

Resident Name: _____ Apartment: _____ Date: _____

Bathing

- ____(1) 1-2 showers or 1 whirlpool stand by assist (no hands-on assistance): service should not exceed 30 min. Includes set-up of supplies and being present in apartment for safety.
- ____(2) 1-2 showers or 1 whirlpool 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 or whirlpool, washing back, hair, feet, difficult to reach areas and drying off.
- ____(3) 1-2 showers or 1 whirlpool with mechanical lift: 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 or whirlpool, washing back, hair, feet, difficult to reach areas and drying off. Cannot exceed assist of 2.
- ____(1) Shampoo Only: for example, in a sink or with a shower cap (independent of shower or bath).

Grooming/Dressing

- ____(1) 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.
- ____(1) Verbal Cueing/Grooming-Verbal Cueing: Up to 10 min (no ADL's). Needs cueing and/or reminders to complete the tasks of washing up, brushing teeth, cleaning dentures, combing hair. No physical assistance.
- ____(2) Standard Assist-No transfer assistance: Up to 15 min. Assist with dressing, grooming and toileting to prepare for the day. This is minimal assistance of staff, with cueing, setting out items/clothes, etc. Resident actively participates.
- ____(3) Extensive Assist-1 person transfer assistance: Up to 30 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in/taking out dentures. This is total assist from staff.
- ____(3) Extensive Assist-Mechanical Lift: Up to 30 min. Assist with dressing, grooming and toileting to prepare for the day. Brushing teeth and washing face, putting in/taking out dentures. This is total assist from staff. Cannot exceed assist of 2.

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

Physical Assistance

- ____(1) Unlimited Escort to Meals and Activities: All include to and from destination with wheelchair or stand-by assist with or without gait belt.
- ____(2) Bed Mobility/Repositioning (one person assist): Need help to sit up or reposition in bed.
- ____(3) Bed Mobility/Repositioning (mechanical lift or assist of 2): Need help to sit up or reposition in bed. Draw sheet can be used (minimal lifting). Cannot exceed assist of 2.
- ____(2) Transfer Assistance (one person assist): Gait belt required and firm grip on belt to transfer.
- ____(3) Transfer Mechanical Lift – Assist of 1: If resident is unable to bear weight more than 8 seconds independently.
Type of lift: _____ Sling or vest type and size: _____
- ____(3) Transfer Mechanical Lift – Assist of 2: If resident is unable to bear weight more than 8 seconds independently.
Type of lift: _____ Sling or vest type and size: _____
- ____(\$200/
month) (2) Exercise/Walking: Up to 15 minutes gait belt required. See exercise instructions provided by nurse or PT. Cannot exceed assist of 2.

Toileting Assist

- ____(1) Standard Bathroom Assist (one person assist stand by): 1-3x/day (not including toileting done with AM or PM cares). 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.
- ____(2) Standard Bathroom Assist (one person assist stand by): 4-5x/day (not including toileting done with AM or PM cares). 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.
- ____(3) Standard Bathroom Assist (one person assist stand by): 6+x/day (not including toileting done with AM or PM cares). 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.
- ____(3) Extensive/Incontinence Assist: 1+x/day. Includes assistance getting on and off toilet, product usage, cleaning or peri-care, trash emptying of incontinence products. Cannot exceed assist of 2.
- ____(1) Urinal or Commode Emptying: Includes emptying and rinsing out the urinal or commode.

- ___(1) 1-3x/day Catheter Assist: Includes physical assistance with catheter care including emptying. Does not include catheter changes.
- ___(2) 4-5x/day Type of Device: _____
- ___(3) 6+x/day
- ___(3) Colostomy Assist: Includes physical assistance with colostomy care including emptying. Does not include bag changes.
Type of Device: _____

Safety Checks

- ___(2) Arbor/Hearth Reassurance Checks 1x-3x/day: This is a scheduled check time. Check resident for safety.
- ___(3) Arbor/Hearth Reassurance Check 4+x/day: This is a scheduled check time. Check resident for safety. Checks cannot be more frequent than every 2 hours.
- ___(1) Level 1: Resident requires minimal intervention or redirection throughout day and is easily redirected.
- ___(2) Level 2 Redirection/Problem Solving: Resident requires staff intervention related to anxious, irritable, or demanding behaviors. Resident responds to cues and interventions.
- ___(3) Level 3 Redirection/Problem Solving: Resident requires staff intervention related to episodes of hallucinations, wandering, anxious, irritable, withdrawn or similar behaviors. Resistive to cares or aggressive. Risk of abuse to self/others.

