

## Assessment Tool and Negotiated Service Plan

HOUSE:

TENANT:

Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Review Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Assessment Tool	2012 - Charge by Levels <input type="button" value="v"/> OR Charge by Points <input type="button" value="v"/>
Review Type:	Initial / Change / 30-Day / 90-Day / 180-Day
When will the next assessment be due:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Code Status:	<input type="text"/> CPR / <input type="text"/> DNR
Weight:	<input type="text"/> Lbs
Height:	<input type="text"/> Feet <input type="text"/> Inches

Selected Options:

Diagnosis Types:	Admitting Diagnosis Notes:
Primary : <input type="text"/>	<input type="text"/>
Second : <input type="text"/>	<input type="text"/>
Third : <input type="text"/>	<input type="text"/>
Fourth : <input type="text"/>	<input type="text"/>
Fifth : <input type="text"/>	<input type="text"/>
Sixth : <input type="text"/>	<input type="text"/>
Seventh : <input type="text"/>	<input type="text"/>
	Allergies:
	<input type="text"/>

0 Points :: Level 0

There are 12 sections to complete on this assessment. Answer Yes or No to each question. You will be required to add service plan notes in the **add notes** section for every **Yes answer**. You will not be able to finalize the assessment if you do not add notes. For all items marked **NURSE**, the nurse should be consulted prior to accepting the potential resident. For items marked **RDO**, the RDO must be consulted prior to accepting the resident.

Base Level

☐ No ☐ Yes No care services provided 0 points

MEDICATION ASSISTANCE (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes Do you take any medications, prescription or over-the-counter, including vitamins or nutritional? 0 points

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ Are you able to manage your medications independently, including storage, set-up, taking, re-ordering or do you have someone who manages your medications for you? 0points
- ☐ Do you need 1-2 reminders per day ONLY in order to safely take your medications? (You are able to order, store, set-up, and take your medications without assistance or supervision. You need reminders only.) Not available in all states. 2points
- ☐ Do you need 3-4 reminders per day ONLY in order to safely take your medications? (You are able to order, store, set-up, and take your medications without assistance or supervision. You need reminders only.) Not available in all states. 3points
- ☐ Do you need 5-6 reminders per day ONLY in order to safely take your medications? (You are able to order, store, set-up, and take your medications without assistance or supervision. You need reminders only.) Not available in all states. 4points
- ☐ Do you need 7 or more reminders per day ONLY in order to safely take your medications? (You are able to order, store, set-up, and take your medications without assistance or supervision. You need reminders only.) Not available in all
- ☐ Do you need us to set up or re-order your routine or PRN (as-needed) medications? (If we do that, you are able to take your medications without supervision, assistance, or reminders.) Not available in all states. 3points
- ☐ Do you need us to administer or supervise self-administration of your medications? (Includes store, set-up and re-order). Not available in all states. 4points

☐ No ☐ Yes Are your medications dispensed in a packaging system different than that selected by the residence (time-pass, bubble-pack)? (Does not apply to a person who self-medicates all meds.) 5 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes Do you need assistance with administration or supervision monitoring of pulse rate, blood pressure, or weight more frequently than monthly? 2 points

☐ No ☐ Yes Do you need assistance with administration or supervision for medicated lotions, creams, ointments, or patches? 1 points

☐ No ☐ Yes Do you need assistance with administration or supervision for eye, ear, or nose drops or nasal sprays? 1 points

☐ No ☐ Yes Do you need assistance with administration or supervision for powder or fiber mixed in a liquid? 1 points

☐ No ☐ Yes Do you need assistance with administration or supervision for routine inhalers? 1 points

☐ No ☐ Yes Do you need assistance with administration or supervision for monthly injection? 1 points

☐ No ☐ Yes Do you need assistance with administration or supervision for special preparation of medications, including suppositories, liquids, crushing and mixing with food? 1 points

☐ No ☐ Yes Do you take 10 or more routine medications per day or more than 4 medication assistance times per day? 5 points

