

ADULT CARE HOME CLASSIFICATION WORKSHEET

Resident Name: _____	Date of Birth: _____	Today's Date: _____
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Evaluation of the individual's needs for assistance in Activities of Daily Living is based on:

- a) The *individual's abilities* rather than the services provided
- b) How the individual functioned during the ***thirty days prior*** to the assessment date, with consideration of how the person is likely to function in ***the thirty days following*** the assessment date
- c) Evidence of the actual or predicted need for assistance of another person within the assessment time frame and it cannot be based on possible or preventative needs.

Definition	Independent	Assist	Full Assist
Eating Feeding and eating, may include using assistive devices.	Needs no assistance. Considered independent even if set-up, cutting up food, or special diet is needed.	Requires another person to be immediately available and within sight. Requires hands-on feeding or assistance with special utensils, cueing while eating, or monitoring to prevent choking or aspiration	Requires one-on-one assist for direct feeding, constant cueing, or to prevent choking or aspiration. Includes nutritional IV or feeding tube set-up by another person. <i>Needs assistance through all phases, every time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing & Grooming Dressing and undressing; grooming includes nail care, brushing and combing hair.	Needs no assistance, or does not meet definition of assist or full assist.	Needs assistance in dressing, or full assistance in grooming (cannot perform any task of grooming without the assistance of another person)	Needs full assist in dressing (cannot perform any task without the assistance of another person)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing & Personal Hygiene Bathing includes washing hair, getting in and out of tub or shower. Personal hygiene includes shaving and caring for the mouth.	Needs no assistance, or does not meet definition of assist or full assist.	Requires assistance in bathing, or full assistance in hygiene (needs hands-on assistance through all phases of hygiene, every time, even with assistive devices).	Requires full assistance in bathing (needs hands-on assist through all phases of bathing, every time, even with assistive devices).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Mobility Includes ambulation and transfer. Does NOT include getting to/from toilet or in/out of shower/tub or motor vehicle.</p>	<p>Needs no assistance, or does not meet definition of assist or full assist.</p> <p><input type="checkbox"/></p>	<p>Requires assistance of another person with ambulation, or with transfers, or with both.</p> <p><input type="checkbox"/></p>	<p>Requires full assist with ambulation or with transfers or both. Unable to ambulate or transfer without the assistance of another person throughout the activity, every time, even with assistive devices.</p> <p><input type="checkbox"/></p>
<p>Elimination Toileting, bowel & bladder management includes getting on/off toilet, cleansing after elimination, and clothing adjustment; catheter and ostomy care, toileting schedule, changing incontinence supplies, digital stimulation.</p>	<p>Needs no assistance. Continent, or manages own incontinence</p> <p><input type="checkbox"/></p>	<p>Requires assist with bladder care or bowel care or toileting. Even with assistive devices, the individual is unable to accomplish some tasks of bladder care, bowel care, or toileting without the assistance of another person.</p> <p><input type="checkbox"/></p>	<p>Requires full assist with bladder care or bowel care or toileting. Full assist means that the individual is unable to accomplish any part of the task and assistance of another person is required throughout the activity, every time.</p> <p><input type="checkbox"/></p>
<p>Cognition/Behavior 8 components: Functions of the brain (5) : adaptation, awareness, judgment/ decision-making, memory, orientation. Behavioral symptoms (3): demands on others, danger to self, wandering</p>	<p>Needs no assistance, or does not meet definition of assist or full assist.</p> <p><input type="checkbox"/></p>	<p>Needs assist in at least 3 of the 8 components of cognition and behavior.</p> <p>Assist implies that the need is less than daily, or if daily, impairment is not severe.</p> <p><input type="checkbox"/></p>	<p>Needs full assist in at least 3 of the 8 components of cognition and behavior.</p> <p>Full assist implies that the need is ongoing and daily. The level of impairment is severe.</p> <p><input type="checkbox"/></p>

Independent

Assist

Full Assist

Total: _____

Class Level: _____

Class I = Assist with 4 or fewer ADL and not full assist in any ADL

Class II = Assist with all ADL, full assist in no more than 3.

Class III = Full assist (dependent) with 4 or more ADL.

RN or Physician Monitoring Resident in Home: _____

Phone Number: _____

Frequency of Visits: _____