

Antebellum Grove as of 3/7/2009

Vincent Saturnino, Room Number 110

COR Status: Full COR, Date of Birth: 1/1/1900, Date of Admission: 3/2/2009, Call 911: Yes, Consent for DNR: Yes, Health Care Proxy: Yes

Activities of Daily Living

Does Resident Need Assistance with Walking or Mobility?

- Independent
- Needs Occasional Assistance
- Needs Escort to Most Daily Meals, Activities, and Outings
- Needs Extensive Assistance

Notes:

Question Score: 2

Does Resident Need an Assistive Device for Ambulation?

- Independent
- Cane
- Crutches
- Walker
- Wheelchair
- Scooter

Notes:

Question Score: 3

Does Resident Need Assistance Getting out of Bed, Off Toilet, or into a Chair (Transfer)?

- Independent
- Needs Assistance One person Supervision Only
- Needs Assistance - Two Person Assistance

Notes:

Question Score: 5

Does Resident Need Assistance Waking up and Getting Ready for the Day (Dressing)?

- Independent
- Needs Cueing / Clothes Selection
- Requires Hands-On Assistance
- Dependent

Notes:

Question Score: 2

Does Resident Need Assistance with Facial Grooming?

- Independent
- Needs Minimal Assistance
- Needs Some Assistance
- Needs Total Assistance

Notes:

Question Score: 3

Does Resident Need Assistance with Hair Grooming?

- Independent
- Needs Minimal Assistance
- Needs Some Assistance
- Needs Total Assistance

Notes:

Question Score: 3

Does Resident Need Assistance with Oral Hygiene?

- Independent - No Appliances
- Independent - Appliance Care
- Needs Some Assistance with Dental Care
- Needs Total Assistance with Dental Care
- Needs Some Assistance with Appliance Care
- Needs Total Assistance with Appliance Care

Notes:

Question Score: 2

Does Resident Need Assistance with Shaving?

- Independent or Not Applicable
- Needs Minimal Assistance
- Needs Some Assistance
- Needs Total Assistance

Notes:

Question Score: 3

Does Resident Need Assistance Toileting?

- Independent
- Needs Reminding
- Needs Some Assistance
- Dependent

Notes:

Question Score: 2

Is Resident Bladder Continent?

- Continent
- Occasional Incontinence - Self Care
- Occasional Incontinence - Needs Assistance
- Full Incontinence - Self Care
- Full Incontinence - Needs Assistance

Notes:

Question Score: 5

Is Resident Bowel Continent?

- Continent
- Occasional Incontinence - Self Care
- Occasional Incontinence - Needs Assistance
- Full Incontinence - Self Care
- Full Incontinence - Needs Assistance

Notes:

Question Score: 5

Does Resident Need Assistance with Bathing?

- Independent - Requires No Assistance
- Needs Reminding
- Needs Minimal Assistance
- Dependent

Notes:

Question Score: 10

Does Resident Require Assistance with Dining?

- Independent
- Needs Some Assistance (Cutting, Spreading)
- Dependent

Notes:

Question Score: 2

Does Resident Need Assistance with Personal Laundry?

- Independent with Personal Laundry Needs
- Needs Occasional Laundry Service
- Needs Weekly Laundry Service
- Needs Twice Weekly Laundry Service
- Needs Near Daily Laundry Service

Notes:

Does Resident Need Additional Housekeeping Services?

- Independent
- Needs Basic Weekly Housekeeping Services
- Needs Occasional Minor Housekeeping
- Needs Minor Housekeeping on Daily Basis
- Needs Major Housekeeping on Daily Basis

Notes:

Question Score: 3

Does Resident Need Assistance Making Bed?

- Independent
- Needs Staff to Make Bed Once Daily
- Extended Services (e.g. Special Equipment or Hospital Bed, Specific Requirement, Preferences to Make Bed, or Request for More than Once Daily)

Notes:

Question Score: 2

Does Resident Need Assistance with Night-Time Preparation?

