

II. GROOMING/DRESSING ASSISTANCE:		
Goal- <i>is to be well groomed and as independent as possible.</i>		
Goal- <i>is to be dressed appropriately in clean clothes and as independent as possible.</i>		
<input type="checkbox"/> Is Independent: can wash hands and face, comb hair, brush teeth or dentures, shave, use deodorant, and nail care without help. Able to put on, fasten and remove all clothing without any help.		0
WAKE UP TIME: _____ BED TIME: _____		
<input type="checkbox"/> I need assistance with grooming to prepare for the day if not getting standard or extensive am/pm assistance. <input type="checkbox"/> hair <input type="checkbox"/> oral care <input type="checkbox"/> shaving <input type="checkbox"/> deodorant <input type="checkbox"/> glasses <input type="checkbox"/> hearing aids <input type="checkbox"/> nail care Comments- _____	AM PM	4 points 3 points
<input type="checkbox"/> I need Supervision while I perform my cares for my safety and comfort. Able to complete all dressing independently.	AM PM	7 points 7 points
<input type="checkbox"/> I need Ted Socks/Shirt/Socks/Ace wraps Assistance- assistance putting on or taking off ted socks or ace wraps. Do not charge these points if getting am/pm assistance. Type: _____ Comments- _____	On in AM Off in PM	7 points 7 points
<input type="checkbox"/> I need Shirt/Socks/Bra Assistance- assistance with putting limited items on: bra, shirt or socks. Able to complete all other dressing independently.	AM PM	7 points 7 points
<input type="checkbox"/> I need Standard Assistance- up to 15 minutes per day of assistance with dressing to prepare for the day. This is minimal assistance from staff with cueing, setting out clothes. The resident is an active participant in dressing process. No transfer assistance is provided. <input type="checkbox"/> Upper body assistance (shirt, bra) <input type="checkbox"/> Lower body assistance (pants, underwear, shoes, socks) Comments- _____	AM PM	21 points 21 points
<input type="checkbox"/> I need Extensive Assistance- up to 30 minutes of assistance with dressing to prepare for the day. <i>This is extensive assistance with some participation from resident. This could include one person transfer.</i> <input type="checkbox"/> Upper body assistance <input type="checkbox"/> Lower body assistance	AM PM	35 points 35 points

III. PHYSICAL ABILITIES-		
A. Mobility:		
Goal- <i>I want to remain as independent as possible, while maintaining safety and mobility</i>		
<input type="checkbox"/> I am Independent: ambulates without assistance or uses cane, walker or wheelchair independently. <input type="checkbox"/> non-ambulatory <input type="checkbox"/> self transfer/propel <input type="checkbox"/> motorized chair/cart		0
<input type="checkbox"/> I need Escorts- to/from dining room and activities <input type="checkbox"/> I need assistance/escort using cane or walker or stand-by assistance <input type="checkbox"/> I need assistance/escort using wheelchair Comments- _____		12 points per Escort (round trip) Number of Escorts per day: _____
<input type="checkbox"/> I need one staff member Exercise/Walking Program- up to daily assistance of one person to ambulate within building for purposes of exercise. The time should not exceed 15 minutes. Comments- _____		15 minutes 21 points

Points total per page: _____

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B. Bed Mobility/Transferring:	
Goal- <i>I want to remain as independent as possible, while maintaining my safety and mobility</i>	
<input type="checkbox"/> I am independent with all transfers including getting in and out of bed and chairs	0
<input type="checkbox"/> I need staff assist of one to move in and out of bed, able to bear weight and pivot during the transfer process. Comments: _____ <input type="checkbox"/> I need staff assist of one , to move into/out of wheelchair/recliner, able to bear weight and pivot during the transfer process. <i>Please refer to other sections for restroom transfers, shower transfers and assistance with dressing.</i> Comments-_____	7 points 33 points for 1-5 transfers 56 points for 6-10 transfers 11 transfers or more is 7 points per transfer additional Total number of transfers: ____
<input type="checkbox"/> I need an assistive bed device for bed mobility. <input type="checkbox"/> PT Bed Cane <input type="checkbox"/> HALO <input type="checkbox"/> Other FDA-Approved device	0

IV. COGNITIVE STATUS:
Goal- <i>I want to remain as independent as possible and have a stable mental status.</i>
<input type="checkbox"/> Oriented to person, place, and time but may have some occasional forgetfulness <input type="checkbox"/> Mildly impaired with some confusion, difficulty remembering details in conversation and daily routine. Requires reminders under stressful or unfamiliar situations. May need some initial guidance and reminders in new environment. <input type="checkbox"/> Moderately impaired with some memory loss, especially of current events. May appear functional on surface, but will require stronger reminders, prompting and cueing. <input type="checkbox"/> Severely impaired and display poor decision-making ability and judgment. Prone to wander and requires supervision. Disoriented to time and place. Comments-_____
Intervention with redirection or problem solving 1-3 times per day- ____ 28 points 4 or more- _____ 70 points <input type="checkbox"/> I need a reassurance check at _____ am/pm 7 pts <input type="checkbox"/> I need reassurance checks every two hours 30 pts I will need the following added services to help maintain my safety due to _____

