

Resident Name: _____ DOB: _____ Sex: _____ Date: _____

Physician: _____ Diagnosis: _____

Apartment Number: _____ Level of Care: Commons Arbor

Service Plan Review:

Initial/Annual _____ 30 Day (Commons only) _____

Quarterly (Arbor only) _____ Quarterly (Arbor only) _____ Quarterly (Arbor only) _____

Significant Change _____ Significant Change _____

Bathing Goal: I want to be well groomed and as independent as possible with bathing tasks.

Bathing

- ____(0) Independent
- ____(10) 2x/week Shower (stand by assist only-no hands-on assistance): service should not exceed 30 min. Includes set-up of supplies and being present in apartment for safety.
- ____(14) 2x/week Shower (one person assist): service should not exceed 30 min. Includes trimming of nails only if able to be clipped with a regular nail clipper. Not available for diabetics or those taking blood thinning medications. Includes assist with getting in and out of shower, washing back, hair, feet, difficult to reach areas and drying off.
- ____(6) 2x/week Shampoo Only: for example, in a sink or with a shower cap (independent of shower or bath).
- ____(18) 2x/week Whirlpool/Sponge (one person assist): service should not exceed 45 min. Includes trimming of nails only if able to be clipped with a regular nail clipper. Not available for diabetics or those taking blood thinning medications. Includes assist with getting in and out of whirlpool, set-up of supplies, washing/drying back, hair, feet and difficult to reach areas.

Grooming Goal: I want to be well groomed and dressed appropriate for the weather, in clean clothes, and as independent as possible with grooming tasks.

Grooming/Dressing

- ____(0) Independent: Can wash hands and face, comb hair, brush teeth or dentures, shave, and use deodorant without help. Able to put on, fasten and remove all clothing without any help.
- ____(7) 1x/day Ted Hose/Ace Wrap/Velcro Leg Wrap Assistance: Assistance putting on or taking off ted hose, ace wraps, or Velcro leg wraps. After removing wash and hang to dry. Do not use metal fasteners on ace bandages.
- ____(14) 2x/day
- ____(0) No Charge - Ted Hose/Ace Wrap/Velcro Leg Wrap Assistance (If done with AM or PM Cares): Assistance putting on or taking off ted hose, ace wraps, or Velcro leg wraps. After removing wash and hang to dry. Do not use metal fasteners on ace bandages.
- ____(7) 1x/day Supervision-Verbal Cueing/Grooming-Verbal Cueing: Up to 10 min (no ADL's). Needs supervision, cueing and/or reminders to complete the tasks of washing up, brushing teeth, cleaning dentures, combing hair. No physical assistance.
- ____(14) 2x/day
- ____(28) Standard Assist AM: Up to 15 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in dentures. This is minimal assistance of staff with cueing, setting out items/clothes, etc., resident actively participates.
- ____(14) Standard Assist PM: Up to 15 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is minimal assistance of staff with cueing, setting out items/clothes, etc., resident actively participates.
- ____(42) Extensive Assist AM: Up to 30 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff.
- ____(28) Extensive Assist PM: Up to 30 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is total assist from staff.
- ____(56) Extensive Plus AM: (Available in the Arbor Only) Up to 45 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff.
- ____(42) Extensive Plus PM: (Available in the Arbor Only) Up to 45 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is total assist from staff.

____(84) Extensive Max AM: (Available in the Arbor Only) Up to 60 min. Assist with dressing, grooming and toileting for the day. Brushing teeth and washing face, putting in dentures. This is total assist from staff.

____(56) Extensive Max PM: (Available in the Arbor Only) Up to 60 min. Assist with dressing, grooming and toileting to prepare for bed. Brushing teeth and washing face, removing dentures. This is total assist from staff.

Resident's preferred time to get up and go to bed: _____

Physical Goal: I want to remain as independent as possible with transfers and mobility, while maintaining my safety

Physical Assistance & Bed Mobility Goal

____(0) Independent: Ambulates without assistance or uses cane, walker or wheelchair independently.

____(0) Courtesy Escort: includes to and from destination with wheelchair, walker or stand-by assist or use of gait belt and firm grip on belt. Escort Resident to and from meals and activities for the first 5-7 days

____(12) 1x/day Escort: All include to and from destination with wheelchair or stand-by assist with or without gait belt.

____(24) 2x/day *See also Campus Escort if applicable.

____(36) unlimited times per day

____(6) Escort: 1x/ week

____(14) Bed Mobility/Repositioning (one person assist): Need help to sit up or reposition in bed.

____(14) Transfer Assistance (one person assist): Gait belt required and firm grip on belt to transfer.

Device Used: _____

Toileting Goal: I want to remain as continent and independent as possible with toileting routine.

