

WaterMark of Gulf Breeze

Service Assessment

Resident's Name: _____ Date: _____

Next Review Date: _____ Completed By _____

Reason for assessment (check one) ___ Initial ___ Annual ___ Significant Change

Circle the corresponding number to determine the level of service. Please keep in mind that if more than one item in a category is required please circle all that are necessary. Total accumulation of points will reflect appropriate level of service. A rating of 0 to 1 remains consistent with basic services provided.

Bathing

- 0 Independent
- 1 Independent with verbal reminders and setting out supplies (3x week)
- 2 Supervision of bathing (3-x week) Turning water on/off, setting up bath area.
- 3 Complete assistance (3 x week)
- 4 Additional bathing needed between showers

Comments: _____

Toileting

- 0 Independent
- 1 Independent with verbal reminders (occasionally)
- 2 Bladder training every 2 hours
- 3 Assistance at night
- 4 Incontinence management with assistance only

Comments: _____

AM and PM Care

- 0 Independent
- 1 Occasional reminders & assistance with clothing
- 2 Frequent verbal reminders to dress and undress (daily)
- 3 Assistance with dressing in AM & PM
- 4 Periodic night checks
- 5 Night checks every 2 hours

Comments: _____

Medications

- 0 Self-administers medications
- 1 Assistance with self-administration of medications
- 2 Frequent use of PRN medications (1-3 x weekly)
- 3 Medication administered by licensed nurse
- 4 Accu Check and insulin given by a licensed nurse

Comments: _____

Eating/Dietary

- 0 Independent
- 1 Independent with verbal reminders
- 2 Requires assistance with food preparation & opening of packets
- 3 Requires supervision of daily meals & snacks
- 4 Requires physical assistance with eating

Comments: _____

Housekeeping

- 0 Independent with 1x week services
- 1 Requires additional services of more than 2 times per week
- 2 Make bed daily
- 3 Assistance with heavy cleaning
- 4 Total cleaning of room by staff

Comments: _____

Mobility

- 0 Independent
- 1 Independent but uses a Walker, Cane, or Wheelchair
- 2 Assist with ambulation but is independent w/supportive device
- 3 Assistance with transfers
- 4 Assistance with wheelchair
- 5 Requires stand-by assistance when ambulating

Comments: _____

Laundry

- 0 Independent (includes weekly linen services only)
- 1 Laundry service 1x weekly
- 2 Laundry service more than 1x weekly
- 3 Staff does total laundry daily due to incontinence

Comments: _____

Safety

- 0 Independent
- 1 Monitor use of appliances & recognizes safety hazards
- 2 Verbal reminders for evacuation
- 3 Physical assistance with evacuation drills
- 4 Supervisions daily due to mental confusion and/or mobility

Comments: _____

Health Maintenance/Schedule Appointments

- 0 Independent (family or resident)
- 1 Assistance with verbal reminders of upcoming appointments
- 2 Requires staff services for doctor, dentist, or other appointments

Comments: _____

Transportation

- 0 Family to provide or Facility on Tuesday & Thursday with Pensacola in AM and Gulf Breeze in PM
- 1 Facility to provide transportation and escort on Tuesday and Thursday
- 2 Physical assistance getting into vehicle
- **NOTE* A \$50 minimum (up to 2 hours) if resident requires companion out of building. Over 2 hours the cost is \$20/hour, plus the \$50 minimum. If you require more than 4 hours, you must hire a private sitter outside of the facility.**

Comments: _____

Business Management

- 0 Independent
- 1 Assistance with opening & reading mail
- 2 Requires assistance buying personal items while out
- 3 Staff to deliver personal items to room after shopping
- 4 Staff to deliver mail to resident's room

Comments: _____

Mental Status

- 0 Independent
- 1 Requires orientation to daily routine due to confusion as to time and place
- 2 Supervision through the day due to severe impairment of judgment
- 3 Redirection of the resident
- 4 Constant supervision to prevent harm to self and others

Comments: _____

Behavior

- 0 Appropriate behavior
- 1 Verbal reminder when behavior is inappropriate
- 2 Development of service plan to prevent or manage inappropriate behavior
- 3 Redirection of inappropriate behavior
- 4 Physical diversion to other activities when behavior is inappropriate
- 5 Assistance with counseling due to inappropriate behavior

Comments: _____

WaterMark of Gulf Breeze

Assessment Score & Rate Agreement

Resident's Name: _____

Date: _____

Location: _____

Score: 0 1 2 3 4 5 6 7 8

1. Bathing _____

2. Toileting _____

3. AM & PM Care _____

4. Medication _____

5. Eating/Dietary _____

6. Housekeeping _____

7. Mobility _____

8. Laundry _____

9. Safety _____

10. Health Maintenance _____

11. Transportation _____

12. Business Affairs _____

13. Mental Status Change _____

14. Behavior _____

15. Hygiene/Grooming _____

TOTAL POINTS: _____

Date of initial assessment: _____

0-8 Points Level 1 Base Rate

Date of last assessment: _____

9-18 Points Level 2 Charge

Last Score: _____

19-28 Points Level 3 Charge

29 or more Points Level 4 Charge

I acknowledge that I fully understand the level of service and the financial charge for this level of service.

Resident

Responsible Party