☐ No ☐ Yes Do you take blood thinners or anticoagulants requiring lab monitoring by our nurse or staff--Warfarin, Coumadin, etc? 1 points

☐ No ☐ Yes Do you take any routine or PRN (as needed) controlled substances? (Prescription pain medication or psychoactive medication?) 2 points

☐ No ☐ Yes Do you take psychoactive medications? (NON-controlled) (Does not include antidepressants or Alzheimer's drugs) 1 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you take an antidepressant medication? 0 points

**TREATMENTS** (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes

Do you use Oxygen? NURSE 0 points

☐ No ☐ Yes

Do you need assistance with set-up or re-order of oxygen? 2 points

☐ No ☐ Yes

Do you use a nebulizer daily? NURSE

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Are you able to manage it without assistance? 0points

☐

Do you need nebulizer assistance for set-up only? (up to 2 per day) 2points

☐

1 additional set-up per day? 4points

☐

2 additional set-ups per day? 6points

☐

3 additional set-ups per day? 8points

☐

4 additional set-ups per day? 10points

☐ No ☐ Yes

Do you need staff to stay with you during the nebulizer treatments?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need assistance with 1-2 nebulizer treatments per day? 15points

☐

Do you need assistance with 3 nebulizer treatments per day? 20points

☐

Do you need assistance with 4 nebulizer treatments per day? 35points

☐

Do you need assistance with 5 nebulizer treatments per day? 40points

**DIABETES ASSISTANCE** (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes

Are you diabetic? NURSE 0 points

☐ No ☐ Yes

Do you have safety lancets, needles and/or safety syringes? 0 points

☐ No ☐ Yes

Do you check your blood sugar regularly? 0 points

☐ No ☐ Yes

Do you take insulin? 0 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you need assistance with blood sugar checks, including recording results and communicating to your physician? 2 points

☐ No ☐ Yes

Are you able to inject your insulin if our staff has drawn it up for you? Not available in all states. 2 points

☐ No ☐ Yes

Do you need us to manage all aspects of your routine insulin administration and including safe disposal of all sharps? 4 points

☐ No ☐ Yes

Do you use sliding scale insulin (insulin dosage adjusted based on your blood sugar)? 0 points

☐ No ☐ Yes

Do you need assistance with your sliding scale insulin 1-2 times per day? 4 points

☐ No ☐ Yes

Do you need assistance with your sliding scale insulin 3-4 times per day? 8 points

**BATHING (ALC standard is two times per week) (Enter service plan here.)**

[add notes](#)

☐ No ☐ Yes

Do you need assistance to bathe or shower?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need us to remind you and prepare your bath or shower (set-up supplies, adjust water, etc.)? (You are then able to complete your bath or shower independently.) 1 points

☐

Do you need staff to stay with you or physically assist you during showering or bathing? 6 points

☐ No ☐ Yes

Would you prefer staff assistance with additional baths or showers?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

1 additional bath per week 4 points

☐

2 additional baths per week 8 points

☐

3 additional baths per week 12 points

☐

4 additional baths per week 16 points

☐

5 additional baths per week 20 points

☐

1 additional shower per week 3 points

☐

2 additional showers per week 6 points

☐

3 additional showers per week 9 points

☐

4 additional showers per week 12 points

☐

5 additional showers per week 15 points

Total Points this Page \_\_\_\_\_

**BATHROOM ASSISTANCE** (Enter service plan here.)[add notes](#)☐ No ☐ Yes

Are you unable to use the bathroom independently?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need reminders to independently use the bathroom or to change your protective garments? 3points

☐

Do you need staff assistance in the bathroom? (i.e., assistance on and off the commode, assistance with clothing, changing protective undergarments, etc.) 15points

☐ No ☐ Yes

Do you use protective undergarments or pads? 0 points

☐ No ☐ Yes

Despite the use of protective undergarments or pads, do you have episodes of soiling clothes, bedding, furniture or carpets? 5 points