Toileting Assist

____(0) Independent

____(55) Standard Bathroom Assist (one person): 1-6x/day. Includes reminders and cueing to assure proper hygiene. Staff will stay with resident to toilet, remind to clean up, wash hands, empty trash and flush toilet.

____(86) Standard Bathroom Assist (one person assist): 7x or more per day. Includes reminders and cueing to assure proper hygiene. Staff will stay with resident to toilet, remind to clean up, wash hands, empty trash and flush toilet.

____(86) Extensive/Incontinence Assist (one person assist): (Available in the Arbor Only) 1-6x/day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products.

____(114) Extensive/Incontinence Assist (one person assist): (Available in the Arbor Only) 7x or more per day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products.

____(11) per time/day Catheter/Colostomy Assist: Includes physical assistance with catheter care. Colostomy assist including emptying colostomy.

Type of Device: _____

Cognitive Goal: I want to remain as independent as possible while having a stable mental health status.

Safety Checks

____(0) Independent

____(7) RCF Reassurance Checks 1x/day: This is a scheduled check time. Check resident for safety

____(30) RCF Reassurance Check every 2 hours: This is a scheduled check time. Check resident for safety

____(28) RCF Redirection/Problem Solving-Moderate: Resident requires staff intervention related to anxious, irritable, or demanding behaviors. Resident responds to cues and interventions.

____(70) RCF Redirection/Problem Solving-Extensive: Resident requires staff intervention related to episodes of hallucinations, wandering, anxious, irritable, withdrawn or similar behaviors. Resistant to cares or aggressive.

Medication Management Goal: I want to remain as independent as possible, maintain my safety, and receive the correct medication, at the correct time, as they have been ordered by my physician.

Medication Management

____(0) Independent

____(15) Medication Monitoring/Management (1-8 meds): Nurse to assist with ordering, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.

____(20)	<u>Medication Monitoring/Management (9+ meds):</u> Nurse to assist with ordering, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.
____(10) per time	<u>Medication Administration:</u> Resident Assistant to administer meds. May include the following routes (oral, topical, inhalation, or eye/ear). This does not include administration of injections-see diabetes management for insulin injection options. Examples include: B12, Prolia, Procrit, etc.
____(7)	<u>Special Medication Administration:</u> This includes-crushing medications, checking blood pressure, pulse or weight prior to giving medications.
____(11) per time/day	<u>Nebulizer:</u> Includes assistance and supervision with nebulizer. This includes rinsing out the unit after use.
____(0) if same time as med admin	
____(0)	<u>Nebulizer Maintenance:</u> Weekly change tubing and mask. Follow delegated procedure.
____(11) 1x/day	<u>CPAP:</u> Includes assistance with CPAP. This includes wiping after use and filling with water.
____(22) 2x/day	
____(0) if same time as med admin	
____(0)	<u>CPAP Maintenance:</u> Weekly cleaning and filling with water. Follow delegated procedure.
____(7) 1x/day	<u>Oxygen Management:</u> Includes making sure portable oxygen tank is full, checking to make sure accurate flow rate is set.
____(14) 2x/day	changing tubing monthly, and filling humidity bubblers. Need MD order for monitoring and no parameters
____(21) 3x/day	Liters required _____
____(0)	<u>Oxygen Maintenance:</u> Weekly change tubing, cannula or mask, water reservoir. Fill and check water level. Wash filter.

Diabetic Management Goal: I want to remain as independent as possible, maintain my safety, and receive the correct medications as ordered by my physician to manage my diabetes.

Diabetes Management

____(0)	<u>Independent</u>
____(7) per time/day	<u>Blood Sugar/Glucometer check:</u> MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter.
____(7) per time/day	<u>Insulin Handing:</u> (Available in the Commons Only) Includes resident assistant handing insulin to resident to self inject. Resident needs to be able to safely manage administration. Medication management fee is required.
____(7) per time/day	<u>Insulin Handing and Blood Sugar check:</u> (Available in the Commons Only) MD order will be obtained for parameters for when to notify for high or low blood sugar. Staff will be made aware of this parameter. Includes resident assistant handing insulin to resident to self inject. Resident needs to be able to safely manage administration. Medication management fee is required.

Dining & nutritional goal: I want to maintain adequate nutrition with a well-balanced diet and opportunities for snacks.

Dining Room Assistance

____(0)	<u>Independent</u>
____(7) per meal	<u>Plate Set Up:</u> Assistance with plate set up and preparation to eat.
____(11)	<u>Light Meal/Snack (10 min):</u> Resident requests a light meal or a light snack to be prepared in their apartment. A light breakfast might consist of toast, juice, instant hot cereal or cold cereal and coffee. Light meal might include sandwich or frozen meal. Food and utensils provided by resident.
____(14) per meal	<u>Meal Assistance:</u> (Available in the Arbor Only) Includes plate set up and observation throughout meal. Cueing to eat. Cutting up food items. Assistance with feeding if resident is ordered for a regular textured diet.
____(12) per meal	<u>Tray Delivery:</u> Deliver meal tray to resident's apartment. Pickup and return tray back to kitchen
____(7)	<u>Snacks/Fluids 1x/day:</u> (Available in the Arbor Only) Bring snack or fluids to resident. Resident must consume independently.
Diet: _____	

Wellness Goal: I want to maintain independence when possible, and have assistance with health services as I need in order to maintain my health and wellness.

