

Resident Level of Care Sheet

Care Provided:								
Medication Management	Self-administers medications (meds) and can do so safely.	0	Self-directed administration. Has a physical diagnosis (Dx) that impedes ability to fully self medicate.	1	Self-administration with supervision. Needs reminders for correct time, dose and/or recording of meds.	2	Requires medication administration by staff or resides in an ALR that requires authorized staff to provide medications.	3
Health Care Activities	Self-directs their medical care and can do so safely.	0	Understands medical needs, but needs assist to make appointments.	1	Limited knowledge of medical conditions resident needs to have appointments made for them and/or requires an escort to appointments.	2	Very limited, if any awareness of medical needs, dependent for making appointments, needs an escort to appointments and/or relaying of information to resident and/or family.	3
Nursing Assistance	No medical needs that require additional nursing (Nsg) services.	0	Requires additional weekly Nsg care, such as: finger sticks (FS) for diabetes.	1	Needs Nsg care 2-6 x's/week, such as FS or skin treatments (Tx's).	2	Requires daily nursing services, such as FS, wound care or special Tx's.	3
Communication Ability	Able to make needs and/or wants known without any difficulties and/or deficits.	0	Minimal problems either relating and/or receiving information.	1	Has a physical, medical, and/or cognitive diagnosis that significantly impedes communication.	2	Unable to communicate wants and/or needs and/or staff must anticipate all needs.	3
Activity Participation	Independently participates and chooses own activities.	0	Requires verbal cues to attend or participate in activities.	1	Needs moderate verbal and/or physical assistance to participate in activities.	2	Unable to attend activities even passively, related to physical and/or cognitive impairment.	3
Ambulation, Transfer and Mobility Status	Independent with all transfers, mobility and ambulation (amb).	0	Needs cueing and/or supervision for amb., transfers and/or mobility.	1	Needs assist with transfers, mobility, amb. and/or stair climbing.	2	Total dependence for transfers, non-amb. and/or uses mechanical lift.	3
Fall Risk	No fall risk or history (Hx) of falls.	0	Low fall risk. Occasional unsteady gait.	1	Moderate fall risk. 1-2 falls in past month.	2	High fall risk. 2+ falls in past month.	3
Cognitive Ability	Oriented to person, place and time. Makes all decisions independently.	0	Oriented to two out of three criteria's: person, place or time. Needs assist with new situations.	1	Oriented to only to self, needs moderate assist with decision making	2	Disoriented to person place or time, unable to make decisions, and/or has advanced cognitive impairment.	3
Behavioral Issues	No negative behaviors.	0	Exhibits occasional outburst of frustration, anger, anxiety and/or agitation, but can be redirected.	1	Has cognitive and/or mental health Dx that causes negative, behaviors, has Hx of wandering and/or verbal/physical abuse.	2	Admitted from a psychiatric facility within past 6 months, frequent wandering, verbal and/or physical abuse and/or at risk to harm self/others.	3
Dietary Needs	Feeds self. Able to make appropriate dietary choices.	0	Needs verbal cueing to attend meals and/or to finish food and/or drinks.	1	On a special diet, needs escort to meals and/or assist to eat and/or drink.	2	Totally dependent to consume food and/or fluids.	3
Toileting Needs	Able to independently complete all aspects of toileting.	0	Need cues to use bathroom or escort. Once in bathroom is independent.	1	Needs moderate assist with toileting needs, such as: clothing management and/or cleaning.	2	Totally dependent for all aspects of toileting needs related to cognitive and/or physical impairment.	3
Personal Care Requirements	Independently completes all personal care.	0	Minimal assist with hygiene (dental, hair nail care) and/or dressing.	1	Moderated assist with hygiene and/or dressing.	2	Totally dependent for all aspects of personal care.	3
Bathing Needs	Can bath independently.	0	Needs minimal assist for bathing.	1	Moderate assist is required for bathing.	2	Totally dependent for all bathing needs.	3
Totals:								
Dementia Diagnosis:							Total Score:	
Resident Name:			Staff Completing:			Date:		