ASSISTED LIVING LEVEL OF CARE ASSESSMENT TOOL

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

**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  CNA assistance with AM
- 4  CNA 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
ASSISTED LIVING LEVEL OF CARE ASSESSMENT TOOL  
Continued

**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  CNA reminders for meals/activities  
10  Requires staff to walk with them outside once daily  
20  High CNA time related to frequent checks, extensive daily care, frequent walks outside, etc.

**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 of 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.  
20  20  High level licensed staff time related to acute illness

**LEVEL OF CARE SERVICES**
Residents in the Lillian Pratt Building are assessed according to their appropriate Level of Care (LOC). Charges are calculated on a 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.

<table>
<thead>
<tr>
<th>Level</th>
<th>Points</th>
<th>Monthly Fee</th>
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<tbody>
<tr>
<td>1</td>
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<td>$360</td>
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<tr>
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<td>5-14</td>
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<tr>
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<td>$2,855</td>
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<tr>
<td>6</td>
<td>76+*</td>
<td>$4,495</td>
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</tbody>
</table>

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