☐ No ☐ Yes

Do you need staff to empty a bedside commode or urinal? 2 points

☐ No ☐ Yes

Do you need staff to empty a catheter drainage bag? Not available in all states. 2 points

☐ No ☐ Yes

Do you need staff to change a colostomy bag? Not available in all states. 4 points

**DRESSING AND GROOMING** (Enter service plan here.)[add notes](#)☐ No ☐ Yes

Are you unable to dress and groom independently?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need reminders to dress or groom? 1points

☐

Do you need dressing or grooming supplies set up for you but are then able to dress and groom without assistance? (Includes reminders.) 2points

☐

Do you need staff to stay with you while you dress or groom or physically assist you to dress or groom (includes reminders and set up of supplies)? 4points

☐ No ☐ Yes

Do you need assistance donning any special equipment or clothing such as a brace, splint, prosthesis or TED hose? 3 points

**MOBILITY, TRANSFER, ESCORT** (Enter service plan here.)[add notes](#)☐ No ☐ Yes

Do you use a cane? 0 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes **Do you use a walker? 0 points**

^

v

☐ No ☐ Yes **Do you use a manual wheelchair? 0 points**

^

v

☐ No ☐ Yes **Do you use an electric wheelchair or scooter? 0 points**

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v

☐ No ☐ Yes **Have you fallen in the last week? 0 points**

^

v

☐ No ☐ Yes **Have you fallen in the last month? 0 points**

^

v

☐ No ☐ Yes **Have you fallen in the last 3 months? 0 points**

^

v

☐ No ☐ Yes **Have you fallen more than 3 months ago? 0 points**

^

v

☐ No ☐ Yes **I have never fallen. 0 points**

^

v

☐ No ☐ Yes **Do you have a diagnosis of osteoporosis? 0 points**

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v

☐ No ☐ Yes **Do you plan to attend or do you attend our exercise program? 0 points**

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v

☐ No ☐ Yes **Do you require a hi/lo bed? 0 points**

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v

☐ No ☐ Yes **Do you require bed cane? 0 points**

^

v

☐ No ☐ Yes **Do you require other safety equipment? 0 points**

^

v

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you require frequent checks? (if yes, see page 7) 0 points

☐ No ☐ Yes

Do you need any assistance with mobility?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need reminders to use your assistive device (walker, etc) 1points

☐

Do you need staff to escort you or push your wheelchair to move about the residence? 6points

☐ No ☐ Yes

Do you require assistance with transfers?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

Do you need assistance of one person getting out of a chair or bed or transferring from chair to bed, etc? 4points

☐

Do you require assistance of 2-persons to get out of bed and chair or transporting from bed to chair? 14points

☐

Do you require the assistance or the use of a mechanical lift for transfers? Not available in all states. 14points

**DINING SERVICES - ALC offers a liberalized diet (Enter service plan here.)**

[add notes](#)

☐ No ☐ Yes

Do you require a specially prepared diet - pureed, chopped, etc? 2 points

☐ No ☐ Yes

Do you require a specially prepared diet such as - vegetarian, renal, gluten free, or other? (may not be available at this residence) 0 points

☐ No ☐ Yes

Have you experienced any weight gain?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

In the last 30 days? 0points

☐

In the last 90 days? 0points

☐

In the last 180 days? 0points

☐ No ☐ Yes

How much did you gain?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

☐

5 lbs 0points

☐

10 lbs 0points

☐

15 lbs 0points

☐

> 15 lbs 0points

☐ No ☐ Yes

Have you experienced any weight loss?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

Total Points this Page \_\_\_\_\_

- ☐ In the last 30 days? 0points
- ☐ In the last 90 days? 0points
- ☐ In the last 180 days? 0points

☐ No ☐ Yes

How much did you lose?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ 5 lbs 0points
- ☐ 10 lbs 0points
- ☐ 15 lbs 0points
- ☐ > 15 lbs 0points

