



## ASSISTED LIVING LEVEL OF CARE ASSESSMENT TOOL

### **Licensed Nurse Assistance Needed**

#### **Medication ~ How Many Times Per Day Administration By A Nurse?**

- 0 Independent, resident or family order and supply prescriptions
- 4 Independent (FTJ processes)
- 7 Medication pass 1 x daily
- 10 Medication pass 2 x daily
- 13 Medication pass 3 x daily
- 16 Medication pass 4 x daily

#### **Treatments~ How Many Times Per Day Administration By A Nurse?**

- 0 Independent
- 4 1 x per day (eye drop or breathing treatment)
- 10 2 or more treatments per day

#### **Diabetic Management**

- 0 No assistance needed
- 5 Controlled by meds, infrequent blood sugars
- 8 Occasional Blood sugars (1-2x week or less)
- 15 Complex management (blood sugar checks 1-2 x daily with daily insulin injections)
- 20 Unstable diabetes, (requires frequent med changes, correction of hypo/hyperglycemia, may require blood sugar checks 3x daily, insulin administration)

#### **Licensed Nurse Staff Time?**

- 0 None
- 20 High level licensed staff time related to acute illness

#### **Additional CNA Staff Time?**

- 0 None
- 4 CNA reminders for meals/activities
- 10 Requires staff to walk outside 1x daily
- 20 High CNA time related to frequent checks, extensive daily care etc.

#### **Behavior interventions**

- 0 None
- 5 Requires redirection
- 10 Frequent psychosocial interventions
- 15 Safety risk to self and others
- 20 Accelerated dementia requiring frequent staff intervention

## ASSISTED LIVING LEVEL OF CARE ASSESSMENT TOOL

*Continued*

### Caregiver Assistance Needed

#### Bathing

- 0 Independent
- 3 Stand by assist 1 x per week
- 5 Stand by assist 2x per week
- 8 Total assist 2 x per week
- 12 Total assist 3 x per week
- 15 Total assist 4 x per week
- 20 For showers taking longer than 20 minutes

#### Dressing/Grooming

- 0 Independent
- 5 Partial assistance
- 10 Total assistance 1 x per day
- 20 Total assist > 2 times per day

#### Compression Stockings

- 0 Independent
- 2 CNA assistance in AM
- 4 CNA assistance with applying in AM & removing

#### Tray Delivery

- 0 Never requests tray delivery
- 3 Occasional tray delivery < 10 x per month
- 5 Frequently requests tray 10 x month
- 10 Tray delivery 2 or more meals a day

#### Communication/Sensory Impairment

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

#### Mobility

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

#### Escorts

- 0 None
- 5 Occasional escorts
- 10 Frequent escorts (1-3 x daily)
- 15 Daily to meals and other activities (4+ x daily)

#### Bowel and Bladder

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

### 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.

### Point Totals and Levels

Points	Level
0-4	1
5-14	2
15-29	3
30-45	4
46-75	5

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