



MEMORY CARE ~ LEVEL OF CARE ASSESSMENT TOOL

**Caregiver
Assistance Needed**

Resident _____ Month _____

1. How much assistance for bathing:

- 0 Independent or outside assistance used
- 1 Reminders or cueing to wash and dray all areas of body
- 2 Stand by assistance getting into or out of the shower or tub
- 3 Physical assistance steadying the resident during shower/bath
- 4 Requires staff to wash and dry the body

2. How much assistance for personal hygiene:

- 0 Independent or outside assistance used
- 1 Reminding and cueing to comb hair, brush teeth, shave, etc.
- 2 Stand by assistance and supervision to complete care
- 3 Physical assistance steadying resident during care
- 4 Requires total assistance to complete personal hygiene

3. How much assistance for eating:

- 0 Independent
- 1 Reminding and cueing to eat and drink
- 2 Assistance with cutting food, preparing food and beverages, and bringing food and fluids to resident
- 3 Requires staff to fee resident

4. How much assistance for transfers (standing from sitting, moving from chair to bed, etc.)

- 0 Independent or outside assistance is used
- 1 Reminders and cueing required
- 2 Stand by assistance such as waling along side resident (no physical contact)
- 3 Physical assistance required such as walking with resident to steady them (physical contact)
- 4 Requires total assistance to move from place to place (such as unable to propel wheelchair)

5. How much assistance for dressing:

- 0 Independent or outside assistance used
- 1 Reminding or cueing to pu on, take off, or lay out clothing
- 2 Stand by assistance during dressing (may require limited assistance with fastening clothes, putting on socks, etc.
- 3 Physical assist. steadying the resident while dressing
- 4 Requires staff to dress

6. How much assistance with mobility:

- 0 Independent or outside assistance used
- 1 Reminders and/or cueing to complete transfer
- 2 Stand by assist. and supervision to complete transfer
- 3 Physical assist. to steady the resident during transfer
- 4 One person physical assist. to complete transfers
- 5 Requires 2 staff or mechanical lift for transfers

Continued on back



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Nurse Assistance Needed

1. Medication administration: how many times per day:

- 0 None or as needed
- 1 Once per day
- 2 Twice daily
- 3 Three or more times daily

2. Eye drop administration: how many times per day:

- 0 None or as needed only
- 1 Once daily
- 2 Twice daily
- 3 Three or more times daily

3. Regular injections: how many times per day:

- 0 None or as needed
- 1 Once daily
- 2 Twice daily
- 3 Three or more times daily

4. Treatment administration: how many times per day

- 0 None or as needed only
- 1 Once daily
- 2 Twice daily
- 3 Three or more times daily

5. Blood Sugar Testing: how many times per day:

- 0 None or as needed only
- 1 Less than once daily/more than as needed only
- 2 Once daily
- 3 Twice daily
- 4 More than twice daily

6. Any other regularly scheduled injections:

- 0 None or as needed only
- 1 Once per month or less than every other week
- 2 Every other week
- 3 Once weekly

LEVEL OF CARE SERVICE FEES

Residents in memory 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. 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.

Total Level of Care Score

1. Add the scores from the Caregiver Assistance.
2. Add the scores from the Nursing Assistance.
3. Total score: add both above scores

Nursing Assistance _____

Caregiver Assistance _____

Total Score _____