☐ No ☐ Yes

Is there a physician order for a nutritional supplement on the MAR? 2 points

☐ No ☐ Yes

Do you need special attention or assistance with set-up of your meal? (cutting meats, opening packets, etc) 2 points

☐ No ☐ Yes

Do you have difficulty swallowing? NURSE 0 points

☐ No ☐ Yes

Do you need assistance with PEG tube feedings and/or medications? Not available in all states. 10 points

☐ No ☐ Yes

Do you need or desire tray service for breakfast? 3 points

☐ No ☐ Yes

Do you need or desire tray service for lunch? 3 points

☐ No ☐ Yes

Do you need or desire tray service for dinner? 3 points

☐ No ☐ Yes

Do you need any assistance with eating, verbal queuing, manual assistance? (includes cutting meats, opening packets, etc) 15 points

ORIENTATION/BEHAVIOR/SAFETY (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes

Do you have trouble recalling the day, date, time, or where you are located? 0 points

Total Points this Page \_\_\_\_\_



☐ No ☐ Yes Do you need reminders or guidance to find your way to and from location such as from your room/apartment to the dining room, etc? 3 points

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↓

☐ No ☐ Yes Do you wander in to inappropriate places due to an inability to find your room/apartment? NURSE/RDO 4 points

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↓

☐ No ☐ Yes Have you ever wandered outside or left a building unsupervised even though you have difficulty finding your way around or recalling how to get back to your home or apartment? NURSE/RDO 8 points

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↓

☐ No ☐ Yes Do you have anxiety or agitation that requires staff management? 3 points

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☐ No ☐ Yes Do you have refusal/noncompliance with medications/treatments? 3 points

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↓

☐ No ☐ Yes Do you have resistance to ADLs? 3 points

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↓

☐ No ☐ Yes Do you have aggressive behavior, verbal, or physical? (not associated to resistance to ADLs) 3 points

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↓

☐ No ☐ Yes Do you have behaviors related to past or present drug or alcohol use? 3 points

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↓

PET CARE (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes Do you have a pet which you are able to care for independently, including clean-up of pet waste?. 0 points

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☐ No ☐ Yes Do you need staff to feed your pet? 2 points

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☐ No ☐ Yes Do you need staff to exercise or walk your pet? 2 points

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Total Points this Page \_\_\_\_\_

☐ No ☐ Yes Do you need staff to clean up after your pet? 2 points

**LIFESTYLE HABITS** (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes Do you plan to attend or do you attend any of the Meaningful Pursuit activities available in our calendar? 0 points

☐ No ☐ Yes Do you prefer to pursue independent activities in your room/apartment? 0 points

☐ No ☐ Yes If you smoke, are you able to manage your cigarettes and smoke safely and without assistance outside in our designated smoking area? 0 points

☐ No ☐ Yes If you smoke, do you need us to store, dispense, and/or light your cigarettes? 5 points

☐ No ☐ Yes If you smoke, do you need staff to stay with you while you smoke outside in our designated smoking area? 10 points

☐ No ☐ Yes Do you plan to drink alcohol in your room/apartment? 0 points

☐ No ☐ Yes Does your physician require us to monitor or manage your alcohol consumption? 2 points

**SPECIAL SERVICES** (Enter service plan here.)

[add notes](#)

☐ No ☐ Yes Do you need assistance with insurance forms or other paperwork for your payer source? 1 points

☐ No ☐ Yes Do you need assistance with your mail or the use of the telephone on a regular basis? 1 points

☐ No ☐ Yes Do you need us to coordinate care with your Physician? 1 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you need us to coordinate care with your Podiatrist? 1 points

☐ No ☐ Yes

Do you need us to coordinate care with your Dentist? 1 points

☐ No ☐ Yes

Do you need us to coordinate care with your Optometrist/Ophthalmologist? 1 points

☐ No ☐ Yes

Do you need us to coordinate care with your Medical Supply Company? 1 points

☐ No ☐ Yes

Do you receive care from a Home Health care provider? 2 points

☐ No ☐ Yes

Do you receive care from a Hospice provider? 2 points

☐ No ☐ Yes

Do you need the community to manage/order incontinence supplies on a monthly basis? 1 points

