Resident Name _____

Date Completed _____

Date of Birth _____

ASSISTED LIVING MANAGER'S ASSESSMENT

This form is to be completed by the Assisted Living Manager or their designee. Questions noted with an asterisk are "triggers" for awake overnight staff. Therefore, a physician or assessing nurse must review this form and the Resident Assessment Scoring Tool.

Instructions: Record score in the blank after each question.

Activities of Daily Living

13.* _____ Resident Eats
0 Independently
1 With supervision, or set-up, or cuing and coaching
2 With physical assistance or use of adaptive devices, such as built up utensil, plate guard or Geri-cup, to feed self
3 Must be fed or needs tube feeding

14.* _____ Resident's Mobility (moves from place to place)
0 Independently
1 With supervision, or stand-by, or cuing and coaching
*2 One-person physical assistance
*3 Two-person physical assistance, or needs complete mechanical assistance (e.g., Hoyer Lift)

15.* _____ Resident Transfer to Bed, Chair, or Toilet
0 Independently (or with assistive device)
1 With supervision, or stand-by or set-up, or cuing and coaching
*2 One-person physical assistance
*3 Two-person physical assistance, needs complete assistance

16.* _____ Bed Mobility: How resident moves to and from lying position, turns side to side, and positions body while in bed
0 Independently (or with assistive device)
1 With supervision, or stand-by or set-up, or cuing and coaching
*2 One-person physical assistance
*3 Two-person physical assistance, needs complete assistance

17.* _____ Resident Use of Stairs
0 Independently (or with assistive device)
1 With supervision, or stand by, or cuing and coaching
2 One-person physical assistance
3 Two-person physical assistance, or unable to use stairs

18.* _____ Resident Continence
0 Independently
*1 With supervision, or stand-by or set-up, or cuing and coaching
*2 Needs physical assistance from one other person
*3 Incontinent, needs complete assistance

19. _____ Resident Completes Bathing
0 Independently
1 With supervision, or stand-by or set-up, or cuing and coaching
2 Needs physical assistance, (e.g., help in and out of tub, washing hair)
3 Must be bathed, needs complete assistance or mechanical assistance, (e.g, Hoyer Lift)

20. _____ Resident Completes Grooming (teeth, make-up, shaving, hair)
0 Independently
1 With supervision, or stand-by or set-up, or cuing and coaching
2 Needs physical assistance
3 Must be groomed, needs complete assistance

Resident Name _____

Date Completed _____

Date of Birth _____

21. _____ Resident Gets Dressed/Changes Clothes
0 Independently
1 With supervision, or stand-by or set-up, or cuing and coaching
2 With physical assistance
3 Must be dressed, needs complete assistance

21(a) _____ Add scores for Items 13 - 21. Enter total in blank space at left.

Instrumental Activities of Daily Living

Note: Incapacities identified in this section do not imply services will be provided.

Instructions: Check the letter that most closely reflects the resident's capabilities.

22. Resident Can Prepare Light Meal
- □ A - Independent, plans and prepares adequate meals
- □ B - With supervision, set-up, or cuing and coaching
- □ C - One-person physical assistance
- □ D - Unable to prepare meals

23. Resident Can Do Light Chores
- □ A - Independent
- □ B - With supervision, set-up, or cuing and coaching
- □ C - One-person physical assistance
- □ D - Unable to do light chores

24. Resident Can Do Shopping
- □ A - Independent
- □ B - With supervision or cuing and coaching, (e.g., choosing items)
- □ C - With one-person physical assistance/someone to go with them
- □ D - Unable to do shopping

25. Ability to Manage Finances
- □ A - Family or resident manages all financial matters independently, write checks, pays bills/rent, goes to bank
- □ B - With supervision, writes checks, pays bills/rent, goes to bank
- □ C - Manages day-to-day purchases, but needs help with purchases and banking
- □ D - Unable to manage finances or handle money

26. Transportation
- □ A - Travel by self, all modes of transportation
- □ B - Needs some assistance/escort
- □ C - Complete assistance/needs specialized vehicle

27. Resident Can Use Telephone
- □ A - Independent
- □ B - With assistance dialing/using directory
- □ C - Unable to use telephone

Resident Name _____

Date Completed _____

Date of Birth _____

Behaviors/Communication

Does the resident exhibit any of the following behaviors? Check the appropriate box to indicate frequency of each behavior. For scoring purposes use the highest frequency noted. See the User's Guide for definitions of frequency. Questions noted with an asterisk are "triggers" for awake overnight staff. Therefore, a physician or assessing nurse must review this form and the Resident Assessment Scoring Tool.