Wellness and Treatments

____(0)	<u>Independent:</u> Hears well, understands others: ____ Sees adequately with/without glasses: ____ Easily understood/communicates effectively: ____ Goes to clinic for lab monitoring: ____
____(1) per time for day/week	<u>Vital Monitoring:</u> Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special medications).

____(7)	<u>Sensory/Communication 2x/day:</u> (Available in the Arbor Only) Hearing impaired, needs reminders to use hearing aid (adjust volume, change battery, needs assist in ordering hearing aid batteries, etc.). Needs reminders to wear glasses. Staff time required due to difficulty speaking. Locking up hearing aides in medication cabinet in PM and taking out in AM.
____(0)	<u>No Charge - Sensory/Communication 2x/day (if done with AM or PM cares):</u> Hearing impaired, needs reminders to use hearing aid (adjust volume, change battery, needs assist in ordering hearing aid batteries, etc.). Needs reminders to wear glasses. Staff time required due to difficulty speaking. Locking up hearing aides in medication cabinet in PM and taking out in AM.
____(11)	<u>Wound Care 1x/day:</u> Includes simple dressing changes or wound or skin treatments per physician orders (for Resident Assistant to complete).
____(5)	<u>Nail Care 1x/week:</u> Includes soaking of feet, trimming of nails only if able to be clipped with regular nail clippers. Not available for diabetics and those taking blood thinning medications. (This service is included if receiving bathing/showering assistance.)
____(7) per time/day	<u>Treatments:</u> Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry. etc.
____(7) per time/day	<u>Treatment-Lotion, Ointment, and/or Cream:</u> Includes any lotion, ointment or cream application not done with AM/PM Cares or Medication Administration. (Lotion, ointment and/or cream must be entered with this service to appear on the medication list however if it is assigned as a service it does not need to appear on the MAR: select "Suppress from MAR" to prevent from flowing to the MAR.)
____(0)	<u>No Charge-Treatment Lotion, Ointment, and/or Cream:</u> Includes any lotion, ointment or cream application done with AM/PM Cares or Medication Administration. (Lotion, ointment and/or cream must be entered with this service to appear on the medication list however if it is assigned as a service it does not need to appear on the MAR: select "Suppress from MAR" to prevent from flowing to the MAR.)
**See Grooming/Dressing section for Ted Hose, Ace Wraps and Velcro Leg Wraps	

Household needs goal: I will have a clean, and well maintained apartment, including clean bedding, towels and clothing when requested.

Maintenance

____(0)	Independent-resident will go to clinic for nursing services
____(24)	<u>Schedule Medical Appointments:</u> (Available in the Arbor Only) Includes home care support scheduling transportation once an appointment date/time has been determined.
____(7)	<u>Homemaking 1x/day up to 15 min:</u> Includes daily bed making, washing dishes, making coffee, taking garbage out, etc.
____(7)	<u>Housekeeping 1x/day up to 15 min:</u> Includes assistance with additional cleaning needs. Ex. Cleaning out fridge
____(10)	<u>LA Laundry- 1-2 loads of personal laundry per week</u>
____(0)	<u>Basic Linen Change:</u> weekly linen change

Service Level Points (total from all 4 pages): _____

Monthly Fee: _____

Fee amount per point total:

Package	Points	Effective 10/1/2023	Package	Points	Effective 10/1/2023
RCF1	0-9	\$ 460	RCF9	171-193	\$ 4,140
RCF2	10-32	\$ 920	RCF10	194-216	\$ 4,350
RCF3	33-55	\$ 1,380	RCF11	217-239	\$ 4,560
RCF4	56-78	\$ 1,840	RCF12	240-262	\$ 4,770
RCF5	79-101	\$ 2,300	RCF13	263-285	\$ 4,980
RCF6	102-124	\$ 2,760	RCF14	286-308	\$ 5,190
RCF7	125-147	\$ 3,220	RCF15	309-331	\$ 5,400
RCF8	148-170	\$ 3,680			

Initial/Annual

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

30 Day (Commons Only)

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

Quarterly (Arbor Only)

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

Quarterly (Arbor Only)

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

Quarterly (Arbor Only)

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

Significant Change

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____

Significant Change

Resident/Responsible Party Signature: _____ Date _____

Staff Signature: _____ Date _____