V. DINING SERVICES/EATING/NUTRITIONAL:	
Goal- <i>is to maintain proper nutrition with a well-balanced diet.</i>	
<input type="checkbox"/> I need Meal Preparation- Requires meal preparation, serving and oversight throughout meals- No direct feeding. Comments-_____	____ meals per day Breakfast Lunch Supper
<input type="checkbox"/> I need assistance with light meal service- resident requests a light meal/snack to be prepared in their apartment. A light breakfast might consist of toast, juice, instant hot cereal or cold cereal and coffee. A light meal might consist of sandwich, frozen dinner, or other items tenant has in their apartment to warm. The preparation and clean-up time should not exceed 10 minutes. Food and utensils for preparation must be provided by the resident. Comments-_____	Up to 10 minutes 11 points

Points total per page: _____

I. TOILETING/CONTINENCE:													
Goal- I want to remain as continent and independent as possible with toileting													
___ Is Independent: able to get on and off toilet, fasten and unfasten clothing, use toilet paper without help, and/or manage own incontinence.	0												
___ I need Bathroom Reminders: This includes reminders and cueing to assure proper hygiene. Stay with resident to toilet, remind to clean up, wash hands, flush toilet. This includes trash emptying of incontinent products. Reminders may be routinely scheduled for managed incontinence. Comments- _____	Number of times reminders are needed _____ 11 points per reminder = _____												
___ I need Bathroom/Incontinence Assistance- Assistance/transfer assistance of one to get on/off toilet, product usage, cleaning or peri-care. This includes trash emptying of incontinent products. Assistance with incontinence management. Assistance may be routinely scheduled for managed incontinence. Comments- _____	<i>Day</i> Number of times assistance is needed _____ 15 points per assist = _____ <i>Night</i> Number of times assistance needed: _____ 15 points per assist = _____												
___ I need Catheter/Colostomy Assistance- needs physical assistance with catheter care. Colostomy assistance may include changing appliance and/or emptying. Type: _____ Comments- _____	<table border="0"> <tr><td>1x/day</td><td>11 points</td></tr> <tr><td>2x/day</td><td>22 points</td></tr> <tr><td>3x/day</td><td>33 points</td></tr> <tr><td>4x/day</td><td>44 points</td></tr> <tr><td>5x/day</td><td>55 points</td></tr> <tr><td>Weekly/prn Colostomy Care</td><td>11 points</td></tr> </table>	1x/day	11 points	2x/day	22 points	3x/day	33 points	4x/day	44 points	5x/day	55 points	Weekly/prn Colostomy Care	11 points
1x/day	11 points												
2x/day	22 points												
3x/day	33 points												
4x/day	44 points												
5x/day	55 points												
Weekly/prn Colostomy Care	11 points												
___ I need to use a bedside commode – may need assistance on/off commode, placement of commode at bedside, emptying and cleaning. Comments- _____	<table border="0"> <tr><td>Maintenance</td><td>7 points</td></tr> <tr><td>Assistance (1-3x per day)</td><td>33 points</td></tr> <tr><td>Assistance (1-3x per night)</td><td>33 points</td></tr> </table>	Maintenance	7 points	Assistance (1-3x per day)	33 points	Assistance (1-3x per night)	33 points						
Maintenance	7 points												
Assistance (1-3x per day)	33 points												
Assistance (1-3x per night)	33 points												
I need assistance due to: _____													
I am incontinent of bowel _____ bladder _____													
I use the following incontinent product(s): _____													

Points total per page: _____

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II. MEDICATIONS:

Goal- *I want to remain independent as possible, while maintaining my safety and receive the correct medication and doses at the correct time, as they have been ordered by my physician.*

___ Is Independent: Takes no medications or needs no assistance with medications Tenant or responsible party is responsible for all medication needs, including ordering, refilling, remembering dosing schedule, and self-administering.

___ Family set up medications

Pharmacy used: _____ Meds stored: _____

___ I need Medication Management: Nurse to assist with ordering, storage and oversight

1-8 medications 15 points

9-19 medications 20 points

___ I need medications to be set up, by the program, in a medication planner (\$35 for each 15 minutes of time- charge is based on nursing time)

20-29 medications 25 points

___ I am able to self administer after set up.

30 or more medications 40 points

Pharmacy used: _____

Meds stored: _____

___ I need Medication Administration Needs caregiver assistance to administer medications. May include all routes of medication (oral, topical, inhalation, or eye/ear, etc.).