- Independent
- Assure Resident is in Bed with Pajamas On
- Needs Assistance with Night-Time Preparation
- Needs Total Assistance with Night-Time Preparation

Notes:

Question Score: 3

Does Resident Need Care Throughout Night?

- Independent
- Needs Staff to Check One Time During Night
- Needs Staff to Check Two Times During Night
- Needs Staff to Check Four Times During Night
- Needs Staff to Check Hourly During Night

Notes:

Question Score: 2

Service Plan Section Score: 59

Health Services

Does Resident Need Assistance with Medical Supplies and Equipment?

- No Medical Equipment or Supplies

- Independent with Equipment and / or Supplies
- Needs Staff to Call Family for Equipment
- Needs Staff to Call Family for Supplies
- Needs Staff to Order Equipment
- Needs Staff to Order Supplies
- Extended Service

Notes:

Question Score: 2

Does Resident Need Assistance with Medication Management?

- No Medications
- Independent with Medication Management
- Self Administering but Requires Routine VS or Other Health Monitoring Due to Medications
- Self Administering but Requires Assistance with Eye Drops, Nebulizer, Oxygen, or Other
- Requests Staff to Order Medications. Resident to Store and Self-Administer
- Requires Staff to Order, Store, and Manage Medications
- Extended Service (e.g. 16+ Medication Prescriptions, Daily VS Monitoring, Oxygen, Nebulizer)

Notes:

Question Score: 15

Does Resident Need Assistance with Blood Sugar Monitoring?

- Is Not Diabetic
- Independent Diabetic - Monitors Own Blood Sugars
- Needs Staff to Check Blood Sugars up to Three Times Weekly
- Needs Staff to Check Blood Sugars up to Seven Times Weekly
- Extended Service - Needs Staff to Check Blood Sugars More Than Seven Times Weekly

Notes:

Question Score: 15

Does Resident Need Assistance with Insulin Management?

- Is Not Diabetic
- Independent Diabetic - Gives Own Insulin Injections or Does not Require Insulin Injections
- Needs Staff to Assist With Insulin Injections up to Once Daily
- Needs Staff to Assist With Insulin Injections More Than Once Daily

Notes:

Question Score: 15

Does Resident Require a Modified Diet?

- No Modified Diet
- No Added Salt
- Carbohydrate Controlled

- Mechanically Soft
- Finger Food
- Extended Service (e.g. Weight Monitoring due to Nutritional Status, Supplements, or Other)

Notes:

Question Score: 5

Does Resident Receive Dialysis Services?

- No Dialysis Services
- Independent with Scheduling and Transportation for Dialysis Services
- Needs Staff to Assist with Scheduling of Dialysis Services and Outside Transportation

Notes:

Question Score: 0

Does Resident Have a Pacemaker?

- No Pacemaker
- Independent with Pacemaker Checks
- Needs Staff to Assist with Pacemaker Checks

Notes:

Question Score: 2

Does Resident Receive Home Health Nursing Services?

- Yes
- No

Notes:

Question Score: 5

Does Resident Receive Hospice Services?

- Yes
- No

Notes:

Question Score: 0

Does Resident Require Frequent Changes in Doctor

- Independent
- Infrequent Changes - Less Than One Change per Month
- Moderate Changes - One to Three Changes per Month
- Complex Changes - More Than Three Changes per Month

Notes:

Question Score: 5

Social Services

Hearing

- Hears without Aide
- Hears with Aide and Requires No Assistance with Device
- Hears with Aide and Requires Assistance with Device
- Hearing Impaired and Requires Continuous Assistance

Notes:

Question Score: 3

Speech

- Communicates Well, Clear, and Distinct
- Difficult to Understand. Requires Occasional Staff Time to Communicate
- Severe Speech Dysfunction, Unintelligible, or Communicates by Signs or Sounds, Needs Daily Assistance from Staff to Interpret and Communicate

Notes:

Question Score: 3

Vision

- Sees Without Glasses and Does Not Need Assistance
- Sees With Glasses and Does Not Need Assistance
- Needs Reminders to Wear Glasses and Needs Assistance
- Visually Impaired and Needs Continuous Assistance

Notes:

Question Score: 1

Shopping

- Independent
- Can Shop Independently for Small Purchases
- Needs to be Accompanied on a Shopping Trip
- Completely Unable to Shop

Notes:

Question Score: 3

Telephone

- Independent
- Can Dial a Few Well-Known Numbers
- Can Answer Telephone, But Cannot Dial
- Unable to Use Telephone

Notes:

Question Score: 2

Social Interaction

- Independent with Programming and Activities
- Needs Reminders to Attend Planned Programs
- Needs Multiple Repetition of Same Reminder
- Needs Assistance of One Person to Attend Programs

Notes:

Question Score: 2

Does Resident Hoad/Squirrel?

- yes
- No

Notes:

Question Score: 0

Does Resident Hide Items?

- yes
- No

Notes:

Question Score: 5

Does Resident Resist Care?

- Yes
- No

Notes:

Question Score: 10

Does Resident Have Difficulty Sleeping Through the Night?

- yes
- No

Notes:

Question Score: 0

Does Resident Wander?

- Yes
- No

Notes:

Question Score: 0

Does Resident Exhibit "Exit Seeking" Tendencies?

Yes

No

Notes: He will think he need to go to work in the mornings

Question Score: 20

Does Resident Orient to Person, Place and Time?

Yes

No

Notes: Slight short term memory loss

Question Score: 0

Does Resident have Diagnosis of Depression or Anxiety?

yes

No

Notes:

Question Score: 0

Does Resident Appear Withdrawn or Lethargic?

yes

No

Notes:

Question Score: 0

Does Resident Exhibit Suicidal Thoughts or Behaviors?

Yes

No

Notes:

Question Score: 0

Does Resident Have Unrealistic Fears or Suspicious?

yes

No

Notes:

Question Score: 0

Does Resident Appear Easily Worried or Anxious?

yes

No

Notes:

Question Score: 0

Does Resident Become Easily Irritated / Agitated?

yes

No

Notes: Simple to redirect (make sure to re-approach)

Question Score: 5

Does Resident Seek / Demand Constant Attention / Reassurance?

yes

No

Notes:

Question Score: 0

Does Resident Verbalize Repetitive Anxious Complaints or Questions?

yes

No

Notes:

Question Score: 0

Does Resident Obsess About Health or Body Functions?

yes

No

Notes:

Question Score: 0

Does Resident Exhibit Repetitive Physical Movements / Pacing, Hand Wringing, Fidgeting?

yes

No

Notes:

Question Score: 5

Service Plan Section Score: 59

Administrative

Does Resident Need Assistance with Business Management?

- Independent with Financial Matters
- Requires Assistance from Family
- Requires Assistance from Facility - (i.e. personal accounts, personal financial matters)

Notes:

Question Score: 4

Does Resident Need Assistance to Make Transportation Arrangements and Schedule Appointments?

- Independent - Drives
- Needs Assistance from Family Only
- Needs Use of Facility Transportation

Notes:

Question Score: 10

Service Plan Section Score: 14

Tennessee Addendum

What is the Resident's Current Level of Care?

- Level 1
- Level 2
- Level 3

Question Score: 0

This resident has not been assessed for the above question.

Has Resident's Level of Care Changed this Quarter?

- Yes
- No

Question Score: 0

This resident has not been assessed for the above question.

Does the Resident Have Dementia or a Related Diagnosis?

- Yes
- No

Question Score: 0

This resident has not been assessed for the above question.

Has the Resident Experienced a Fall or Fall Related Injury in the Last Quarter?

- No - Resident Has not Experienced Any Falls (0)

- Yes - Resident Experienced a Fall with no Injury (1)
- Yes - Resident Experienced Falls with no Injury (2+)
- Yes - Resident Experienced Fall with Injury (1)
- Yes - Resident Experienced Falls with Injury (2+)

Question Score: 0

This resident has not been assessed for the above question.

Are Changes to the Clients Care Plan Required?

- Yes
- No

Question Score: 0

This resident has not been assessed for the above question.

Service Plan Section Score: 0

Total Service Plan Score: 196

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