☐ No ☐ Yes

Do you need the community to manage/order nutritional supplements on a monthly basis? 1 points

☐ No ☐ Yes

Do you need the community to manage/order shampoo, toothpaste, or other toiletries on a monthly basis? 1 points

☐ No ☐ Yes

Do you need the community to manage/order other supplies on a monthly basis? 1 points

☐ No ☐ Yes

Do you require assistance with additional treatments, medications, or health monitoring? (may not be available in this state or this residence.) 0 points

☐ No ☐ Yes

Do you need assistance with wound care? 8 points

☐ No ☐ Yes

Do you require assistance with injections, other than insulin, that are required more frequently than once per month? 5 points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you require OTHER-1 assistance with additional treatments, medications, or health monitoring: (may not be available in this state or at this residence)? Please specify. Point value determined by RDO/RQCS.

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ Other 1points
- ☐ Other 2points
- ☐ Other 3points
- ☐ Other 4points
- ☐ Other 5points
- ☐ Other 6points
- ☐ Other 7points
- ☐ Other 8points
- ☐ Other 9points
- ☐ Other 10points

☐ No ☐ Yes

Do you require OTHER-2 assistance with additional treatments, medications, or health monitoring: (may not be available in this state or at this residence)? Please specify. Point value determined by RDO/RQCS.

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ Other 1points
- ☐ Other 2points
- ☐ Other 3points
- ☐ Other 4points
- ☐ Other 5points
- ☐ Other 6points
- ☐ Other 7points
- ☐ Other 8points
- ☐ Other 9points
- ☐ Other 10points

☐ No ☐ Yes

Do you require OTHER-3 assistance with additional treatments, medications, or health monitoring: (may not be available in this state or at this residence)? Please specify. Point value determined by RDO/RQCS.

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ Other 1points
- ☐ Other 2points
- ☐ Other 3points
- ☐ Other 4points
- ☐ Other 5points
- ☐ Other 6points
- ☐ Other 7points
- ☐ Other 8points
- ☐ Other 9points
- ☐ Other 10points

Total Points this Page \_\_\_\_\_

☐ No ☐ Yes

Do you need additional housekeeping over the standard weekly service?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ 1 additional day of housekeeping 2points
- ☐ 2 additional day of housekeeping 4points
- ☐ 3 additional day of housekeeping 6points
- ☐ 4 additional day of housekeeping 8points
- ☐ 5 additional day of housekeeping 10points
- ☐ 6 additional day of housekeeping 12points

☐ No ☐ Yes

Do you need additional laundry over the standard weekly service?

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ 1 extra time per week. 4points
- ☐ 2 extra times per week. 8points
- ☐ 3 extra times per week. 12points
- ☐ 4 extra times per week. 16points
- ☐ 5 extra times per week. 20points
- ☐ 6 extra times per week. 24points

☐ No ☐ Yes

Transportation-as allowed/required by state law.

\*\*\*Please Select an item below if this Service applies to the Resident! 0 points

- ☐ Arrange transportation. 1points
- ☐ Transportation only--See Residence Director for charge 0points
- ☐ Transportation and/or escort --See Residence Director for charge 0points

Other Services:

Total Points this Page \_\_\_\_\_

Add Page Totals to determine Total Points

TOTAL SERVICE POINTS  
ASSESSED LEVEL OF CARE

Page 1 points	
Page 2 points	
Page 3 points	
Page 4 points	
Page 5 points	
Page 6 points	
Page 7 points	
TOTAL POINTS	
SERVICE LEVEL	

**I understand that the above price information is based on information given at the time of assessment and may be modified based upon physician's orders and/or assessment completed at move-in**

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Resident or Responsible Party

Date

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Director or Designee

Date

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Nurse (if required by state regulations)

Date

---

Additional Staff (if required by state regulations)

Date