

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

Physician: _____ Diagnosis: _____

Bathing

- ____(0) Independent
- ____(5) 1x/week Shower (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.
- ____(10) 2x/week
- ____(7) 1x/week Shower (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.
- ____(14) 2x/week
- ____(10) 1x/week Shower (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.
- ____(20) 2x/week
- ____(3) 1x/week Shampoo Only: for example, in a sink or with a shower cap (independent of shower or bath).
- ____(6) 2x/week
- ____(9) 1x/week Whirlpool/Sponge (one person assist): service should not exceed 45 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 whirlpool, set-up of supplies, washing/drying back, hair, feet and difficult to reach areas.
- ____(18) 2x/week
- ____(12) 1x/week Whirlpool/Sponge (mechanical lift): service should not exceed 45 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 whirlpool, set-up of supplies, washing/drying back, hair, feet and difficult to reach areas. Cannot exceed assist of 2.
- ____(24) 2x/week

Grooming/Dressing

- ____(0) Independent: Can wash hands and face, comb hair, brush teeth or dentures, shave, and use deodorant without help. Able to put on, fasten and remove all clothing without any help.
- ____(7) 1x/day 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.
- ____(14) 2x/day
- ____(0) No Charge - Ted Hose/Ace Wrap/Velcro Leg Wrap Assistance (If done with AM or PM Cares): 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.
- ____(7) 1x/day 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.
- ____(14) 2x/day
- ____(28) Standard Assist AM: Up to 15 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in dentures. This is minimal assistance of staff with cueing, setting out items/clothes, etc., resident actively participates.
- ____(14) Standard Assist PM: Up to 15 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is minimal assistance of staff with cueing, setting out items/clothes, etc., resident actively participates.
- ____(42) Extensive Assist AM: Up to 30 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff. Cannot exceed assist of 2.
- ____(28) Extensive Assist PM: Up to 30 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is total assist from staff. Cannot exceed assist of 2.
- ____(56) Extensive Plus AM: Up to 45 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff. Cannot exceed assist of 2.
- ____(42) Extensive Plus PM: Up to 45 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is total assist from staff. Cannot exceed assist of 2.
- ____(84) Extensive Max AM: Up to 60 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff. Cannot exceed assist of 2.
- ____(56) Extensive Max PM: Up to 60 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing 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

- ___(0) Independent: Ambulates without assistance or uses cane, walker or wheelchair independently.
- ___(0) Courtesy Escort: includes to and from destination with wheelchair, walker or stand-by assist or use of gait belt and firm grip on belt. Escort Resident to and from meals and activities for the first 5-7 days.
- ___(12) 1x/ day Escort: All include to and from destination with wheelchair or stand-by assist with or without gait belt.
- ___(24) 2x/ day
- ___(36) unlimited times per day
- ___(6) Escort: 1x/ week
- ___(21) Exercise Walking: Up to 15 minutes gait belt required. See exercise instructions provided by nurse or PT.
- ___(42) Exercise Walking with Wheelchair behind (2 staff assist): Up to 15 minutes gait belt required. See exercise instructions provided by nurse or PT. Second person required to push wheelchair behind. Cannot exceed assist of 2.
- ___(14) Bed Mobility/Repositioning (one person assist): Need help to sit up or reposition in bed.
- ___(24) 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.
- ___(14) Transfer Assistance (one person assist): Gait belt required and firm grip on belt to transfer.
- ___(24) 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: _____
- ___(0) Bed Assist Device: ___ PT Bed Cane ___ HALO ___ Other FDA Approved Device: _____

Non-Bed Assist Device Used: _____

Toileting Assist

- ___(0) Independent
- ___(55) Standard Bathroom Assist (one person assist stand by): 1-6x/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.
- ___(77) Standard Bathroom Assist (2 staff for stand by assist for safety): 1-6x/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. (Do not lift or transfer, second person for safety only.) Cannot exceed assist of 2.
- ___(86) Standard Bathroom Assist (one person assist stand by): 7x or more per 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.
- ___(102) Standard Bathroom Assist (2 staff for stand by assist for safety): 7x or more per 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. (Do not lift or transfer, second person for safety only.) Cannot exceed assist of 2.
- ___(86) Extensive/Incontinence Assist: 1-6x/day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products. Cannot exceed assist of 2.
- ___(114) Extensive/Incontinence Assist: 7x or more per day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products. Cannot exceed assist of 2.
- ___(11) per time/day Catheter/Colostomy Assist: Includes physical assistance with catheter care. Colostomy assist including emptying colostomy.
Type of Device: _____

Safety Checks

- ___(0) Independent
- ___(7) Commons Reassurance Checks 1x/day: This is a scheduled check time. Check resident for safety
- ___(30) Commons Reassurance Check every 2 hours: This is a scheduled check time. Check resident for safety
- ___(28) Commons Redirection/Problem Solving-Moderate: Resident requires staff intervention related to anxious, irritable, or demanding behaviors. Resident responds to cues and interventions.
- ___(70) Commons Redirection/Problem Solving-Extensive: 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

