with changes in care and sign new service agreement.****

Fee amount per care level:

Level 1: is included in base rent Level 2: \$1,105 Level 3: \$2,210

Resident/Responsible Party Signature or Verbal consent given by: _____ **Date** _____

RN Signature: _____ **Date** _____