Medication Management

- ___(1) Medication Monitoring/Management (1-14 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.
- ___(2) Medication Monitoring/Management (15+ meds): Nurse to assist with order, 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.
- ___(3) Medication Monitoring/Management and Syringe set up and/or insulin pen: Nurse to assist with order, storage and set-up of medication. This includes all oral, topical, inhalation, eye, ear, rectal, and as needed medications. Nurse to assist filling syringes for scheduled medications or setting up insulin pen. This includes sliding scale insulin for insulin pens only, if applicable. Weekly monitoring includes medication compliance, PRN usage, checking for needed refills and medication expiration dates.
- ___(1) Medication Administration (1-4x/day): 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. Medication management is required.
- ___(2) Medication Administration (5-6x/day): 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. Medication management is required.
- ___(3) Medication Administration (7+x/day): 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. Medication management is required.
- ___(2) Special Medication Administration: This includes-crushing medications, checking blood pressure, pulse, or weight prior to giving medications.
- ___(2) Oxygen Management: Oxygen up to 5mL/min and determined stable by provider/site RN (exception hospice). Includes making sure portable oxygen tank is full, checking to make sure accurate flow rate is set. changing tubing monthly, and filling humidity bubblers. Need MD order for monitoring and no parameters
Number of times per day: _____
Liters required _____
- ___(1) Oxygen Maintenance: Weekly change tubing, cannula or mask, water reservoir. Fill and check water level. Wash filter.
- ___(1) Nebulizers (1-4x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(2) Nebulizers (5-6x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(3) Nebulizers (7+x/day): Includes assistance/supervision with nebulizer machine. This includes rinsing out the units after use.
- ___(1) Nebulizer Maintenance: Weekly change tubing and mask. Follow delegated procedure.
- ___(1) CPAP: Includes assistance with CPAP. This includes wiping after use and filling with water.
- ___(1) CPAP Maintenance: Weekly cleaning and filling with water. Follow delegated procedure.

Diabetes Management

- ____(1) Blood Sugar Check (<1x/day, i.e., weekly, monthly, etc.): 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.
- ____(2) Blood Sugar Check (1x/day or more): 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.
- ____(3) Insulin Administration: 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 the staff administering the insulin to resident. Insulin site rotation needed. Medication management fee is required.

Dining Room Assistance

- ____(2) Meal Plate Set Up: Assistance with plate set up and preparation to eat.
- ____(3) Meal Assistance: Includes plate set up and observation throughout meal. Cueing to eat and feeding.
- ____(1) Tray Delivery: Deliver meal tray to resident's apartment. Pickup and return tray back to kitchen. Resident must be independent and require no supervision for meals.
- ____(1) Snacks/Fluids: Bring snack or fluids to resident.
- ____(1) Light Breakfast: Resident requests a light breakfast 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. Food and utensils provided by resident.

Diet: _____

Wellness & Treatment

- ____(1) Monthly Vital Monitoring: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter.
- ____(1) Vital Monitoring 1x/week or less: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special medications).
- ____(2) Vital Monitoring 2x/week or more: Includes staff checking pulse, blood pressure, weight and/or pulse oximeter (if not addressed under special medications).
- ____(1) Sensory/Communication 2x/day: 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 aids in medication cabinet in PM and taking out in AM.
- ____(1) Wound Care – RA (Basic) 1x/day: Includes simple dressing changes or wound or skin treatments per physician orders (for Resident Assistant to complete).
- ____(2) Wound Care – RA (Basic) 2x/day: Includes simple dressing changes or wound or skin treatments per physician orders (for Resident Assistant to complete).
- ____ *nurse
unscheduled
visit charge
each time* Wound Care – Nurse (Complex): Nurse to complete. Includes complex wound care per physician orders.
- ____(1) Treatments 1x/day: Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry, brace application, etc. May include brace application not ordered by a physician.
- ____(2) Treatments 2x/day: Includes any physician ordered treatment-ice packs, Tens Unit, ear care, incentive spirometry, brace application, etc. May include brace application not ordered by a physician.
- ____(1) Treatment-Lotion, Ointment, and/or Cream 1x/day: Includes any non-medicated or non-prescription lotion, ointment or cream application. (Medicated and prescription lotion, ointment or cream is considered a medication.)
- ____(2) Treatment-Lotion, Ointment, and/or Cream 2x/day: Includes any non-medicated or non-prescription lotion, ointment or cream application **not** done with AM/PM Cares or Medication Administration. (Medicated and prescription lotion, ointment or cream is considered a medication.)
- ____(1) Treatment-Lotion, Ointment, and/or Cream 2x/day: Includes any non-medicated or non-prescription lotion, ointment or cream application **done with** AM/PM Cares or Medication Administration. (Medicated and prescription lotion, ointment or cream is considered a medication.)
- ____(1) Nail Care 1x/week: Includes soaking of feet, trimming of nails only if able to be clipped with regular nail clippers. Not available for diabetics or those taking blood thinning medications. This service is included if receiving bathing/showering assistance.
- ____(1) Homemaking 1x/day up to 15 min: Includes daily bed making, washing dishes, making coffee and taking garbage out.

**See Grooming/Dressing section for Ted Hose, Ace Wraps and Velcro Leg Wraps

Laundry

- ____(1) Laundry: 3 loads/week (ancillary fee for extra loads)
- ____(1) Basic Linen Change: weekly linen change

Services recommended but declined:

- Education provided to resident/responsible party regarding benefit/need for services
- Risk reviewed with resident/responsible party
- Assessment updated to reflect decline of service
- Nursing note completed

Services being provided by family/responsible party:

Services being provided by Outside Agency:

Service Level (highest level from all 3 pages): _____

Monthly Fee: _____

**** Complete a new functional assessment with changes in care and sign new Service Plan.****

Fee amount per care level:

Level 1: \$2,400 Level 2: \$3,290 Level 3: \$4,180

Resident/Responsible Party Signature or Verbal consent given by: _____ **Date** _____

RN Signature: _____ **Date** _____

Elderly Waiver-Assisted Living Non- Clinical Services Addendum:

In addition to the monthly fee above, a \$ 596.00 per month fee is also required for those residents that do not have this included in rent and includes:

- Meals \$ 425.00 per month
- Socialization \$ 55.00 per month
- Housekeeping \$116.00 per month