Number times per day _____ 10 pts per encounter

___ I am Independent with Nebulizer/C-pap

___ I need Nebulizer/C-pap Assistance- needs assistance/supervision with nebulizers or C-pap machine. This included rinsing units out after use. (this is included as a medication administration time if resident is already getting a medication).

Number times per day _____ 10 pts per time

___ I need Special Assistance with Medication- this includes-crushing medications, checking blood pressure or pulse prior to giving medication.

7 points

unless getting points for total vital check daily

___ I am Independent with Oxygen Management

7 points for each encounter

___ I need Oxygen Management- making sure portable O₂ tank is full, checking to make sure accurate flow rate is set, changing tubing monthly.

Total encounters: _____

PRN Assistance would be Incremental Fee

Comments- _____

III. DIABETIC MANAGEMENT:

Goal- *I want to remain as independent as possible, while maintaining my safety and receive the correct medication and doses at the correct time, as they have been ordered by my physician to manage my diabetes.*

___ Is Independent- manages diabetes independently or has no diagnosis.	0
___ I need routine assistance with Blood Sugar Checks Only ___ 1-3x/week (Example a fasting & Supper time check twice a week for a stable diabetic) ___ 4-7x/week (example is a daily check) ___ 8 or more checks in a week (BID checks)	5 points 10 points 15 points
___ I need sliding scale insulin- Tenant to adjust insulin, based on blood sugar reading, staff to double check, and tenant to administer the insulin. ___ times/day _____	5 points per administration Total points _____
___ I need staff to hand me prefilled insulin syringe/ pen and supervise my self-administration ___ times/day at _____	5 points per administration Total points _____

IV. HEALTH/ WELLNESS:

Goal- *Healthcare will be provided according to tenant wishes subject to safety and well-being.*

___ I manage my health and wellness Independently ___ What areas of health tenant to manage: _____	
___ I need Routine Vital Monitoring- Pulse, Blood Pressure, Weight, &/or Pulse Ox. checked by resident assistant- (if not addressed under special medications)	1 point per time if less than 1x/day or 7 points for 1x/day 14 points for 2x/day
___ I need Lab Management/Anticoagulant Monitoring- this includes the coordination of scheduling labs and physician notification Laboratory tests managed by _____	7 points (monthly or more frequently)
___ I need Assistance with Physician ordered treatments- ice packs, warm packs, tens unit, lotion/ointment application. Any misc. treatment. Comments- _____	7 points for 1x/day 14 points for 2x/day
___ I need Assistance with Wound Care- This would be simple dressing changes or wound or skin treatments per physician orders. Comments- _____	1x/day 11 points 2x/day 22 points

V. HOUSEHOLD NEEDS:

Goal-*is to have a clean and well maintained apartment , Goal- is to have clean bedding, towels, and clothing*

Housekeeping completed as outlined in Occupancy Agreement, to be completed on day _____

Basic linen changed as outlined in the Occupancy Agreement, to be completed on day _____

_____ **I need Assistance** with additional personal laundry- on day _____ 10 points (1-2 loads/wk)
If there is additional unscheduled laundry needs, ancillary changes will apply

_____ I do my own personal laundry or done by family

_____ I need Homemaking Services (daily bed making, washes dishes, making coffee, taking garbage out) 7 points for 1x/day

Comments: _____

Total points: _____

Package	Points	Single Occupant Effective 10.1.2023	Double Occupant Effective 10.1.2023
HC1	0-32	Included	\$1,565
HC2	33-55	\$ 430	\$1,995
HC3	56-78	\$ 860	\$2,425
HC4	79-101	\$ 1,290	\$2,855
HC5	102-124	\$ 1,720	\$3,285
HC6	125-147	\$ 2,150	\$3,715
HC7	148-170	\$ 2,580	\$4,145
HC8	171-193	\$ 3,010	\$4,575
HC9	194-216	\$ 3,440	\$5,005
HC10	217-239	\$ 3,870	\$5,435

- Single Occupant Services Waived
 Double Occupant Services Waived (\$1,135)

- Single Occupant Receiving Services
 Double Occupant Receiving Services
 (starting at \$1,565 for HC1)

Initial:

Package: _____ Points: _____ Monthly Cost: _____

Nurse Signature: _____ Date: _____

Resident Signature: _____ Date: _____

30 Day:

Package: _____ Points: _____ Monthly Cost: _____

Nurse Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Sig change:

Package: _____ Points: _____ Monthly Cost: _____

Nurse Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Sig Change:

Package: _____ Points: _____ Monthly Cost: _____

Nurse Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Annual:

Package: _____ Points: _____ Monthly Cost: _____

Nurse Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Points total per page: _____

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