

FTJ LEVEL OF CARE ASSESSMENT TOOL ~ Assisted Living



Sometimes residents need a little help to stay as independent as possible. This tool is used by our team of nurses to get a sense of how much help a resident might need.

Bathing

- 0 Independent with bathing & showering
- 3 Stand by assistance bathing 1 time per week
- 5 Standby assistance 2 times a week
- 8 Total assistance 2 times a week
- 12 Total assistance 3 times a week
- 15 Total assistance 4 times a week
- 20 For showers taking longer than 20 minutes

Dressing and Grooming

- 0 Independent
- 5 Partial assistance
- 10 Total assistance 1 time per day
- 20 Total assistance more than 2 times a day

Compression Stocking Assistance

- 0 No compression stockings needed
- 2 C.N.A. assistance with AM
- 4 C.N.A assistance with applying in AM and removing in PM

Tray Delivery

- 0 Never requests a tray
- 3 Occasional tray requested (less than 10 times a month)
- 5 Frequently requests tray (10 times a month)
- 10 Tray delivery 2 or more meals per day

Communication—Sensory Impairment

- 0 Demonstrates no problems
- 5 Visual and/or extreme hearing impairment **that requires staff intervention**
- 10 Aphasia

Mobility

- 0 Independent
- 5 Partial/assistance (transfer)
- 10 Full assist

Escorts

- 0 None
- 5 Occasional escorts
- 10 Frequent escorts (1 to 3 per day)
- 15 Daily to meals and other activities (4+ times a day)

Bowel and Bladder

- 0 Independent
- 5 Assist with toileting 1 time daily
- 10 Assist with toileting 2+ times daily
- 15 Frequent incontinence, ostomy/colostomy/Foley requiring staff assistance
- 20 Every 2 hour toileting/bladder/bowel care

Behavior

- 0 Consistently appropriate
- 5 Requires redirection
- 10 Requires frequent psychosocial intervention
- 15 Safety risk to self and others
- 20 Accelerated dementia requiring frequent staff intervention

Additional Staff Time

- 4 C.N.A reminders for meals/activities
- 10 Requires staff to walk with them outside once daily
- 20 High C.N.A time related to frequent checks, extensive Daily care, frequent walks outside, etc.

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Medication Services

- 0 Category A: Independent (Family order and supply)
- 4 Category A2: Independent (FTJ processes)
- 7 Medication pass 1 time daily
- 10 Medication pass 2 times daily
- 13 Medication pass 3 times daily
- 16 Medication pass 4 or more times daily
 - Bottled medication delivery \$100
 - Routine medication delivery to apartment \$100

Treatments

- 0 Independent
- 5 Requires 1 treatment per day (including 1 type eye drop, breathing treatments, etc.)
- 10 Assistance with 2 or more treatments per day

Diabetic Management

- 0 Non-Diabetic
- 5 Diabetes controlled by medications, infrequent blood sugars as needed
- 8 Occasional blood sugars (1 to 2 times per week or less
- 15 Complex management (blood sugar checks 1 to 2 times daily, daily insulin administration)
- 20 Unstable Diabetes. (Requires frequent medication changes, correction of hypo/hyperglycemia, may require blood sugar checks 3 or more times daily, insulin administration.

Diabetic Management

- 20 High level licensed staff time related to acute illness

LEVEL OF CARE SERVICE FEES

Residents in the Lillian Pratt Building are assessed according to their appropriate Level of Care (LOC). Charges are calculated on an increasing scale where residents are assessed monthly to monitor the changes in Level of Care. Charges are based on personnel need and the amount of time involved in providing assistance to a resident. Level of care charges are added to a resident's standard monthly room and board fee. Our nursing staff determines the initial level of care for each resident, and the level may increase or decrease after the resident settles in and begins a routine.

Level	Points	Monthly Fee
I	0-3	\$330
II	5-14	\$815
III	15-29	\$1,440
IV	30-45	\$1,930
V	46-75	\$2,640

*76 points or greater prompts discussion of resident's needs and further options.