28. Withdrawn: *Frequency of behavior(s)* (check appropriate response):

A. Refuses to leave room	□ Never	□ Occasional	□ Regular	□ Continuous
B. Refuses to socialize with others	□ Never	□ Occasional	□ Regular	□ Continuous

Explain _____

29.* Wanders: *Frequency of behavior(s)* (check appropriate response):

A. Persistent moving/walking about without purpose	□ Never	□ Occasional	□ Regular	□ Continuous
B. Looks for non-existent place (former house/apartment/bus)	□ Never	□ Occasional	□ Regular	□ Continuous
*C. Actively tries to leave facility	□ Never	□ Occasional	□ Regular*	□ Continuous*
D. Wanders during day	□ Never	□ Occasional	□ Regular	□ Continuous
*E. Wanders in evening and/or at night	□ Never	□ Occasional	□ Regular *	□ Continuous*

Explain _____

30.* Sleep Disturbance: *Frequency of behavior(s)* (check appropriate response):

A. Unable to sleep or agitated at night	□ Never	□ Occasional	□ Regular*	□ Continuous*
B. Frequently falls asleep during day	□ Never	□ Occasional	□ Regular	□ Continuous

Explain _____

31.* Verbally inappropriate: *Frequency of behavior(s)* (check appropriate response):

A. Uses foul language	□ Never	□ Occasional	□ Regular	□ Continuous
*B. Sounds angry and threatens others	□ Never	□ Occasional	□ Regular*	□ Continuous*

Explain _____

32.* Disruptive behaviors: *Frequency of behavior(s)* (check appropriate response):

A. Yells	□ Never	□ Occasional	□ Regular	□ Continuous
B. Demands attention without regard to others	□ Never	□ Occasional	□ Regular	□ Continuous
*C. Takes other's possessions	□ Never	□ Occasional	□ Regular*	□ Continuous*
*D. Socially inappropriate behaviors (e.g., disrobes, urinates or defecates in public)	□ Never	□ Occasional	□ Regular*	□ Continuous*
*E. Sexually inappropriate behaviors (e.g., unwanted touching, public masturbation)	□ Never	□ Occasional	□ Regular*	□ Continuous*

Explain _____

33.* Combative behaviors: *Frequency of behavior(s)* (check appropriate response):

A. Throws objects indiscriminately	□ Never	□ Occasional	□ Regular*	□ Continuous*
B. Strikes out, kicks, or punches at others	□ Never	□ Occasional	□ Regular*	□ Continuous*
C. Pinches, bites, spits at others, scratches, or pulls hair	□ Never	□ Occasional	□ Regular*	□ Continuous*

Explain _____

Resident Name _____ Date Completed _____

Date of Birth _____

34.* Resistive/uncooperative behaviors: *Frequency of behavior(s)* (check appropriate response):

A. Refuses to wash	□ Never	□ Occasional	□ Regular	□ Continuous
B. Refuses to eat	□ Never	□ Occasional	□ Regular	□ Continuous
C. Refuses to drink	□ Never	□ Occasional	□ Regular	□ Continuous
*D. Refuses to care for self	□ Never	□ Occasional	□ Regular*	□ Continuous*
E. Refuses to allow others to assist	□ Never	□ Occasional	□ Regular	□ Continuous
F. Refuses medications	□ Never	□ Occasional	□ Regular	□ Continuous
*G. Refuses to comply with safety advice	□ Never	□ Occasional	□ Regular*	□ Continuous*

Explain _____

35.* Communication: (check and/or explain appropriate response):

A. Communicates needs, ideas, and wishes	□ Never	□ Occasional	□ Regular	□ Continuous
B. Sometimes unable to communicate needs, ideas, and wishes	□ Never	□ Occasional	□ Regular	□ Continuous
*C. Unable to communicate needs, ideas, and wishes	□ Never	□ Occasional	□ Regular*	□ Continuous*
*D. Unwilling to communicate needs/wishes	□ Never	□ Occasional	□ Regular*	□ Continuous*

Explain _____

36. Eating patterns and food preferences (check all that apply):
□ Eats full meals □ Eats only two meals □ Eats small portions □ Finger Foods
□ Eats only what they want, but maintains weight
□ Eats only when they want □ Supplements (type ordered) _____
Prefers: □ Fruit □ Vegetables □ Meats □ Snacks or snack foods

Explain _____

Daily Social and Recreational Needs

37. Resident Support System (check all that apply):
Resident has □ Legal representative for health care decisions □ Surrogate decision maker (family member/significant other)
Family is local □ Involved □ Not involved
Family lives out of area □ Involved □ Not involved
Problems with family circumstances □ Yes □ No
Problems with personal relationships □ Yes □ No

Explain _____

38. Spiritual needs and status _____
_____

39. Education/Work History (check/complete all that apply):
□ Did not complete high school
□ Completed high school or GED
□ College
Lifetime or last occupation _____

40. Interests/Hobbies: _____

41. Activity Status (interest and ability to participate in, check and explain):
A. Structured and group activities □ Yes □ No □ Varies
Explain _____
B. Self-directed activities □ Yes □ No □ Varies
Explain _____

Resident Name _____

Date Completed _____

Date of Birth _____

42. Current Daily Routine (e.g., up in the morning, bedtime, normal sleep cycle prior to move in, meal time preferences)

43. Interest/participates in programs away from facility (e.g., Senior Centers, Adult Day Care, or Rehabilitation Programs)

Signature of Person Completing Assessment

Position of Person Completing Assessment

Name of Person Completing Assessment

Date Completed