____(0)	<u>Independent</u>
____(15)	<u>Medication Monitoring/Management (1-8 meds):</u> Nurse to assist with ordering, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.
____(20)	<u>Medication Monitoring/Management (9+ meds):</u> Nurse to assist with ordering, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.
____(25)	<u>Medication Monitoring/Management and Syringe set up and/or insulin pen:</u> 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. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.
____(10) per time	<u>Medication Administration:</u> Resident Assistant 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.
____(7)	<u>Special Medication Administration:</u> This includes-crushing medications, checking blood pressure, pulse or weight prior to giving medications.
____(11) per time/day	<u>Nebulizer:</u> Includes assistance and supervision with nebulizer. This includes rinsing out the unit after use.
____(0) if same time as med admin	
____(0)	<u>Nebulizer Maintenance:</u> Weekly change tubing and mask. Follow delegated procedure.
____(11) 1x/day	<u>CPAP:</u> Includes assistance with CPAP. This includes wiping after use and filling with water.
____(22) 2x/day	
____(0) if same time as med admin	
____(0)	<u>CPAP Maintenance:</u> Weekly cleaning and filling with water. Follow delegated procedure.
____(7) 1x/day	<u>Oxygen Management:</u> 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.
____(14) 2x/day	
____(21) 3x/day	
	Liters required _____
____(0)	<u>Oxygen Maintenance:</u> Weekly change tubing, cannula or mask, water reservoir. Fill and check water level. Wash filter.

Diabetes Management

____(0)	<u>Independent</u>
____(7) per time/day (or less than 1x/day)	<u>Blood Sugar 1x/day or less:</u> 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.
____(7) per time/day (or less than 1x/day)	<u>Insulin Handing 1x/day or less:</u> Includes resident assistant handing insulin needle to resident to self-inject. Resident needs to be able to safely manage administration. Medication management fee is required.
____(7) per time/day (or less than 1x/day)	<u>Insulin Handing and Blood Sugar check 1x/day or less:</u> 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. Includes resident assistant handing insulin to resident to self-inject. Resident needs to be able to safely manage administration. Medication management fee is required.
____(7) per time/day	<u>Insulin Administration and Blood Sugar check 1x/day:</u> 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.
____(7) per time/day	<u>Insulin Administration 1x/day:</u> 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

- ___(0) Independent
- ___(7) per meal Plate Set Up: Assistance with plate set up and preparation to eat.
- ___(11) Light Breakfast (10 min): 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.
- ___(20) Light Breakfast (20 min): 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.
- ___(14) per meal Meal Assistance: Includes plate set up and observation throughout meal. Cueing to eat.
- ___(12) per meal Tray Delivery: Deliver meal tray to resident's apartment. Pickup and return tray back to kitchen
- ___(7) Snacks/Fluids 1x/day: Bring snack or fluids to resident. Resident must consume independently.
- Diet: _____

Wellness and Treatments

- ___(0) Independent: Hears well, understands others: ___ Sees adequately with/without glasses: ___
Easily understood/communicates effectively: ___ Goes to clinic for lab monitoring: ___
- ___(1) if less than Vital Monitoring: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special
daily per time/week medications).
- ___(7) if daily: per Sensory/Communication 2x/day: Hearing impaired, needs reminders to use hearing aid (adjust volume, change battery,
time/day 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.
- ___(0) No Charge - Sensory/Communication 2x/day (if done with AM or PM cares): 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.
- ___(11) Basic Wound Care 1x/day: Includes simple dressing changes or wound or skin treatments per physician orders (for Resident
Assistant to complete).
- ___(5) 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.)
- ___(7) per Treatments: Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry. etc.
time/day
- ___(7) per Treatment-Lotion, Ointment, and/or Cream: Includes any lotion, ointment or cream application **not** done with AM/PM Cares or
time/day 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
flowing to the MAR.)
- ___(0) No Charge-Treatment Lotion, Ointment, and/or Cream: 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 flowing to the MAR.)

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

Health Maintenance

- ___(0) Independent-resident will go to clinic for nursing services.
- ___(24) Schedule Medical Appointments: Includes home care support scheduling transportation once an appointment date/time has
been determined.
- ___(7) Homemaking 1x/day up to 15 min: Includes daily bed making, washing dishes, making coffee, taking garbage out, etc.
- ___(\$95) Laundry 8 Loads per month
- ___(0) Basic Linen Change: weekly linen change

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 Points (total from all 4 pages): _____

(Compare PHS Points report from RTasks to points totaled on Functional Assessment before assigning package level and printing Service Plan.)

Monthly Fee: _____

**** Complete a new functional assessment with changes in care and sign new Service Plan.****

Fee amount per point total:

Package	Points	Effective 10/1/2023	Package	Points	Effective 10/1/2023
HC1	0-9	\$ 350	HC10	194-216	\$ 3,330
HC2	10-32	\$ 700	HC11	217-239	\$ 3,510
HC3	33-55	\$ 1050	HC12	240-262	\$ 3,690
HC4	56-78	\$ 1,400	HC13	263-285	\$ 3,870
HC5	79-101	\$ 1,750	HC14	286-308	\$ 4,050
HC6	102-124	\$ 2,100	HC15	309-331	\$ 4,230
HC7	125-147	\$ 2,450	HC16	332-354	\$ 4,410
HC8	148-170	\$ 2,800	HC17	355-377	\$ 4,590
HC9	171-193	\$ 3,150	HC18	378-400	\$ 4,770

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

RN Signature: _____ **Date** _____

Elderly Waiver-Assisted Living Non- Clinical Services Addendum:

In addition to the monthly fee above, a \$ 596.00 per month fee is also required for those residents that do not have this included in rent and includes:

- Meals \$ 425.00 per month
- Socialization \$ 55.00 per month
- Housekeeping \$116.00 per month