



MEMORY CARE ~ LEVEL OF CARE ASSESSMENT TOOL

**Caregiver
Assistance Needed**

Resident _____ Month _____

1. ADL Care includes dressing, grooming, hygiene and bathing:

- 1 Less than 50% of care completed by staff
- 2 50% of care completed by staff
- 3 75% of care completed by staff
- 4 100% of care completed by staff

2. Mobility/Transfers:

- 1 Independent mobility w/out assistive device
- 2 Independent mobility on/off unit with walker, no WC and steady gait
- 3 Supervision/min assistance mobility on/off unit, WC for intermittent or long distance, unsteady
- 4 Max assistance w/mobility on/off unit, WC for short distances, misjudges posture

3. Nutrition/Eating:

- 1 Independently feeds self
- 2 Requires minimal assistance
- 3 Requires moderate cueing and set up.
- 4 Requires max cueing & physical assist; or marked weight loss

4. Continance Bladder & Bowel:

- 1 Continent of bladder and bowel
- 2 Assist with toileting
- 3 Incontinent of bladder, continent of bowel
- 4 Unmanageable incontinence ~ voids inappropriately

5. Endurance/Attention Span:

- 1 Alert and responsive
- 2 Cognitive level varies throughout the day
- 3 Requires frequent staff intervention
- 4 Cognitive limitation interferes with ADL function/activity participation

6. Follow Direction:

- 1 No cueing 2+ step directions
- 2 Minimal to moderate cueing, 1-3 step directions
- 3 Maximum cueing for simple 1 step directions
- 4 Requires frequent intervention



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Nurse Assistance Needed

1. Socialization:

- 1 Active participant in activities at all times
- 2 Responds to others most of the time
- 3 Responds to others 50% of the time
- 4 Socially isolative, non responsive to others w/out 1:1 contact

2. Behaviors:

- 1 No/minimal behaviors noted
- 2 Behaviors present, redirects easily, behavior management in place
- 3 Behaviors present, difficult to redirect, regularly agitated or strikes out
- 4 Accelerated Dementia, regular staff intervention

3. Communication:

- 1 Communicates well in conversation
- 2 Able to make basic needs known
- 3 Word finding difficulty, use of gestures, needs cueing, frequently loses train of thought
- 4 Unable to express needs, nonsensical speech

4. Wandering/Elopement:

- 1 No elopement attempts
- 2 Infrequent elopement attempts
- 3 Occasional elopement attempts
- 4 Frequent elopement attempts

5. Medications:

- 1 Family administer meds, but stored by nurse
- 2 1 medication pass per day
- 3 2 medication passes per day
- 4 > 3 medication passes per day

6. Treatments:

- 1 No treatments
- 2 1 treatment per day
- 3 2 treatments per day
- 4 > 3 or more treatments per day

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

Add points from both sides of the flyer:

Nursing Assistance Points _____

Caregiver Assistance Points _____

Total Point Score:

Level 1 12-24 points

Level 2 25-36 points

Level 3 37-48 points

